

**BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA
ADMINISTRATIVE SERVICES DEPARTMENT**



OFFICE OF PURCHASING

213 PALAFOX PLACE • 2nd Floor

P.O. BOX 1591

PENSACOLA, FL 32597-1591

TELEPHONE (850)595-4980

(SUNCOM) 695-4980

TELEFAX (850)595-4805

<http://www.co.escambia.fl.us/purchasing>

JOSEPH F. PILLITARY, JR. CPPB

Purchasing Manager

CERTIFICATION OF CONTRACT

TITLE: Self-Contained Breathing Apparatus

CONTRACT NO.:PD 00-01.03

AWARD DATE: April 19, 2003 thru April 19, 2003

CONTRACTOR(S):

Sunbelt Fire & Apparatus, Inc.

SUPERSEDES: NA

ANY QUESTIONS, SUGGESTIONS, OR CONTRACT SUPPLIER PROBLEMS WHICH MAY ARISE SHALL BE BROUGHT TO THE ATTENTION OF KATHY SPENCER AT (850) 595-4983, SUNCOM 695-4983, E-MAIL:kathy_spencer@co.escambia.fl.us

- A. AUTHORITY - Upon affirmative action taken by the Board of County Commissioners on April 19, 2001, a contract has been executed between the Board of County Commissioners, Escambia County Florida and the designated contractor(s).
- B. EFFECT - This contract was entered into to provide for the procurement of Self-Contained Breathing Apparatus as described within the solicitation. Therefore, in compliance with Section 46-81, County Ordinance No. 98-48, 10-27-1998, all purchases of these commodities shall be made under the terms, prices, and conditions of this contract and with the suppliers specified.
- C. ORDERING INSTRUCTIONS - All purchase orders shall be issued in accordance with Section 46-81 through 46-96, County Ordinance No. 98-48, 10-27-1998. Purchases shall be at the prices indicated, exclusive of all Federal, State and local taxes. All contract purchase orders shall show the contract number, product number, quantity, description of item, with unit prices extended and purchase order totaled. (This requirement may be waived when purchase is made by a blanket purchase order.)
- D. CONTRACTOR PERFORMANCE - Departments shall report any vendor failure to perform according to the requirements of this contract on Report of Unsatisfactory Materials And/Or Service, Form F0140 to this office.
- E. VENDOR PERFORMANCE EVALUATION FORM - Contract Appraisal, form F0190 should be used to provide your input and recommendations for improvements in the contract to the Office of Purchasing for receipt no later than 90 days prior to the expiration date of this contract.

PRICE SCHEDULE

For the current price schedule/rates for services provided under this contract contact the Office of Purchasing representative listed on the Contract Certification page or Mike Slover, Fire Chief, (850) 475-5530.

45 Std. Cu.Ft. Carbon Wrapped Cylinder (2216 psig)	MSA	\$2,095.37
Option 1: 60 Std. Cu. Ft. Carbon Wrapped Cylinder (3000 psig)	MSA	\$2156.33
Option 2: 45 Cu. Ft. Glass Wrapped Cylinder (2216 psig)	MSA	\$2065.69
Option 3: 60 Std. Cu. Ft. Glass Wrapped Cylinder (3000 psig)	MSA	\$2099.25
Option 4: Aluminum Carrier & Harness	MSA	\$2101.58
Option 5: Emergency Escape Breathing Support System (Extend Aire)	MSA	add \$268.06
Option 6: Air-Line Accessory System (Extend Aire)	MSA	Incl. W/Opt 5
Option 7: Adapt Existing Face-Piece to use Mask Mounted Regulator or Replacement of Masks and SCBA Cylinders	MSA	add \$15.47
Buy Back Program Approx. Three Hundred (300) SCBAS each		\$50.00/ea

ORDERING INSTRUCTIONS

SUNBELT FIRE APPARATUS

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 63-0885356

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 195886

VENDOR NAME: SUNBELT FIRE APPARATUS

STREET ADDRESS OR P. O. BOX: 811 MC GOWIN DRIVE

CITY, STATE, ZIP CODE: FAIRHOPE, AL 36532

CONTACT PERSON: ROY NOLEN

PHONE #: 334-928-9917 TOLL FREE #: 800-642-8484, EXT 107 FAX #: 334-928-9933

E-MAIL ADDRESS roynolen@sunbeltfire.com

HOME PAGE ADDRESS www.sunbeltfire.com

EMERGENCY CONTACT PERSON: ROY NOLEN

PHONE #: NONE CELL #: 334-377-3464 PAGER #: NONE

DISASTER SERVICE CONTACT PERSON: ON CALL PERSON WILL BE PAGED (LEAVE A DETAILED MESSAGE, INCLUDING AREA CODE AND PHONE NUMBERS. THIS WILL ALSO GIVE YOU THE OPTION TO ACCESS THE VOICE MAIL OF THE PERSON YOU WOULD LIKE TO CONTACT.

HOME ADDRESS: NONE GIVEN

HOME PHONE #: NONE GIVEN CELL #: SEE ABOVE PAGER #: SEE ABOVE

TERMS OF PAYMENT: NET 30 DAYS 2% 10TH PROX

WILL ACCEPT ESCAMBIA COUNTY VISA CARD: YES NO X

WILL ACCEPT ESCAMBIA COUNTY DIRECT VOUCHERS: YES X NO

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JOSEPH F. PILLITARY, JR. CPPB
Purchasing Manager

May 3, 2001

To: All Known Prospective Proposers

ADDENDUM NUMBER 1:

Re: Self Contained Breathing Apparatus
Specification # PD 00-01.03

Gentlemen:

We recently sent you a Request for Proposals on the above mentioned specification.

This Addendum #1 provides for:

- 1. Change of dates for Pre-Proposal Conference, receipt of Proposals, and Proposal Review Committee Meeting. Please remove page 20 from the original solicitation package and replace with accompanying corrected page.**

This Addendum Number 1 is furnished to all known prospective proposers. Please sign and return one copy of this Addendum, with original signature, with your proposal as an acknowledgment of your having received same. You may photo copy for your record.

Sincerely,

Joe F. Pillitary, Jr., CPPB
Purchasing Manager

SIGNED: _____

COMPANY: _____

JFP/KGS:abh

- A. Mailing date of proposals..Thursday, February 5, 2001
- B. Pre-proposal conference.....**Friday, February 23, 2001; 10:00 a.m. CST**
- C. Receipt of proposals.....**Monday, March 5, 2001; 10:00 a.m. CST**
- D. Review of proposals.....**Tuesday, March 6, 2001; 1:00 p.m. CST**
- E. Board of County Commissioners approval.....**To be Announced**

1-9 PROPOSAL CONTENT AND SIGNATURE

Five (5) copies and two (2) originals of the proposal shall be required with all copies having been signed by a company official with the power to bind the company in its proposal, and shall be completely responsive to the RFP for consideration.

1-10 NEGOTIATIONS

The contents of the proposal of the successful firm shall become a basis for contractual negotiations.

1-11 RECOMMENDED PROPOSAL PREPARATION GUIDELINES

All contractors shall provide a straight forward and concise description of their ability to meet the RFP requirements. There shall be avoidance of fancy bindings and promotional material within. The County discourages overly lengthy or costly proposals, all proposals shall be in spiral binding or “GBC” type binder with all pages 8.5" x 11" format.

1-12 PRIME CONTRACT RESPONSIBILITIES

The selected contractor shall be required to assume responsibility for all services offered in his proposal. The selected contractor shall be the sole point of contact with regard to contractual matters including payments of any and all changes resulting from the contract.

1-13 DISCLOSURE

All information submitted in response to this RFP shall become a matter of public record, subject to Florida Statutes regarding public disclosure.

1-14 DELAYS

The Project Director reserves the right to delay scheduled due dates if it is to the advantage of the project.

1-15 WORK PLAN CONTROL

Control of the work plan to be developed under the RFP shall remain totally with the Escambia County Board of Commissioners.

1-16 METHOD OF PAYMENT

Payment schedule and basis of payment shall be negotiated. The County’s standard payment terms are Net 30.

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JOSEPH F. PILLITARY, JR. CPPB
Purchasing Manager

March 5, 2001

To: All Known Prospective Proposers

ADDENDUM NUMBER 2:

Re: Self Contained Breathing Apparatus
Specification Number PD 00-01.03

Gentlemen:

We recently sent you a Request for Proposal on the above mentioned specification.

This Addendum #2 provides for:

1) Change of dates, as follows

Receipt of Proposals	10:00 a.m. CST, Wednesday, March 21, 2001
Proposal Review Committee Meeting	9:00 a.m., CST, Monday, March 26, 2001

2) Remove page 13 from original solicitation package and replace with corrected page 13, correcting Item 14 Contract Term/Renewal/Termination, Section A

3) Results of the Survey

4) Additional information - Inventory of old tanks (8 Pages)

This Addendum Number 2 is furnished to all known prospective proposers. Please sign and return one copy of this Addendum, with original signature, with your proposal as an acknowledgment of your having received same. You may photo copy for your record.

Sincerely,

Joe F. Pillitary, Jr., CPPB
Purchasing Manager

SIGNED: _____

COMPANY: _____

JFP/KGS:abh

13. **Warranty**

The awarded vendor shall fully warrant all equipment furnished hereunder against defect in materials and/or workmanship for the period as stated in the proposal response, from the awarded vendor, from date of delivery/acceptance by Escambia County.

Should any defect in materials or workmanship, except ordinary wear and tear, appear during the above stated warranty period, the awarded vendor shall repair or replace same at no cost to the County, immediately upon written notice from the Purchasing Manager.

14. **Contract Term/Renewal/Termination**

A. The contract resulting from this Solicitation shall commence effective upon execution by both parties and extend for a period of two (2) years. The contract may be renewed for additional two (2) one (1) year periods, up to a maximum four (4) years, upon mutual agreement of both parties. If any such renewal results in changes in the terms or conditions, such changes shall be reduced to writing as an addendum to this contract and such addendum shall be executed by both parties.

Renewal of the contract shall be subject to appropriation of funds by the Board of County Commissioners.

B. The initiation County department(s) shall issue release (purchase) orders against the term contract on an "as needed" basis.

C. The contract may be canceled by the awarded vendor, for good cause, upon ninety (90) days prior written notice.

D. The County retains the right to terminate the contract, with or without good cause, upon thirty (30) days prior written notice.

E. In the event of termination by either party as provided herein, the awarded vendor shall be paid for services performed through the date of termination.

15. **Interim Extension of Performance**

After all options have been exercised, and it is determined that interim performance is required to allow for the solicitation and award of a new contract, the County may unilaterally extend the contract for a maximum period of six months. Pricing, delivery and all other terms and conditions of the contract shall apply during this period.

16. **Pricing**

All items sold to the county as a result of this award are subject to post sale audit adjustment. In the event an audit indicates offeror has not honored quoted price lists and discounts, offeror will be liable for any and all overage charges.

17. **Price Adjustment**

The Contract resulting from this Solicitation will contain pricing that will be held firm for a period of two (2) years. A price increase may be requested at the beginning of each of the two (2) optional one (1) year extensions, if request is made in writing and made no less than 30 days prior to the requested date. The increase price adjustment(s) shall be accompanied by written justification attesting that the request is a bonafide cost increase to the vendor. All price adjustments shall be accepted by the County's designated representative. Adjustment in price shall be accomplished by written addendum to this contract.

Addendum #2

RESULTS OF THE SURVEY

1. 316 packs were surveyed, some packs may have been missed but it would be a very small number. It was found that the Department did have eight (8) model 401's being used for training only, these packs are non-compliant and it is recommended they be removed from any type of service. These packs were not taken into account for the survey.
2. 1987 upgrade: 121 SCBA (38%) out of 316 did not have the 87 upgrade.
3. 1992 upgrade: 242 SCBA (77%) out of 316 did not have the 92 upgrade.
4. 1997 upgrade: 316 SCBA (100%) out of 316 did not have the 97 upgrade.
5. Non-Compliant: 43 SCBA (14%) out of 316 were found to be non-compliant. These SCBA should be removed from service. (Five (5) of these SCBA are not MSA SCBA, they were purchased in or around 1986, due to age and an unknown status due to brand they were included as non-compliant.)
6. Age: 162 SCBA (51%) out of 316 were purchased in 1989 or before.

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
1	09/01/1985	NE254377		:	9	9
1	09/01/1985	NE261066	11	:	9	9
1	02/01/1986	NF042206	22	:	9	9
1	02/01/1986	NF049123	10	:	9	9
1	02/01/1986	NF049114	18	:	9	9
1	02/01/1986	NF042351	21	:	9	9
1	09/01/1988	NH256001		:	9	9
1	07/01/1989	NI188337	14	:	9	9
1	09/01/1989	NI249204		:	:	9
1	09/01/1989	NI256054	8	:	9	9
1	09/01/1989	NI249228	01	:	9	9
1	06/01/1991	NK173084	12	:	9	9
1	07/01/1992	NL188322	13	:	9	9
1	09/01/1992	NL249176	5	:	9	9
1	03/01/1994	IN074259	4	:	:	9
1	03/01/1994	IN083109	2	:	:	9
1	06/01/1994	NN157309	7	:	:	9
1	09/01/1994	NE261041		:	:	9
1	11/01/1995	IO335155	3	:	:	9
1	01/01/1997	IO027020	19	:	:	9
1	01/01/1997	IO028004	15	:	:	9
1	05/01/1997	QO137058		:	:	9
2	01/01/1980	H9087B	CBA102	9	9	9
2	01/01/1980	N6102F	CBA101	9	9	9
2	03/01/1984	ND062184	CBA105	9	9	9
2	03/01/1984	ND075339	CBA104	9	9	9
2	11/01/1988	NH306051	CBA111	:	9	9
2	11/01/1988	NH308059	CBA110	:	9	9
2	08/01/1990	NJ232372	CBA113	:	9	9
2	06/01/1995	QO173014	CBA108	:	:	9
2	09/01/1997	NQ248013	9802	:	:	9
2	09/01/1997	NQ248007	9801	:	:	9
2	11/01/1998	NH306068	CBA112	:	:	9
3	01/01/1980	H50517B		9	9	9
3	01/01/1980	H09016		9	9	9
3	01/01/1981	AA173086		9	9	9
3	07/01/1981	AA190041		9	9	9
3	07/01/1981	AA190036		9	9	9
3	04/01/1984	ND116013		9	9	9
3	08/01/1984	ND240715		9	9	9

Addendum #2

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
3	11/01/1984	ND335041		9	9	9
3	12/01/1984	ND347306		9	9	9
3	06/01/1985	NE168388		9	9	9
3	06/01/1985	NE163039		9	9	9
3	09/01/1985	NE261376		:	9	9
3	07/01/1988	NH294437		:	9	9
3	10/01/1988	NH291075		:	9	9
3	10/01/1988	NH294306		:	9	9
3	11/01/1988	NH306115		:	9	9
3	02/01/1990	NJ040058		:	9	9
3	02/01/1990	NJ040049		:	9	9
3	02/01/1990	NJ054172		:	9	9
3	02/01/1990	NJ054166		:	9	9
3	05/01/1997	NQ149138		:	:	9
3	05/01/1997	NQ149141		:	:	9
3	05/01/1997	NQ149056		:	:	9
4	04/01/1985	NE101246		:	9	9
4	10/01/1986	NF274057		:	9	9
4	08/01/1988	NH236267		:	9	9
4	10/01/1988	NH283086		:	9	9
4	10/01/1988	NH280297		:	9	9
4	06/01/1990	NJ164444		:	9	9
4	11/01/1991	NK320048		:	9	9
4	11/01/1991	NK319147		:	9	9
4	07/01/1995	NO204172		:	:	9
4	06/01/1998	NR161215		:	:	9
4	09/01/1998	NR247240		:	:	9
4	12/01/1998	NR337107		:	9	9
4	12/01/1998	NR337012		:	:	9
5	01/01/1980	H4592F		9	9	9
5	01/01/1980	18686		9	9	9
5	11/01/1981	AA323221		9	9	9
5	06/01/1984	ND178106		9	9	9
5	06/01/1984	ND176286		9	9	9
5	10/01/1985	NE277049		9	9	9
5	10/01/1985	NE275117		9	9	9
5	01/01/1987	NG004185		:	9	9
5	05/01/1989	NI297135		:	9	9
5	06/01/1989	NI157116		:	9	9
5	06/01/1989	NI153011		:	9	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
5	10/01/1989	NI286775		:	9	9
5	10/01/1989	NI285216		:	9	9
5	12/01/1990	NJ342082		:	9	9
5	07/01/1992	NL206071		:	9	9
5	05/01/1994	NN133256		:	:	9
5	05/01/1994	NN133470		:	:	9
5	05/01/1994	NN133518		:	:	9
5	06/01/1994	NN16740		:	:	9
5	10/01/1995	QO291214		9	9	9
5	03/01/1996	N9072231		:	:	9
5	03/01/1996	NP072236		:	:	9
5	07/01/1997	NO157370		:	:	9
5	07/01/1997	NQ193006		:	:	9
6	11/01/1984	ND266059	E5	9	9	9
6	12/01/1984	ND347085		9	9	9
6	04/01/1985	NE101357	E1	9	9	9
6	04/01/1985	NE107045	E13	:	9	9
6	06/01/1985	NE172014	E14	9	9	9
6	07/01/1988	ND191041	E10	9	9	9
6	10/01/1988	NH299309	E12	:	9	9
6	03/01/1990	NJ075044	E20	:	9	9
6	03/01/1990	NJ061002	E22	:	9	9
6	03/01/1990	NJ075090	E19	:	9	9
6	03/01/1990	NJ072197	E23	:	9	9
6	03/01/1990	NJ072092	E25	:	9	9
6	03/01/1990	NJ072154	E18	:	9	9
6	04/01/1990	NJ092050	E24	:	9	9
6	04/01/1990	NJ092090	E21	:	9	9
6	11/01/1991	NK319042	E6	:	9	9
6	10/01/1993	NM294200	E3	:	9	9
6	04/01/1994	NN110423	E16	:	:	9
6	05/01/1994	NH133013	E8	:	:	9
6	05/01/1995	NO144252	E26	:	:	9
6	07/01/1995	NO192663	E28	:	:	9
6	10/01/1995	NO284043	E29	:	:	9
6	02/01/1997	NQ056234	E31	:	:	9
6	04/01/1997	NQ106210	E30	:	:	9
6	05/01/1997	NO144255	E27	:	:	9
7	01/01/1980	H5551G		9	9	9
7	01/01/1980	H34400B		9	9	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
7	01/01/1980	1242		9	9	9
7	01/01/1980	BM1310		9	9	9
7	01/01/1980	H3180G		9	9	9
7	01/01/1980			9	9	9
7	01/01/1980	H10492		9	9	9
7	01/01/1980	H122286		9	9	9
7	01/01/1980	H4184G		9	9	9
7	04/01/1981	AA117247		9	9	9
7	04/01/1981	AA117359		9	9	9
7	05/01/1981	AA138571		9	9	9
7	01/01/1986	87045605	S-AIR	9	9	9
7	01/01/1986	85261715	S-AIR	9	9	9
7	01/01/1986	87218375	S-AIR	9	9	9
7	01/01/1986		S-AIR	9	9	9
7	01/01/1986	8722141S	S-AIR	9	9	9
7	02/01/1986	NF034326		9	9	9
7	02/01/1986	NF043038		9	9	9
7	02/01/1986	NF042004		9	9	9
7	01/01/1991	NK404117		:	9	9
7	02/01/1991	NK044147		:	9	9
7	02/01/1991	NK042002		:	9	9
7	02/01/1991	NK039580		:	9	9
7	02/01/1991	NK039484		:	9	9
7	02/01/1993	NM076205		:	:	9
7	06/01/1995	NO172133		:	:	9
8	10/01/1982	AB279024	25	9	9	9
8	07/01/1984	ND193193	6	9	9	9
8	07/01/1984	ND193200	7	9	9	9
8	07/01/1984	ND199041	19	:	9	9
8	07/01/1984	ND193294	18	9	9	9
8	10/01/1984	ND284216	26	9	9	9
8	10/01/1984	ND284047	16	9	9	9
8	07/01/1988	NH207010	3	:	9	9
8	09/01/1988	NH265061	14	:	9	9
8	09/01/1988	NH257020	2	:	9	9
8	10/01/1988	NH288266	13	:	9	9
8	10/01/1988	NH280150	5	:	9	9
8	10/01/1988	NH280182	8	:	9	9
8	10/01/1988	NH280223	1	:	:	9
8	10/01/1988	NH288217	15	:	9	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
8	10/01/1988	NH280213	9	:	9	9
8	10/01/1988	NH280444	12	:	9	9
8	10/01/1988	NH288067	4	:	9	9
8	12/01/1990	NJ342103		:	9	9
8	10/01/1992	NL280029	11	:	9	9
8	12/01/1992	NL359023	10	:	:	9
8	10/01/1993	OM278058	24	:	9	9
8	05/01/1995	NO144244	28	:	:	9
8	05/01/1995	NO144261	27	:	:	9
8	06/01/1995	NO157402	29	:	:	9
8	06/01/1995	NO157512	30	:	:	9
8	08/01/1997	NQ224022	32	:	:	9
8	08/01/1997	NQ224018	31	:	:	9
9	01/01/1980	H14261		9	9	9
9	01/01/1980	H50590B		9	9	9
9	01/01/1980	H40404B		9	9	9
9	03/01/1984	ND06239		9	9	9
9	07/01/1990	NJ192362		:	9	9
9	07/01/1990	NJ192345		:	9	9
9	07/01/1990	NJ204354		:	9	9
9	07/01/1997	NQ211110		:	:	9
9	07/01/1998	NR111346		:	:	9
11	11/01/1986	NH328325	21	9	9	9
11	11/01/1986	NF328005	10	9	9	9
11	11/01/1986	NF328370	23	9	9	9
11	12/01/1986	NF38045	12	9	9	9
11	12/01/1986	NF338006	13	9	9	9
11	06/01/1988	NH173006	15	:	9	9
11	06/01/1988	NH175314	18	:	9	9
11	10/01/1988	NH288096	16	:	9	9
11	11/01/1988	NH308073	19	:	9	9
11	08/01/1989	NI224297	25	:	9	9
11	08/01/1989	NI224539	26	:	9	9
11	08/01/1989	NI224196	27	:	9	9
11	11/01/1990	NJ332065	29	:	9	9
11	11/01/1990	NJ331558	31	:	9	9
11	11/01/1990	NJ331052	30	:	9	9
11	11/01/1990	NJ331053	33	:	9	9
11	11/01/1990	NJ331335	28	:	9	9
11	11/01/1990	NJ332087	32	:	9	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
11	06/01/1991	NK173393	34	:	9	9
11	09/01/1991	NK256302	35	:	9	9
11	09/01/1991	NK256157	36	:	9	9
11	09/01/1991	NK256293	37	:	9	9
11	04/01/1992	NL111043	38	:	9	9
11	04/01/1992	NL118253	40	:	9	9
11	08/01/1992	NL237421	41	:	9	9
13	07/01/1981	AA190081		9	9	9
13	03/01/1982	AB071146		9	9	9
13	08/01/1984	ND271457		9	9	9
13	06/01/1985	NE168026		9	9	9
13	06/01/1985	NE168381		9	:	9
13	06/01/1985	NE168083		9	9	9
13	01/01/1986	NF1?0?10		9	9	9
13	07/01/1986	NF183585		9	9	9
13	08/01/1989	NI216195		:	9	9
13	08/01/1989	NI216149		:	9	9
13	07/01/1990	NJ192330		:	9	9
13	07/01/1990	NJ190054		:	9	9
13	07/01/1990	NJ192479		:	9	9
13	07/01/1990	NJ192487		:	9	9
13	05/01/1994	NN133509		:	:	9
13	05/01/1994	NN133405		:	:	9
13	07/01/1997	NO211021		:	:	9
13	07/01/1997	NQ211121		:	:	9
14	04/01/1984	ND116290	3	9	9	9
14	05/01/1984	ND125073	4	9	9	9
14	07/01/1988	NH205195	8	:	9	9
14	10/01/1988	NH299210	6	:	9	9
14	11/01/1988	NH321083	7	:	9	9
14	01/01/1989	NI082052	8	:	9	9
14	03/01/1990	NJ087264	9	:	9	9
14	06/01/1990	NJ171076	10	:	9	9
14	07/01/1990	NJ190015	13	:	9	9
14	07/01/1990	NJ190071	12	:	9	9
14	07/01/1990	NJ190007	11	:	9	9
14	06/01/1991	OK155176		:	9	9
14	04/01/1993	NM113016	14	:	:	9
14	05/01/1993	NM130226	15	:	:	9
14	05/01/1993	NM138007	16	:	9	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
14	06/01/1994	NN167506	17	:	:	9
14	11/01/1996	NP306119	19	:	:	9
14	10/01/1997	NO284833	18	:	:	9
14	01/01/1998	NR006015	20	:	:	9
15	01/01/1980	H5964B		9	9	9
15	01/01/1980	H8228E		9	9	9
15	01/01/1980	H5491B		9	9	9
15	01/01/1980	H5463B		9	9	9
15	01/01/1980	H8301E		9	9	9
15	10/01/1985	NE294114		:	9	9
15	01/01/1990	NJ020171		:	9	9
15	01/01/1990	NJ011163		:	9	9
15	02/01/1990	NJ040198		:	9	9
15	03/01/1994	NN083695		:	:	9
15	04/01/1994	NN110597		:	:	9
15	04/01/1994	NN110397		:	:	9
15	05/01/1994	NN133753		:	:	9
16	01/01/1980	H9566B		:	9	9
16	02/01/1984	ND052159		9	9	9
16	03/01/1984	ND075334		9	9	9
16	02/01/1986	NF042317		9	9	9
16	05/01/1986	NF150120		9	9	9
16	05/01/1986	NF150164		9	9	9
16	06/01/1986	NF163039		9	9	9
16	10/01/1986	NF294588		9	9	9
16	10/01/1986	NF294179		9	9	9
16	10/01/1986	NF294635		9	9	9
16	10/01/1986	NF282065		9	9	9
16	08/01/1989	NI256073		:	9	9
16	09/01/1989	NI256053		:	9	9
16	09/01/1989	NI249277		:	9	9
16	01/01/1990	HJ502E		:	9	9
16	07/01/1990	NJ191140		:	9	9
16	07/01/1990	NJ191138		:	:	9
16	07/01/1990	NJ191320		:	9	9
16	08/01/1990	NI249053		:	9	9
16	11/01/1995	NO310051		:	9	9
16	08/01/1996	NP324021		:	:	9
16	10/01/1996	NP291048		:	:	9
16	10/01/1996	NP291285		:	:	9

