



PURCHASING DEPARTMENT

Becky Smyth, Director
Jackson Abercrombie, Purchasing Agent
Gina Brown, Buyer
Kaitlin Newport, Buyer

ADDENDUM II

Added Options – Questions and Answers

- Please include an option to remove the current INCON TS-1000 console with two probes and replace it with a tank monitoring system with network capability
 - 2 Underground tanks – 3300 Gallons
 - Installation must be complete by 9/1/2020
 - Please include an option for the contractor to install a wireless access point from the main station
1. How many hoses?
2 hoses
 2. Can I get pictures of the current setup?
Attached
 3. Do you want online access?
Yes, The fuel management system will be network based
 4. Do you want a cloud based system?
No
 5. Do you want it to be connected to your WiFi? Or stand alone?
Wireless connectivity from the main station
 6. Are you interested in RFID?
We are not interested in RFID at this time
 7. Are your tanks UST or AST?
The tanks are located underground
 8. How many gallons?
There are 2 3300 gallon tanks
 9. Any level monitoring currently?
Yes, we are currently using the INCON TS-1000K
 10. Is there any other software you're interested in linking with your fuel info? Anything back office?
We would like to see an option to remove the current INCON TS-1000 console with two probes and replace it with a tank monitoring system with network capability

Thank you,

Becky Smyth
Purchasing Director

BID FORM

TO: City of Rome – Purchasing Department
601 Broad Street
Rome, Georgia 30161
ATTN: BECKY SMYTH

BID PKG. “011-20 Rome Fire Department Fuel Management System”

COST INCLUDING INSTALLATION:	_____
REPLACE TANK MONITORING SYSTEM	_____
CONTRACTOR INSTALLED WIRELESS ACCESS POINT	_____
TOTAL COST (INCLUDING OPTIONS)	_____
EXPECTED INSTALLATION DATE:	_____

All work must be completed by September 1, 2020.

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	

Please Attach Company Contact’s Business Card:



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phone: 706/236-4410 • fax: 706/236-4549

www.romea.us



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