



**CITY OF SPRINGFIELD, MISSOURI
DIVISION OF PURCHASES
INVITATION FOR BID #164-2015**

ADDENDUM #1

RETURN

TO:

Denise Neuleib, Buyer
City of Springfield
Division of Purchases
218 E. Central
Springfield, MO 65802

Date Issued: May 27, 2015
Buyer's Email: dneuleib@springfieldmo.gov
Telephone Number: 417-864-1624
Fax Number: 417-864-1927
REVISED DUE DATE: JUNE 4, 2015

The Invitation for Bid specified above is hereby amended and revised as described below. **This addendum must be acknowledged on the Affidavit of Compliance provided in the original bid documents.**

DESCRIPTION

AUTOMATED EXTERNAL DEFIBRILLATORS

- 1. Page 8 of 12, Item 2.1 has been amended as follows:** AED must be compatible with equipment being used by both Emergency Management Service (EMS) providers in the area, Mercy and CoxHealth. Mercy currently uses the ZOLL AED. CoxHealth currently uses a Physio-Control AED, but are looking at switching over to either a ZOLL or Philips brand. The bidder shall be able to provide an adapter so that the Fire Department can directly hook up into their heart monitors if they decide to go with the Philips Brand. See Line Item 7 and 8 on the **REVISED** Bid Form – Proposal.
- 2. Page 8 of 12, Item 2.16 has been amended as follows:** Bidder shall provide an on-site training session on the AED for Fire Department Training Staff. This course shall be about the operation/maintenance of the AED not a formal CPR/AED license course. The successful low bidder shall contact and make arrangements with Gerry Koeneman, Training Captain at 417-864-1521. See Line Item 5 on the **REVISED** Bid Form – Proposal.

3. **Page 8 of 12, Item 2.17 has been amended as follows:** Bidder shall provide two (2) training models for department use. See Line Item 6 on the **REVISED** Bid Form – Proposal.
 4. **Page 10 of 12, Bid Form-Proposal, Item 5: Optional Trade-In Value has been amended as follows:** It has been changed to Line Item 9 and 10 on the **REVISED** Bid Form and the following “NOTE” has been added.

*NOTE: All trade-in models are in working condition. They will need new batteries and pads. We will provide all soft cases that we have, approximately 10. The trade-in value will not be taken into consideration to determine the IFB low bidder. It is simply being presented as an option for the bidder to purchase the AED’s or to offer a trade-in allowance to be deducted from the total bid price.
 5. **Insurance Requirements:** Insurance shall be provided in regards to the on-site training session. Insurance requirements are attached to this Addendum.
 6. **Bid Form – Proposal, Pages 9-10 of 12:** Changes have been made to the Bid Form - Proposal. Please use the **REVISED** Bid Form - Proposal attached to this Addendum.
 7. **Revised Bid Due Date:** Thursday, June 4th, 2015 prior to 3:00 P.M.
 8. **No other changes.**
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**CITY OF SPRINGFIELD
REVISED BID FORM – PROPOSAL
IFB #164-2015**

SUBMITTED BY _____
(Company Name)

Pursuant to and in accordance with the above stated Invitation for Bid, the undersigned hereby declares that they have examined the IFB documents and specifications for the item(s) listed below.

The undersigned proposes and agrees, if their Bid is accepted to furnish the item(s) submitted below, including delivery to Springfield, Missouri in accordance with the delivery schedule indicated below and according to the prices products/services information submitted.

ITEM	EST. QTY	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT
1.	24 EA	<p>Automated External Defibrillator with LED Display: ZOLL AED Plus with Professional Interface (no circle of icons), Model No. 20100000302011010, or equal</p> <p>Includes: LCD screen showing voice prompt messages, device advisory messages, elapsed time, shock count and chest compressions bar. Supplied with Public Safety PASS Cover, Soft Carrying Case, Operator’s Guide and five (5) year limited warranty.</p> <p>Mfg.: _____</p> <p>Model: _____</p> <p>Delivery: _____ days after receipt of order.</p> <p>SHALL WARRANTY THE ABOVE EQUIPMENT FOR PARTS AND LABOR _____</p>	\$ _____	\$ _____
2.	24 EA	<p>Replacement Lithium Batteries: ZOLL AED Plus, Type 123 Lithium Batteries (Set of 10), Model No. 8000-0807-01, or equal</p> <p>Mfg.: _____</p> <p>Model: _____</p> <p>Delivery: _____ days after receipt of order.</p> <p>SHALL WARRANTY THE ABOVE EQUIPMENT FOR PARTS AND LABOR _____</p>	\$ _____	\$ _____

