



STATE OF NORTH CAROLINA

Central Piedmont Community College

Invitation for Bid #: 88-240046-NR

Type I and Type II Ambulances

Date Issued: May 3, 2024

Bid Opening Date: May 15, 2024

At 2 PM EST

Direct all inquiries concerning this IFB to:

Nadia De Martino-Reel

Sr. Buyer

Email: Nadia.demartinoreel@cpcc.edu

Phone: 704-330-6920



STATE OF NORTH CAROLINA

Invitation for Bids # 88-240046-NR

For internal State agency processing, including tabulation of bids, provide your company's eVP (Electronic Vendor Portal) Number. Pursuant to G.S. 132-1.10(b) this identification number shall not be released to the public. **This page will be removed and shredded, or otherwise kept confidential**, before the procurement file is made available for public inspection.

**This page shall be filled out and returned with your bid.
Failure to do so shall be sufficient cause to reject your bid.**

Vendor Name

Vendor eVP #

Note: For a contract to be awarded to you, your company (you) must be a North Carolina registered vendor in good standing. You must enter the vendor number assigned through eVP (Electronic Vendor Portal). If you do not have a vendor number, register at <https://vendor.ncgov.com/vendor/login>

Electronic responses ONLY will be accepted for this solicitation.

STATE OF NORTH CAROLINA
Central Piedmont Community College

Refer <u>ALL</u> Inquiries regarding this IFB to: Nadia De Martino-Reel, Sr. Buyer 704-330-6920 nadia.demartinoreel@cpcc.edu	Invitation for Bids # 88-240046-NR
	Bids will be publicly opened: May 15, 2024 at 2 PM
Using Agency: Central Piedmont Community College	Commodity No. and Description: 251017 Ambulances
Requisition No.: NA	

EXECUTION

In compliance with this Invitation for Bids (IFB), and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein.

By executing this bid, the undersigned Vendor understands that false certification is a Class I felony and certifies that:

- this bid is submitted competitively and without collusion (G.S. 143-54),
- that none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and
- it is not an ineligible Vendor as set forth in G.S. 143-59.1.

Furthermore, by executing this bid, the undersigned certifies to the best of Vendor's knowledge and belief, that:

- it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency.

As required by G.S. 143-48.5, the undersigned Vendor certifies that it, and each of its sub-Contractors for any Contract awarded as a result of this IFB, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

As required by Executive Order 24 (2017), the undersigned vendor certifies will comply with all Federal and State requirements concerning fair employment and that it does not and will not discriminate, harass, or retaliate against any employee in connection with performance of any Contract arising from this solicitation.

G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public Contract; or awarding or administering public Contracts; or inspecting or supervising delivery of the public Contract of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of this bid response to the IFB, the undersigned certifies, for Vendor's entire organization and its employees or agents, that Vendor are not aware that any such gift has been offered, accepted, or promised by any employees or agents of Vendor's organization.

By executing this bid, Vendor certifies that it has read and agreed to the **INSTRUCTION TO VENDORS** and the **NORTH CAROLINA GENERAL TERMS AND CONDITIONS incorporated herein**. These documents can be accessed from the ATTACHMENTS page within this document.

Failure to execute/sign bid prior to submittal may render bid invalid and it MAY BE REJECTED. Late bids cannot be accepted.

COMPLETE/FORMAL NAME OF VENDOR:		
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #21):		
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR:		FAX NUMBER:
VENDOR'S AUTHORIZED SIGNATURE:	DATE:	E-MAIL:

Bid Number: 88-240046-NR

Vendor: _____

VALIDITY PERIOD

Offer shall be valid for at least ninety (90) days from date of bid opening, unless otherwise stated here: _____ days, or if extended by mutual agreement of the parties. Any withdrawal of this offer shall be made in writing, effective upon receipt by the agency issuing this IFB.

BID ACCEPTANCE

If your bid is accepted, all provisions of this IFB, along with the written results of any negotiations, shall constitute the written agreement between the parties ("Contract"). The NORTH CAROLINA GENERAL TERMS AND CONDITIONS are incorporated herein and shall apply. Depending upon the Goods or Services being offered, other terms and conditions may apply, as mutually agreed.

FOR STATE USE ONLY: Offer accepted and Contract awarded this ____ day of _____, 20____, as indicated on the attached certification, by _____

(Authorized Representative of Central Piedmont Community College)

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1.0 PURPOSE AND BACKGROUND

The purpose of this Invitation for Bids is to seek competitive sealed bids from qualified Vendors to furnish and deliver a new Type I and a new Type II Ambulance for Central Piedmont Community College's Culinary program.

Located in Charlotte, N.C., Central Piedmont Community College (Central Piedmont) is a nationally recognized leader in workforce development with a commitment to teaching and learning excellence. As a learning-centered organization focusing on documented learning outcomes, the college provides high-quality programs and services within a supportive environment.

Central Piedmont is one of the largest community colleges in the state, boasting six campuses that serve 70,000 individuals each year. The college offers more than 300-degree, diploma and certificate programs in a number of areas, including technical/vocational, health, culinary, hospitality, STEM, and professional careers, as well as a comprehensive college transfer program. The college also offers a wide selection of Corporate and Continuing Education programs and courses. These offerings are designed to address the personal, professional, organizational and economic development needs of the community and are market-inspired, growth-oriented and entrepreneurial in nature.

The intent of this solicitation is to award an Agency Contract.

2.0 GENERAL INFORMATION

2.1 INVITATION FOR BID DOCUMENT

The IFB is comprised of the base IFB document, any attachments, and any addenda released before Contract award, which are incorporated herein by reference.

2.2 E-PROCUREMENT FEE

ATTENTION: The E-Procurement fee may apply to this solicitation. See paragraph entitled ELECTRONIC PROCUREMENT of the North Carolina General Terms and Conditions.

General information on the E-Procurement Services can be found at: <http://eprocurement.nc.gov/>.

2.3 NOTICE TO VENDORS REGARDING IFB TERMS AND CONDITIONS

It shall be the Vendor's responsibility to read the Instructions to Vendors, the North Carolina General Terms and Conditions, all relevant exhibits and attachments, and any other components made a part of this IFB and comply with all requirements and specifications herein. Vendors also are responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this IFB.

If Vendors have questions or issues, or exceptions regarding any component within this IFB, those must be submitted as questions in accordance with the instructions in the BID QUESTIONS Section. If the State determines that any changes will be made as a result of the questions asked, then such decisions will be communicated in the form of an IFB addendum. The State may also elect to leave open the possibility for later negotiation of specific provisions of the Contract that have been addressed during the question-and-answer period, prior to contract award.

Other than through this process or negotiation under 01 NCAC 05B.0503, the State rejects and will not be required to evaluate or consider any additional or modified terms and conditions submitted with Vendor's bid. This applies to any language appearing in or attached to the document as part of the Vendor's bid that purports to vary any terms and conditions or Vendors' instructions herein or to render the bid non-binding or subject to further negotiation. Vendor's bid shall constitute a firm offer that shall be held open for the period required herein ("Validity Period" above).

The State may exercise its discretion to consider Vendor proposed modifications. By execution and delivery of this IFB Response, the Vendor agrees that any additional or modified terms and conditions, whether submitted purposely or inadvertently, shall have no force or effect, and will be disregarded unless expressly agreed upon through negotiations

and incorporated by way of a Best and Final Offer (BAFO). Noncompliance with, or any attempt to alter or delete, this paragraph shall constitute sufficient grounds to reject Vendor's bid as nonresponsive.

2.4 IFB SCHEDULE

The table below shows the *intended* schedule for this IFB. The State will make every effort to adhere to this schedule.

