



**REQUEST FOR QUOTATION**  
**For**  
**Annual Maintenance Agreement on Carrier Chillers**

**QUOTE NUMBER: 14-0038-6**

The Number Must Appear On All Quotations and Related Correspondence.

**Quotation must be received NO LATER THAN: 2:00 PM on May 1, 2014 at the office of the Purchasing and Contracting. Quotes may be faxed, emailed, mailed or hand delivered.**

**Address Reply To: Alton T Peterson, Jr**

**Mail to: 1117 Eisenhower Drive ~ Suite C Savannah Georgia 31406**

**Fax to: 912-790-1627**

**Email to: [ATPeters@chathamcounty.org](mailto:ATPeters@chathamcounty.org)**

**NAME OF BIDDER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **FED TAX ID #:** \_\_\_\_\_

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):  
CHECK ONE:

\_\_\_\_\_ NON-MINORITY OWNED  
\_\_\_\_\_ AFRICAN AMERICAN  
\_\_\_\_\_ HISPANIC

\_\_\_\_\_ ASIAN AMERICAN  
\_\_\_\_\_ AMERICAN INDIAN  
\_\_\_\_\_ WOMAN

The undersigned proposes to furnish the following items in strict conformance to the specifications and Request for Quote issued by Chatham County for this quote. Any exceptions must be clearly marked in the attached Scope of Work. This will be an annual contract with automatic renewal options for four (4) additional one (1) year terms if all parties agree.

The Contractor responsibility under this agreement will include all repair parts and labor to maintain a Carrier Chiller located at the Pete Liakakis Government Building. The Contractor will provide full service maintenance so that the equipment will continue to operate and be readily maintainable through years which extend beyond the live of this agreement.

In addition to work the Contractor deems necessary to fulfill the requirements of this agreement, the Contractor will perform the following scheduled tasks.

1. Document results at unit of all tasks completed. Provide a detailed report of completed work, detailed inspection log and indicate any deficiencies detected.
2. Review findings with onsite ICS personnel including building maintenance staff and supervisor(s).
3. Check operation of chillers, record operating conditions in onsite log.
4. Verify that the with automation technician that controls are operating properly.
5. Check operation of motor and compressor.
6. Open all compressor wiring compartments and starters: check wiring and electrical equipment, check starter contactors.
7. Check compressor/motor for alignment.
8. Check compressor suction and discharge pressure.
9. Open disconnect, take megohm reading on compressor windings.
10. Inspecting chillers, adjust operating and safety controls
11. Test and adjust all safety controls, including high pressure, low pressure and oil pressure switches.
12. Check all components for refrigerant leaks.
13. Check oil and refrigerant levels.
14. Check oil level in compressor.
15. Check and change oil & filters on purge system if needed.
16. Check for proper oil pump pressure on system.
17. Check oil filters.
18. Check system oil for acid.
19. Check Lubrication and heater system.
20. Check crankcase heater/s.
21. Check expansion valve superheat.
22. Check all bolts for proper torque.
23. Check chilled water and condenser water flow proof devices.
24. Check operation of unloader.
25. Check operation of controls and verify with control technician.
26. Inspect condenser heads and tubes for erosion and deposits (water cooled only).
27. Check all condenser fan/s for proper operation (air cooled).
28. It is the responsibly of the service provider set the unit to run at its highest efficiency and instruct ICS onsite staff accordingly.
29. Contractor to complete tasks per industry sequencing.

Item No.	Description	Quantity	Unit Price	Total Bid
1	Carrier Chiller - 30RAP0306DAD8F00  Annual Maintenance agreement for lot of (2) chillers includes (1) Annual Inspection, (3) Quarterly Inspections during normal business hours (M-F 8-5) and 4 hour response time. repair parts, labor and travel NOT INCLUDED and billable under standard Schneider Electric Time & Material rates	1 LOT		
			<b>TOTAL BID</b>	

TIME REQUIRED FOR RECEIPT OF ORDER IS 20 DAYS

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Authorization Signature

Date \_\_\_\_\_

## Request for Quotation Instructions

1. All shipments are to be F.O.B. destination. Freight charges must be included in quotation. Delivery shall be made to the address listed on the Purchase Order and within the time specified in the quote.
2. Quotations subject to terms set forth herein, are requested on the following list of materials, supplies or services. On quotes for services, Chatham County insurance requirements must be met. The successful vendor must provide the County with a Certificate of Insurance listing the County as Certificate Holder.
3. **Quote must be submitted on sheets provided in spaces indicated.**
4. Quotes for materials, supplies, vehicles, and/or equipment must be accompanied by Brochures, or copies of detailed factory specifications, ratings, technical data, including accurate descriptions of the exact materials, supplies, vehicles and/or equipment for which bids are made.
5. All information required by request for quotation must be completed to constitute a proper bid.
6. Vendor warrants that the goods are merchantable and as described herein or in the solicitation response. Additional warranties may be called for in the specifications.
7. Chatham County is exempt, by law, from any and all federal and state taxes. Do not include taxes in your quotations. Tax exemption number is **58-6001113**. Exemption certificate will be provided upon request.
8. Price Protection Period of ninety (90) days for all items desired from date of bid opening. Vendors are advised that prices in effect at time of bid shall apply and not be subject to revision at time of shipment.
9. The County reserves the right to split this award by line item if deemed to be in its best interest.
10. Minority/Women Business Enterprise (MWBE) Policy: It is the policy of the County to provide minority and women owned business enterprises with equal opportunity for participating in selling goods and services to the County.
11. **Local Preference:** Bids will be evaluated in accordance with the County's Local Preference ordinance.
12. **Employment Eligibility Verification:** As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”

13. O.C.G.A. § 50-36-1, requires Georgia's cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain "public benefits" are legally present in the United States. Contracts with the County are considered "public benefits." Therefore, the bidders are required to provide the Affidavit Verifying Status for Chatham County Benefit Application prior to receiving any County contract. The affidavit is included as part of this bid package.
14. The original invoice is to be submitted to the County Finance Department. The purchase order number must be shown on all invoices and packing lists.
15. References may be requested of the successful bidder.

***THIS IS NOT AN ORDER***

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with (name of public employer) has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with (name of public employer), contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the (name of the public employer) at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Subcontractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Subcontractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

***Systematic Alien Verification for Entitlements (SAVE)  
Affidavit Verifying Status for Chatham County Benefit Application***

By executing this affidavit under oath, as an applicant for a Chatham County, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a Chatham County contract for \_\_\_\_\_. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 et seq.) 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

\_\_\_\_\_  
Printed Name:

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens.

Notary Public  
My Commission Expires: