

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT

3411 HIGHWAY 126 – SUITE 201  
BLOUNTVILLE, TN 37617-0569

PHONE 423/323-6400

FAX 423/323-7249

**REQUEST FOR PROPOSAL**

**MUST INCLUDE RFP#1171800355(AM) ON OUTSIDE OF ENVELOPE**

<b>RFP Name / Number</b>	<b>Water Source Heat Pumps/Attic Install / #1171800355(AM)</b>
<b>Due Date / Time</b>	<b>Thursday, February 22, 2018 / 2:00 p.m.</b>
<b>Pre-bid Date / Time</b>	<b>Wednesday, February 14, 2018 / 10:00 a.m.</b>
<b>Bid Location / Mail Address</b>	Sullivan County Purchasing Department, Kristinia Davis, Purchasing Agent 3411 Hwy 126, Suite 201, Blountville, TN 37617
<b>Bid Contact / Telephone</b>	Alan Mahaffey (423) 323-6404; <a href="mailto:alan.mahaffey@sullivancountyttn.gov">alan.mahaffey@sullivancountyttn.gov</a>
<b>User Department</b>	<b>Health</b>

This request for proposal (RFP) must be returned in a sealed envelope via mail, courier or in person. Phone, fax or electronic responses are not acceptable! Responses will be accepted by the purchasing agent only until the day/time designated above, at which time they will be publicly opened. Responses must clearly identify the RFP # on the outside of the envelope, be presented in original format, be completed in totality and bear the handwritten signature of a duly authorized company representative. Late responses will not be acceptable!

Submission of this RFP verifies vendor’s acceptance of the RFPs language, requirements and the general procurement terms and conditions Form #GPTC1004-14.

**Note:** if form #GPTC1004-14 is omitted from this RFP solicitation, we have the appropriate signed documents from your company. If form #GPTC1004-14 is enclosed with this RFP solicitation, please sign and return the appropriate pages with your RFP response. **By submission of this RFP/RFQ, the responding firm certifies compliance with Title VI and Title VII of the civil rights of 1964, as amended, and all regulations promulgated thereof.**

All RFPs must be offered in strict conformance to all language, requirements, terms and conditions and specifications as solicited. Failure to comply with the RFP prerequisite will be cause to disqualify same.

Unless otherwise designated, all prices offered shall be guaranteed for a minimum of sixty (60) days from opening date. Unit prices for goods/services shall be quoted “**net 30 days**”. **Each line item price must include all charges, including shipping, handling, freight or any other costs associated to the delivery** to the designated Sullivan County location. Sullivan County **will not accept** additional delivery charges as a separate line item. Awards may be determined per unit (line item) and/or as a total (whole) award; whichever is in the best interest of Sullivan County. All goods provided to Sullivan County shall be free from damage/defects. Goods damaged in transit by common carrier are the sole responsibility of the vendor, including all communications and replacement arrangements.

If information (specifications, data sheets, analysis, drawings, etc.) Or product samples are requested in this RFP, responding vendor must enclose/supply same. Failure to comply will be cause to disqualify the vendor from award consideration.

**The Sullivan County purchasing agent has the right to accept, reject, award or cancel any/all quotes and to waive any informalities or irregularities, if same is deemed in the best interest of Sullivan County. Sullivan County does not obligate itself to accept the lowest and/or any quote offered.**

## **General Instructions**

The Office of the Sullivan County Purchasing Agent will receive sealed proposals for the Sullivan County Regional Health Department located in Kingsport to furnish and complete attic installation of three (3) Carrier, or equal, 2.5 Ton Commercial Vertical Puron Single-Stage Water Source Heat Pumps.

A **Pre-bid meeting** will be held on **Wednesday, February 14, 2018 @ 10:00 a.m.** at the Kingsport Health Department located at 1041 E. Sullivan Street, Kingsport, TN 37660. All interested bidders are encouraged to attend the Pre-bid meeting to obtain all pertinent information for bidding purposes.

Proposals must be presented in original format and in a SEALED envelope, clearly identifying RFP #1171800355(AM) on the outside. Telephone, fax and/or electronic responses are not acceptable! All RFPs to be considered must be completed, signed and delivered to the Office of the Sullivan County Purchasing Agent at the address above on or before **Thursday, February 22, 2018 @ 2:00 p.m.** Late responses will not be considered! Sullivan County is not responsible for delays in mail deliveries or courier services.

**If bid price is over \$25,000** the bidder's name, license number, classification of license, and date of expiration must be placed on the outside of the envelope containing the contractor's bid per T.C.A. §62-6-119. The bid will not be considered if any of the preceding does not appear on the outside of the envelope. The envelope must be sealed.

Responding vendor must complete and return the enclosed Affidavits with the bid:

- Company/contractor (non collusion)
- Drug-free workplace
- Iran Divestment Act

Successful vendor will be required to submit a certificate of liability insurance adding Sullivan County as an additional insured.

**General Scope of Work:**

To furnish three (3) **2.5 ton Carrier, or equal**, Commercial Vertical Puron Single-Stage Water Source Heat Pumps to replace units 6, 12 and 14. This is a turnkey job to include complete attic installation.

**Specifications**

**Part Number**

**Description**

**Base Unit**

50PCV030LCC3ACC1

Commercial Vertical Puron Single-Stage Water Source Heat Pump  
030 (2.5 tone) 208/230-1-60

**Warranty**

First Year – Parts Only (Standard)

Five Year Compressor-Parts Only (Standard)

**Cost Analysis**

**The undersigned agrees to furnish all materials and labor for three (3) replacement units at the Kingsport Health Department.**

Indicate Anticipated Begin Date: \_\_\_\_\_

Indicate Anticipated Completion Date: \_\_\_\_\_

Tennessee State Contractor's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TOTAL COST \$**\_\_\_\_\_

VENDOR: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED AGENT (Print Name and Title)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT**

**COMPANY/CONTRACTOR AFFIDAVIT FORM 00010**

THE AFFIANT STATES TO SULLIVAN COUNTY, TENNESSEE:

I (WE) HEREBY CERTIFY THAT IF THE CONTRACT IS AWARDED TO OUR FIRM THAT NO MEMBER OR MEMBERS OF THE GOVERNING BODY, ELECTED OFFICIAL OR OFFICIALS, EMPLOYEE OR EMPLOYEES OF SAID SULLIVAN COUNTY, TENNESSEE, OR ANY PERSON REPRESENTING OR PURPORTING TO REPRESENT SULLIVAN COUNTY, TENNESSEE, OR ANY FAMILY MEMBER INCLUDING SPOUSE, PARENTS, CHILDREN OF SAID GROUP, HAS RECEIVED OR HAS BEEN PROMISED, DIRECTLY, OR INDIRECTLY, ANY FINANCIAL BENEFIT, BY WAY OF FEE, COMMISSION, FINDER'S FEES OR ANY OTHER FINANCIAL BENEFIT ON ACCOUNT OF THE ACT OF AWARDED AND/OR EXECUTING THE CONTRACT.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS FULL AUTHORITY TO BIND THE COMPANY AND THAT HE/SHE HAS PERSONALLY REVIEWED THE INFORMATION CONTAINED IN THIS REQUEST FOR PROPOSAL (RFP), INCLUDING ALL ATTACHMENTS, ENCLOSURES, APPENDICES, ETC AND DO HEREBY ATTEST TO THE ACCURACY OF ALL INFORMATION CONTAINED IN THIS RFP, INCLUDING ALL ATTACHMENTS, ENCLOSURES, EXHIBITS, ETC.

THE UNDERSIGNED ACKNOWLEDGES THAT ANY MISREPRESENTATION WILL RESULT IN IMMEDIATE DISQUALIFICATION FROM ANY CONTRACT CONSIDERATION.

THE UNDERSIGNED FURTHER RECOGNIZES THAT THE SULLIVAN COUNTY PURCHASING AGENT HAS THE RIGHT TO MAKE THE CONTRACT AWARD FOR ANY REASON CONSIDERED IN THE BEST INTEREST OF SULLIVAN COUNTY.

This certification shall be included with the bid document 00300. Failure of this properly executed document to be included with the bid shall render the bid as incomplete and void.

COMPANY NAME \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**(TO BE COMPLETED BY NOTARY)**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

*Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing for the purposes therein contained.*

*Witness my hand and seal at office this day of \_\_\_\_\_, 20\_\_*

\_\_\_\_\_  
Notary Public

*My commission expires:* \_\_\_\_\_

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer of five (5) or more employees contracting with \_\_\_\_\_ County government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of \_\_\_\_\_ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113.

Further affiant saith not.

\_\_\_\_\_  
Principal Officer

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

# IRAN DIVESTMENT ACT AFFIDAVIT

As per Tennessee Code Annotated, Title 12, and effective July 1, 2016:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to §12-12-106.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date