REQUEST FOR BID
#20-0003
2 EA. LIGHT DUTY EXTENDED CAB TRUCKS

January 6, 2020

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking bids for two (2) Light Duty Extended Cab Trucks for Fleet Maintenance and the Metropolitan Area Building and Construction Department (MABCD). If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Bid. Responses are due no later than 1:45pm CDT, Tuesday, January 21, 2020.

All contact concerning this solicitation shall be made through the Purchasing Section. Bidders shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Section in writing. Failure to comply with these guidelines may disqualify the Bidder’s response.

Sincerely,

Britt Rosencutter
Purchasing Agent

BR/hp
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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 511,000 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 two (2) Light Duty Extended Cab Trucks for MABCD, in accordance with the specifications outlined.

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, one (1) copy, **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 Purchasing Section  
525 N. Main, Suite 823  
Wichita, KS  67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, JANUARY 21, 2020.** 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. **Scope of Work**

Provide two (2) Light Duty Extended Cab Trucks for MABCD.

IV. **Sedgwick County’s Responsibilities**

- 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.
- County reserves the right to make inspections at various points of the project. Contractor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.

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 by 5:00 p.m. CST, Friday, January 10, 2020. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/ under the Documents column associated with this bid number by 5:00 p.m. CST, Tuesday, January 14, 2020. Firms are responsible for checking the website and acknowledging any addenda on their bid response form.
B. **Minimum Firm 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. Have the capacity to acquire all required permits, bonds, escrows or insurances.

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 Purchasing Section at (316) 660-7255 to confirm any and all dates.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of Request for Bid to interested parties</td>
<td>January 6, 2020</td>
</tr>
<tr>
<td>Clarification, Information and Questions submitted in writing by 5:00 p.m. CST</td>
<td>January 10, 2020</td>
</tr>
<tr>
<td>Addendum Issued</td>
<td>January 14, 2020</td>
</tr>
<tr>
<td>Sealed Bid due before 1:45pm CST</td>
<td>January 21, 2020</td>
</tr>
<tr>
<td>Board of Bids and Contracts Recommendation</td>
<td>January 30, 2020</td>
</tr>
<tr>
<td>Board of County Commission Award</td>
<td>February 5, 2018</td>
</tr>
</tbody>
</table>

E. **Contract Period and Payment Terms**

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) for two (2) Light Duty Extended Cab Trucks for MABCD.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

https://www.sedgwickcounty.org/media/39239/payment_and_invoice_provisions.pdf

F. **Insurance Requirements**

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, Contractor’s professional liability/ errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of 3 years past completion of the project. 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:**

<table>
<thead>
<tr>
<th></th>
<th>Per State Statutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employer’s Liability Insurance:</strong></td>
<td>$500,000.00</td>
</tr>
<tr>
<td>Each Occurrence</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>General Aggregate, per project</td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

**Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):**

<p>| | |</p>
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<tbody>
<tr>
<td>Each Occurrence</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>General Aggregate, per project</td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>Products and Completed Operations Aggregate</td>
<td>$2,000,000.00</td>
</tr>
</tbody>
</table>

**Automobile Liability:**

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<tbody>
<tr>
<td>Combined single limit</td>
<td>$500,000.00</td>
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</tbody>
</table>

**Umbrella Liability:**
Following form for both the general liability and automobile

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</thead>
<tbody>
<tr>
<td><strong>Required/ X Not Required</strong></td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
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</tbody>
</table>

**Professional Liability/ Errors & Omissions Insurance:**

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<tbody>
<tr>
<td><strong>Required/ X Not Required</strong></td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td>$1,000,000.00</td>
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<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
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**Pollution Liability Insurance:**

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<tbody>
<tr>
<td><strong>Required/ X Not Required</strong></td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

**Special Risks or Circumstances:**

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

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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. **Confidential Matters and Data Ownership**

The successful bidder agrees all data, records and information, which the bidder, 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 bidder 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 bidder 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

https://www.sedgwickcounty.org/media/31339/bid-terms-conditions.pdf

General Contract Provisions

Mandatory Contract Provisions
https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf

Sample Contract
https://www.sedgwickcounty.org/media/39236/sample-contract.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.

MINIMUM MANDATORY REQUIREMENTS AND SPECIFICATIONS

A. Following specifications are for two (2) Light Duty Extended Cab Trucks for MABCD.
B. All items bid are to be factory installed unless authorized by Sedgwick County Fleet Management.
C. Manufacturer standard equipment presumed to be included unless otherwise specified.
D. Fleet Management will not accept ownership until equipment has been inspected for compliance with specifications below and MSO has been delivered.
E. Delivery of vehicle must be FOB to 1021 Stillwell, Wichita, KS, ATTN: Penny Poland. Contact phone number is 316-660-7477.
F. Maintenance manuals to be invoiced separately.
G. Vehicles must meet or exceed the following specifications, any additions, deletions, or variations must be noted.

<table>
<thead>
<tr>
<th>2 EA. Light Duty Extended Cab Trucks</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GVW:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 5,400 lbs. Minimum</td>
<td></td>
<td></td>
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<tr>
<td>2. Wheelbase:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 126 inches Minimum</td>
<td></td>
<td></td>
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<tr>
<td>3. Transmission:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 4 Speed Automatic with Overdrive</td>
<td></td>
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<tr>
<td>4. Engine:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 4 cylinder Factory Standard</td>
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<td></td>
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<tr>
<td>5. Steering:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Tilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Cruise control</td>
<td></td>
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<tr>
<td>6. Electrical:</td>
<td></td>
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</tr>
<tr>
<td>a) 95 Amp Alternator.</td>
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</tbody>
</table>
b) 525 CCA Maintenance Free Battery.

7. Radio:
a) AM/FM Factory installed

8. Exterior Cab Color:
a) White

9. Interior Color:
a) Gray

10. Seats:
a) Cloth Bench (60-40 split okay) NO JUMP SEAT

11. Windows:
a) Tinted, Factory installed
b) Power windows

12. Tires:
a) All season BSW Radials.
b) Full size matching spare

13. Heat/Air Conditioning:
a) Factory installed

14. Brakes:
a) Factory Standard
b) 4 wheel anti-lock

15. Wipers:
a) Intermittent
b) Electric washer

16. Mirrors:
a) Power mirrors

17. Bed:
a) Standard Bed with OEM Liner.

18. Keys:
a) Three (3) sets

19. Manuals:
a) One complete set. Can be either printed version or on CD ROM (To be invoiced separately)
VII. Response Form

REQUEST FOR BID
#20-0003
2 EA. LIGHT DUTY EXTENDED CAB TRUCKS

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 _________________________________

#20-0003

Sedgwick County….Working for You
<table>
<thead>
<tr>
<th>Qty.</th>
<th>Description</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 ea.</td>
<td>Light Duty Extended Cab Trucks</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Make &amp; Model: _________________________________</td>
<td></td>
</tr>
<tr>
<td>1 ea.</td>
<td>Manuals: One complete set Paper or Electronic</td>
<td>$</td>
</tr>
</tbody>
</table>

Delivery Date:

Order Cutoff Date: