

NOTICE TO BIDDER
BID # 27-2017

Pond Creek Ambulance Service – Grant County, Oklahoma

Bids will be accepted until 4:30 p.m., Friday, November 3, 2017 at the Grant County Courthouse, 112 E. Guthrie, Room 102 Medford, Oklahoma, 73759 and will be opened 10:30 a.m. Monday, November 6, 2017 during the Regular Board of Commissioners' meeting.

2017 or new Ford E-450 6.8 Liter V10 Gas Powered Cut-Away Chassis
With Ford Ambulance Prep Package
(Option Code 47A)

Dismount ■ Remount ■ Restoration
Type III Modular Ambulance Body onto a New Cab and Chassis

Bid request without trade in

Bid request with option to finance vehicle

Questions regarding vehicle options or emergency equipment should be directed to Jake Winn at 580-532-4911 or email jakewinn2012@gmail.com

The Board of County Commissioners *Reserve the Right* to reject any and all bids.

"Bid Packet" must be submitted to the Grant County Clerk's Office by USPS, carrier service, or in person @ 112 E. Guthrie, Room 102, Medford, OK 73759. To obtain a "Bid Packet" email the Grant County Clerk's Office at countyclerk@grantcount yok.org or visit our website at www.grantcount yok.com and click on the **BID** tab or obtain in person at the above referenced address.

The submitted "Bid Packet" **must be** clearly marked "SEALED BID #27-2017" with closing date and time **AND** the following documents **must be** completed as instructed and included in the submitted Bid Packet: **1]** Specification Compliance Questionnaire, **2]** Affidavit of Filing with Competitive Bid {OSA&I form 425 (2000)} and **3]** Affidavit for Contract and Payments {OSA&I Form 1-4001(2005)} **4]** W-9 Form. All forms **must be** sign and notarized (if applicable) or the bid will be rejected.

Approved this 16th day of October, 2017



ATTEST

County Clerk

BOARD OF COUNTY COMMISSIONERS
GRANT COUNTY, OKLAHOMA

Cindy R. Bobbitt
Chairman

[Signature]
Vice Chairman

Max L. Hess
Member

GRANT _____ County, Oklahoma
COUNTY PURCHASING OFFICE
 GRANT _____ County Court House
 MEDFORD _____, Oklahoma
 Phone Number +1 (580) 395-2274

Invitation to Bid

PLEASE REVIEW TERMS AND CONDITIONS ON REVERSE SIDE
 RELATING TO SUBMISSION OF THIS BID.
 Notarized Affidavit completions and signature required on reverse side.

Date Issued October 16, 2017
 Page 1 of 2

BID NUMBER

27-2017

BID CLOSING DATE AND HOUR

11-03-2017 at 4:30 p.m.

REQUIRED DELIVERY DATE

(Days after award of Purchase Order)

TERMS

Bid Opening 11-06-17 @ 10:30 a.m.

Date of Delivery

ITEM	QUANTITY	UNIT OF ISSUE	DESCRIPTION	UNIT PRICE	TOTAL
Cab & Chassis	one (1)		POND CREEK AMBULANCE SERVICE Purchase of 2017 or newer Ford E-450 6.8 Liter V10 Gas Powered Cut-Away Chassis with Ford Ambulance Prep Package (Option Code 47A) DISMOUNT - REMOUNT - RESTORATION Type III Modular Ambulance Body onto a New Cab and Chassis This bid request is without trade in. <hr style="border-top: 1px dashed black;"/> Option one (1): Purchase with option to finance Option two (2): Purchase without financing options - Cash Purchase SEE THE SPECIFICATION SHEET FOR COMPLETE REQUEST		

TERMS and CONDITIONS

1. Sealed bids will be opened in the Commissioner's Conference Room, November 6, 2017 at 10:30 a.m.
County Courthouse, Medford, Oklahoma, at the time and date shown on the invitation to bid form.
2. Late bids will not be considered. Bids must be received in sealed envelopes (one to an envelope) with bid number and closing date written on the outside of the envelope.
3. Unit prices will be guaranteed correct by the bidder.
4. Firm prices will be F.O.B. destination.
5. Purchases by Grant County, Oklahoma, are not subject to state or federal taxes.
6. This bid is submitted as a legal offer and any bid when accepted by the County constitutes a firm contract.
7. Oklahoma laws require each bidder submitting a bid to a county for goods or services to furnish a notarized sworn statement of non-collusion. A form is supplied below.
8. Bids will be firm until _____ (Date)