Sta#	Purchased			Upgraded		
	DPIS	Serial #	Dept #	87	92	97
16	11/01/1996	NP324214		:	:	9
17	01/01/1986	NF021193	3	:	9	9
17	07/01/1986	NF183396	1	:	9	9
17	07/01/1986	NF205142	13	:	9	9
17	07/01/1986	NF183329	4	:	9	9
17	08/01/1986	NF225508	11	:	9	9
17	08/01/1986	NF225570	7	:	9	9
17	08/01/1986	NF239528	10	:	9	9
17	09/01/1986	NF259367	12	:	9	9
17	02/01/1990	NJ054136	19	:	9	9
17	02/01/1990	NJ054092	17	:	9	9
17	02/01/1990	NJ054107	16	:	9	9
17	02/01/1990	NJ054058	15	:	9	9
17	02/01/1990	NJ054057	18	:	9	9
17	03/01/1992	NL069165	5	:	:	9
17	03/01/1992	NL084044	6	:	9	9
17	02/01/1998	NR041052	20	:	:	9
17	02/01/1998	NR054082	23	:	:	9
17	02/01/1998	NR054070	17	:	:	9
18	01/01/1980	H7461D		9	9	9
18	01/01/1980	H6408D		9	9	9
18	01/01/1980	H5042C		9	9	9
18	01/01/1980	H3228B		9	9	9
18	07/01/1988	NH206122		:	9	9
18	10/01/1988	NH299285	14	:	9	9
18	11/01/1988	NH333249		:	9	9
18	11/01/1988	NH308075		:	9	9
18	11/01/1988	NH306019	12	:	9	9
18	02/01/1989	TI059058		:	9	9
18	06/01/1989	NJ154078		:	9	9
18	12/01/1989	NI340198		:	9	9
18	03/01/1990	NJ087298		:	9	9
18	07/01/1990	NJ169025		:	9	9
18	07/01/1990	NJ190204		:	9	9
18	06/01/1997	NQ164240	68	:	:	9
18	07/01/1997	NQ164238		:	:	9

Addendum #2

**ESCAMBIA COUNTY FLORIDA
REQUEST FOR PROPOSALS
PROPOSER'S CHECKLIST
SELF CONTAINED BREATHING APPARATUS
SPECIFICATION PD 00-01.03**

HOW TO SUBMIT YOUR PROPOSAL

PLEASE REVIEW THIS DOCUMENT CAREFULLY. OFFERS THAT ARE ACCEPTED BY THE COUNTY ARE BINDING CONTRACTS. **INCOMPLETE PROPOSALS ARE NOT ACCEPTABLE.** ALL DOCUMENTS AND SUBMITTALS SHALL BE RECEIVED BY THE OFFICE OF PURCHASING ON OR BEFORE DATE AND HOUR FOR SPECIFIED FOR RECEIPT. LATE PROPOSALS WILL BE RETURNED UNOPENED.

THE FOLLOWING DOCUMENTS SHALL BE RETURNED WITH PROPOSAL:

- < PROPOSAL BEING SUBMITTED SHALL INCLUDE FIVE (5) COPIES AND TWO (2) ORIGINALS OF ALL DOCUMENTS
- < ACKNOWLEDGMENT FORM (IN DUPLICATE WITH ORIGINAL SIGNATURE)
- < PROPOSAL FORMS (IN DUPLICATE WITH ORIGINAL SIGNATURE)
- < BID SURETY (BOND, CHECK, ETC.)
- < DRUG-FREE WORKPLACE FORM
- < INFORMATION SHEET FOR TRANSACTIONS AND CONVEYANCES CORPORATE IDENTIFICATION
- < CERTIFICATE OF AUTHORITY TO DO BUSINESS FROM THE STATE OF FLORIDA
- < PROFESSIONAL BUSINESS LICENSE
- < LITERATURE
- < REPLACEMENT PARTS PRICING
- < LIST OF FIVE (5) FIRE DEPARTMENTS WITH THE SAME OR SIMILAR EQUIPMENT
- < MAINTENANCE AGREEMENT INFORMATION
- < INFORMATION ON STANDARD WARRANTY AND EXTENDED OR LONG-TERM WARRANTY
- < SOFTWARE UPDATE INFORMATION
- < LIST OF SPECIALIZED TOOLS
- < TRAINING INFORMATION
- < BUYBACK PROGRAM INFORMATION

BEFORE YOU SUBMIT YOUR PROPOSAL, HAVE YOU:

PLACED YOUR PROPOSAL WITH ALL REQUIRED SUBMITTAL ITEMS IN A SEALED ENVELOPE CLEARLY MARKED FOR SPECIFICATION NUMBER, PROJECT NAME, NAME OF PROPOSER, AND DUE DATE AND TIME OF PROPOSAL RECEIPT?

THE FOLLOWING SUBMITTALS ARE REQUIRED UPON NOTICE OF AWARD:

CERTIFICATE OF INSURANCE

HOW TO SUBMIT A NO PROPOSAL

IF YOU DO NOT WISH TO PROPOSE AT THIS TIME, PLEASE REMOVE THE PROPOSER ACKNOWLEDGMENT FORM FROM THE PROPOSAL SOLICITATION PACKAGE AND ENTER NO PROPOSAL IN THE "**REASON FOR NO PROPOSAL**" BLOCK, YOUR COMPANY'S NAME, ADDRESS, SIGNATURE, AND RETURN THE PROPOSAL ACKNOWLEDGMENT FORM IN A SEALED ENVELOPE. THIS WILL ENSURE YOUR COMPANY'S ACTIVE STATUS IN OUR BIDDER'S LIST.