ITEM	EST. QTY	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT
3.	6 EA	HVP Multi-Function CPR Electrodes (8 Pair/Case): ZOLL CPR Stat Padz, Model No. 8900-0400, or equal Mfg.: _____ Model: _____ Delivery: _____ days after receipt of order. SHALL WARRANTY THE ABOVE EQUIPMENT FOR PARTS AND LABOR _____	\$ _____	\$ _____
4.	14 EA	USB IrDA Adapter: ZOLL, Model No. 8000-0815, or equal Mfg.: _____ Model: _____ Delivery: _____ days after receipt of order. SHALL WARRANTY THE ABOVE EQUIPMENT FOR PARTS AND LABOR _____	\$ _____	\$ _____
5.	1 DAY	On-Site Training Session	\$ _____	\$ _____
6.	2 EA	Training Models: ZOLL AED Plus Trainer 2 or equal Mfg.: _____ Model: _____ Delivery: _____ days after receipt of order. SHALL WARRANTY THE ABOVE EQUIPMENT FOR PARTS AND LABOR _____	\$ _____	\$ _____
7.	24 EA	ZOLL Adapter, if required	\$ _____	\$ _____
8.	24 EA	PHILIPS Adapter, if required	\$ _____	\$ _____
TOTAL				\$ _____

OPTIONAL:

ITEM	EST. QTY	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT
9.	25 EA	*Purchase: Cardiac Science G3 Pro	\$ _____	\$ _____
10.	25 EA	*Trade-In Value: Cardiac Science G3 Pro	\$ _____	\$ _____

***NOTE:** All trade-in models are in working condition. They will need new batteries and pads. We will provide all soft cases that we have, approximately 10. The trade-in value will not be taken into consideration to determine the IFB low bidder. It is simply being presented as an option for the bidder to purchase the AED's or to offer a trade-in allowance to be deducted from the total bid price.

DELIVERY: F.O.B. DESTINATION

ACCEPT VISA P-CARD: YES _____ NO _____

Prompt Payment Discount _____ % _____ Days, Net _____ Days

INSURANCE REQUIREMENTS

Without limiting any of the other obligations or liabilities of the Contractor, the Contractor shall secure and maintain at its own cost and expense, throughout the duration of this Contract and until the work is completed and accepted by the City, insurance of such types and in such amounts as may be necessary to protect it and the interests of the City against all hazards or risks of loss as hereunder specified or which may arise out of the performance of the Contract Documents. The form and limits of such insurance, together with the underwriter thereof in each case, are subject to approval by the City. Regardless of such approval, it shall be the responsibility of the contractor to maintain adequate insurance coverage at all times during the term of the Contract. Failure of the Contractor to maintain coverage shall not relieve it of any contractual responsibility or obligation or liability under the Contract Documents.

The certificates of insurance, including evidence of the required endorsements hereunder or the policies, shall be filed with the City within ten (10) days after the date of the receipt of Notice of Award of the Contract to the Contractor and prior to the start of work. All insurance policies shall provide thirty (30) days written notice to be given by the insurance company in question prior to modification or cancellation of such insurance and shall list the City as additional insured. Such notices shall be mailed, certified mail, return receipt requested, to:

City of Springfield - Division of Purchases, 218 E. Central, Springfield, MO 65802

The minimum coverage for the insurance referred to herein shall be in accordance with the requirements established below:

- A. **Workers' Compensation:** Statutory coverage per R.S.Mo. 287.010 et seq
Employer's Liability: \$1,000,000.00
- B. **Commercial General Liability Insurance:** Including coverage for Premises, Operations Products and Completed Operations, Contractual Liability, Broad Form Property Damage, Independent Contractors, Explosion, Collapse, and Underground Property Damage and endorsed for blasting if blasting required. Such coverage shall apply to Bodily Injury and Property Damage on an "Occurrence Form Basis" with limits of **Two Million, Seven Hundred Twenty-Seven Thousand, Four Hundred Eighty-Nine Dollars (\$2,727,489.00)** for all claims arising out of a single accident or occurrence and **Four Hundred Nine Thousand, One Hundred Twenty-Three Dollars (\$409,123.00)** for any one person in a single accident or occurrence.
- C. **Automobile Liability Insurance:** Covering Bodily Injury and Property Damage for owned, non-owned and hired vehicles with limits of **Two Million, Seven Hundred Twenty-Seven Thousand, Four Hundred Eighty-Nine Dollars (\$2,727,489.00)** for all claims arising out of a single accident or occurrence and **Four Hundred Nine Thousand, One Hundred Twenty-Three Dollars (\$409,123.00)** for any one person in a single accident or occurrence.
- D. **Subcontracts:** In case any or all of this work is sublet, the Contractor shall require the subcontractor to procure and maintain all insurance required in subparagraphs (a), (b) and (c) hereof and in like amounts. Contractor shall require any and all subcontractors with whom it enters into a contract to perform work on this project to protect the City through insurance against applicable hazards or risks and shall provide evidence of such insurance.
- E. **Notice:** The Contractor and/or subcontractor shall furnish the City prior to beginning the work, satisfactory proof of carriage of all the insurance required by this contract, with the provision that policies shall not be canceled, modified or non-renewed without thirty (30) days written notice to the City of Springfield.