



THIS IS NOT AN ORDER

REQUEST FOR QUOTATION: #15-1914GE
HEAVY DUTY STARTERS AND ALTERNATORS

MANATEE COUNTY
PURCHASING OFFICE
1112 MANATEE AVENUE WEST, SUITE 803, BRADENTON, FL 34205
ATTENTION: George Earnest CPPB, Buyer
PHONE (941) 749-3044
FAX (941) 749-3034

Please Respond to Quote Via FAX, 941-749-3034, Attention: George Earnest or
Email to: george.earnest@mymanatee.org

DESCRIPTION

Manatee County invites your participation in the following quotation. The specifications stated herein are minimum requirements. All quotes submitted must be in accordance with the General Conditions and Specifications.

DATE DUE: TUESDAY, AUGUST 11, 2015 by 3:00 P.M.

Authorization to Release: 

GENERAL CONDITIONS AND SPECIFICATIONS

PURPOSE

It is the intent of Manatee County to purchase heavy duty starters and alternators (primarily for ambulances and buses) on an "as required" basis. It is the specific purpose of this quote to establish a Blanket Purchase Order to secure the cost and availability of the items as specified herein. Release Orders shall be issued from the Blanket Purchase Order for individual orders of supplies. The Blanket Purchase Order agreement will become active October 1, 2015.

SPECIFICATIONS

Brand names as listed on the Quote Response Form are required. **No substitutions will be accepted.**

CLARIFICATION

It shall be the responsibility of all vendors to request via fax or email any additional clarification of the contents herein. Clarification will be furnished by written addendum from George Earnest of the Purchasing Office. Vendors shall not accept any verbal or telecommunication explanation as authorized clarification of the contents herein.

TAXES

Manatee County is exempt from Federal and State Sales Taxes.

QUALITY GUARANTEE AND REMEDIAL CLAUSE

If any product does not meet specifications or does not produce the results required of the product, the contractor will be required to replace, at no extra cost to the County, any and all products involved.

WARRANTY

All work, materials, and equipment furnished as defined herein shall be guaranteed and warranted by the supplier for a minimum period of one (1) year, unless otherwise specified, from final acceptance by the County to be free from defects due either to faulty materials or equipment or faulty workmanship. The County shall, following discovery thereof, promptly give written notice to the supplier within the period of the guarantee and the supplier shall promptly replace any part of the faulty equipment, material, or workmanship at his own cost. The supplier shall supply the County with all written warranty information and shall file all warranty and labor claims on behalf of the County.

PRICING

Prices shall be firm for one year. Prices quoted shall include shipping FOB Destination and shall include all costs associated with supplying the products as ordered and specified. The County prohibits the use of fuel surcharges.

TERM

The term of this quote will be for a one-year period with an automatic extension of the agreement for three (3) additional one-year periods for a possible total of four (4) years. Pricing shall be firm for the first year. Price adjustments will only be considered within 90 days of any one-year renewal period date (October 1) after the first year. Written notice of intention not to renew must be submitted by the County or Vendor choosing not to exercise this automatic renewal ninety (90) days prior to the end of any contract period. Any extensions of this agreement beyond the three year term shall be with mutual consent only and adhere to the terms and conditions of this RFQ.

INVOICES & PAYMENTS

Each delivery must have a written delivery ticket detailing the items, Blanket Purchase Order number, Release Order Number and date of delivery to be left with the County. All invoices shall be itemized to match the delivery ticket and match the pricing per the RFQ.

RESERVED RIGHTS

The County reserves the right to accept or reject any or all quotes, to waive irregularities and technicalities, and to request resubmission. Also, the County reserves the right to accept all or any part of the quote and to increase or decrease quantities or add related items to meet additional or reduced requirements of the County. Any sole response received by the first submission date may or not be rejected by the County depending on available competition and current needs of the County. A sole response under these circumstances may be negotiated toward acceptance by the County.

QUANTITIES

The exact quantities of the required supplies cannot be determined at this time, but approximated past annual usage is indicated on the Quote Response Form. This RFQ award may result in similar quantities of purchases; however, this is not guaranteed. Release Orders shall be issued on an **as required** basis; covering all or part of the specified items on Quote Response Form.

AWARD

Award shall be made to the responsive and responsible quoter having submitted the lowest total extended price for both Groups on the Quote Response Form. **Suppliers must quote a price for each item to be eligible for award.** The County reserves the right to make multiple awards or to select the supplier offering availability of the most items in case no supplier can provide all of them.

END OF GENERAL CONDITIONS AND SPECIFICATIONS

MINIMUM TECHNICAL SPECIFICATIONS

Manatee County operates and maintains a fleet of approximately 30 ambulances and 65 buses. These are products of numerous manufacturers, including but not limited to Chevy, Ford, Freightliner, Gillig, and GMC. This quote is intended to cover only items requested by the County.

Non-stock items in each group may be purchased based on same percentage discount for that group.

The County may add or delete parts throughout the term of this contract as needed.

Whenever possible, quantities will be ordered in standard packaging.

The County will not pay core charges. Product exchange(s) will be made at time of delivery.

QUALITY

Parts delivered will be premium first line quality material, and must meet or exceed original equipment manufacturers (OEM) specifications. No white box or second line material will be acceptable. Where there is a question or a concern regarding the quality of parts and material, the County will make the final determination as to the suitability of the item being offered.

AVAILABILITY

It is the intent of Manatee County to procure parts from sources that will provide prompt and convenient shipment and service, maintain sufficient inventories necessary to ensure delivery of 90% of items ordered within twenty-four (24) hours, and 100% within seventy-two (72) hours of the order, excluding Saturdays, Sundays and holidays. Failure of a supplier to comply with these requirements may be cause for termination.

DELIVERY REQUIREMENTS

Deliveries shall be made to the following locations and all prices must be quoted F.O.B. Destination to each County site as follows:

Manatee County Fleet Services 1100 26 th Avenue East Bradenton, FL 34208	Manatee County Fleet Services 4700 66 th Street West Bradenton, FL 34210	Manatee County Fleet Services 3333 Lena Road (Landfill) Bradenton, FL 34202
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Invoices for items delivered to the Lena Road address must be emailed or faxed to the main Fleet office at 1100 26th Avenue East address. Fax # 941-708-7453 or angie.sharpe@mymanatee.org

DELIVERY REQUIREMENTS (continued)

If the County requires special shipping methods (such as overnight), the County will only pay the direct shipping costs without any supplier markup. A receipt for that shipping shall be supplied to the County with the invoice for that delivery. If supplies are delivered on the supplier's truck, there will be no extra charges applied.

PRICING FOR ITEMS NOT SPECIFIED

The cost of parts not listed on the Quote Response Form shall be at the supplier's cost plus a percentage markup or discount from a published price list. For these items not specified a copy of the invoice from the supply house, or the published price list, shall be submitted along with the supplier's invoice for payment so that the County can verify the charges for final payment.

OBSOLESCENCE – RETURNS

The supplier agrees to take back obsolete or unused parts and supplies provided they are in re-saleable condition. Full credit shall be issued for obsolete or unused parts and supplies.

MANDATORY PERFORMANCE REQUIREMENTS

Prior to Blanket Purchase Order award, any supplier may be required to show that they have the necessary facilities, equipment, ability and financial resources to perform in a satisfactory manner and within the time specified, and that they have references which will satisfy the County. These requirements may be satisfied by completing the Reference Form, attached. The County will use this information to determine the award of this RFQ.

INSURANCE REQUIREMENTS

All suppliers shall submit a copy of their Worker's Compensation insurance certificate with their quote. The levels of coverage shall meet or exceed the statutory limits of Florida Statutes, Chapter 440 and all Federal Government Statutory Limits and Requirements

END OF MINIMUM TECHNICAL SPECIFICATIONS

GROUP 1: ALTERNATORS: DIRECT INTERCHANGE SUBSTITUTES ALLOWED.				
NO WHITE BOX.				
Alternator Part #	Brand	Unit Price	Estimated Annual Quantity	Extended Price
BUS 535 SERIES: 1E1800 9466289	Neihoff	\$	X 2 =	\$
GMC TOP KICK: 1E1810 321-2110	Delco	\$	X 4 =	\$
GILLIG 50DN: 1E1220 10459123	Delco	\$	X 4 =	\$
GILLIG TROLLEY 50DN: 1E1880 86800191	Delco	\$	X 4 =	\$
AMB 49S: 1E1070 4949PA	Leece-Neville	\$	X 2 =	\$
AMB 55S: 1E1080 A0014962PA	Leece-Neville	\$	X 2 =	\$

COMPANY NAME: _____

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GROUP 1: ALTERNATORS (continued)				
Alternator Part #	Brand	Unit Price	Estimated Annual Quantity	Extended Price
GILLIG HYBRID: 1E1055 A2-214	Niehoff	\$	X 2 =	\$
GILLIG 535 SERIES: NPN 3957605	Delco	\$	X 2 =	\$
321-2128 GLAVAL 54S: NPN	Delco	\$	X 2 =	\$
GLAVAL BUS 54/55S: NPN 8292A	Neihoff	\$	X 2 =	\$
GILLIG HYBRID: 1E1050 706	Neihoff	\$	X 4 =	\$
TURTLE TOP 52S: 1E1850 PX422V-10	Penntex	\$	X 2 =	\$
GROUP 1 TOTAL (total of Extended Price for all items listed above)				\$

COMPANY NAME: _____

GROUP 1: ALTERNATORS (continued)

For all other items not listed above in **Group 1**, similar items may be purchased at a fixed percentage discount off a published manufacturer's price list or a fixed percentage markup to a published wholesaler's price list. Suppliers shall list the manufacturer's price list number, and fixed percentage discount or markup to a wholesaler's price list, (suppliers may list more than one). Attach additional sheets if necessary.

Brand	% Markup or Discount	Price List Number
Delco		
Leece-Neville		
Neihoff		
Penntex		

GROUP 2: STARTERS: DIRECT INTERCHANGE SUBSTITUTES ALLOWED. NO WHITE BOX.				
Starter Part #	Brand	Unit Price	Estimated Annual Quantity	Extended Price
GILLIG: 1E1210 10461141	Delco	\$	X 2 =	\$
AMB 49S: 1E1910 10461772	Delco	\$	X 2 =	\$
AMB 55S: NPN 8300024	Freightliner	\$	X 2 =	\$

COMPANY NAME: _____

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GROUP 2: STARTERS: (continued)				
Starter Part #	Brand	Unit Price	Estimated Annual Quantity	Extended Price
AMB 56S: NPN 82000571	Freightliner	\$	X 2 =	\$
AMB 51S: 1E1920 323-1658	Delco	\$	X 2 =	\$
GILLIG TROLLEY: 1E2000 8200517	Delco	\$	X 2 =	\$
AMB 53S: 1E1930 8980141211	Hitachi 84E	\$	X 2 =	\$
AMB 55S: 1E1940 8200077	Freightliner	\$	X 2 =	\$
GROUP 2 TOTAL (total of Extended Price for all items listed above)				\$
QUOTE RESPONSE TOTAL (sum of Group 1 & Group 2 Totals)			\$	

COMPANY NAME: _____

GROUP 2: STARTERS: (continued)

For all other items not listed above in **Group 2**, similar items may be purchased at a fixed percentage discount off a published manufacturer's price list or a fixed percentage markup to a published wholesaler's price list. Suppliers shall list the manufacturer's price list number, and fixed percentage discount or markup to a wholesaler's price list (suppliers may list more than one). Attach additional sheets if necessary.

Brand	% Markup or Discount	Price List Number
Delco		
Hitachi 84E		
Freightliner		
Auto Electric Supply		

COMPANY NAME: _____

END OF QUOTE RESPONSE FORM

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SUPPLIER'S REFERENCES

THIS QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED WITH YOUR QUOTE

A. CUSTOMER NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NO: _____ SERVICE PERIOD: _____

SERVICE DETAILS: _____

B. CUSTOMER NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NO: _____ SERVICE PERIOD: _____

SERVICE DETAILS: _____

C. CUSTOMER NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NO: _____ SERVICE PERIOD: _____

SERVICE DETAILS: _____

Company Name: _____