



MEMORANDUM

TO: Prospective Bidders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid – 018-19 “Two (2) F-750 Single Axle Dump Trucks”

DATE: April 26, 2019

Enclosed is the necessary information for preparing and submitting your bid for **Two (2) F-750 Single Axle Dump Trucks** for the City of Rome.

The deadline for submitting your bid is **May 21, 2019 at 10:00 a.m.**

All questions must be submitted in writing by e-mail to Johnna Allen at jallen@romeega.us no later than **Thursday, May 16, 2019 by 5:00 p.m.** All questions and answers will be posted on the website www.romefloyd.com. It will be the responsibility of interested parties to visit the website frequently to insure receipt of any new information that may be made available.

Johnna M. Allen
Purchasing Director

JA/res

INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **May 21, 2019 at 10:00 a.m.**

II. Bids must be delivered to:

City of Rome
Attn: JOHNNA M. ALLEN
601 Broad Street
P.O. Box 1433
Rome, Georgia 30162

III. Bids must be sealed and marked:

018-19 – “Two (2) F-750 Single Axle Dump Trucks”

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 **May 21, 2019 @ 10:00 AM**

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 **May 21, 2019 @ 10:00 AM** 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.

SPECIFICATIONS

2018 or current production model---F-750 Single Axle Dump Truck

The purpose of this specification is to describe a new F-750 Single Axle Dump Truck as described. The use of a brand name does not indicate a preference for that brand. It is intended to establish a level of quality, function and reliability. Vehicle should be delivered complete and ready to operate.

Bidder's Response

GENERAL SPECIFICATIONS:

1. Truck shall be min. 33,000 GVWR _____
2. Chassis configurations shall be 4 x 2 _____
3. Cab configurations shall be Standard Cab _____
4. Cab to axle measurement shall be 108 inches _____

FRAMES:

1. Frames shall be 120,000 16.98 SM _____
2. Frame crossmembers, fuel tank, battery boxes and suspension shall be fastened with huck spin fasteners, storage box mounted on driver side. _____
3. Chassis air lines and electrical wires shall be color coded and continuously numbered _____
4. Front tow hooks shall be provided. _____

FRONT AXLES AND SUSPENSION:

1. Front axles shall be 12,000 lbs. capacity _____
2. Front suspension shall be 12,000 lb. parabolic taper leaf _____
3. Front shocks are required _____

BRAKES:

1. Air brakes must be provided _____
2. All air lines shall be provided with quality connect air line fittings and automatic air tank drain valve. _____
3. Front and rear automatic slack adjusters shall be provided _____
4. Air Dryer is required _____
5. Sealed brake chambers for long life in corrosive environment (MGM TR-TS) _____
6. Trailer air brake package _____
7. Trailer Connection 7 way _____

STEERING:

1. Power steering with translucent power steering reservoir shall be provided _____
2. Steering wheel 18" 2-spoke _____
3. Cruise control with steering wheel controls _____
4. Manual tilt steering. _____

EXHAUST SYSTEM:

1. Exhaust configuration shall be horizontal _____
2. Exhaust muffler and tailpipe must be mounted to the chassis frame (not the cab) _____

ELECTRICAL SYSTEM:

1. A 12-volt, 200 amp alternator shall be provided _____
2. Batteries shall provide 1500 (CCA) _____

3. Starter motor shall be 12 volt _____
4. Windshield wiper system shall provide high/low speed settings with wash and intermittent features _____
5. Cab dome light shall be provided _____
6. Daytime running lights shall be provided _____
7. Tail lights and long life halogen headlights shall be provided _____
8. Clearance marker lights _____
9. Back up alarm with 102 DBA shall be activated whenever the vehicle is in reverse gear _____
10. Battery jump start stud shall be provided _____
11. Air horn _____

FRONT END:

1. Grille _____
2. All daily fluid checks shall be located on the driver's side of the engine _____
3. Crossover air intake system, which draws intake air from the driver side of the hood _____

ENGINE:

1. Engine must provide a minimum of 330 HP 6.7L OHV 32 Valve intercooled turbo V-8 engine with diesel direct injection _____
2. Engine shall be equipped with a single element air filter _____
3. Engine must be equipped with Extended life coolant _____
4. Engine block heater shall be provided _____