Event	Responsibility	Date and Time
Issue IFB	State	May 3, 2024
Submit Written Questions	Vendor	May 8, 2024
Provide Responses to Questions	State	May 9, 2024
Submit Bids	Vendor	May 15, 2024 2 PM Login here to join the bid opening.
Contract Award	State	TBD
Contract Effective Date	State	TBD

2.5 BID QUESTIONS

Upon review of the IFB documents, Vendors may have questions to clarify or interpret the IFB in order to submit the best bid possible. To accommodate the Bid Questions process, Vendors shall submit any such questions by the “Submit Written Questions” date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum.

Written questions shall be e-mailed to nadia.demartinoreel@cpcc.edu by the date and time specified above. Vendors will enter “IFB # 88-240046-N. Questions” as the subject for the email. Question submittals will include a reference to the applicable IFB section and be submitted in a format shown below:

Reference	Vendor Question
IFB Section, Page Number	Vendor question ...?

Questions received prior to the submission deadline date, the State’s response, and any additional terms deemed necessary by the State will be posted in the form of an addendum to *the electronic Vendor Portal (eVP)*, <https://evp.nc.gov>, and shall become an Addendum to this IFB. No information, instruction or advice provided orally or informally by any State personnel, whether made in response to a question or otherwise in connection with this IFB, shall be considered authoritative or binding. Vendors shall rely *only* on written material contained in an Addendum to this IFB.

2.6 BID SUBMITTAL

IMPORTANT NOTE: This is an absolute requirement. Vendor shall bear the risk of late submission due to unintended or unanticipated delay. It is the Vendor’s sole responsibility to ensure its bid has been received as described in this IFB by the specified time and date of opening. The date and time of receipt will be marked on each bid when received. Any bid or portion thereof received after the bid submission deadline will be rejected.

eVP

If applicable to this IFB and using eVP, all proposal responses shall be submitted electronically via the electronic Vendor Portal (eVP). Additional information can be found at the eVP updates for Vendors link: <https://eprocurement.nc.gov/news-events/evp-updates-vendors>.

Failure to submit a bid in strict accordance with these instructions shall constitute sufficient cause to reject a Vendor’s bid(s). Vendors are strongly encouraged to allow sufficient time to upload bids.

Critical updated information may be included in Addenda to this IFB. It is important that all Vendors responding on this IFB periodically check the State’s eVP website for any Addenda that may be issued prior to the bid opening date. All Vendors shall be deemed to have read and understood all information in this IFB and all Addenda thereto.

2.7 BID CONTENTS

Vendors shall populate all attachments of this IFB that require the Vendor to provide information and include an authorized signature where requested. Failure to provide all required items, or Vendor's submission of incomplete items, may result in the State rejecting Vendor's bid, in the State's sole discretion.

Vendor IFB responses shall include the following items and attachments, which shall be arranged in the following order:

- a) Cover Letter, which must contain all of the following: (i) a statement that confirms that the Vendor has read the IFB in its entirety, including all links, and all Addenda released in conjunction with the IFB; (ii) a statement that the Vendor agrees to perform in accordance with the scope of work, requirements, and specifications contained herein; and (iii) Vendor's agreement to comply with all instructions, terms and conditions, and attachments.
- b) Title Page: Include the company name, address, phone number and authorized representative along with the Bid Number.
- c) Completed and signed version of EXECUTION PAGES, along with the body of the IFB.
- d) Signed receipt pages of any addenda released in conjunction with this IFB, if required to be returned.
- e) Vendor Response *[Indicate relative section references as a guide to responding to sections requiring additional responses outside of the solicitation document. If not required, delete.]*
- f) Completed version of ATTACHMENT A: PRICING
- g) Completed version of ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION
- h) Completed version of ATTACHMENT E: CUSTOMER REFERENCE FORM
- i) Completed version of ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR
- j) Completed and signed version of ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION
- k) Completed and signed version of ATTACHMENT H: VENDOR REQUEST FOR EO50 PRICE-MATCHING, if applicable
- l) ATTACHMENT I: Certificate of Insurance Requirement