**THIS FORM IS FOR YOUR CONVENIENCE TO ASSIST IN FILLING OUT
YOUR PROPOSAL ONLY.
DO NOT RETURN WITH YOUR PROPOSAL**

**ESCAMBIA COUNTY
FLORIDA**

REQUEST FOR PROPOSAL

SELF-CONTAINED BREATHING APPARATUS

SPECIFICATION NUMBER PD 00-01.03

PROPOSALS WILL BE RECEIVED UNTIL: 10:00 a.m., CST, Thursday, March 1, 2001

**Office of Purchasing, Room 230
213 Palafox Place, Pensacola, FL 32501
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32597-1591**

Board of County Commissioners

Thomas G. Banjanin, Chairman
W.D. Childers, Vice Chairman
Mike Bass
Willie J. Junior
Terry Smith

**From:
Joseph F. Pillitary, Jr., CPPB
Purchasing Manager**

Procurement Assistance:

Kathy G. Spencer
Purchasing Agent III
Office of Purchasing
2nd Floor, Matt Langley Bell, III Building
213 Palafox Place
Pensacola, FL 32501
Tel: (850) 595-4983
Fax: (850) 595-4806

Technical Assistance:

Mike Slover
Fire Chief
Fire Services
6565 North "W" Street
Pensacola, FL 32505
Tel: (850) 475-5530
Fax: (850) 475-5535

**Self-Contained Breathing Apparatus
PD 00-01.03**

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Forms marked with an (* Asterisk) must be returned with Offer.

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Acknowledgment Form

SUBMIT OFFERS TO: Joseph F. Pillitary, Jr. CPPB, Purchasing Manager ESCAMBIA COUNTY FLORIDA
Office of Purchasing, Room 230 Request for Proposal
213 Palafox Place, Pensacola, FL 32501
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32597-1591
Phone No: (850) 595-4980 Fax No: (850) 595-4805

OFFERS WILL BE RECEIVED UNTIL: 10:00 a.m., CST, Thursday, March 1, 2001
and may not be withdrawn within 90 days after such date and time.

MAILING DATE: 02/15/2001 SOLICITATION TITLE: Self-Contained Breathing Apparatus SOLICITATION NO.: PD 00-01.03
FEDERAL EMPLOYER IDENTIFICATION NUMBER OR S.S. NUMBER: TERMS OF PAYMENT:

DELIVERY DATE WILL BE _____ DAYS AFTER RECEIPT OF PURCHASE ORDER.

VENDOR NAME: _____

REASON FOR NO OFFER: _____

ADDRESS: _____

CITY, ST. & ZIP: _____

BID BOND ATTACHED \$ _____

PHONE NO.: (____) _____

TOLL FREE NO.: (____) _____

FAX NO.: (____) _____

POSTING OF SOLICITATION TABULATIONS

Solicitation tabulations with recommended awards will be posted for review by interested parties at the County Office of Purchasing and will remain posted for a period of two (2) business days. Failure to file a protest in writing within two (2) business days after posting of the solicitation tabulation shall constitute a waiver of any protest relating to this solicitation. All protests must be filed with the Office of Purchasing. They will be handled according to the Escambia County Purchasing Ordinance.

I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to sign this offer for the offeror and that the offeror is in compliance with all requirements of the solicitation, including but not limited to certification requirements. In submitting an offer to Escambia County Florida, the offeror agrees that if the offer is accepted, the offeror will convey, sell, assign or transfer to Escambia County Florida all rights, title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by Escambia County Florida. At the County's discretion such assignment shall be made and become effective at the time the County tenders final payment to the offeror.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(TYPED OR PRINTED)

SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER
(MANUAL)

NOTE:

Upon certification of award the contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office Purchasing.

CONTRACTOR

ESCAMBIA COUNTY FLORIDA

Name and Title of Signer (Type or Print)

Name and Title of Signer (Type or Print)

Name of Contractor

By: _____ Date

By: _____
Signature of Person Authorized to Sign Date

ATTEST: _____
Witness Date

ATTEST: _____
Corporate Secretary Date

ATTEST: _____
Witness Date

[CORPORATE SEAL]

ATTEST: _____
Witness Date

Awarded Date: _____

ATTEST: _____
Witness Date

Effective Date: _____

PROPOSAL FORM
Specification Number PD 00-01.03
Self-Contained Breathing Apparatus

Board of County Commissioners
Escambia County, Florida
Pensacola, Florida 32501

Date: _____

Gentlemen:

In accordance with your "Request for Proposal" and "Instructions to Proposers" for **Self-Contained Breathing Apparatus** as described and listed in this Request for Proposal, and subject to all conditions thereof, I, the undersigned, hereby propose to provide at the following price:

An estimated quantity of four hundred (400) SCBAs over the next two (2) years will be purchased.

45 Standard Cu. Ft. Carbon Wrapped Cylinder
(2216 psig) _____ Ea. Manufacturer & Model _____

Option 1:
60 Std. Cu. Ft. Carbon Wrapped Cylinder
(3000 psig) _____ Ea. Manufacturer & Model _____

Option 2:
45 Std. Cu. Ft. Glass Wrapped Cylinder
(2216 psig) _____ Ea. Manufacturer & Model _____

Option 3:
60 Std. Cu. Ft. Glass Wrapped Cylinder
(3000 psig) _____ Ea. Manufacturer & Model _____

Option 4:
Aluminum Carrier & Harness _____ Ea. Manufacturer & Model _____

Option 5:
Emergency Escape Breathing Support System
(Extend Aire) _____ Ea. Manufacturer & Model _____

Option 6:
Air-Line Accessory System
(Extend Aire) _____ Ea. Manufacturer & Model _____

Option 7:
Adapt Existing Face-Piece to use Mask Mounted
Regulator or Replacement of Masks and SCBA
Cylinders _____ Ea. Manufacturer & Model _____

Buy Back Program
Approximately Three (3) Hundred SCBAs each _____ Ea.

*Price list for replacement items must be included with proposal.

CONTRACTOR REQUIREMENTS

Acknowledgment is hereby made of receipt of the following addenda issued during the proposal period:

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

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

(PLEASE TYPE INFORMATION BELOW)

SEAL IF PROPOSAL IS BY CORPORATION

State of Florida Department of State Certificate of Authority

Document Number _____

Occupational License No. _____

Expiration Date: _____

Terms of Payment

(Check one) Net 30 Days _____ 2% 10th Prox _____

Will your company accept Escambia County Purchasing Cards? Yes ___ No ___

Will your company accept Escambia County Direct Vouchers? Yes ___ No ___

County Permits/Fees required for this project:

Permit

Cost

N/A

Proposer: _____

By: _____

Signature: _____

Title: _____

Address: _____

Person to contact concerning this proposal:

Phone/Toll Free/Fax #: _____

E-Mail Address: _____

Home Page Address: _____

Person to contact for emergency service:

Phone/Cell/Pager #: _____

Person to contact for disaster service:

Home Address: _____

Home Phone/Cell/Pager #: _____

Attached to proposal you shall find a bid bond, cashier's check or certified check (circle one that applies) in the amount of \$500.00.

Names and addresses of proposed Subcontractors to be utilized for work on this project:

1.

2.

3.

4.

Purchasing Agreements with Other Governmental Agencies

Accept provisions of purchase agreement with other governmental agencies.

[] Yes

[] No

Signature

Drug-Free Workplace Form

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that _____ does:

Name of Business

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
- 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
- 4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5. Impose a sanction on, or require the satisfactory participation in a drug assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

Check one:

_____ As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

_____ As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Proposer's Signature

Date

**Information Sheet
for Transactions and Conveyances
Corporation Identification**

The following information will be provided to the Escambia County Legal Department for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, capitalization, etc. is exactly as registered with the state or federal government.

Is this a Florida Corporation: (Please Circle One)
Yes or No

If not a Florida Corporation,
In what state was it created: _____
Name as spelled in that State: _____

What kind of corporation is it: "For Profit" or "Not for Profit"

Is it in good standing: Yes or No

**Authorized to transact business
in Florida:** Yes or No

State of Florida Department of State Certificate of Authority Document No.: _____

Does it use a registered fictitious name: Yes or No

Names of Officers:
President: _____ Secretary: _____
Vice President: _____ Treasurer: _____
Director: _____ Director: _____
Other: _____ Other: _____

Name of Corporation (As used in Florida):

(Spelled exactly as it is registered with the state or federal government)

Corporate Address:
Post Office Box: _____
City, State Zip: _____
Street Address: _____
City, State, Zip: _____

(Please provide post office box and street address for mail and/or express delivery; also for recorded instruments involving land)

(Please continue on next page)

Federal Identification Number: _____

(For all instruments to be recorded, taxpayer's identification is needed)

Contact person for company: _____

Telephone Number: _____ Facsimile Number: _____

Name of individual who will sign the instrument on behalf of the company:

(Upon Certification of Award, Contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office of Purchasing)

(Spelled exactly as it would appear on the instrument)

Title of the individual named above who will sign on behalf of the company:

END

(850) 488-9000

Verified by: _____ Date: _____

ESCAMBIA COUNTY, FLORIDA GENERAL TERMS and CONDITIONS

The following General Terms and Conditions are incorporated by reference and have the same legal effect as if printed in its entirety.

A full textual copy of these conditions may be obtained by visiting the Office of Purchasing Home Page (see Bid Information), by telephoning the Office of Purchasing at (850) 595-4980 or by Fax at (850)595-4805.

NOTE: Any and all Special Terms and Conditions and specifications referenced within the solicitation which vary from these General Terms and Conditions shall have precedence. Submission of the Proposal Acknowledgment Form and Proposal Form(s) in accordance with these General Terms and Conditions and Special Terms and Conditions constitutes an offer from the offeror. If any or all parts of the offer are accepted by Escambia County Florida, an authorized representative of the county shall affix his signature hereto, and this shall then constitute a written agreement between parties. The conditions incorporated herein become a part of the written agreement between the parties.

Bid Information See Home Page URL: <http://www.co.escambia.fl.us/purchasing>
Click on **ON-LINE SOLICITATIONS**

1. **Sealed Solicitations**
2. **Execution of Solicitation**
3. **No Offer**
4. **Solicitation Opening**
5. **Prices, Terms and Payment**
 - 5.01 **Taxes**
 - 5.02 **Discounts**
 - 5.03 **Mistakes**
 - 5.04 **Condition and Packaging**
 - 5.05 **Safety Standards**
 - 5.06 **Invoicing and Payment**
 - 5.07 **Annual Appropriations**
6. **Additional Terms and Conditions**
7. **Manufacturers' Name and Approved Equivalents**
8. **Interpretations/Disputes**
9. **Conflict of Interest**
10. **Awards**
11. **Nonconformance to Contract Conditions**
12. **Inspection, Acceptance and Title**
13. **Governmental Restrictions**
14. **Legal Requirements**
15. **Patents and Royalties**
16. **Price Adjustments**
17. **Cancellation**
18. **Abnormal Quantities**
19. **Advertising**
20. **Assignment**
21. **Liability**
22. **Facilities**
23. **Distribution of Certification of Contract**

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS
The following General Terms and Conditions are incorporated by reference (continued).

- 24. **The Successful Bidder(s) must Provide**
- 25. **Addition/deletion of Items**
- 26. **Ordering Instructions**
- 27. **Public Records**
- 28. **Delivery**
- 29. **Samples**
- 30. **Additional Quantities**
- 31. **Service and Warranty**
- 32. **Default**
- 33. **Equal Employment Opportunity**
- 34. **Florida Preference**
- 35. **Contractor Personnel**
- 36. **Award**
- 37. **Uniform Commercial Code**
- 38. **Contractual Agreement**
- 39. **Payment Terms/Discounts**
- 40. **Improper Invoice; Resolution of Disputes**
- 41. **Public Entity Crimes**
- 42. **Suspended and Debarred Vendors**
- 43. **Drug-Free Workplace Form**
- 44. **Information Sheet for Transactions and Conveyances**
- 45. **Copies**
- 46. **License and Certifications** - For access to Certification/Registration Form for doing Business in Florida go to the Department of State, Division of Corporations, URL:
<http://ccfcorp.dos.state.fl.us/corpweb/inquiry/search.html>
- 47. **Execution of Contract**
- 48. **Purchase Order**

SPECIAL TERMS AND CONDITIONS

General Information

1. **Instructions to Offerors**

All offers to be considered shall be in the possession of the Office of Purchasing prior to the time of the solicitation closing. Offers may be mailed to 213 Palafox Place, Room 230, Pensacola, Florida 32501 or delivered to the Office of Purchasing, 2nd floor, Room 230, County Courthouse Annex, 213 Palafox Place, Pensacola, Florida 32501, in a sealed envelope clearly marked:

Specification Number PD 00-01.03, "Self-Contained Breathing Apparatus", Name of Submitting Firm, Time and Date due.

Note: If you are using a courier service; Federal Express, Airborne, UPS, etc., you must mark airbill and envelope or box with Specification Number and Project Name.

Regardless of the method of delivery, each offeror shall be responsible for his offer(s) being delivered on time as the County assumes no responsibility for same. Offers offered or received after the time set for solicitation closing will be rejected and returned unopened to the offeror(s).

It is the intent of Escambia County to purchase Self-Contained Breathing Apparatus for the County Fire Departments.

2. **Bid Surety**

Each offer shall be accompanied by a bid bond, cashier's check or certified check in the amount of \$500.00.

Checks or bonds are to be made payable to Escambia County, Florida. The amount of the bond or check is the amount of liquidated damages agreed upon should the offeror fail or refuse to enter into a contract with the County.

A County warrant in the amount of the bid check(s) of the successful offeror(s) will be returned immediately after the offeror and the County are mutually bound by contract as evidenced by signatures thereto by an authorized representative of both the offeror and the County, and/or the offeror accepts the purchase order by signing the acknowledgment/acceptance copy of same and returning to the County Purchasing department. Any unsuccessful offeror(s) will have the amounts of his cashier's or certified check returned via county warrant promptly after award.

All offerors agree that any interest earned on any bid surety while in possession of the County, or its agents, shall be retained by the County.

3. **Procurement Questions**

Procurement questions may be directed to Kathy G. Spencer, P. A. III, Telephone: (850) 595-4983, Fax: (850) 595-4806. Technical questions may be directed to Mike Slover, Telephone: (850) 475-5330, Fax: (850) 475-5535.

4. **Proposal Forms**

This Solicitation contains a Proposer Acknowledgment Form and Proposal Form which shall be submitted in a sealed envelope, five (5) copies and two (2) originals with signatures in indelible ink signed in the proper spaces. Responses on vendor forms will not be accepted. The Offerors Checklist included in this solicitation provides instructions to the offeror on the documentation to be submitted during the procurement process.

5. **Pre-Solicitation Conference**

A Pre-Solicitation Conference will be held at the Matt Langley Bell II Building, 213 Palafox Place in Conference Room # 238 on Wednesday, February 21, 2001 at 10:00 a.m. CST.

6. **F.O.B. Point**

The F.O.B. point shall be destination within Escambia County. The prices offered shall include all costs of packaging, transporting, delivery and unloading (**this includes inside delivery if requested**) to designated point within Escambia County.

7. **Delivery**

Delivery to be as notified by Escambia County. The quantity will depend upon the County's need at the time of request.

8. **Compliance with Occupational Safety and Health**

Offeror certifies that all material, equipment, etc., contained in his offer meets all Occupational Safety and Health Administration (OSHA) requirements.

Offeror further certifies that, if he is the awarded vendor, and the material, equipment, etc., delivered is subsequently found to be deficient in any OSHA requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc., into compliance with the aforementioned requirements shall be borne by the vendor.

9. **Payment**

Partial payments in the full amount for the value of items received and accepted may be requested by the submission of a properly executed **original** invoice, with supporting documents if required. Payment for accepted equipment/supplies/services will be accomplished by submission of an **original** invoice, in duplicate, to:

Clerk of the Circuit Court
Attention: Accounts Payable
223 Palafox Place, Room 204
Pensacola, FL 32501

10. **Information and Descriptive Literature**

Offerors shall furnish all information requested and in the space provided on the proposal form, if any. Furthermore, each offeror offering an alternate other than the brand(s) specified shall submit with his offer, descriptive literature and/or complete specifications covering the products offered. Reference to literature submitted with a previous offer will not satisfy this provision. Offers which do not comply with these requirements shall be subject to rejection.

11. **Brand/Manufacturer Referenced**

Reference manufacturer indicated. Products similar in design and equal in function and performance may also be considered. Alternate offers shall include detailed specifications and/or descriptive literature. Failure to include such specifications or literature may be cause for disqualification of the offer.

12. **Samples/ Demonstrations**

Samples of any product or demonstrations shall be furnished upon request for a quality test or comparison without cost to the County. **All samples shall be identified by vendor name and**

solicitation number.

13. **Warranty**

The awarded vendor shall fully warrant all equipment furnished hereunder against defect in materials and/or workmanship for the period as stated in the proposal response, from the awarded vendor, from date of delivery/acceptance by Escambia County.

Should any defect in materials or workmanship, except ordinary wear and tear, appear during the above stated warranty period, the awarded vendor shall repair or replace same at no cost to the County, immediately upon written notice from the Purchasing Manager.

14. **Contract Term/Renewal/Termination**

A. The contract resulting from this Solicitation shall commence effective upon execution by both parties and extend for a period of two (2) years. The contract may be renewed for additional two (2) one (1) year periods, up to a maximum forty eight (48) months upon mutual agreement of both parties. If any such renewal results in changes in the terms or conditions, such changes shall be reduced to writing as an addendum to this contract and such addendum shall be executed by both parties.

Renewal of the contract shall be subject to appropriation of funds by the Board of County Commissioners.

B. The initiation County department(s) shall issue release (purchase) orders against the term contract on an "as needed" basis.

C. The contract may be canceled by the awarded vendor, for good cause, upon ninety (90) days prior written notice.

D. The County retains the right to terminate the contract, with or without good cause, upon thirty (30) days prior written notice.

E. In the event of termination by either party as provided herein, the awarded vendor shall be paid for services performed through the date of termination.

15. **Interim Extension of Performance**

After all options have been exercised, and it is determined that interim performance is required to allow for the solicitation and award of a new contract, the County may unilaterally extend the contract for a maximum period of six months. Pricing, delivery and all other terms and conditions of the contract shall apply during this period.

16. **Pricing**

All items sold to the county as a result of this award are subject to post sale audit adjustment. In the event an audit indicates offeror has not honored quoted price lists and discounts, offeror will be liable for any and all overage charges.

17. **Price Adjustment**

The Contract resulting from this Solicitation will contain pricing that will be held firm for a period of two (2) years. A price increase may be requested at the beginning of each of the two (2) optional one (1) year extensions, if request is made in writing and made no less than 30 days prior to the requested date. The increase price adjustment(s) shall be accompanied by written justification attesting that the request is a bonafide cost increase to the vendor. All price adjustments shall be

accepted by the County's designated representative. Adjustment in price shall be accomplished by written addendum to this contract.

18. **Purchasing Agreements with other Government Agencies**

The submission of any offer in response to this Solicitation constitutes an offer made under the same terms and conditions, for the same contract price, to other governmental agencies within the offeror's area of responsibility, territory, zone, region, etc., unless otherwise stipulated by the offeror on the proposal form.

Each governmental agency desiring to accept these offers, and make an award thereof, shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials ordered and received by it, and no agency assumes any liability by virtue of this offer.

19. **Ordering**

The County will issue release (purchase) orders against the contract on an as needed basis for the supplies or services listed on the proposal form.

The County has adopted the Visa Purchasing Card Program. The Visa Purchasing Card may be used for purchases on an as needed basis, for the supplies or sources listed on the proposal form, for less than \$1000.00 per individual transaction.

The County can issue vouchers for less than \$1000.00 against the contract, on an as needed basis, for the supplies or services listed on the proposal form.

20. **Term of Offer**

An offer shall constitute an irrevocable offer for a period of ninety (90) days from the solicitation opening date or until the date of award, whichever is earlier, without forfeiting bid bond or check. In the event that an award is not made by the county within ninety (90) days from the solicitation opening date, the offeror may withdraw his offer or provide a written extension of his offer.

21. **Award**

Award shall be made on an "all-or-none total" basis.

22. **Termination**

The purchase order or contract will be subject to immediate termination if either product or service does not comply with specifications as stated herein or fails to meet the county's performance standards. In the event that any of the provisions of the contract are violated by awarded vendor, Escambia County may serve written notice upon the awarded vendor of its intention to terminate the contract. Such notice is to state the reason(s) for such intention to terminate contract. The liability of the vendor for any and all such violation(s) shall not be affected by any such termination and his surety, if any, shall be forfeited.

23. **Termination (Public Records Request)**

If the contractor refuses to allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the contractor in conjunction with this agreement then the county may, without prejudice to any right or remedy and after giving the contractor and his surety, if any, seven (7) days written notice, during which period contractor still fails to allow access, terminate the employment of the contractor and take possession of the site and of all materials, equipment, tools, construction equipment and machinery thereon,

owned by the contractor, and may finish the project by whatever method it may deem expedient. In such case, the contractor shall not be entitled to receive any further payment until the project is finished. Reasonable terminal expenses incurred by the county may be deducted from any payments left owing the contractor (excluding monies owed the contractor for subcontract work.)

24. **As Specified**

All items delivered shall meet the specifications herein, or as per negotiated specifications. Items delivered not as specified will be returned at no expense by Escambia County. The County may return, for full credit, any unused items received which fail to meet the County's performance standards.

25. **Quantity**

Escambia County reserves the right to increase or decrease estimated quantities as required. Estimated quantities are shown on the proposal form.

It is understood by all offeror's that these are only estimated quantities and the County is not obligated to purchase any minimum or maximum amount during the life of this contract.

26. **Standard Insurance Requirements and Certificates**

This offer contains an extensive insurance requirement. Offerors are encouraged to review these requirements with their insurance agents before submitting offers

It is not necessary to have this level of insurance in effect at the time of submitting the offer, but certificates indicating that the insurance is currently carried, or a letter from the carrier indicating upgrade availability will speed the review process.

County Insurance Required

The contractor shall procure and maintain the following described insurance, except for coverages specifically waived by the County, on policies and with insurers with an A. M. Best Company Rating of at least A- VIII, for any or all claims which may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of the contract documents, whether such services, work and operations be by the contractor, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

The contractor shall require, and shall be responsible for assuring throughout the time the agreement is in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

These insurance requirements shall not limit the liability of the contractor.

The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the contractor's interests or liabilities, but are merely minimums.

Except for workers compensation and professional liability, the contractor's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from this agreement, contract or lease.

The contractor waives its right of recovery against the County, to the extent permitted by its insurance policies.

The contractor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The contractor is responsible for the amount of any deductible or self-insured retention.

Insurance required of the contractor or any other insurance of the contractor shall be considered primary, and insurance of the county, if any, shall be considered excess, as may be applicable to claims obligations which arise out of this agreement, contract or lease.

Workers Compensation Coverage

The contractor shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by state law and with employers liability limits of at least \$100,000 each accident and \$100,000 each employee/\$500,000 policy limit for disease, or a valid certificate of exemption issued by the state of Florida, or an affidavit in accordance with Section 440.02(13)(d) and 440.10(1)(g) Florida Statutes.

Contractor shall also purchase any other coverages required by law for the benefit of employees.

General, Automobile and Excess or Umbrella Liability Coverage

The contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

Minimum limits of \$1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employers liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, contractual liability covering this agreement, contract or lease, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

Coverage B shall include personal injury.

Coverage C, medical payments, is not required.

The contractor is required to continue to purchase products and completed operations coverage, at least to satisfy this agreement, contract or lease, for a minimum of three years beyond the County's acceptance of renovation or construction projects.

Business Auto Liability Coverage

Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance or use of any auto, including owned, non-owned and hired automobiles and employee non-ownership use.

Excess or Umbrella Liability Coverage

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance. If and when required by the

County, certificates of insurance shall be accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverages(s) indicated on each certificate of insurance.

New certificates of insurance are to be provided to the County at least 30 days prior to coverage renewals. Failure of the contractor to provide the County with such renewal certificates may be considered justification for the County to terminate this agreement, contract or lease.

Certificates should contain the following additional information:

1. Indicate that Escambia County is an additional insured on the general liability policy.
2. Include a reference to the project and the Office of Purchasing number.
3. Disclose any self-insured retentions in excess of \$1,000.
4. Designate Escambia County as the certificate holder as follows:
Escambia County
Attention: Kathy Spencer
Office of Purchasing, Room 230
P.O. Box 1591
Pensacola, FL 32597-1591
Fax (850) 595-4806
5. Indicate that the County shall be notified at least 30 days in advance of cancellation.

Receipt of certificates or other documentation of insurance or policies or copies of policies by the county, or by any of its representatives, which indicate less coverage than required does not constitute a waiver of the contractor's obligation to fulfill the insurance requirements herein.

If requested by the County, the contractor shall furnish complete copies of the contractor's insurance policies, forms and endorsements, and/or such additional information with respect to its insurance as may be requested.

For commercial general liability coverage the contractor shall, at the option of the County, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of liability coverage.

REQUEST FOR PROPOSAL UNIFORM CONTRACT FORMAT

- < Proposers Checklist
- < Request for Proposals - Title Page
- < Table of Contents
- < Request for Proposal Contractual Services Form (Cover Sheet)
- < Proposal Form(s)
- < Drug-Free Workplace Form
- < Information Sheet for Transactions and Conveyances and Corporate Identification
- < General Terms and Conditions (By Reference)
- < Special Terms and Conditions (Include Indemnification, Safety and Insurance)
- < Request for Proposals Response Format.

Part A Summary

Part I General Information

- 1-1 Purpose
- 1-2 Objective
- 1-3 Issuing Officer
- 1-4 Contract Consideration
- 1-5 Rejection
- 1-6 Inquiries
- 1-7 Addenda
- 1-8 Schedule
- 1-9 Proposal Content and Signature
- 1-10 Negotiations
- 1-11 Recommended Proposal Preparation Guidelines
- 1-12 Prime Contract Responsibilities
- 1-13 Disclosures
- 1-14 Delays
- 1-15 Work Plan Control
- 1-16 Method of Payment

Part II Information Required from Contractors

- 2-1 Proposal Format and Content
- 2-2 Introduction
- 2-3 Experience and Qualifications
- 2-4 Cost Proposal

Part III Criteria for Selection

Part IV Scope of Work

PART I GENERAL INFORMATION

1-1 PURPOSE

The Board of County Commissioners of Escambia County is seeking sealed written proposals for self-contained breathing apparatus (SCBA). If requested, the vendor will supply a unit(s) to inspect and evaluate at no cost to the County. Escambia County anticipates purchasing approximately 400 complete units in the next two (2) years. Additional face pieces and spare cylinders will be purchased during this period.

1-2 OBJECTIVE

The Primary objective of The RFP is the selection of self-contained breathing apparatus that will be in the best interest of the County.

1-3 ISSUING OFFICER

The project Director shall be Mike Slover, Fire Chief. The liaison officer shall be Jim Sanders, Battalion Chief, Fire Services. The contracting agency shall be the Escambia County Board of Commissioners, c/o the Office of Purchasing, P.O. Box 1591, Pensacola, Florida, 32597-1591.

1-4 CONTRACT CONSIDERATION

It is expected that the contract shall be a single award, firm price contract after negotiation.

1-5 REJECTION

The right is reserved by the Board of County Commissioners to accept or reject any or all proposals or to waive any informality, existing in any proposal, or to accept the proposal which best serves the interest and intent of this project and is from the most responsive and responsible proposer.

1-6 INQUIRIES

Technical questions regarding this Request for Proposal shall be directed to Jim Sanders, Battalion Chief, Fire Services, Telephone (850) 475-5530, fax (850) 475-5535, and procurement questions may be directed to Kathy Spencer, Purchasing Agent III, Telephone (850) 595-4983, Fax (850) 595-4806.

1-7 ADDENDA

Any changes made in the Request for Proposal shall be brought to the attention of all of those who have provided the proper notices of interest in performing the services.

1-8 SCHEDULE

The following schedule shall be adhered to in so far as practical in all actions related to this procurement:

- A. Mailing date of proposals.....**Thursday, February 15, 2001**
- B. Pre-proposal conference.....**Wednesday, February 21, 2001**
- C. Receipt of proposals.....**Thursday, March 1, 2001**
- D. Review of proposals.....**To be announced**
- E. Board of County Commissioners approval.....**To be announced**

1-9 PROPOSAL CONTENT AND SIGNATURE

Five (5) copies and two (2) originals of the proposal shall be required with all copies having been signed by a company official with the power to bind the company in its proposal, and shall be completely responsive to the RFP for consideration.

1-10 NEGOTIATIONS

The contents of the proposal of the successful firm shall become a basis for contractual negotiations.

1-11 RECOMMENDED PROPOSAL PREPARATION GUIDELINES

All contractors shall provide a straight forward and concise description of their ability to meet the RFP requirements. There shall be avoidance of fancy bindings and promotional material within. The County discourages overly lengthy or costly proposals, all proposals should be in spiral binding or “GBC” type binder with all pages 8.5" x 11" format.

1-12 PRIME CONTRACT RESPONSIBILITIES

The selected contractor shall be required to assume responsibility for all services offered in his proposal. The selected contractor shall be the sole point of contact with regard to contractual matters including payments of any and all changes resulting from the contract.

1-13 DISCLOSURE

All information submitted in response to this RFP shall become a matter of public record, subject to Florida Statutes regarding public disclosure.

1-14 DELAYS

The Project Director reserves the right to delay scheduled due dates if it is to the advantage of the project.

1-15 WORK PLAN CONTROL

Control of the work plan to be developed under the RFP shall remain totally with the Escambia County Board of Commissioners.

1-16 METHOD OF PAYMENT

Payment schedule and basis of payment shall be negotiated. The County’s standard payment terms are Net 30.

ART II INFORMATION REQUIRED FROM PROPOSERS

ALL PROPOSALS SHALL INCLUDE THE FOLLOWING: TECHNICAL AND COST PROPOSAL

2-1 PROPOSAL FORMAT AND CONTENT

The County discourages overly lengthy and costly proposals, however, in order for the County to evaluate proposals fairly and completely, proposers should follow the format set out herein and provide all of the information requested.

2-2 INTRODUCTION

Proposals shall include the complete name and address of their firm and the name, mailing address, and telephone number of the person the County should contact regarding the proposal.

Proposals shall confirm that the firm will comply with all of the provisions in this RFP; and, if applicable, provide notice that the firm qualifies as a County proposer. Proposals shall be signed by a company officer empowered to bind the company. A proposer's failure to include these items in their proposals may cause their proposal to be determined to be non-responsive and the proposal may be rejected.

2-3 EXPERIENCE AND QUALIFICATIONS

Provide reference names and phone numbers of a minimum of five (5) fire departments with the same or similar equipment.

2-4 COST PROPOSAL

Proposer's cost proposals shall include all direct and indirect costs associated with the performance of this contract, including, but not limited to, direct expenses, payroll, supplies, overhead on the project, shipping costs and profit.

PART III CRITERIA FOR SELECTION

1. Product performance history, reputation and safety record within the fire service.
2. Serviceability and maintainability of product in the field.
3. After sale vendor support.
4. Availability of a turnkey maintenance agreement.
5. Price of initial equipment and cost of annual maintenance contract, ie., turn-around time for unit repairs, on-site support, etc.
6. Compatibility with existing SCBAs currently in use in Escambia County and/or cost effectiveness of a proposed buy back or trade out program.
7. Availability and quality of training in the use of and maintenance on the selected units.
8. Value and terms of any Warranties on Face Pieces, integrated PASS devices and Apparatus. (Standard and Extended or Long-Term Warranties)
9. Overall unit complexity and ease of use in the field.

PART IV SCOPE OF WORK

TYPE:

The self-contained breathing apparatus covered by this specifications shall be of the type using compressed air and shall be certified jointly by the National Institute for Occupational Safety and Health (NIOSH) and Mine Safety and Health Administration (MSHA) under 42 CR, part 84 for a 30, 45, or 60-minute-rated service life. The apparatus shall be compliant with all requirements of the National Fire Protection Association’s 1997 Edition of NFPA-1981 Standard on Open-Circuit Self-Contained Breathing Apparatus.

COMPONENT PARTS:

The apparatus shall consist of the following component parts:

1. Single-lens full vision face-piece
2. Mask-mounted pressure-demand second-stage regulator
3. High-pressure first-stage regulator
4. Audible warning devices and redundant visual warning device
5. DOT-approved cylinder for compressed air complete with valve
6. Carrier with padded flame and heat-resistant harness
7. Instructions for use and maintenance
8. SCBA cylinder refill, transfill, and EBS systems accessory
9. Integrated Personal Alert Safety System (PASS)

SPECIFIC REQUIREMENTS:

A. FACE-PIECE:	Yes	No	Other
1. Face pieces shall be available in sizes as necessary to fit men and women, and individual with small or large faces.	-----	-----	-----
2. The lens shall be field-replaceable and of a non-shatter type. It shall be located so as to provide a satisfactory field of vision for persons of widely varying facial shapes and sizes. The lens shall be especially coated on both sides to help prevent scratching, and the lens shall be retained in the face-piece by corrosion-resistant retainer. The lens shall have a viewable surface area of at least 40 square inches, shall provide at least 90% unimpeded vision, and shall fit all three sizes of face-piece.	-----	-----	-----
3. Air shall enter the face-piece in a manner that will reduce the possibility of accumulation of moisture on the lens. An air deflection baffle molded in the face-piece shall divert exhaled air away from the lens.	-----	-----	-----
4. The face-piece shall have an inhalation check valve to prevent exhaled air from entering and contaminating the mask-mounted regulator or breathing tube, in accordance with the OSHA Respiratory Protection Standard (29 CFR 1910.134) such that decontamination of the second stage regulator between users is not required.	-----	-----	-----

		Yes	No	Other
5.	The harness shall be a flame and heat-resistant Kevlar assembly featuring a five-point, adjustable suspension. An optional fully-adjustable five-strap rubber assembly held in place by stainless steel roller buckles designed to prevent inadvertent loosening shall also be available.	_____	_____	_____
6.	The face-piece shall have a spring-loaded pressure-demand exhalation valve with an opening pressure of approximately 1.6 inches of water. The valve shall be designed for easy cleaning. The valve shall be positioned at the lower most point on the face-piece to facilitate drainage of the face-piece.	_____	_____	_____
7.	The face-piece shall have a speaking diaphragm with aluminum-coated membrane suitably protected and located centrally to the face-piece for optimal voice projection.	_____	_____	_____
8.	All parts shall be replaceable in the field.	_____	_____	_____
9.	Two sizes of removable nose cups shall be available for use below 32EF and designed to be installed without special tools. The nose cup shall provide a tight seal around the exhalation port to direct exhaled air through the exhalation valve and prevent exhaled air from entering the mask cavity and lens areas. The nose cup shall contain a voice collector system which enhances unamplified speech transmission.	_____	_____	_____
10.	Each face-piece shall be equipped with a flame and heat-resistant neck strap that carries the face-piece in a ready position for quick donning. In this position, the face-piece shall be inverted to help prevent water from entering the face-piece.	_____	_____	_____
11.	The removable spectacle kit shall be available for mounting corrective lenses inside the face-piece.	_____	_____	_____
12.	The face-piece shall be available in both Hycar rubber or silicone.	_____	_____	_____
13.	In order to minimize the number of possible leak paths, the face-piece shall have a monolithic component housing which contains the inhalation port, the exhalation port, and the speaking diaphragm.	_____	_____	_____

B. MASK-MOUNTED REGULATOR:

The mask-mounted pressure-demand regulator shall consist of the following:

1.	A quick-acting bypass valve that provides a flow of air as required by the wearer when activated.	_____	_____	_____
2.	A bypass air flow that has an independent pathway in the 2 nd stage regulator. The regulator, while in bypass, shall be capable of flows exceeding 320 lpm.	_____	_____	_____

		Yes	No	Other
3.	A shutoff button/valve which automatically activates the regulator with the first inhaled breath when the face-piece is donned. The shutoff can be activated while the regulator is attached or removed from the face-piece.	_____	_____	_____
4.	A pilot diaphragm responsive to respiration for flow during inhalation. This diaphragm shall be constructed of material resistant to the permeation of petroleum vapors.	_____	_____	_____
5.	A stainless steel spring acting on the diaphragm to adjust static pressure between 1.1 and 1.5 inches of water in the face-piece.	_____	_____	_____
6.	An over-the-shoulder air-supply hose routed through the shoulder strap to the first-stage regulator.	_____	_____	_____
7.	In conjunction with the first-stage regulator, the pressure-demand second-stage regulator that shall be designed to provide an air flow in excess of 500 liters per minute before there is a negative pressure in the face-piece.	_____	_____	_____
8.	The regulator must have a quarter-turn quick connect attachment to the face-piece, with an audible click. The regulator must be detachable from the face-piece.	_____	_____	_____
9.	The regulator must be restricted from 360E of rotation after attachment, to maintain a consistent location of the regulator controls with respect to the user. The purpose is to minimize the time required by the user to locate the bypass in an emergency.	_____	_____	_____
10.	The second stage regulator shall not obstruct or reduce the field of vision of the wearer when installed on the face-piece.	_____	_____	_____

C. FIRST-STAGE REGULATOR:

The first-stage regulator shall contain the following parts:

1.	A high-pressure hose to locate the pressure gauge on the harness shoulder strap so it can be conveniently read by the use. The pressure gauge shall indicate the pressure in the cylinder when the cylinder valve is open. The pressure gauge face shall be luminescent, and be equipped with an electronic back-light that can be activated by the wearer.	_____	_____	_____
2.	A pressure-reducing valve to reduce the pressure from cylinder to a range suitable to meet the performance requirements specified above. The reducing valve assembly shall be designed to provide uniform performance throughout the cylinder pressure range. Such a valve shall have a sintered metal filter on the inlet to retain particles 40 microns or greater, shall be in an open position against the high-pressure air inlet, and shall seat in the direction of this air flow. The reducing valve pressure shall be adjustable by means of a screw, the access to which shall be external to the regulator.	_____	_____	_____

		Yes	No	Other
3.	A pressure-relief valve to release pressures in excess of the normal operating pressures of the reducing valve. The pressure at which the valve releases shall be at least 10 pounds per square inch above the normal operating pressure of the reducing valve and not more than 30 pounds above such pressure. It shall be mounted external to the regulator and shall vent to the external environment.	----	----	----
4.	The regulator shall be secured to the side of the back plate assembly.	----	----	----
5.	The regulator body shall be constructed of a high strength heat treated aluminum alloy, and plated with a Teflon hard coat anodize to a minimize corrosion and wear of internal components.	----	----	----
D.	HIGH-PRESSURE HOSE:			
1.	A high-pressure hose connecting the first-stage regulator and the audible warning bell shall be provided.	----	----	----
2.	It shall have a rated working pressure of 5000 psig and a minimum burst of 20,000 psig.	----	----	----
E.	LOW-PRESSURE WARNING DEVICE:			
1.	An audible alarm shall be an air-actuated, self-cocking, continuous ringing audible warning bell automatically operating when air pressure in the supply cylinder reaches approximately 25% of the rated service life.	----	----	----
2.	The audible alarm body shall be constructed of a high strength heat treated aluminum alloy, and plated with a Teflon hard coat anodize to minimize corrosion and wear of internal components.	----	----	----
3.	A redundant visual warning alarm shall be provided and activate at approximately 25% of the rated service life.	----	----	----
4.	The visual alarm shall emit flashing light from the shoulder mounted gauge face to signal the wearer and coworkers or rescue personnel.	----	----	----
5.	The visual alarm shall continue to emit flashing light and sound after the depletion of the air supply to assist in rescue, and shall require manual deactivation.	----	----	----
6.	The electronic low pressure alarm shall be equipped with low battery indicator, and shall have a battery life (in sleep mode) of greater than one year.	----	----	----
F.	CYLINDERS:			
	Low Pressure Apparatus Cylinders (2216 psig)			
	45 Standard Cubic Foot Carbon Wrapped Cylinder (2216 psig)			
1.	The cylinder shall have a minimum 514 cubic-inch volume.			

	Yes	No	Other
When filled to 2216 psig pressure, it shall contain approximately 45 standard cubic feet of gas and shall conform to DOT E-2216 or DOT E-10925-2216.	_____	_____	_____
2. The cylinder shall contain a closing valve which shall incorporate a pressure gauge to indicated the pressure in the cylinder at all times. The pressure gauge face shall be luminescent. The handwheel shall be a 90E angle from the longitudinal plane of the cylinder.	_____	_____	_____
3. The cylinder shall be constructed of a deep-drawn, seamless aluminum liner its entire surface, except for the thick neck area, with high-strength carbon fiber filaments impregnated with epoxy resin.	_____	_____	_____
4. The cylinder, less air and cylinder valve, shall not exceed a weight of 6.91 lbs.	_____	_____	_____
5. The cylinder shall have a minimum 2-inch wide luminescent band to enhance the visibility of the wearer.	_____	_____	_____

OPTION 1 - 60 Standard Cubic Foot Carbon Wrapped Cylinder (3000 psig)

1. The cylinder shall have a minimum 5145 cubic-inch volume. When filled to 3000 psig pressure, it shall contain approximately 60 standard cubic feet of gas and shall conform to DOT E-10915-3000 or DOT E-10945-3000.	_____	_____	_____
2. The cylinder shall contain a closing valve which shall incorporate a pressure gauge to indicate the pressure in the cylinder at all times. The pressure gauge face shall be luminescent. The handwheel shall be 90E angle from the longitudinal plane of the cylinder.	_____	_____	_____
3. The cylinder shall be constructed of a deep-drawn, seamless aluminum liner its entire surface, except for the thick neck area, with high-strength carbon fiber filaments impregnated with epoxy resin.	_____	_____	_____
4. The cylinder, less air and cylinder valve, shall not exceed a weight of 9.3 lbs.	_____	_____	_____
5. The cylinder shall have a minimum 2-inch wide luminescent band to enhance the visibility of the wearer.	_____	_____	_____

OPTION 2 - 45 Standard Cubic Foot Glass Wrapped Cylinder (2216)

1. The cylinder shall have a minimum of 514 cubic-inch volume. When filled to 2216 psig pressure, it shall contain approximately 45 standard cubic feet of gas and shall conform to DOT E-7277-2216.	_____	_____	_____
2. The cylinder shall contain a closing valve which shall incorporate a pressure gauge to indicate the pressure in the cylinder at all times. The pressure gauge face shall be luminescent. The handwheel shall be a 90E angle from the longitudinal plane of the cylinder.	_____	_____	_____

	Yes	No	Other
3. The cylinder shall be constructed of a deep-drawn, seamless aluminum liner its entire surface, except for the thick neck area, with high-strength glass fiber filaments impregnated with epoxy resin.	_____	_____	_____
4. The cylinder, less air and cylinder valve, shall not exceed a weight of 9.5 lbs.	_____	_____	_____

OPTION 3 - 60 Standard Cubic Foot Glass Wrapped Cylinder (3000 psig)

1. The cylinder shall have a minimum 514 cubic-inch volume. When filled to 3000 psig pressure, it shall contain approximately 60 standard cubic feet of gas and shall conform to DOT E-10019-3000 .	_____	_____	_____
2. The cylinder shall contain a closing valve which shall incorporate a pressure gauge to indicate the pressure in the cylinder at all times. The pressure gauge face shall be luminescent. The handwheel shall be a 90E angle from the longitudinal plane of the cylinder.	_____	_____	_____
3. The cylinder shall be constructed of a deep-drawn, seamless aluminum liner its entire surface, except for the thick neck area, with high-strength glass fiber filaments impregnated with epoxy resin.	_____	_____	_____
4. The cylinder, less air, shall not exceed 18.0 lbs.	_____	_____	_____

G. GLASS REINFORCED COMPOSITE CARRIER AND HARNESS:

The harness assembly shall be readily adjustable for various wearer sizes and shall include the following components.

1. An adjustable double-pull Kevlar waist belt.	_____	_____	_____
2. A metal push-button seat belt-type buckle.	_____	_____	_____
3. Two padded Nomex should straps, each having a Kevlar strap reinforcement that provides retention if the Nomex fibers are weakened. The shoulder straps shall have retro-reflective markings and shall have anti-rotation-style buckles for ease of adjustment.	_____	_____	_____
4. The friction buckles of the shoulder straps and waist strap shall be constructed of forged stainless steel for maximum strength and resistance to wear. The buckles shall be of sufficient size for use with gloves, and be angles approximately 30E inward to minimize the profile of the wearer.	_____	_____	_____
5. A mid-connect Kevlar-blend chest strap with snap-type fastener that properly positions the shoulder straps allowing full arm movement.	_____	_____	_____
6. Two 1.5 inch Kevlar pull straps, each having a minimum 4-inch long thick fabric handle for each of locating and grasping.	_____	_____	_____
7. A lumbar pad to enhance comfort to the lower back of wearers.	_____	_____	_____
8. The backplate shall be constructed of a glass reinforced thermoset composite material that conforms to the user's back and provides			

	Yes	No	Other
spine relief for wearers with protruding vertebrae. There shall be no thermoplastic materials (such as polycarbonate or nylon), or moving parts/hinges that reduce the durability of the backplate.	_____	_____	_____
9. An adjustable, stainless steel cylinder band having a quick-opening device at one end to properly retain various size cylinders. The cylinder band must retain its open shape for easy cylinder change-out.	_____	_____	_____
A rotational cylinder band latch with stainless steel torsion springs to provide uniform and repeatable cylinder retention.	_____	_____	_____
10. All harness components shall be affixed with tri-bar slides and be field-replaceable with no tools required.	_____	_____	_____

OPTION 4 - Aluminum Carrier and Harness:

1. An adjustable Nomex waist strap.	_____	_____	_____
2. A metal push-button seat belt-type buckle.	_____	_____	_____
3. Two padded Nomex shoulder straps, each having a flexible metal reinforcement that provides retention if the Nomex fibers are weakened. The shoulder straps shall have retro-reflective markings and shall have anti-rotation-style buckles for ease of adjustment.	_____	_____	_____
4. The friction buckles of the shoulder straps and waist strap shall be constructed of forged stainless steel for maximum strength and resistance to wear. The buckles shall be of sufficient size for use with gloves, and be angled inward to minimize the profile of the wearer.	_____	_____	_____
5. A mid-connect Kevlar-blend chest strap with snap-type fastener that properly positions the shoulder straps allowing full arm movement.	_____	_____	_____
6. Two 1.5 inch Kevlar pull straps, each having a minimum 4-inch long thick fabric handle for ease of locating and grasping.	_____	_____	_____
7. A lumbar pad to enhance comfort to the lower back of wearers.	_____	_____	_____
8. A rubberized triangular back-pad, made of flame and heat-resistant santoprene for proper weight distribution.	_____	_____	_____
9. A formed aluminum carrier frame with an adjustable, stainless steel cylinder bank having a quick-opening device at one end to properly retain various size cylinders. The cylinder band must retain its open shape for easy cylinder change out.	_____	_____	_____
10. A rotational cylinder band latch with stainless steel torsion springs to provide uniform and repeatable cylinder retention.	_____	_____	_____

H. INSTRUCTIONAL MANUAL:

Forty instruction manuals shall be provided. Such instructions shall contain complete operating and limited maintenance procedures.	_____	_____	_____
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I. SCBA CYLINDER REFILL, TRANSFILL, AND EBS SYSTEM ACCESSORY:

	Yes	No	Other
1. Quickly refill (less than one minute) an SCBA cylinder from a mobile compressor or cascade system.	_____	_____	_____
2. Transfill between two SCBA wearers, providing an emergency breathing system (EBS), while maintaining NIOSH approvals	_____	_____	_____
3. Extend the wearer's air supply over longer duration when a remote cascade system or other compressed gas source is located in a remote area.	_____	_____	_____
4. Transfill and refill in immediately dangerous to life or health (IDLH) atmospheres.	_____	_____	_____

The cylinder refill and transfill system shall consist of the following parts:

1. A junction block and male stainless steel quick-connect fitting which can be mounted on the SCBA remote gauge line.	_____	_____	_____
2. A dust cover for the male quick-connect fitting, to protect the fitting from contamination and provide a redundant air seal to prevent leakage.	_____	_____	_____
3. A pressure-relief valve for SCBA operating at 2216 psig. This pressure-relief valve prevents gross over pressurization of 2216 psig SCBA cylinder if a 2216 psig SCBA is transfilled or refilled from a 4500 psig air source. NOTE: The cylinder refill and transfill system may not be used with cylinders that operate at 3000 psig.	_____	_____	_____
4. Transfill/refill hoses which terminate in a female quick-connect fitting for attachment to be the male quick-connect on the SCBA. The quick-connect fitting shall be designed to be connected or disconnected while the system is pressurized up to 4500 psig. Various lengths of transfill/refill hoses shall be available, including a 3-foot EEBSS hose with female quick-connect fitting on each end. A Kevlar storage pouch shall be available so that properly equipped SCBA can be transfilled/refilled while worn inside a total encapsulating suit without breaking the integrity of the suit.	_____	_____	_____
5. A dust cover for the female quick-disconnect fitting, to protect the fitting from contamination and provide a means of manually relieving the pressure in transfill/refill hoses.	_____	_____	_____

J. COMBINATION INTEGRATED PASS AND REDUNDANT ALARM:

1. The combination integrated PASS and redundant low pressure alarm must be contained in a single enclosure to minimize package size, and must not have external wires extending that could become snagged during firefighting, or that could introduce radio interference.	_____	_____	_____
2. The combination PASS and redundant alarm must be easily installed at a single threaded fitting on the end of the right-shoulder remote gauge line.	_____	_____	_____

		Yes	No	Other
3.	The combination PASS and redundant alarm must be equipped with a single 9-volt battery that is easily accessible by the user, on the front of the SCBA.	_____	_____	_____
4.	The unit must be equipped with a mechanical analog gauge.	_____	_____	_____
5.	The integrated PASS must be equipped with the reset button on the right side; a “panic” button located just above the analog gauge; super-bright LED alarm indicators; and a rubber shock-absorbing boot cover.	_____	_____	_____
6.	The unit must meet NFPA 1981, 1997 edition and NFPA 1982, 1998 edition standards.	_____	_____	_____

K. ACCESSORIES:

OPTION 5 - Emergency Escape Breathing Support System (Extend Aire)

1.	An emergency escape breathing support system must be accommodated by the SCBA.	_____	_____	_____
2.	The system must be available with a common airline quick-disconnect fitting.	_____	_____	_____
3.	The system shall connect to the intermediate pressure side of the SCBA, down stream of the first stage regulator.	_____	_____	_____
4.	The system must also be approved by NIOSH to serve as a combination air-line apparatus.	_____	_____	_____

OPTION 6 - Air-line Accessory System (Dual Purpose)

A.	An optional air-line accessory must be accommodated by the apparatus.	_____	_____	_____
B.	The system shall consist of a waist-mounted junction block with an air-line connection angled backward and downward from the wearer.	_____	_____	_____
C.	The air-line accessory must be designed with an automatic shuttle valve that seals-off cylinder air upon attachment of an airline connection.	_____	_____	_____
D.	Cylinder air must be resumed automatically upon disengagement of the airline connection.	_____	_____	_____

OPTION 7 - Adapt Existing Face-Piece to use Mask Mounted Regulator or Replacement of Masks and SCBA Cylinders

If same manufacturer of current SCBA, make the necessary modifications to the County’s existing face-pieces to accept the Mask Mounted Regulator.

If not same manufacturer, vendor will provide cost to replace existing masks currently in inventory.
Vendors to provide replacement costs of current SCBA cylinders if manufacturer is different than current cylinders. Replacement will be made over a programmed period of time when replacing current SCBAs to ensure proper training and mission of fire department is not interrupted.

L. **BUYBACK PROGRAM**

Vendor awarded this contract shall submit bid for buyback of outdated existing SCBA units owned by the County. The estimated quantity is 300 MSA units. Vendor will be responsible for the pickup of the units at no extra cost to the County.

Vendor awarded this contract shall submit bid for buyback of outdated existing MSA SCBA parts, tools and testing equipment, if manufacturer is different than current SCBA in use.

M. **General Information and Requirements**

If the proposed SCBA are not compatible with the Department’s existing apparatus seat SCBA mounts, the successful manufacturer shall be required to provide and install appropriate mounting brackets for Escambia County apparatus when units are placed in service on the apparatus.

Vendor will provide updated version of software and proper hardware for Bio Systems Posi-Check bench flow tester Escambia County owns.

A properly trained representative from the successful manufacturer shall be required to provide training on the inspection and proper use of the SCBA and PASS device for a member/representative of each volunteer station and career staff. This training shall be provided over several sessions to accommodate providing user training to all members of Escambia County Fire service.

The successful manufacturer shall be required to provide training on the inspection, repair, service and maintenance of the SCBA and PASS device for selected members of the Escambia County Fire/Rescue Department
This training shall be provided for no less than five members. The level and extent of this training will be contingent on the manufacturer’s required maintenance program, and any optional maintenance agreement that may be selected by the fire department.

The location, telephone number, and contact person of five (5) fire departments who currently have in service SCBA equal or similar to those being proposed. These departments should be as similar in size to Escambia County Fire/Rescue as possible.

The location, telephone number, and name of the vendor’s representative who will be responsible for Escambia County’s units should their proposal be selected.

Please provide the cost of any specialized tools and/or equipment needed to perform maintenance and/or service, including the cost of software for Escambia County's bench test machines or the cost of a different bench test machine should Escambia's not be appropriate for use with the propose SCBA.

Provide itemized pricing for compatible accessories and replacement parts such as harnesses, PASS, eyeglass kits, nose cups, gauges, cylinder gauges, particulate canisters, straps, etc.

Provide an estimate for "turn-key" service/maintenance agreement from the manufacturer that would reduce or eliminate in house/maintenance. Estimate may be provided all SCBA in Escambia County's inventory or for new SCBA only.
