

Robertson County Tennessee Jody Stewart, Finance Director Finance Department 523 South Brown Street, Springfield, TN 37172 (615) 384-0202 Fax (615) 384-0237

BID NUMBER: 1399

### POST DATE: 10/16/2018

### MANDATORY PRE-BID DATE: October 18, 2018 at 11 A.M

### **RE-BID LAUNDRY EQUIPMENT FOR ROBERTSON COUNTY DETENTION FACILITY**

Sealed bids must be received by: October 26, 2018 at 10 A.M.

Robertson County Finance Office 523 South Brown Street Springfield, TN 37172

#### THE OUTSIDE OF THE ENVELOPE MUST BE MARKED WITH THE BIDDER'S COMPANY NAME, ITEM BID, TIME OF BID OPENING, DATE OF BID OPENING, BID NO. 1399 AND MUST BE MARKED "SEALED BID, DO NOT OPEN."

Bids are opened and read aloud to the public at the Robertson County Finance Office, 523 S. Brown Street, Springfield, TN 37172 immediately after the bid receipt deadline. Each vendor may submit more than one bid provided each bid meets the stated specifications. Each bid must be submitted in a separate sealed envelope with the appropriate notation on the outside. All bids must be signed by an authorized agent and submitted on the prescribed forms. Submission of bids by telegraph, telephone, or other electronic means is strictly prohibited. Any brand name called for the bid specifications is provided as a reference only. Alternate brand name items offered for bid must be equivalent as to function, basic design, type and quality of material, method of construction, and any required dimensions. Bidder must attach a letter of exception to specifications.

For assistance with technical / product information contact Major Tony Crawford, Jail Administrator, Robertson County Sheriff's Office at (615) 384-7971. For assistance with bid procedures contact Taylor Tomblin, Robertson County Finance Office at (615) 384-0202 or by email: ttomblin@robcotn.org.

Note: Robertson County reserves the right to reject any or all bids, to waive any technicalities or informalities, and to accept any bid deemed in the best interest of the County. All bids will be considered in accordance with Title VI and without regard to age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit the performance of duty.



507 South Brown Street Springfield, Tennessee 37172-2817 Administrative Office (615) 384-7971 www.robertsonsheriff.com

Bidding specifications for laundry equipment for the Robertson County Detention Facility.

Robertson County Government is hereby requesting proposals for purchase, delivery, removal of old equipment and installation of commercial laundry equipment washer/ extractors and dryers for the Robertson County Detention Facility. Robertson County proposals for laundry equipment for the following location:

Robertson County Detention Facility 311 5th Ave. Springfield TN 37172

See specific proposal requirements:

All bids must be sealed and include all of the following items. Any sealed proposals not containing the proper items will be rejected.

- Three complete copies of proposal
- Evidence of a valid State of Tennessee Business License
- Evidence of compliance with Robertson County Insurance requirements, for work performed on Robertson County Property
- Signed and completed Statement of Non-Collusion (Attachment 1)
- Properly completed Internal Revenue Service Form W-9
- Evidence of the company's safety program and, if supported, a drug testing program (Attachment 2) Also Drug-Free Workplace Affidavit
- If bid is in excess of 25,000 a certification of non-debarment must be completed (Attachment 3) Certification Regarding Debarment, Suspension, and other Responsibility Matter
- Certification by Contractor (Attachment 4)

The License requirement Stated above shall include the following information on the outside of the bid envelope.

Name of company and principal owner, business license number, expiration date, and license classification.

All bidders are required to complete a mandatory site visit at the Robertson County Detention Facility. The visit is scheduled for October 18, 2018 at 11 A.M. Please meet in

the Robertson County Office Building, Finance Department area, 3rd floor Conference Room in Springfield, TN. From there you will be escorted to the Detention Facility. Please contact Sgt. Tammy Parks at tparks@robertsonsheriff.com telephone number 615-382-6126

# **Equipment specifications:**

One (1) 65 lb. capacity washer/extractor with network capability for computerized controls to connect to our current AUTO-CHLOR chemical liquid supply injection system. 300 or better G force high speed extraction capability. Belt driven, fast filling capable in a stainless-steel cabinet.

Two (2) 160 Ib. capacity washers/extractor with network capability for controls to connect to our current AUTO-CHLOR chemical liquid supply injection system. 300 or better G force high speed extraction capability. Belt driven with fast filling capable in a stainless-steel cabinet.

One (1) 75 lb. Gas heated dryer with moisture sensing drying capable, with reversing cylinder, lint filter and belt driven with computerized controls. In a painted metal cabinet.

Two (2) 170 lb. Gas heated dryers with moisture sensing drying capable, with reversing cylinder, lint filter and belt driven with computerized controls. In a painted metal cabinet.

Company receiving winning bid must remove old equipment and install new equipment.

Company receiving winning bid must provide a labor installation warranty of 90 days. An equipment warranty on new washer and dryer for parts and labor of three years.

A lifting machine will be needed to get equipment on to loading dock.

Robertson County understands that a proper concrete floor and utilities must be in place for proper installation and providing a proper floor and utilities will be the responsibility of Robertson County.

Old equipment must be removed and placed on loading dock of facility. It will be the responsibility of Robertson County to dispose of the old equipment.

Company receiving winning bid must delivered and install equipment within 60 days of receiving notification of bid acceptance.

Major Tony Crawford Robertson County Jail Administrator



## LAUNDRY EQUIPMENT FOR THE ROBERTSON COUNTY DETENTION FACILITY RE-BID #1399 FORM

l,			
(Representative's Name)	(Representative'	s Signature)	
Of			
Name of Company	Address	City	Zip
Hereby s	ubmit our bid for th	e Laundry Equipment fo	r the Robertson Cour
(Phone)			
Detention Facility in accordance with	the specifications a	nd instructions set forth	in these bid documer
ITEM	QUANTITY	UNIT COST	TOTAL AMOU
<b>65 lb.</b> capacity washer/extractor with network capability for computer controls to connect to our current AUTO-CHLOR chemical liquid supply injection system. 300 or better G force high speed extraction capability Belt driven, fast filling capable in a stainless-steel cabinet.			
<b>160 lb.</b> capacity washers/extractor with network capability for controls to connect to our current AUTO-CHLC chemical liquid supply injection system 300 or better G force high speed extra capability. Belt driven with fast filling capable in a stainless-steel cabinet.	m.		
<b>75 lb.</b> Gas heated dryer with moisture sensing drying capable, with reversin cylinder, lint filter and belt driven wit computerized controls. In a painted n cabinet.	g h		

#### RE-BID #1399 FORM CONTINUED

ITEM	QUANTITY	UNIT COST	TOTAL AMOUNT
170 lb. Gas heated dryers with moisture sensing drying capable, with reversing cylinder, lint filter and belt driven with computerized controls. In a painted meta cabinet.	(2) al		
Installation/Removal Costs	LS	N/A	
Delivery/Shipping Costs	LS	N/A	
		TOTAL PROJECT COSTS	\$
Length of time necessary to complete thi	s project includi	ng lead time for any equipmen	t:
Description of the length and terms/conc		irranty:	
Submitted By:			
Authorized Signature		Date:	
Interested bidder is required to complete	ete a mandato	ry site visit with County Mair	ntenance staff. It is the
responsibility of each respondent to thi	s request, to ve	erify the scope of work as a b	asis of the proposal. All
respondents to this request shall be respondents	sponsible for ar	ny errors or omissions. Each re	espondent is required to

Please list date of Site Visit with County Maintenance Staff: \_\_October 18, 2018 at 11 A.M.\_\_\_\_

conduct a site visit with County Maintenance to validate their proposal.

#### Attachment 1

#### **NON-COLLUSION AFFIDAVIT**

The agent of the bidding firm hereby certifies to the best of his/her knowledge and belief that this bid proposal to Robertson County, Tennessee has not been prepared in collusion with any other seller of similar products. The agent also certifies that the prices, terms and conditions of said bid proposal have not been communicated by the undersigned, nor by any employee or agent of the bidding firm, to any other seller of similar products and will not be communicated to any such seller prior to the official opening of said bid. The agent further states that no official or employee of Robertson County Government has promised any personal financial or other beneficial interest, either directly or indirectly in order to influence award of this bid.

Authorized Signature, Title (Owner/Corporate Officer)	Date
Printed Name:	
Company Name	
Mailing Address	
Telephone No.	Fax No.
Contact preferred email address:	

#### Attachment 2

### **DRUG-FREE WORKPLACE AFFIDAVIT**

The undersigned, principal officer of \_\_\_\_\_\_, an employer of five (5) or more employees contracting with Robertson County, Tennessee 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.

Authorized Signature, Title (Owner/ Corporate Officer)	Date	
Printed Name:		
Company Name		
Mailing Address		
Telephone No.	Fax No.	
Witness signature:	Date:	
Witness printed name:		

#### Attachment 3

#### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency;

Have not, within the three-year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default; and

Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the bid, been convicted or had a civil judgment rendered against it

A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction;

B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or

C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name of Participant Agency:

Name and Title of Authorized Representative: \_\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I am unable to certify to the above statement. Attached is my explanation.

### Attachment 4

### **CERTIFICATION BY CONTRACTOR**

I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.

 Title
 Name
 Date
 Witness

## Request for Taxpayer Identification Number and Certification

Revenue Service For www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank,

ю.	2 Business name/disregarded entity name, if different from above			
on page	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
Se.		Exempt payee code (if any)		
₩₹	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)			
Print or type. c Instructions	LLU IT the LLU is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)		
P Specific		(Applies to accounts maintained outside the U.S.)		
Spe	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name an			
See				
S		nty Government		
	523 South Brow			
		27170		
	7 List account number(s) here (optional)	5/1/2		
	7 List account number(s) here (optional)	57172		
Der	7 List account number(s) here (optional)	5/1/2		
Par	7 List account number(s) here (optional)	51172		

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number		
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.			
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Or Employer identification number		
Number To Give the Requester for guidelines on whose number to enter.			

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of	
Here	U.S. person ►	Date 🕨

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.* 

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.