



PURCHASING DEPARTMENT

William P. Gilliland, Director
Johnna M. Allen, Asst. Director
Sharon N. Pasley, Buyer II

MEMORANDUM

TO: Prospective Bidders
FROM: William P. Gilliland, Purchasing Director
RE: Request for Bid - #059-14
DATE: November 14, 2014

Enclosed you will find the necessary information for preparing and submitting your bid for the **Double Jacket Fire Hose** for the **Rome/Floyd Fire Department**.

The deadline for submitting your bid is **November 25, 2014 at 3:00 p.m. Local time**.

All questions should be submitted to Bill Gilliland, bgilliland@romegeorgia.us. All question and answers will be posted on the City of Rome website, www.romefloyd.com.

William P. Gilliland
Purchasing Director

INSTRUCTIONS FOR BIDDERS

- I. Bids must be received by **November 25, 2014 at 3:00 p.m.**

- II. **Bids must be delivered to:**

City of Rome Purchasing Department
601 Broad Street
P.O. Box 1433
Rome, Georgia 30162

- III. Bids must be sealed and marked:

“Double Jacket Fire Hose”

- IV. Bids must be complete and include:
 - A. Completed Bid Proposal Form
 - B. Executed Affidavit of Non-Collusion
 - C. Executed Certificate of Non-Discrimination
 - D. Executed Bidder’s Declaration
 - E. Request for Taxpayer I.D. Number
 - F. SAVE Affidavit
 - G. E-Verify Affidavit

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **November 25, 2014 @ 3:00 p.m.**

- V. Payment:

When contracts are awarded, payment by the City of Rome will be the normal 30-day cycle. However, the City does make every effort to honor all discounts.

REQUIREMENTS FOR BIDDERS

These items apply to and become a part of the terms and conditions of the bidders bid. Any exceptions must be in writing.

Notice is hereby given that the City of Rome will receive sealed bids from interested parties until **November 25, 2014 at 3:00 p.m.** at the Purchasing Department office located at 601 Broad Street, Rome, Georgia 30162-1433.

Any bids received thereafter will not be considered.

Bids will be publicly opened and read at the City of Rome Purchasing Department located at 601 Broad Street on the day and at the hour specified.

The purchaser may consider as non-responsive any bid in which there is an alteration of, or departure from, the bid form hereto attached.

The bid will be awarded to the lowest reliable bidder complying with the conditions of the invitation for bid. The bidder to whom award is made will be notified at the earliest possible date. The purchaser reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time, contracts of a similar nature, or the bid of a bidder who, in the sole opinion and discretion of the purchaser is not in a position to perform the contract, or whose name appears on the United States Comptroller General's list of ineligible contractors.

Bids may be withdrawn by written or faxed request, provided such withdrawals are received prior to bid opening date.

NOTE: Unless stated on the bid form the bid submitted will assume all specifications will be met. Please note on the bid form all exceptions.

SPECIFICATIONS

Double Jacket Attack Fire Hose with couplings

Scope:

The hose shall be of superior quality and workmanship. The hose shall withstand the rough usage of front line fire fighting. The hose provided shall meet NFPA 1961 standards. Certification of standards compliance should be provided with the bid. The hose to be provided will have a potential service life and warranty of 10 years. Upon delivery, the hose shall be free from defects in materials and workmanship. **The color should be yellow.**

Bidders

Response: _____

Jacket Construction:

The hose shall be tightly woven with filament polyester yarn in the filler and ring spun polyester yarn in the warp of both the inside and outside jackets. Inside jackets manufactured from 100% filament polyester will not meet minimum standards and is not acceptable. The hose shall be resistant to most chemicals and petroleum products and resist deterioration due to exposure to UV-rays and ozone. The hose shall not be affected by rot or mildew. The inside and outside jackets shall be manufactured with a minimum pick count of 9.5 picks per inch for increased strength and abrasion resistance. The inside jacket shall be manufactured using a reverse twill process or an equal process to reduce friction loss. The inside jacket shall be manufactured on a circular loom in a clockwise direction and the outside jacket in a counter-clockwise direction. The hose must be of sufficient body and weight to meet the demands of heavy-duty fire fighting usage.

Bidders

Response: _____

Abrasion Impregnation:

The hose assemblies shall be provided with the polyurethane based polymer impregnation for added abrasion resistance and ease in identification. Impregnated hose shall meet the requirements of MIL-H-24606B for abrasion resistance. NFPA colors may be specified by the end-user. A double dip process for twice the abrasion resistance should be provided.

Bidders

Response: _____

Lining:

The rubber lining shall be a single-ply extruded tube of synthetic EPDM compounded to resist ozone. The finished form shall be free of pits or other imperfections and have a smooth finish with a minimum wall thickness of .040. No reclaimed rubber shall be used. Plastic tubes that sacrifice durability of the hose life for the sake of weight are not acceptable. The lining should be constructed with an ultra smooth, oversized rubber liner to reduce friction loss by 21% when compared to standard liner. Tensile Strength, Ultimate Elongation & Adhesion: Shall meet the standards of Underwriters Laboratories, Inc. as well as all other properties of UL-19 for rubber lined hose. A valid USA/ULC Underwriters inspection procedure shall be in force. A copy of the procedure may be requested.

Bidders

Response: _____

Performance:

The minimum burst test pressure, when tested in accordance to NFPA 1961, on all diameters up to 2.5” shall be 1200 PSI/82 Bar. Service test pressures stenciled on the hose shall be in accordance with current minimum requirements of NFPA 1962. A valid USA/ULC Underwriters 800 PSI/55 Bar listing shall be in force. Lengths should be 50 feet long.

Bidders

Response: _____

Standards:

The hose provided shall meet and exceed all performance requirements of NFPA 1961 Underwriter’s Laboratories and MIL-H-24606 standards.

Bidders

Response: _____

Couplings:

The hose shall be Rome couplings with 6061-T6 extruded aluminum threaded couplings or forged storz.

Bidders

Response: _____

The hose provided should be equal to Keyhose, Big 10, Attack hose. The use of a brand name does not indicate a preference for that brand. It is intended to demonstrate the quality of the product to be delivered. The vendor should state the brand, manufacturer and manufacturing location of the product to be provided.

The hose should be priced Delivered FOB, 68 North Ave., Rome, Georgia 30161

BID FORM

TO: City of Rome – Purchasing Department
P.O. Box 1433
601 Broad Street
Rome, Georgia 30162-1433
ATTN: WILLIAM P. GILLILAND

BID PKG. #059-14” Double Jacket Fire Hose ”

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total</u>
50 ea.	Double Jacket Hose 2.5” x 50’	_____	_____
50 ea.	Double Jacket Hose 1.5” x 50’	_____	_____

TOTAL COST: _____

Expected Delivery Date: _____

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and to be considered only at the discretion of the Purchasing Department.

Name of Individual, Partner
or Corporation

Company

Title

Address

Authorized Signature

City, State, Zip Code

Company phone number

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the specifications.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form is included in the bid package.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **November 25, 2014** at **3:00** p.m. but may not be withdrawn after such date and time.

That the City of Rome reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

Name

Title

Name

Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

BIDDER

SIGNATURE

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF

COUNTY OF

Owner, Partner or Officer of Firm

Company Name, Address, City and State

being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____ 20____

NOTARY PUBLIC

**Request for Taxpayer
Identification Number and Certification**

Give this form to
the requester. Do
NOT send to IRS.

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)	
	Business name (Sole proprietors see instructions on page 2.) (If you are exempt from backup withholding, complete this form and enter "EXEMPT" in Part II below.)	
	Address (number and street)	List account number(s) here (optional)
	City, state, and ZIP code	

<p>Part I Taxpayer Identification Number (TIN)</p> <p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How To Obtain a TIN</i> below.</p> <p><i>Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</i></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">Social security number</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">OR</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> </table>	Social security number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">-</td> </tr> </table>									+	-	+	-	+	-	+	-	OR	Employer identification number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">-</td> </tr> </table>									+	-	+	-	+	-	+	-	<p>Part II For Payees Exempt From Backup Withholding (See Exempt Payees and Payments on page 2)</p> <p>Requester's name and address (optional)</p>
Social security number																																						
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Certification.—Under penalties of perjury, I certify that:

- 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
- 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 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.

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 of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, 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. (Also see *Signing the Certification* on page 2.)

Sign Here	Signature ▶	Date ▶
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Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must obtain your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN) and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-6, Application for a Social Security Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

To complete Form W-9 if you do not have a TIN, write "Applied for" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have

60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

Note: Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

What is Backup Withholding?—Persons making certain payments to you after 1992 are required to withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest,

dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- The IRS notifies the requester that you furnished an incorrect TIN, or
- You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
- You do not certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in 5 above, other reportable payments are subject to backup withholding only if 1 or 2 above applies. Certain payees and payments are exempt from withholding and information reporting. See *Payees and Payments Exempt From*

CITY OF ROME

DRUG-FREE WORKPLACE CERTIFICATE

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder's employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractor's name), (subcontractor's name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7)."

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____