AFFIDAVIT: I, the undersigned, of lawful age, being first duly sworn on oath say that he (she) is the agent authorized by the bidder to submit the above bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any state official or employee as to quantity; quality or price in the prospective contract or any other terms of said prospective contract; or in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract; that the bidder/contractor has not paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma (or other entity) any money or other thing of value, either directly or indirectly in the procuring of the award of a contract pursuant to this bid.

Subscribed and sworn before this _____ day
of _____, 20 ____ (SEAL)

Firm: _____

My commission expires _____

Signed by: _____
(Manual Signature of Undersigned)

Address: _____

Phone: _____

NOTARY PUBLIC (CLERK OR JUDGE)

Zip: _____

In accordance with 62 O.S. § 310.9

NOTE: Other terms and conditions can be added at the discretion of the county officers.

**Pond Creek Ambulance Service
Bid #27-2017**

RE: Type ME-450 Modular Ambulance Remount Specifications

The following specification is designed for the remount of a Type III modular ambulance body onto a *new* 2017, or newer, Ford E-450 6.8 liter VI 0 gas powered cut-a-way chassis with Ford ambulance prep package, option code 47A. This specification is an outline of minimum work to be performed during the remounting process. These steps should provide a safe, mechanically operative ambulance as the original ambulance manufacturer intended.

Pre-Remount Inspection:

All carry-on equipment will be removed from the module before the ambulance is delivered to the vendor. An inspection form will be completed by the vendor before work commences. This inspection will include a check of all electrical system components on the module and the chassis. This test will discover any inoperative items for which the vendor will not be responsible for repairing unless specified further in the bid request. All items operating normally before the remount will be expected to operate afterwards.

Comply? YES ____ NO ____

Vendor Requirements:

Vendor must supply KKK certificate showing certifying a vehicle of this type.
Vendor must supply QVM certificate.
Vendor must be members of Ambulance Manufacturers Division (AMD).
Vendor must be members of National Truck Equipment Association (NTEA).

Comply? YES ____ NO ____

Dismount:

Disconnect all mechanical, electrical, and medical systems between chassis and module.
Lift module from chassis and position so as to allow full inspection of under structure.

Comply? YES ____ NO ____

Inspection:

Inspect all exposed structural framing, welds, tie down braces and gussets for cracks, warp age, excessive wear and corrosion.
Minor damage shall be repaired under the original bid. Excessive undisclosed damage unknown by the vendor will be brought to the Customer's attention.
The Customer will determine the action to be taken.

Comply? YES ____ NO ____

Sub-Frame:

The body sub-structure shall be fastened to the chassis frame with (8) OEM rubber mounts (or pucks) and bolt assemblies provided for such purpose by Ford. Butyl rubber shall be installed to separate the aluminum body from the steel substructure.

Comply? YES ____ NO ____

Electrical System

Cables

Install new battery cables. The cables shall be "0" gauge or larger and rated as welding cable. Copper lugs will be machine crimped. Weatherproof Heat Sink material will be added to all cable ends. There will be a 200-amp fuse located next to the batteries and a 275-amp battery switch located behind the driver's seat.

Zipper loom heat resistant harness material will cover all cables

Comply? YES ____ NO ____

Wiring

The chassis will be rewired and upgraded to comply with current Federal specification and chassis manufacturer's recommended guidelines as needed. All wires will be rated for 125% of the expected load and have heat resistant GXL rated or better insulation. This insulation will be color coded as to function. All wires will have circuit names stamped every 4" along the wire.

All ends will have insulated crimp on connectors. Splice connectors (barrel type) will only be used to connect a hardwired component to its circuit wire. Any wire connection exposed to weather will be weatherproof heat shrunk insulation.

