

INVITATION FOR BID  
FOR  
2015 ANIMAL WELFARE TRUCK &  
TRANSPORT BODY  
070-048

BID NUMBER: 14-041-DAE



MACON-BIBB COUNTY, GEORGIA

## I. GENERAL

### A. Invitation

1. Notice is hereby given that Macon-Bibb County will receive sealed bids in the Procurement Department, Government Center Annex, 682 Cherry Street – 8<sup>th</sup> Floor, Macon, Georgia 31201, until **12:00 noon on Thursday, July 24, 2014 for 2015 Animal Welfare Truck & Transport Body**, for the Macon-Bibb County Government.

**NO BIDS WILL BE ACCEPTED AFTER THE ABOVE TIME.**

2. Bids will be publicly opened and read in the Procurement Department conference Room on Thursday, July 24, 2014 starting at 2:00 p.m.
3. Minority, Women Owned and other Disadvantaged Business Enterprises are encouraged to participate in the solicitation process. Additionally, respondents are encouraged to use M/W/DBE subcontractors where possible. Small and other disadvantaged businesses requiring assistance with the competitive process can contact Dr. James Louis Bumpus, Director of Small Business Affairs at (478) 951-2192 or [jbumpus@maconbibb.us](mailto:jbumpus@maconbibb.us).

### B. Bid Documents

4. Bid documents will be made available at the Macon-Bibb County Procurement Department, Government Center Annex, 682 Cherry Street – 8<sup>th</sup> Floor, Macon, GA 31201, (478) 803-0550 or [www.maconbibb.us/purchasing/](http://www.maconbibb.us/purchasing/) under active solicitations.

### C. Sealed Bids

*SEALED Bids* shall be delivered or mailed to:

Macon-Bibb County Procurement Department  
Government Center Annex  
Attn: Doreen Eidmann  
682 Cherry Street – 8<sup>th</sup> Floor  
Macon, GA 31201  
478-803-0556  
[deidmann@maconbibb.us](mailto:deidmann@maconbibb.us)

**Mark the outside of the envelope “14-041-DAE 2015 Animal Welfare Truck & Transport Body”**

D. Validity

1. No bid may be withdrawn for a period of sixty (60) days after time has been called on date of bid opening.
2. All prices shall be Delivered prices, FOB Destination, after deducting all non –applicable taxes, delivered to each requesting department or office. Vehicles shall be ready to use.

E. Forms

1. The enclosed Macon-Bibb County bid form shall be used. Use of other bid documents may deem the bid to be non-responsive.

F. Local Preference

1. Macon-Bibb County reserves the right to award bids to County businesses and merchants whose bid is within 5% (five percent) of the lowest responsive and responsible bid which conforms to the Invitation to Bid.

G. Reservations

1. Macon-Bibb County reserves full freedom (in addition to the right to reject any and all bids) in awarding bids to consider all available factors including, but not limited to, price, the provision of needed and unneeded features, usefulness to the using department and prior Macon-Bibb County experience. Hence, Macon-Bibb County may award bids to other than the lowest bidder if in the judgment of the Board of Commissioners the interest of the County will be best served by award to another. Any required information not submitted with bids shall deem bid non-responsive.

**2. Unless otherwise specified, manufacturer's names, trade names, brand names, information and/or catalog numbers listed herein are intended only to identify the quality level desired. They are not intended to limit competition. The bidder may offer any equivalent product that meets or exceeds the specification. If bids are based on equivalent products, the bidder shall indicate on the bid form the alternate manufacturer's name and catalog number and shall include complete descriptive literature and/or specifications along with proof that the proposed equivalent either meets or exceeds this specification. The County reserves the right to be the sole judge of what is equal and acceptable. If bidder fails to name a substitute, he shall furnish goods identical to the bid specifications.**

- H. Delivery of said Animal Welfare vehicle will be delivered to: Macon-Bibb County, Vehicle Maintenance, 1122 Seventh Street, Macon, GA 31206, call Mr. Sam Hugley twenty-four (24) hours in advance of delivery: (478) 751-9106.
- I. Questions concerning the bid shall be submitted in writing by fax, email or regular mail to the address on page 2. (email preferred)