TRANSMISSION:

1. Transmission torqshift HD 6-speed double overdrive

2. Transmission PTO is required

FUEL TANK:

1. Fuel tank shall provide 50 U.S. gallon capacity

2. Engine mounted fuel filter shall be provided with minimum
250 micron rating

3. Fuel tanks shall be aluminum

4. Fuel/water separator w/sight glass shall be provided

CAB EXTERIOR:

1. Cab shall be White in color

2. Cab shall be painted with premium paint

3. Cab shall be constructed with double sided galvanized steel

4. West Coast style mirrors and convex

5. Cab steps shall be offset with non-slip grips and protected with
power coated paint

CAB INTERIOR:

1. Cab storage shall include driver door map pocket and driver
and passenger overhead storage bins with safety nets

2. Driver and passenger side sun visors shall be provided

3. Drivers side seat shall be air ride

4. Passenger side seat shall be a two man seat

**Bidder's
Response**

5. Cup holders shall be provided _____
6. Integral arm rests in driver and passenger door shall be provided _____
7. Coat hook on rear cab wall shall be provided _____
8. Gauge cluster shall include, odometer miles, trip miles, engine hours, fault code readout _____
9. Gauge warning shall include: low fuel warning, low oil pressure warning, high engine coolant temperature and low battery voltage _____
10. Cab switches shall have back lighting for night visibility _____
11. AM/FM radio shall be provided _____
12. Fresh air filter for cab shall be provided _____
13. Air conditioner with protection system shall be provided _____
14. Low windshield washer fluid indicator shall be provided _____

WHEELS AND TIRES:

1. Front and rear wheels shall be 22.5 hub piloted disc type wheels _____
2. Wheels seals shall be oil lubricated _____
3. Tires shall be manufacturer recommended 14 ply Highway front and rear _____

REAR AXLE:

1. 21,000 lb with 23,000 lbs springs with helper _____
2. Axle ratio to be 5.57 _____

Complete unit to be FOB Delivered to the City of Rome Public Works Garage 100 Vaughn Road Rome, Georgia 30161

14 FOOT DUMP BODY:

1. Width Inside: 7'4" _____
2. Height side: 30 _____
3. Height T/G: 36 _____
4. Color: Black _____
5. Cylinder: Front mount telescopic _____
6. Cab shield: 20" _____
7. Cab controls: Hotshift PTO & HD cable for pump _____
8. Tarp: Electric-aluminum arms, vinyl or mesh cover _____
9. Reinforced Tailgate: Air latch, straight, spreader chains _____
10. 7 ga floor, 10 ga sides and front, all sheet steel HI tensile, 4"
 @ 5.4 lbs/ft. channel cross members on approximately 12: centers,
 8" @ 11.5 lbs/ft channel sub frame for body and hoist full
 chassis length 3 1/2" x 3 1/2" x 3/16" tubing top rails, front and
 rear board pockets, flat bar steps and walk rod each side, deflectors
 between side post, LED marker lights to meet MFVSS# 108,
 6" LED stop/turn on rear post, 25 ton pintle hitch, electric pig tail. _____

BID FORM

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

“018-19 “Two (2) F-750 Single Axle Dump Trucks”

Quantity	Description	Unit Price
2	F-750 Single Axle Dump Truck	_____ ea.

TOTAL COST: \$_____

Expected Delivery Date: _____ **Delivery FOB 100 Vaughn Rd. Rome, GA 30161**

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 contact's business card:

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

- The bidder has carefully read and fully understands the full scope of the specifications.
- The bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.
- 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 **May 21, 2019 @ 10:00 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
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Name	Title
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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

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 one 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) ► _____ Note. 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): Exempt payee code (if any) _____ 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"/>	<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"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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

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:

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

Signature (if less than 10 employees)

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

Executed on _____, ____, 20____ in _____ (city) _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

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:

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).

Signature of Applicant

Printed Name of Applicant
SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

DAY OF _____, 20_____

NOTARY PUBLIC
My Commission Expires: