Department of Administrative Services
Purchasing and Contracts

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Sabra Smith Newby, Chief Administrative Officer
Adleen B. Stidhum, Purchasing Administrator

CLARK COUNTY, NEVADA
BID NO. 603191-13
THERMAL IMAGING CAMERAS FOR CLARK COUNTY FIRE DEPARTMENT

December 23, 2013

ADDENDUM NO. 1

INVITATION TO BID

1. The Bid opening date of January 3, 2014 at 3:00:00 p.m. **remains unchanged**.

GENERAL CONDITIONS

2. Page I-7, Item No. 38 – Price Adjustment Request, **add** the following subsection as follows:

   - Percentage Discount:

     The pricing for Bid Item No.8 is based on a percentage discount from the Manufacturer's Published Price List(s). The percentage discount is to remain firm for the term of CONTRACT, but said Price List(s) may be updated annually. The Price List(s) which is submitted with the bid must be current and in effect at the time of bid opening.

SPECIAL CONDITIONS

3. Page II-1, Item No. 2 – Initial Purchase, last sentence, **delete** the reference to "(x50ea)" for Item No.6 – Elite Batteries for Life Warranty Program and **replace** with "(x70ea)".

BID FORM

4. **Discard** original Bid Form page V-1 through V-5 and **replace** with the attached revised Bid Form pages V-1 through V-5.

Should you have any questions, I can be reached at (702) 455-2729 or Chetanc@ClarkCountyNV.Gov.

Issued by:

Chetan Champaneri
Purchasing Analyst

Attachment: Revised Bid Form Pages IV-1 through IV-3

cc: Craig Falkner, Finance

BOARD OF COUNTY COMMISSIONERS
STEVE SISOLAK, Chairman • LARRY BROWN, Vice Chairman
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CLARK COUNTY, NEVADA

V - BID FORM

BID NO. 603191-13
THERMAL IMAGING CAMERAS FOR CLARK COUNTY FIRE DEPARTMENT
REVISED PER ADDENDUM NO. 1

_____
Name of Firm

This bid is submitted in response to COUNTY'S Invitation to Bid and is in accordance with all conditions and specifications in this document.

Item No.	Description	Unit Of Measure (each)	X	Unit Price	=	Extended Total
1	ISG Elite XR-HR Thermal Camera 384x288 Part Number #XR-HR	20	X	$	=	$
2	ISG Truck Mount Charger Part Number #83-0001	20	X	$	=	$
3	ISG Station Charger Part Number #210017-A	20	X	$	=	$
4	ISG Batteries Part Number #251001	40	X	$	=	$
5	ISG Retractable Lanyard Part Number #1230001	20	X	$	=	$
6	ISG Batteries for Life Warranty Program Part Number # 251002BFL (the cost associated with item shall not take effect until after the expiration of the two year warranty period)	40	X	$	=	$
7	Extended Warranty as Identified in Section II(25) ISG Extended One-Year Warranty Program for Bid Item No.1	20	X	$	=	N/A
Item No.	Description: REPLACEMENT PARTS	Estimated Annual Usage	X	Percentage Discount of MFG Price List	=	Extended Total
8	Balance of Line Discount for Purchases of Non-Bid ISG products, replacement parts, etc., from Successful Bidder	$2,500.00	X	_____ %	=	$
	GRAND TOTAL (Item No. 1 through 6, and 8)				=	$

BIDDERS MUST BID ON ALL ITEMS TO BE CONSIDERED RESPONSIVE. ANY BID SUBMITTAL RECEIVED THAT HAS NOT BID ON ALL ITEMS WILL BE READ INTO THE RECORD AS INCOMPLETE AND AS NON-RESPONSIVE.

DELIVERY:

_____ calendar days (Maximum 45 calendar days)

RECYCLED PRODUCTS:

The product that I am offering is considered a recycled product. ☐ Yes ☐ No

DISCOUNT TERMS OF PAYMENT:

_____%, _____ calendar days.

BIDDER'S LOCAL FACILITY
(If Bidder has multiple local facilities, please attach to bid submittal a list of this information for each facility)

_____
CONTACT MANAGER OR ACCOUNT REPRESENTATIVE NAME

_____
ADDRESS

_____
CITY STATE, ZIP

_____
PHONE NUMBER

_____
FAX NUMBER

_____
EMAIL ADDRESS

ATTACHMENTS TO BID FORM

FAILURE TO SUBMIT REQUIRED ATTACHMENTS AS LISTED BELOW MAY RESULT IN REJECTION OF BID.

1. Attachment 1, Subcontractor Information, is attached.
2. Disclosure of Ownership Form
3. Section IV – Technical Specifications
4. **The Manufacturer's most recent Published Price List(s).**

Bidder is responsible to ascertain the number of Addenda issued and hereby acknowledges receipt of the following Addendum: **FAILURE TO ACKNOWLEDGE ALL ADDENDA ISSUED AND USE THE CORRECT BID FORM AS REQUIRED, MAY RESULT IN REJECTION OF BID.**

Addendum No.	_____	Addendum No.	_____	Addendum No.	_____
Addendum No.	_____	Addendum No.	_____	Addendum No.	_____
Addendum No.	_____	Addendum No.	_____	Addendum No.	_____

Bidder hereby offers and agrees to furnish the material(s) and service(s) in compliance with all terms, conditions, specifications, and amendments in the Invitation to Bid and any written exceptions in the offer. We understand that the items in this Invitation to Bid, including, but not limited to, all required certificates are fully incorporated herein as a material and necessary part of the contract.

The undersigned hereby states, under penalty of perjury, that all information provided is true, accurate, and complete, and states that he/she has the authority to submit this bid, which will result in a binding contract if accepted by Clark County, Nevada.

I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:

SIGNATURE OF AUTHORIZED REPRESENTATIVE	LEGAL NAME OF FIRM
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (PRINT OR TYPE)	ADDRESS OF FIRM
PHONE NUMBER OF AUTHORIZED REPRESENTATIVE	CITY, STATE ZIP
FAX NUMBER OF AUTHORIZED REPRESENTATIVE	
EMAIL ADDRESS	DATE

BUSINESS LICENSE INFORMATION:

CURRENT STATE	**LICENSE NO.**	**ISSUE DATE:**	**EXPIRATION DATE:**
CURRENT COUNTY:	**LICENSE NO.**	**ISSUE DATE:**	**EXPIRATION DATE:**
CURRENT CITY:	**LICENSE NO.**	**ISSUE DATE:**	**EXPIRATION DATE:**

FOR INFORMATIONAL PURPOSES ONLY:

The above referenced firm is a ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE ☐ LBE as defined below.

STATE OF NEVADA BUSINESSES

MINORITY OWNED BUSINESS ENTERPRISE (MBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

WOMEN OWNED BUSINESS ENTERPRISE (WBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

SMALL BUSINESS ENTERPRISE (SBE):

An independent and continuing Nevada business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed $2,000,000.

NEVADA BUSINESS ENTERPRISE (NBE):

Any Nevada business which has the resources necessary to sufficiently perform identified County projects, and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

BUSINESSES IN OTHER STATES

LARGE BUSINESS ENTERPRISE (LBE):

An independent and continuing business for profit which performs a commercially useful function and is not located in Nevada.

ATTACHMENT 1
BID NO. 603191-13
THERMAL IMAGING CAMERAS FOR CLARK COUNTY FIRE DEPARTMENT

SUBCONTRACTOR INFORMATION

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with CONTRACT:

1. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

2. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

3. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

4. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

5. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

6. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

7. Subcontractor Name: _____
   Contact Person: _____ Telephone Number: _____
   Description of Work: _____
   Estimated Percentage of Total Dollars: _____
   Business Type: ☐ MBE ☐ WBE ☐ PBE ☐ SBE ☐ NBE

☐ No MBE, WBE, PBE, SBE, NBE subcontractors will be used.