Ford Fleet Identification Number: QC892

Dodge Fleet Identification Number: 005HP

Toyota Fleet Identification Number: GH492

**SPECIFICATION FOR NEW 2015, ¾ TON, 4x2 , CAB and CHASSIS  
(with Animal Welfare Transport Box Mounted and Attached)**

Quantity 2

<u>FEATURES</u>	<u>YES</u>	<u>NO</u>
FIFTY –SIX (56) INCHES CAB –TO- AXLE DIMENSION	( )	( )
ENGINE: GASOLINE, V-8,	( )	( )
TRANSMISSION: AUTOMATIC	( )	( )
STEERING: POWER ASSISTED WITH TILT	( )	( )
BRAKES: POWER ASSISTED	( )	( )
CRUISE CONTROL	( )	( )
POWER DOOR LOCKS	( )	( )
POWER WINDOWS	( )	( )
AIR CONDITIONING: FACTORY INSTALLED	( )	( )
GAS TANK MOUNTED FORWARD OF REAR AXLE	( )	( )
INTERIOR LAMPS WITH REAR DOME LAMP	( )	( )
RADIO: ELECTRONIC AM/FM STEREO, CLOCK	( )	( )
VINYL SEATS	( )	( )
SINGLE REAR WHEELS	( )	( )
FULL SIZE SPARE TIRE/ WHEEL	( )	( )
TOWING PACKAGE	( )	( )
FLOOR COVERING: RUBBER WITH MATS	( )	( )
COLOR, WHITE	( )	( )
PRIVACY GLASS	( )	( )

BIDDED MAKE & MODEL

WHEEL BASE

**SUITABLE CHASSIS:**

<b>CHEVROLET/GMC EXTENDED CAB</b>	<b>2500</b>	<b>157.5" WB, 56" CA</b>
<b>DODGE QUAD CAB</b>	<b>2500</b>	<b>160" WB, 56" CA</b>
<b>FORD EXTENDED CAB</b>	<b>F250SD</b>	<b>158" WB, 56" CA</b>

**Description of Animal Control Box:**

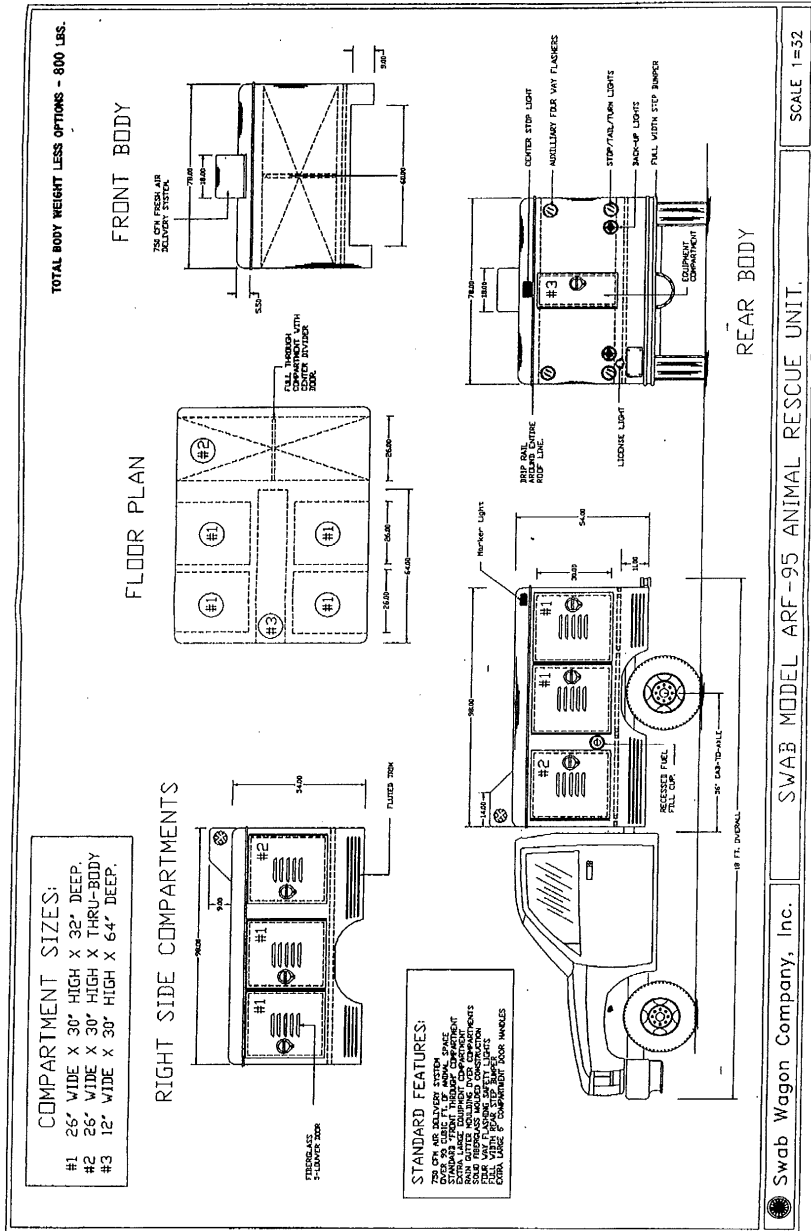
One: SWAB Wagon Company, ARF -95, Animal Rescue Unit. Color White. To include all standard equipment plus the following equipment.

