



## MEMORANDUM

TO: Prospective Bidders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid - #005-17

DATE: February 6, 2017

Enclosed you will find the necessary information for preparing and submitting your bid for **Four (4) Police Pursuit and Special Services Vehicles** for the City of Rome Police Department.

The deadline for submitting your bid is **February 28, 2017 at 11:00 a.m.** All questions regarding this bid should be sent to Johnna M. Allen via e-mail [jallen@romega.us](mailto:jallen@romega.us). All questions and answers will be posted on the City website [www.romefloyd.com](http://www.romefloyd.com). It is the responsibility of the vendor to visit the site often to insure receipt of any new information that may be posted.

If you have further questions, please do not hesitate to call my office at 706-236-4410.

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Johnna M. Allen  
Purchasing Director

## INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **February 28, 2017 at 11:00 a.m.**

II. Bids must be delivered to:

City of Rome – Purchasing Department  
Attention: Johnna M. Allen  
601 Broad Street  
P.O. Box 1433  
Rome, Georgia 30162

III. Bids must be sealed and marked:

**“005-17 Police Pursuit and Special Services Vehicles”**

IV. Bids must be complete and include:

- A. Completed Bid Proposal Form
- B. Executed Bidder's Declaration
- C. Executed Certificate of Non-Discrimination
- D. Executed Affidavit of Non-Collusion
- E. Prompt Payment Affidavit
- F. Request for Taxpayer I.D. Number
- G. Drug-Free Workplace Certification
- H. E-Verify Compliance Affidavit
- I. SAVE Compliance 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 **February 28, 2017 @ 11:00 a.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 **February 28, 2017 at 11:00 a.m.** at its offices 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.

**SPECIFICATION**  
**2017 OR CURRENT PRODUCTION MODEL**

**FOUR (4) POLICE PURSUIT AND SPECIAL SERVICES VEHICLES**

- A. **SCOPE:** This specification covers **Four (4) Police Pursuit and Special Services SUV's** having excellent acceleration, speed, braking, and handling performance. Although the City of Rome intends to purchase Four (4) of these vehicles, we would like to reserve the option to purchase an additional Two (2) Police Pursuit and Special Services SUV's from this bid solicitation. This option must be exercised within 12 months of the date of issue of the original purchase order.
- B. **VENDOR INFORMATION:** Police Pursuit vehicles shall be equipped with factory installed Police Packages plus additional dealer installed items listed below. Unless otherwise noted, vehicles shall be comparable with the following basic requirements. Bidders shall indicate EXACTLY what they are offering under "BIDDER'S RESPONSE."
- C. **BASIC REQUIREMENTS:**

		<b><u>Bidders Response</u></b>
<b><u>VEHICLES:</u></b>		
Identity	Police Pursuit Vehicle	_____
Police Package	PPV CC10706 or equal	_____
Police Pursuit Engine	Please specify engine type:	_____
Engine Cooling	Police Pursuit, Heavy Duty cooling	_____
Fuel System	Compatible with engine	_____
Transmission	6 speed automatic Police Pursuit	_____
Suspension	Heavy duty, Police Pursuit	_____
Stabilizers	Heavy duty, Police Pursuit	_____

Differential	Heavy duty, Police Pursuit	_____
Drive Axle	Heavy duty, Police Pursuit	_____
Steering	Power assisted, Heavy Duty, Police Pursuit	_____
Safety	Dual air bags, Dual side air bags. Restraints	_____
Spotlights	Factory installed spotlight Driver side	_____
Alternator	160 AMP minimum, heavy duty, Police Pursuit	_____
Battery	Dual Batteries	_____
Wheels	Steel slotted type	_____
Power Door Locks & Windows	Driver controlled only, Rear doors and rear windows must be operable with capability to reconnect.	_____
Air Conditioning	Dual Zone, Front and Rear	_____
Tires	P265/60R17 All Season Tires high speed rated, police type, tubeless radial, blackwall	_____
Radio	AM/FM stereo clock/single CD antenna & speaker, factory installed	_____
Seats & Upholstery Front seat	Bucket seats, Cloth- 6 way Power Driver Seat Dark Charcoal in color	_____
Floor Covering	Rubber floor covering w/Front & Rear Floor Mats	_____
Glass	Tinted, all glass	_____
Mirror	Inside-day/night type; Outside - LH and RH remote controlled, Heated for frost removal.	_____

**Bidders  
Response**

Paint	Black	_____
Molding	Body color side molding	_____
Dome Light	Beam lamps dome mounted on review mirror	_____
Speedometer	0 - 140 MPH, certified calibration	_____
Windshield Washer	Manufacturer's standard	_____
Windshield Wipers	Multi-speed, intermittent	_____
Rear Windows	Electric Grid, rear window defrost	_____
Locks	Two (2) Remote entry Key Fobs w/spare key	_____
Sun Visors	Padded, LH & RH	_____
Hood Release	Inside mounted	_____
Parking Brake	Warning light or automatic release	_____
Tire Changing	Jack, base plate & lug wrench	_____
Air Conditioner	Factory Installed	_____
Cameras	Factory installed back-up camera	_____
Shop Manual	One copy to be furnished with first vehicle delivered	_____
Warranty	Vehicle, and all equipment: Fully Warranted against defective materials workmanship for not less than 12 months or 12,000 miles from date of placement into service by the City of Rome, Georgia	_____

**NOTE: Vehicles should be fully equipped as requested. However, any component not identified that is required and necessary to insure proper operation of equipment provided must be included whether stated or not. All vehicles should be delivered with all equipment operable and ready for service. .**

**Vehicles are to be FOB Delivered—100 Vaughn, Rome, Georgia 30161.**

## **BID FORM**

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

**BID PKG. "005-17"      "Police Pursuit and Special Services Vehicles"**

<b>Quantity</b>	<b>Description</b>	<b>Unit Price</b>	<b>Total</b>
4	Police Pursuit and Special Services Vehicles	_____	_____

TOTAL COST: \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_ Delivery FOB Rome Georgia

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 **February 28, 2017 at 11:00 a.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.

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BIDDER

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SIGNATURE

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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

## STATE OF GEORGIA PROMPT PAY ACT AFFIDAVIT

THIS AFFIDAVIT IS TO ACCOMPANY THE BID

GEORGIA PROMPT PAY ACT: The Georgia Prompt Pay Act was enacted by the General Assembly in 1994 and took effect January 1, 1995. This act requires owners to pay contractors within 15 days of receipt of a pay request by the owner or the owner's representative. If payment is not made the owner shall pay the contractor 1% per month interest on the delayed payment. Additionally, the contractor must pay subcontractors within 15 days of receipt of payment from the owner.

This Act is Code Section 13-11-1 (Georgia Laws of 1994, p. 1398 par. 4)

Firm Name: \_\_\_\_\_

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

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

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ► _____							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): <input type="checkbox"/> Exempt payee code (if any) _____ <input type="checkbox"/> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)				Requester's name and address (optional)			
6 City, state, and ZIP code							
7 List account number(s) here (optional)							

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or					
Employer identification number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part II 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 (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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ►	Date ►
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**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**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?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**CITY OF ROME**

**DRUG-FREE WORKPLACE CERTIFICATE**

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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: \_\_\_\_\_

**CITY OF ROME, GEORGIA  
E-VERIFY COMPLIANCE AFFIDAVIT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Rome, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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Federal Work Authorization User Identification number  
(Not Required if Less than 10 Employees)

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Signature (if less than 10 employees)

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Date of Authorization

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Name of Contractor

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Name of Project

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Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state).

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Signature of Authorized Officer or Agent

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Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

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NOTARY PUBLIC  
My Commission Expires:

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFIDAVIT

**O.C.G.A § 50-36-1(e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United State citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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Signature of Applicant

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Printed  
Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

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NOTARY PUBLIC

My Commission Expires: