



**SEDGWICK COUNTY, KANSAS**  
**FINANCE DEPARTMENT**  
**DIVISION OF PURCHASING**  
525 N. Main, Suite 823 ~ Wichita, KS 67203  
Phone: 316 660-7255 Fax: 316 383-7055  
<http://www.sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR BID**  
**#17-0028**  
**2016 E-450 AMBULANCE CUT AWAY CHASSIS**

February 15, 2017

Sedgwick County, Kansas, will accept bids to select a vendor to provide one (1) **2016 AMBULANCE E-450 CUT AWAY CHASSIS** for Fleet Management to be used by EMS. It is anticipated that an official contract or purchase order will be issued after Board of County Commission approval of the recommended bid. It should be noted, however, that the County cannot guarantee the purchase of the product described herein.

Carefully review this document. If your firm is interested in participating in this selection process commensurate with the specifications, conditions, mandatory requirements, and instructions as contained herein, submit one (1) original document, one (1) copy, and one (1) electronic copy (USB) of the entire document with any supplementary materials to:

Britt Rosencutter  
Sedgwick County Division of Purchasing  
525 N. Main, Suite 823  
Wichita, KS 67203

**SUBMITTALS** are due **NO LATER THAN 1:45 p.m., CDT, Tuesday February 28, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name, address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award. The time stamp clock in the Purchasing Department will determine the time of receipt.

Bid responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m., CDT on the due date.

Britt Rosencutter  
Purchasing Agent

## Table of Contents

- I. [Purpose](#)
- II. [Submittals](#)
- III. [Scope of Work](#)
- IV. [Sedgwick County's Responsibilities](#)
- V. [Bid Terms](#)
  - A. [Questions and Contact Information](#)
  - B. [Minimum Firm Qualifications](#)
  - C. [Evaluation Criteria](#)
  - D. [Request for Bid Timeline](#)
  - E. [Insurance Requirements](#)
  - F. [Indemnification](#)
  - G. [Confidential Matters and Data Ownership](#)
  - H. [Bid Conditions](#)
- VI. [Required Response Content](#)
- VII. [Response Form](#)

END OF SECTION

## **I. Purpose**

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County is seeking bids for 2016 E-450 Ambulance Cut Away Chassis, in accordance with the specifications outlined, for Sedgwick County EMS.

## **II. Submittals**

Carefully review this Request for Bid. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Britt Rosencutter  
Sedgwick County Division of Purchasing  
525 N. Main, Suite 823  
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, February 28, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Bid responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date.

## **III. Scope of Work**

Provide one (1) 2016 E-450 Ambulance Cut Away Chassis

## **IV. Sedgwick County's Responsibility**

- Provide information, as legally allowed, in possession of the county, which relates to the county's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.

## **V. Bid Terms**

### **A. Questions and Contact Information**

Any questions regarding this document must be submitted in writing to Britt Rosencutter at [britt.rosencutter@sedgwick.gov](mailto:britt.rosencutter@sedgwick.gov) by 5:00 p.m. CDT Friday, February 17, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp), under view current RFQs and RFPs; to the right of the RFB number by 5:00 p.m. CDT Monday, February 20, 2017. Firms are responsible for checking the website and acknowledging any addendums on their bid response form.

### **B. Minimum Qualifications**

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Bid. Firms must meet or exceed these qualifications to be considered for award. Bids submitted must reflect in detail their inclusion as well as the degree to which they can be provided. Any exceptions to the requirements listed should be clearly detailed in proposer's response.

Bidders shall:

1. Have proper certification(s) or license(s) for the services/product specified in this document.
2. Ensure that project work meets all local, state and federal laws, regulations and ordinances.

3. Have the capacity to acquire all required permits, bonds, escrows or insurances.
4. Provide appropriate project supervision and quality control procedures.
5. Have appropriate material, equipment and labor to perform job safely and efficiently. *All costs associated with meeting this requirement will be the sole responsibility of the vendor.*

C. [Evaluation Criteria](#)

An award will be made to the lowest responsible and responsive bidder.

D. [Request for Bid Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Bid to interested parties	<b>February 15, 2017</b>
Clarification, Information and Questions submitted in writing by 5:00 p.m. CDT	<b>February 17, 2017</b>
Addendum Issued	<b>February 21, 2017</b>
Sealed Bid due before 1:45pm CDT	<b>February 28, 2017</b>
Evaluation Period	<b>February 28-March 1, 2017</b>
Board of Bids and Contracts Recommendation	<b>March 2, 2017</b>
Board of County Commission Award	<b>March 8, 2017</b>

Payment and Invoice Provisions

[http://www.sedgwickcounty.org/purchasing/payment\\_and\\_invoice\\_provisions.pdf](http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf)

E. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers’ compensation and employer’s liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas **(must be acknowledged on the bid/proposal response form).**

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

**Workers’ Compensation:**

Applicable coverage per State Statutes

**Employer’s Liability Insurance:** \$100,000.00

**Commercial General Liability Insurance:**

Each Occurrence \$500,000.00

Aggregate \$500,000.00

**Personal Injury:**

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

**Automobile Liability:**

Combined single limit \$500,000.00

**Professional Liability**

**If required**

**Special Risks or Circumstances:**

**Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.**

F. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

G. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this bid, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Bid is the property of Sedgwick County.

I. Bid Conditions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Bid%20Terms%20%20Conditions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Bid%20Terms%20%20Conditions.pdf)

General Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/General%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf)

Mandatory Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Mandatory%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf)

Sample Contract

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Sample%20Contract.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf)

**VI. Required Response Content**

Bid response should include the following:

1. Any exclusions clearly delineated.
2. Completed and signed Bid Response Form.
3. Those responses that do not include all required forms/items may be deemed non-responsive.

**1. MINIMUM MANDATORY REQUIREMENTS AND SPECIFICATIONS**

- A. The following specifications are for the procurement of 2016 E-450 Ambulance Cut Away Chassis for EMS.
- B. Manufacturer’s standard equipment presumed to be included unless otherwise specified.
- C. All items bid are to be factory installed unless authorized by Sedgwick County Fleet Management.
- D. After award and prior to delivery, an appointment must be made to deliver vehicle to Fleet Management, 1021 Stillwell Wichita, Kansas. Please contact Penny Poland at 316-660-7477.
- E. Fleet Management will not accept ownership until vehicles have been inspected for compliance with specifications below and Manufacturer’s Statement of Origin (MSO) has been delivered.
- F. Maintenance manuals to be invoiced separately.
- G. Provide all warranty information.
- H. **Equipment shall meet or exceed the following descriptions. Any additions, deletions, or variations from the following descriptions must be noted.**

SPECIFICATIONS			MEETS SPECIFICATION	
			Yes	No
<b>2016 E-450 AMBULANCE CUT AWAY CHASSIS</b>				
1.	Engine	6.8 liter EFI V10 with 6 speed auto transmission		
2.	E4F	E-450 Super duty C/A DRW		
3.	XF3	Rear axle ratio 4:56 limited slip		
4.	646	Wheels: 16X6 Painted White Steel Wheels		
5.	T67	Tires: LT225/75Rx16E BSW A/S-DRW (Michelin)		
6.	20F	Payload Package Selector-14,500, 158 inch WB		
7.	656	55 gallon Fuel tank		
8.	47A	Ambulance Prep Package		
9.	764	Bumper-Front, Chrome w/Black Lower Fascia		
10.	41H	Engine Block Heater		
11.	559	Frame Pucks (Isolators) Incl. 12 Body Mounts		
12.	60J	Instrument Panel Electronic Message Center		
13.	62C	Passenger Airbag Cut Off Switch		
14.	903	Power Windows/Locks Group		
15.	948	Remote Keyless Entry		
16.	525	Cruise Control		
17.	585	Premium Electronic AM/FM Stereo		
18.	21A	Dual High Mount Cloth Captain’s Seats		
19.	18C	Interior Upgrade Package		
20.	942	Daytime Running Lamps		
16.	672	Front Max GAWR-up to 5,000 LBS.		
17.	ME	Interior and Seat Color-Medium Flint		
18.	YZ	Exterior Color-Oxford White		

**VII. Response Form**

**REQUEST FOR BID**

**#17-0028**

**2016 E-450 AMBULANCE CUT AWAY CHASSIS**

The undersigned, on behalf of the Bidder, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a bid on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the bidder is entered; (4) they have read the complete Request for Bid and understands all provisions; (5) if accepted by the County, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted bid will be their responsibility.

**NAME** \_\_\_\_\_

**DBA/SAME** \_\_\_\_\_

**CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY/STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **HOURS** \_\_\_\_\_

**STATE OF INCORPORATION or ORGANIZATION** \_\_\_\_\_

**COMPANY WEBSITE ADDRESS** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**NUMBER OF LOCATIONS** \_\_\_\_\_ **NUMBER OF PERSONS EMPLOYED** \_\_\_\_\_

**TYPE OF ORGANIZATION:** Public Corporation \_\_\_\_\_ Private Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_ Other (Describe): \_\_\_\_\_

**BUSINESS MODEL:** Small Business \_\_\_\_\_ Manufacturer \_\_\_\_\_ Distributor \_\_\_\_\_ Retail \_\_\_\_\_

Dealer \_\_\_\_\_ Other (Describe): \_\_\_\_\_

**Not a Minority-Owned Business:** \_\_\_\_\_ **Minority-Owned Business:** \_\_\_\_\_ (Specify Below)

\_\_ African American (05) \_\_ Asian Pacific (10) \_\_ Subcontinent Asian (15) \_\_ Hispanic (20)

\_\_ Native American (25) \_\_ Other (30) - Please specify \_\_\_\_\_

**Not a Woman-Owned Business:** \_\_\_\_\_ **Woman-Owned Business:** \_\_\_\_\_ (Specify Below)

\_\_ Not Minority -Woman Owned (50) \_\_ African American-Woman Owned (55)

\_\_ Asian Pacific-Woman Owned (60) \_\_ Subcontinent Asian-Woman Owned (65) \_\_ Hispanic Woman Owned (70)

\_\_ Native American-Woman Owned (75) \_\_ Other – Woman Owned (80) – Please specify \_\_\_\_\_

**ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Yes, I would like to be on the emergency vendor list.**

**No, I would not like to be on the emergency vendor list.**

**After Hours Phone #:** \_\_\_\_\_ **Emergency Contact Name:** \_\_\_\_\_

**After Hours Fax #:** \_\_\_\_\_

**ACKNOWLEDGE RECEIPT OF ADDENDA:** All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp).

NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Dated \_\_\_\_\_

Qty.	Description	Unit Cost	Extended Cost
1	2016 AMBULANCE E-450 CUT AWAY CHASSIS	\$	\$
Delivery Date:			

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Dated \_\_\_\_\_