

# INVITATION FOR BID

FOR

## **Self-Contained Breathing Apparatus (SCBA) And Cylinder**

**BID NUMBER: 17-008-KMB**

340-87  
120-83



**MACON-BIBB COUNTY, GEORGIA**

ISSUED: October 17, 2016

BIDS DUE NO LATER THAN 12:00 NOON ON THURSDAY, November 10, 2016

Macon-Bibb County Procurement Department  
700 Poplar Street, Suite 308  
Macon, Georgia 31201

## I. GENERAL

### A. Invitation

1. Notice is hereby given that Macon-Bibb County will receive sealed bids in the Procurement Department, 700 Poplar Street – 3<sup>rd</sup> Floor, Macon, Georgia 31201, until **12:00 noon on Thursday, November 10, 2016 for SCBA and Cylinder** 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, November 10, 2016** 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) 803-0366 or [jbumpus@maconbibb.us](mailto:jbumpus@maconbibb.us).

### B. Bid Documents

1. Bid documents will be made available at the Macon-Bibb County Procurement Department, 700 Poplar Street – Room 308, 3rd 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  
Attn: Kimberly Bradley  
700 Poplar Street – 3<sup>rd</sup> Floor  
Macon, GA 31201  
478-803-0554  
[kbradley@maconbibb.us](mailto:kbradley@maconbibb.us)

**Mark the outside of the envelope “Bid #17-007- KMB SCBA and Cylinder”**

D. 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.

E. 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 No bid may be withdrawn for a period of sixty (60) days after time has been called on date of bid opening.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.

F. Forms

1. "Attachment" Macon-Bibb County bid form shall be used. Use of other bid documents may deem the bid to be non-responsive. All required submittal documents included as Attachment "A", attached hereto and incorporated herein.

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.**

### Insurance Requirements

All deductibles shall be paid for by the Contractor.

Required Insurance Coverages. The Contractor also agrees to purchase and have the authorized agent state on the insurance certificate that the Contractor has purchased the following types of insurance coverages, consistent with the policies and requirements of O.C.G.A. 50-21-37.

The minimum required coverages and liability limits are as follows:

Workers' Compensation Insurance. The Contractor agrees to provide, at a minimum, Workers' Compensation coverage in accordance with the statutory limits as established by the General Assembly of the State of Georgia. A group insurer must submit a certificate of authority from the Insurance Commissioner approving the group insurance plan. A self-insurer must submit a certificate from the Georgia Board of Workers' compensation stating the contractor qualifies to pay its own workers' compensation claims.

The Contractor shall require all Trade Contractors/Subcontractors performing work under this Contract to obtain an insurance certificate showing proof of Workers' compensation Coverage and shall submit a certificate on the letterhead of the Contractor in the following language:

*This is to certify that all trade contractors/subcontractors performing work on this Project are covered by their own workers' compensation insurance or are covered by the Contractor's workers' compensation insurance.*

Employers' Liability Insurance. The Contractor shall also maintain Employer's Liability Insurance Coverage with limits of at least:

- |       |                                 |                                |
|-------|---------------------------------|--------------------------------|
| (i)   | Bodily Injury by Accident       | \$1,000,000 each accident      |
| (ii)  | Bodily Injury by Disease        | \$1,000,000 each employee; and |
| (iii) | Bodily Injury/Disease Aggregate | \$1,000,000 each accident      |

The Contractor shall require all Trade Contractors/Subcontractors performing work under this Contract to obtain an insurance certificate showing proof of Employers Liability Insurance Coverage and shall submit a certificate on the letterhead of the Contractor in the following language;

*This is to certify that all trade contractors/subcontractors performing work on this Project are covered by their own Employers Liability Insurance Coverage or are covered by the Contractor's Employers Liability Insurance Coverage.*

Commercial General Liability Insurance. The Contractor shall provide Commercial General Liability Insurance (2001 ISO Occurrence Form or equivalent) that shall include, but need not be limited to, coverage for bodily injury and property damage arising from premises and operations liability, products and completed operations liability, lasting and explosion, collapse of structures, underground damage, personal injury liability and contractual liability. The CGL policy must include separate aggregate limits per Project and shall provide at a minimum the following limits:

<b>Coverage</b>	<b>Limits</b>
1. Premises and Operations	\$1,000,000 per Occurrence
2. Products and Completed Operations	\$1,000,000 per Occurrence
3. Personal Injury	\$1,000,000 per Occurrence
4. Contractual	\$1,000,000 per Occurrence
5. General Aggregate	\$2,000,000 per Project

Additional Requirements for Commercial General Liability Insurance are as follows:

Commercial business Automobile Liability Insurance. The Contractor shall provide commercial business Automobile Liability Insurance that shall include coverage for bodily injury and property damage arising from the operation of any owned, non-owned, or hired automobile. The commercial business Automobile Liability Insurance Policy shall provide not less than \$1,000,000 combined Single Limits for each accident.

Additional Requirements for Commercial Business Automobile Liability Insurance are as follows:

Commercial Umbrella Liability Insurance. The Contractor shall provide a commercial Umbrella Liability Insurance to provide excess coverage above the Commercial General Liability, Commercial Business Automobile Liability and the Workers' Compensation and Employers' Liability to satisfy the minimum limits set forth herein. The umbrella coverage shall follow form with the Umbrella limits required as follows:

<b>For contract Amounts Less Than \$5,000,000:</b>	<b>For Contract Amounts Equal to or Greater than \$5,000,000:</b>
\$2,000,000 per Occurrence	\$2,000,000 per Occurrence
\$4,000,000 Aggregate	\$10,000,000 Aggregate

Additional Requirements for Commercial Umbrella Liability Insurance are as follows:

Additional Requirements for Commercial Policies

(a) The policy shall name as additional Insureds the officers, members, and employees of the Owner and the Using Agency.

(b) The policy must be on an "occurrence" basis.

Builders Risk Insurance. Contractor shall provide a Builder's Risk Policy to be made payable to the Owner and contractor, as their interests may appear. The policy amount should be equal to 100% of the Contract Sum, written on a Builder's Risk "All Risk", or its equivalent. The policy shall be endorsed as follows:

*The following may occur without diminishing, changing, altering or otherwise affecting that coverage and protection afforded the insured under this policy:*

- (i) Furniture and equipment may be delivered to the insured premises and installed in place ready for use; and*
- (ii) Partial or complete occupancy by Owner; and*
- (iii) Performance of work in connection with construction operations insured by the Owner, by agents or lessees or other Contractors of the Owner or Using Agency.*

*In the event that the contract is for renovation, addition or modification of an existing structure and Builders Risk Insurance is not available, the Owner will accept an Installation Floater Insurance Policy with the above endorsement in lieu of the Builders' Risk Insurance Policy. Such floater must insure loss to materials and equipment prior to acceptance by Owner and must be on an ALL RISK BASIS with the policy written on a specific job site.*

Disposition of Insurance Documents. One original certificate of insurance with all endorsements attached must be deposited with Owner for each insurance policy required.

Termination of Obligation to Insure. Unless otherwise expressly provided to the contrary, the obligation to insure as provided herein shall not terminate until the Design Professional/Architect has executed the Certificate of Material Completion.

Failure of Insurers. The Contractor is responsible for any delay resulting from the failure of his insurance carriers to furnish proof of proper coverage in the prescribed form.

Additional Insured: Contractor shall add Owner and Architect as an additional insured under the commercial general and automobile policies.

# SPECIFICATIONS

For

## SCBA CYLINDER

### General Self-Contained Breathing Apparatus (SCBA) Requirements:

The purpose of this bid specification is to establish the minimum requirements for an open-circuit self-contained breathing apparatus (SCBA). The SCBA shall consist of the following major sub-assemblies: See Attachment "B" Specifications.

The successful bidder agrees to provide, at their own expense, a factory trained instructor for such time as the respirator user shall require complete instruction in the operation and maintenance of the respirator. Any exceptions to these specifications must be detailed in a separate attachment. Failure to do so will automatically disqualify the bidder.

The successful bidder must be a sales distributor, authorized by the manufacturer, to sell the equipment specified herein. A signed document from the manufacture confirming this must be included with the bid.

The SCBA shall maintain all National Institute for Occupational Safety and Health (NIOSH) standards with any of the following types of cylinders listed as provided by the SCBA manufacturer.

### BID FORM

Item	Description	Part #	Qty.	Unit Price	Ext. Price
1	Self-Container Breathing Apparatus (SCBA)	X3214021000201	5	\$	\$
2	Self-Container Breathing Cylinder 4500 PSI Carbon 30 min CGA Valve 15 year <i>2 Face Masks per Cylinder (Small &amp; Medium)</i>	804721-01	5	\$	\$
3	Additional Face Mask <i>(6 Small &amp; 12 Medium)</i>	Sml - 201215-01 Med - 201215-02	18	\$	\$
<b>Total Bid Price</b>					\$
<b>Delivery will be within _____ weeks after receipt of order.</b>					

**A price must be provided for each line item in order for a bid to be considered.**

**All prices are F.O.B Delivered.**

**This bid form stand as the fee schedule for any resulting agreement. Macon-Bibb County makes no guarantee to the minimum or maximum quantities to be purchased from this agreement. All items purchased from this agreement for up to 365 days of award will be purchased at the unit prices included in this fee schedule.**

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.

Company Name: \_\_\_\_\_

Authorized By (typed name): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_