All Wires will be run in protective zipper loom. This looming shall be heat resistant. All harnesses will be secured with metal straps and wire ties. Harnesses passing through metal barriers or over edges will have grommets or edge protection added.

All engine looms will be rerouted inside cab to protect the loom and prevent heat damage from chassis. Scotchlock or non-crimping type devices will not be used. A junction box will be added behind driver seat.

Comply? YES ____ NO ____

Loaner

During the period the ambulance is being remounted, a loaner ambulance will be provided.

Comply? YES ____ NO ____

Switch Panels and Consoles

Install new front electrical switch panel. Front console with switch panel to include (2) cup holders.

Comply? YES ____ NO ____

Siren & Sneakers

New Cast 100-watt siren speakers will be installed.

Comply? YES _____ NO _____

Heater-Air Conditioning Unit Module

Replace existing heater/air conditioner with 12V HVAC system. A high output unit with three-(3) speed fan and thermostat temperature control shall *be* used. Controls shall interface with current set-up on action wall. Replace all hoses, fittings, valves, clamps and solenoids with new OEM approved components. A 50% solution of antifreeze (heater) and 134A coolant (A/C) will be added. Fluid pressure, electronic leak detection and temperature change testing will all be performed in accordance with Federal guidelines.

Replace thermostat at the action area.

Comply? YES _____ NO _____

Oxygen System

Inspect oxygen system for proper operations, pressure test. Notify customer if any problems are found.

Comply? YES _____ NO _____

Exterior Body Repaint Procedure

Disassembly

Remove all clearance, warning, and tail lights, light bars, rub rails, rain guards, stone guards, and rear bumper.

Remove all doors and disassemble them by removing hinges, inner door panels, windows, insulation, latches, rotary latches, door seals and door switches.

Body Preparation

- Remove all lettering and decals
- Perform all necessary body work to eliminate minor dings and dents.
- Remove all paint from box and doors by sandblasting to bare metal.
- Examine body for stress cracks, and weld as needed.
- Apply body putty to minor dents and over weld points.
- Sand the entire box and doors with 180 grit sand paper.

Paint Preparation and Painting

- Box jams and compartments are sealed against overspray.
- Wipe all parts to be painted with PPG Aluminum prep.
- Spray box and doors with one (1) coat of PPG etching primer.

- Spray the top of the box with two (2) coats of etching primer.
- Spray (2) heavy coats of Euro primer filler.
- After drying, the box and doors are inspected for pinholes and imperfections
All suspect areas are marked and filled with Piranha spot putty.
- The box and doors are coated with 3M guide coat.
- Everything is then sanded with 320 grit sand paper.
- The box is blown off and tape is pulled and compartments resealed and wiped.
- All seams or corners then get new seam sealer applied.
- The box is blown and tacked off.
- The box and doors are sprayed with V.S. sealer.
- Dried sealer is inspected for dirt and sanded with 2000 grit sand paper.
- The box and doors are tacked off and sprayed with three (3) coats of PPG basecoat.
- Basecoat is sanded and tacked.
- Three coats of PPG clear are applied.
- Paint box white as base color.

Re-assembly

- The box is mounted onto the new chassis, using all new body pucks and bolts
- The doors are re-assembled replacing any bad latches
- The doors are reinsulated with new insulation
- New door seals are installed.
- New door switches are installed.

Graphics and Lettering

After box has been repainted and mounted to the new chassis, install new lettering and complete graphics to match the Department's F- Series ambulance.

Comply? YES ____ NO ____

Interior Repairs

Repair any minor damage to laminate/cabinets

Check all latches and hinges for operation. Replace hinges as needed.

Comply? YES ____ NO ____

Mud Flaps

Install new mud flaps on rear

Comply? YES ____ NO ____

Door Windows

Reseal three door windows.

Comply? YES ____ NO ____

Cab Running Boards

New Cab Running Boards are to be installed.

Comply? YES ____ NO ____

Rear Bumper & Stone Guards

Replace rear bumper with new and include flip up center section.

Replace rear and front stone guards with new diamond plate.

Comply? YES ____ NO ____

Wheel Simulators

New stainless-steel wheel simulators are to be installed.

Comply? YES ____ NO ____

Body Plates

Verify under body plates have been installed to support the Stryker Power Load.

Comply? YES ____ NO ____

LED LIGHT PACKAGE

ALL EXTERIOR LIGHTS TO HAVE CLEAR LENSES AND CHROME FLANGES

Front

Remove light bar, repair holes, and install 7 Whelen 700 LED warning lights with chrome flanges, as follows: R/B _ R R/B W _ R/I3R/13 R/I3. All clear lens.

Comply? YES ____ NO ____

Rear

Remove upper rear light bar and install Whelen 900 LED warning lights with chrome flanges as follows: 14/13 L _ A/A L R/B. Replace 900 warning lights at window level height with 900 red/amber LED lights. Wire red section of light to brake.

Comply? YES ____ NO ____

Right and Left Sides

Install new 900 11/13 LED warning lights, two each side, include chrome flanges on all warning and scene lights.

Replace stop/turn arrows/reverse lights with 600 series LED.

Comply? YES ____ NO ____

Grill and Intersection

**Two 500 LED Grill Lights (2 Red). Clear lens.
Two 700 LED Intersection Lights (Red) Clear lens.
Two 700 LED rear intersection lights over rear wheels**

Comply? YES _____ NO _____

Scene and load lights

Replace four side scene lights with four (4) M9V2C and two rear load lights with two (2) M9V2C lights.

Comply? YES _____ NO _____

Dome Lights

Install eight (8) new LED dome lights. Wire left side domes to timer switch.

Comply? YES _____ NO _____

Spot Light

Install new handheld spot light.

Comply? YES _____ NO _____

Front Floor Console

Install new front floor console between front driver and passenger seats.

Comply? YES _____ NO _____

Camera System

Install new rear back up camera and interior patient compartment camera, with monitor replacing the OEM rear view mirror on the windshield.

Comply? YES _____ NO _____

Flooring

Remove old flooring and install new Lon Plate, non-skid flooring. Color Gunmetal.

Comply? YES _____ NO _____

Fire Extinguisher

Provide two (2) new five-pound fire extinguishers. Customer will install after delivery.

Proof of Mailing

Bid #27-2017

POND CREEK AMBULANCE SERVICE

GRANT COUNTY, OKLAHOMA

Osage Ambulances
2116 Old Maypearl Rd
Waxahachie, TX 75167

Trent Ward
P.O. Box 718, 194 Twin Ridge Rd
Linn MO 65051
trenttdward@aol.com

Mark Radkte
Arrow Ambulances
801 South East Street, PO Box 349
Rock Island, IA 51246.
mark@arrowmfginc.com

Sales Dept.
Frazer, Ltd.
7227 Rampart St
Houston, TX 77081
sales@frazerbuilt.com

I, Cindy Pratt, Grant County Clerk, do hereby acknowledge the following documents for Bid #27-2017 have been sent to the above referenced vendors via USPS: Notice to Bidder, Invitation to Bid, Terms and Conditions, Affidavit for Filing with Competitive Bid, and Affidavit for Contracts and Payments and IRS W9 form.

This 17th day of October 2017


Cindy Pratt, Grant County Clerk



S.A.&I. 425 (2000)

AFFIDAVIT FOR FILING WITH COMPETITIVE BID

STATE OF OKLAHOMA }
COUNTY OF _____ } SS

_____, of lawful age, being first duly sworn, on oath says, that (s)he is the agent authorized by the bidder to submit the attached bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any county official or employee as to quantity, quality or price in the prospective contract, or any other terms of said prospective contract; or in any discussions between bidders and any county official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

BIDDER:

Signature

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

Notary Public (or Clerk or Judge)

My commission expires: _____

Note:

Each competitive bid submitted to a county, school district or municipality must be accompanied with the above Affidavit as required by 61 Oki.St. Ann. § 138

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 single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>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.</i> <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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.

Social security number	
[] [] [] []	- [] [] - [] [] [] []

or

Employer identification number	
[] [] [] [] [] []	- [] [] [] [] [] [] [] []

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.

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 1099 (home mortgage interest), 1099-E (student loan interest), 1099-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.