



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. 603291-14 CURRENT PRODUCTION MODEL FIRE ENGINE, MEDIUM DUTY RESCUES & TYPE SIX SQUAD UNITS

May 13, 2014

ADDENDUM NO. 3

INVITATION TO BID

1. The bid opening date of May 27, 2014 at 3:00:00 p.m. **remains unchanged.**

SECTION V, BID FORM

2. **Discard** original Bid Form pages V-1 through V-4, **replace** with the attached Revised Bid Form pages V-1 through V-5.

Except as modified herein, all other bid specifications, terms and conditions remain the same.

Should you have any questions, I can be contacted at (702) 455-4184.

ISSUED BY:

A handwritten signature in cursive script that reads "Sandra Mendoza".

SANDRA MENDOZA
Purchasing Analyst

Attachment(s): Revised Bid Form, pages V-1 through V-5

Cc: Kelly Blackmon, Clark County Fire Department
Riccardo Terzo, Clark County Fire Department
Karl Lee, Clark County Fire Department

CLARK COUNTY, NEVADA

V –BID FORM

BID NO. 603291-14

CURRENT PRODUCTION MODEL FIRE ENGINE, MEDIUM DUTY RESCUES & TYPE SIX SQUAD UNITS

REVISED PER ADDENDUM NO. 3

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	Quantity	Unit Price	Extended Total
1.	Current Production Model 750 Gallon Fire Engine 4x4 with Height Restriction _____ (Model Year) (Manufacturer) (Make) Delivery _____ Calendar Days (See Special Conditions, Item 12, for required delivery days)	1 Each	\$ _____	\$ _____
2.	Current Production Medium Duty Rescue Ambulance _____ (Model Year) (Manufacturer) (Make) Delivery _____ Calendar Days (See Special Conditions, Item 12, for required delivery days)	3 Each	\$ _____	\$ _____
3	Current Production Model 300 Gallon 4x4 Type Six Squad Unit _____ (Model Year) (Manufacturer) (Make) Delivery _____ Calendar Days (See Special Conditions, item 12, for required delivery days)	2 Each	\$ _____	\$ _____

EXTENDED WARRANTY OPTIONS (IF ANY):

Standard Warranties:

Type of Warranty	Number of Years/Hours
Type of Warranty	Number of Years/Hours
Type of Warranty	Number of Years/Hours
Type of Warranty	Number of Years/Hours

FOR FUTURE PURCHASE CONSIDERATION ONLY, PROVIDE THE COST FOR UPGRADED PATIENT COT OPTIONS FOR ITEM NO 2.

Note: The options will replace the standard specification in SECTION IV, page IV-59, SPECIFICATION NO. 142.

Option One	<p>Current Production Model Medium Duty Rescue Ambulance Upgrade Patient Cot Option 1</p> <hr/> 6506-000-000 Power Pro XT cot 6500-315-000 3 stage IV Pole (PR) 6500-147-000 Equipment Hook 6500-128-000 Head End Storage Flat 6500-082-000 Knee Catch 6500-130-000 Pocketed Storage Pouch 6506-038-000 Steer-Lock 6506-040-000 XPS Side Rail 6506-027-000 Power Load Compatibility Kit	Optional Cost Per Vehicle	\$ _____	\$ _____
Option Two	<p>Current Production Model Medium Duty Rescue Ambulance Upgrade Patient Cot Option 2</p> <hr/> Provide and install the Stryker model 6390-000-000 full Power-Load system. Shall include all necessary Mounting hardware 6390-700-001 floor plate kit, 6390-700-003 Antler bolt kit.	Optional Cost Per Vehicle	\$ _____	\$ _____

ATTACHMENTS TO BID FORM

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

Attachment 1, Subcontractor Information, is attached.

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