- Fiberglass Transport Body
- Back-up Alarm
- Safety Doors (set of Six)
- Blind Spot Mirror
- Air Conditioner with Heater
- Temperature Monitor
- Back-up Camera with Monitor
- Mount the Transport Body to the Truck Frame
- Make all Wiring and Air Conditioner Connections from Vehicle to Transport Box

- Drawing of Animal Rescue Unit is Included

- STANDARD WARRANTY
- Parts and Repair Manuals or CD w/ Same Information

**\*\*SPECIAL NOTE: DELIVERY OF VEHICLE WILL NOT BE ACCEPTED WITHOUT PARTS/REPAIR MANUAL OR C/D WITH SAME INFORMATION\*\***



I certify that my bid meets these minimum specifications. This bid shall be valid and may not be withdrawn for a period of sixty (60) calendar days after the scheduled closing time for receiving bids.

**PRICE for a new Truck and Animal Welfare Box, Including Mounting and Attaching Animal Control Box to Vehicle:**

**UNIT PRICE: \$ \_\_\_\_\_ Qty 2: = Total: \$ \_\_\_\_\_**

**Delivery will be within \_\_\_\_\_ weeks after receipt of order.**

<b>BIDDER INFORMATION</b>	
Company Name:	
Company Address:	
Authorized By (typed or printed name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	
Fax Number :	
Email Address:	

<b>REMITTANCE INFORMATION (where payments should be sent)</b>			
Remit to Name:			
Remit to Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Toll Free:	
Contact:	Email:		
Tax ID: <input type="checkbox"/> SSN _____ <input type="checkbox"/> Federal Tax ID _____			
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Misc.			

<b>MBE/WBE/DBE STATUS (check appropriate box)</b>			
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Disabled	<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Not-Applicable	



**FINANCIAL & LEGAL STABILITY STATEMENT**

Please check appropriate item(s):

Firm has the financial capability to undertake the work and assume the liability required if awarded this solicitation.

Firm has the legal capability to undertake the work and assume the responsibilities required if awarded this solicitation. Pending litigations (if any) will not affect the firm's ability to perform on this contract, if awarded.

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_ My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

[NOTARY SEAL]

Notary Public

**LIST OF SUB-CONTRACTORS**

I do \_\_\_, do not \_\_\_, propose to sub-contract some of the work on this project. I propose to sub-contract work to the following contractors. The Contractor shall be responsible for all work of sub-contractors.

NAME/ADDRESS	TYPE OF WORK

\_\_\_\_\_  
CONTRACTOR

**CONTRACTOR MINORITY PARTICIPATION GOAL**

(Attach additional pages if required.)

I do \_\_\_\_\_, do not \_\_\_\_\_, propose to utilize Minority Businesses on some of the work on this project. I propose to utilize the following contractors.

NAME/ADDRESS	TYPE OF WORK

\_\_\_\_\_  
Contractor



**GEORGIA SECURITY AND IMMIGRATION  
COMPLIANCE ACT  
(E-Verify)  
AFFIDAVIT**

Contract/Bid No. and Name: \_\_\_\_\_

Name of Contracting Entity: \_\_\_\_\_

By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Macon-Bibb County has registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,\* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-10-91(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to Macon-Bibb County at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV/E-Verify™ User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
By: Authorized Officer or Agent  
(Name of Person or Entity)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent  
Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or

**SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE**

\_\_\_\_\_  
DAY OF \_\_\_\_\_, 201\_\_\_\_  
\_\_\_\_\_

My Commission Expires:

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

[NOTARY SEAL]

\* or any subsequent replacement operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603.