



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
16-0098
NEW SMALL SEDANS

November 30, 2016

Sedgwick County, Kansas (hereinafter referred to as "County") is seeking bids for New Small Sedans. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Bid.

Sincerely,

A handwritten signature in cursive script that reads "Kara Kingsley".

Kara Kingsley
Purchasing Agent

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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. In accordance with the specifications outlined here, it is the intent to receive bids to provide five (5) NEW SMALL SEDANS for Sheriff's Office and the Department of Corrections use and establish contract pricing for one (1) year.

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:

Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CST, TUESDAY, December 13, 2016**. 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. CST, on the due date.

III. 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.

IV. Bid Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at kara.kingsley@sedgwick.gov by 5:00 p.m. CST December 6, 2016. 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, under *view current RFQs and RFPs*; to the right of the RFB number by 5:00 p.m. CST December 7, 2016. Firms are responsible for checking the website and acknowledging any addendums on their bid response form.

B. Minimum Qualifications

The following specifications are provided for procurement of five (5) 2016 or newer four-door, four-cylinder sedans to be used by the Sheriff's Office and the Department of Corrections. Any additions, deletions or variations from the following specifications must be noted. Any items appearing in the equipment manufacturer's regular published specifications furnished by the proposers are assumed to be included in the proposer's response.

1. Must be new, current production model.
2. Provide manufacturer name, model proposed and include specifications.
3. Provide a lead time for production.
4. All items proposed to be factory installed unless authorized by Sedgwick County Fleet Management.
5. Manufacturer's standard equipment presumed to be included unless otherwise specified.
6. Bid amount must include delivery to Sedgwick County Fleet Management located at 1021 W. Stillwell St., Wichita, Kansas 67213.
7. Be able to establish contract pricing for additional 2017 purchases.
8. After award and prior to delivery, an appointment must be made to deliver equipment to Fleet Management, 1021 W. Stillwell St., Wichita, KS. Please contact Penny Poland at 316-660-7477 to schedule.

9. Fleet Management will not accept ownership until equipment has been inspected for compliance with specifications below and Manufacturer’s Statement of Origin (MSO) has been delivered.

10. Maintenance manuals shall be invoiced separately.

11. Provide all warranty information.

12. **All requirements and specifications are intended to be minimum specifications and any additions, deletions, or variations from the following specifications must be noted by the vendor on the bid response form. Manufacturer’s standard equipment presumed to be included unless otherwise specified. Vendor shall indicate in the “Yes/No” column if their bid complies on each specific item. Any additions, deletions, or variations from the following specifications should be clearly identified and detailed in response using corresponding specification number.**

Specifications	Meets Specification	
	Yes	No
Engine		
a. Gasoline		
b. Four (4) cylinder		
Wheel Base		
a. 112 inches		
Transmission		
a. Automatic with overdrive		
Seats		
a. Cloth		
b. Five (5) passenger		
Exterior and Interior Colors		
a. To be determined at time of order		
Floor Mats		
a. Front and rear		
Glass		
a. Factory tint		
Mirrors		
a. Power		
Door locks/Windows		
a. Keyless entry with child safety-lock on rear doors		
b. Power door locks		
c. Power windows		

Tires		
a. Factory standard radials including factory spare		
b. Full wheel covers		
Brakes		
a. Standard		
Steering		
a. Power steering		
b. Adjustable steering wheel		
c. Cruise control		
Heat		
a. Rear window defrost		
Air Conditioning		
a. Factory installed		
Manuals		
a. CD ROM		
Keys		
a. Three (3) sets of keys and remotes		

C. [Selection 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	November 30, 2016
Clarification, Information and Questions submitted in writing by 5:00 p.m. CST	December 6, 2016
Addendum Issued	December 7, 2016
Sealed Bid due before 1:45pm CST	December 13, 2016
Evaluation Period	December 13,2016 – December 29, 2016
Board of Bids and Contracts Recommendation	December 29,2016
Board of County Commission Award	January 4, 2016

E. [Payment Terms](#)

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. [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 with bid/proposal submittals. 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:

Bodily Injury:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Property Damage:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability-Owned, Non-owned and Hired

Each Occurrence Bodily Injury and Property damage \$500,000.00

General Aggregate \$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.

G. [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.

H. [Bid Conditions](#)

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

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

V. [Required Response Content](#)

Please provide pricing for the initial purchase of five (5) Small Sedans and contract pricing for 2017.

Quantity	Description	Unit Price	Extended Price
5 ea.	Small Sedans	\$	\$
Make/Model:			
1 ea.	Maintenance Manual	\$	\$
Grand Total			\$
Delivery Date:			

VI. Response Form

**REQUEST FOR BID
16-0098
NEW SMALL SEDANS**

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 .

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 _____