2.8 ALTERNATE BIDS

Unless provided otherwise in this IFB, Vendor may submit alternate bids for comparable Goods, various methods or levels of Service(s), or that propose different options. Alternate bids must specifically identify the IFB requirements and advantage(s) addressed by the alternate bid. Any alternate bid, in addition to the marking described above, must be clearly marked with the legend: "Alternate Bid #____ *[for 'name of Vendor']*". Each bid must be for a specific set of Goods and Services and must include specific pricing. If a Vendor chooses to respond with various offerings, each must be offered with a separate price and be contained in a separate bid. Each bid must be complete and independent of other bids offered.

2.9 DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Relevant definitions for this IFB are provided in 01 NCAC 05A .0112 and in the Instructions to Vendors referenced below which are incorporated herein by this reference.

3.0 METHOD OF AWARD AND BID EVALUATION PROCESS

3.1 METHOD OF AWARD

North Carolina G.S. 143-52 provides a general list of criteria the State shall use to award contracts, as supplemented by the additional criteria herein. The Goods or Services being procured shall dictate the application and order of criteria; however, all award decisions shall be in the State's best interest.

All responsive bids will be reviewed, and award or awards will be based on the responsive bid(s) offering the lowest price that meets the specifications to include any required verifications set out herein such as but not limited to past performance, references, and financial documents.

While the intent of this IFB is to award a Contract(s) to a single Vendor for all line items, the State reserves the right to make separate awards to different Vendors for one or more line items, to not award one or more line items or to cancel this IFB in its entirety without awarding a Contract, if it is considered to be most advantageous to the State to do so.

If a Vendor selected for award is determined by the State to be a non-resident of North Carolina, all responsive bids will be reviewed to determine if any of them were submitted by a North Carolina resident Vendor who requested an opportunity to match the price of the winning bid, pursuant to Executive Order #50 and G.S. 143-59 (for more information, please refer to ATTACHMENT H: VENDOR REQUEST FOR EXECUTIVE ORDER #50 PRICE MATCHING. If such bid(s) are identified, the State will then determine whether any such bid falls within the price-match range, and, if so, make a Contract award in accordance with the process that implements G.S. 143-59 and Executive Order #50.

The State reserves the right to waive any minor informality or technicality in bids received.

3.2 CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION

While this IFB is under evaluation, the responding Vendor, including any subcontractors and suppliers, is prohibited from engaging in conversations intended to influence the outcome of the evaluation. See the Paragraph 29 of the Instructions To Vendors entitled COMMUNICATIONS BY VENDORS.

Each Vendor submitting a bid to this IFB, including its employees, agents, subcontractors, suppliers, subsidiaries and affiliates, is prohibited from having any communications with any person inside or outside the using agency; issuing agency; other government agency office or body (including the purchaser named above, any department secretary, agency head, members of the General Assembly and Governor's office); or private entity, if the communication refers to the content of Vendor's bid or qualifications, the content of another Vendor's proposal, another Vendor's qualifications or ability to perform a resulting contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals, the award of a contract, or both.

Any Vendor not in compliance with this provision shall be disqualified from evaluation and award. A Vendor's proposal may be disqualified if its subcontractor and/or supplier engage in any of the foregoing communications during the time that the procurement is active (i.e., the issuance date of the procurement until the date of contract award or cancellation of the procurement). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this IFB or inquiries directed to the purchaser named in this IFB regarding requirements of the IFB (prior to proposal submission) or the status of the award (after submission) are excepted from this provision.

3.3 BID EVALUATION PROCESS

Only responsive submissions will be evaluated.

The State will conduct an evaluation of responsive Bids, as follows:

Bids will be received according to the method stated in the Bid Submittal section above.

All bids must be received by the issuing agency not later than the date and time specified in the IFB SCHEDULE Section above, unless modified by Addendum. Vendors are cautioned that this is a request for offers, not an offer or request to contract, and the State reserves the unqualified right to reject any and all offers at any time if such rejection is deemed to be in the best interest of the State.

At the date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum, the bids from each responding Vendor will be opened publicly and all offers (except those that have been previously withdrawn, or voided bids) will be tabulated. The tabulation shall be made public at the time it is created. When negotiations after receipt of bids is

authorized pursuant to G.S. 143-49 and 01 NCAC 05B.0503, only the names of offerors and the Goods and Services offered shall be tabulated at the time of opening. If negotiation is anticipated, cost and price shall become available for public inspection at the time of the award. Interested parties are cautioned that these costs and their components are subject to further evaluation for completeness and correctness and therefore may not be an exact indicator of a Vendor's pricing position.

At their option, the evaluators may request oral presentations or discussions with any or all Vendors for clarification or to amplify the materials presented in any part of the bid. Vendors are cautioned, however, that the evaluators are not required to request presentations or other clarification—and often do not. Therefore, all bids should be complete and reflect the most favorable terms available from the Vendor. Prices bid cannot be altered or modified as part of a clarification.

Bids will generally be evaluated, based on completeness, content, cost and responsibility of the Vendor to supply the requested Goods and Services. Specific evaluation criteria are listed in Section 3.1 METHOD OF AWARD.

Upon completion of the evaluation process, the State will make Award(s) based on the evaluation and post the award(s) to the State's eVP website under the IFB number for this solicitation. Award of a Contract to one Vendor does not mean that the other bids lacked merit, but that, all factors considered, the selected bid was deemed most advantageous and represented the best value to the State.

The State reserves the right to negotiate with one or more Vendors, or to reject all original offers and negotiate with one or more sources of supply that may be capable of satisfying the requirement, and in either case to require Vendor to submit a Best and Final Offer (BAFO) based on discussions and negotiations with the State.

3.4 PERFORMANCE OUTSIDE THE UNITED STATES

Vendor shall complete ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR. In addition to any other evaluation criteria identified in this IFB, the State may also consider, for purposes of evaluating proposed or actual contract performance outside of the United States, how that performance may affect the following factors to ensure that any award will be in the best interest of the State:

- a) Total cost to the State
- b) Level of quality provided by the Vendor
- c) Process and performance capability across multiple jurisdictions
- d) Protection of the State's information and intellectual property
- e) Availability of pertinent skills
- f) Ability to understand the State's business requirements and internal operational culture
- g) Particular risk factors such as the security of the State's information technology
- h) Relations with citizens and employees
- i) Contract enforcement jurisdictional issues

3.5 INTERPRETATION OF TERMS AND PHRASES

This IFB serves two functions: (1) to advise potential Vendors of the parameters of the solution being sought by the State; and (2) to provide (together with other specified documents) the terms of the Contract resulting from this procurement. The use of phrases such as "shall," "must," and "requirements" are intended to create enforceable contract conditions. In determining whether bids should be evaluated or rejected, the State will take into consideration the degree to which Vendors have proposed or failed to propose solutions that will satisfy the State's needs as described in the IFB. Except as specifically stated in the IFB, no one requirement shall automatically disqualify a Vendor from consideration. However, failure to comply with any single requirement may result in the State exercising its discretion to reject a bid in its entirety.

4.0 REQUIREMENTS

This Section lists the requirements related to this IFB. By submitting a bid, the Vendor agrees to meet all stated requirements in this Section, as well as any other specifications, requirements, and terms and conditions stated in this IFB. If a Vendor is unclear about a requirement or specification or believes a change in a requirement would allow for the State to receive a better

bid, the Vendor is encouraged to submit these items in the form of a question during the question and answer period in accordance with the Bid Questions Section above.

4.1 PRICING

Bid price shall constitute the total cost to the State for delivery fully assembled and ready for use, including all applicable charges for shipping, delivery, handling, administrative and other similar fees. Complete ATTACHMENT A: PRICING FORM and include in Vendor's response.

4.2 PRODUCT IDENTIFICATION

MAKE AND MODEL

Manufacturer's name and model/catalog numbers used in this IFB are for the sole purpose of identification and to establish general quality level desired. Such references are not intended to be restrictive and comparable products of other manufacturers will be considered. However, Vendors are cautioned that any deviation from the specifications of the identified item are required to be pointed out in its bid. Vendor shall include with its bid sufficient documentary evidence to demonstrate the qualitative, functional, operational, organizational, and conformational equivalence of the bid item to the identified item.

4.3 TRANSPORTATION AND IDENTIFICATION

The Vendor shall deliver Free-On-Board (FOB) Destination to any requested location within the State of North Carolina with all transportation costs and fees included in the total bid price.

When an order is placed using a purchase order, the purchase order number shall be shown on all packages and shipping manifests to ensure proper identification and payment of invoices. If an order is placed without using a purchase order, such as via phone, the Buyer's name shall be show on all packages. A complete packing list shall accompany each shipment. Vendors shall not ship any products until they have received an order.

4.4 DELIVERY

The Vendor shall deliver Free-On-Board (FOB) Destination to the following location(s):

Central Piedmont Community College Merancas Campus Charlotte NC

Vendor shall complete delivery within 30 consecutive calendar days after receipt of purchase order.

For completion by Vendor: Delivery will be made from _____ (city, state) within _____ consecutive calendar days after receipt of purchase order. Promptness of delivery may be used as a factor in the award criteria.

Delivery shall not be considered to have occurred until inspection has been completed.

4.5 AUTHORIZED RESELLER

The Vendor shall be authorized by the manufacturer to distribute or resell the products and/or maintenance offered in this IFB. The Vendor shall provide a signed statement from the manufacturer confirming authorization with its bid response. Failure to provide this statement shall constitute sufficient grounds for rejection of Vendor's offer, at the discretion of the State.

Vendor is the: ☐ Manufacturer ☐ Dealer ☐ Reseller ☐ Distributor

Authorized: ☐ Yes ☐ No Attached Manufacturer's Authority: ☐ Yes ☐ No

4.6 WARRANTY

Manufacturer's standard warranty shall apply. Vendors shall include a copy of the manufacturer's standard warranty with the bid response.

The report of a problem does not presuppose that every call must result in an "on-site" visit for service/repair. The Vendor and/or service sub-contractor shall utilize best efforts to resolve problems in a timely fashion by using acceptable servicing methods to include, but not limited to, verbal problem analysis and remote diagnosis. The warranty requirement does not

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Vendor: _____

impose any additional duty on the State to make other than normal and good faith problem resolution efforts or expenditures of time. Vendor shall be responsible for compliance with warranty terms by any third-party service provider. Vendor shall provide contact information for warranty service provider, below.

Vendor is authorized by manufacturer to repair equipment offered during the warranty period? ☐ YES ☐ NO

Will the Vendor provide warranty service? ☐ YES ☐ NO, a manufacturer-authorized third party will perform warranty service.

Contact information for warranty service provider:

Company Name: _____

Company Address: _____

Contact Person (name): _____

Contact Person (phone number): _____

Contact Person (email): _____

4.7 DESCRIPTIVE LITERATURE/CERTIFICATION

If bidding a different Make / model, the bid document should be accompanied by complete descriptive literature, specifications, certifications, and all other pertinent data necessary for thorough evaluation of the item(s) offered and sufficient to determine compliance of the item(s) with the specifications. Failure to include such information may be a sufficient basis for rejection of the bid.

4.8 HUB PARTICIPATION

Pursuant to North Carolina General Statute G.S. 143-48, it is State policy to encourage and promote the use of small, minority, physically handicapped, and women contractors in purchasing Goods and Services. As such, this IFB will serve to identify those Vendors that are minority owned or have a strategic plan to support the State's Historically Underutilized Business program by meeting or exceeding the goal of 10% utilization of diverse firms as 1st or 2nd tier subcontractors. Vendor shall complete ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION.

4.9 VENDOR'S REPRESENTATIONS

If the bid results in an award, Vendor agrees that it will not enter any agreement with a third party that may abridge any rights of the State under the Contract. If any Services, deliverables, functions, or responsibilities not specifically described in this solicitation are required for Vendor's proper performance, provision and delivery of the Service and deliverables under a resulting Contract, or are an inherent part of or necessary sub-task included within such service, they will be deemed to be implied by and included within the scope of the contract to the same extent and in the same manner as if specifically described in the Contract. Unless otherwise expressly provided herein, Vendor will furnish all of its own necessary management, supervision, labor, facilities, furniture, computer and telecommunications equipment, software, supplies and materials necessary for the Vendor to provide and deliver the Services and/or other Deliverables.

4.10 FINANCIAL STABILITY

As a condition of contract award, the Vendor must certify that it has the financial capacity to perform and to continue to perform its obligations under the Contract; that Vendor has no constructive or actual knowledge of an actual or potential legal proceeding being brought against Vendor that could materially adversely affect performance of this Contract; and that entering into this Contract is not prohibited by any contract, or order by any court of competent jurisdiction

Each Vendor shall certify it is financially stable by completing the ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION. The State is requiring this certification to minimize potential performance issues from contracting with a Vendor that is

financially unstable. This Certification shall be deemed continuing, and from the date of the Certification to the expiration of the Contract, the Vendor shall notify the State within thirty (30) days of any occurrence or condition that materially alters the truth of any statement made in this Certification.

4.11 AGENCY INSURANCE REQUIREMENTS MODIFICATION

SEE ATTACHMENT I: Certificate of Insurance Requirements.

4.12 LOBBYING ACTIVITY CERTIFICATION FOR FEDERAL GRANTS Reserved

5.0 PRODUCT SPECIFICATIONS

5.1 SPECIFICATIONS

Year 2024 - MEDIX Metro Express RP-90 ES, Type I Ambulance

The following specifications are an example of the MEDIX Metro Express RP-90 ES and should be considered the minimally acceptable standard:

VENDOR'S RESPONSE

Item #	Qty	STD/OPT	Specifications	Product/Service Offered Meets Specification
1	1	Chassis	Chevy/GMC C-3500 6.0L Vortec Gas, 171" WB 13,200 GVWR 84.5" CA 4x2 Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	1	Body	146"L x 90"W x 68" Interior Headroom Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	1	15-190ES-CD	Chassis & Conversion / Chassis Model Year Adjustment Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
01- Flooring & Interior Colors				
4	1	STD	Cabinets: Laminated Wood Laminate Color: Titanium Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	1	STD	Upholstery: (Specific Color) Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	1	STD	Color: Black Brand: EVS Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	1	STD	Flooring: Lonseal-Lonspeck Topseal Twilight Zone SX111 Alternate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	1	100030	Compartments: Dri-Dek, floor liner, Installed on exterior compartment floors only. Black	<input type="checkbox"/> YES <input type="checkbox"/> NO
02- Body & Chassis				
9	1	STD	This chassis is equipped with a Gasoline Exhaust System to meet the EPA standards for Gasoline exhaust emissions	<input type="checkbox"/> YES <input type="checkbox"/> NO

10	1	STD	Anti-Theft Device: IdleLock Ignition Security System, for C/K 3500 Series Chassis Only. Locate activation button to the right side of the steering wheel.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	1	STD	Camera System: RVS Systems RVS-MV3-IR Surface Mount Backup Camera with Infrared-Red Illuminators, RVS-OA18 OEM harness adapter tied into OEM display in dash and connector for GM C/K 3500	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	1	STD	All Exterior compartments coated with light gray colored rubberized polyurethane material.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	1	STD	Pass-Thru: With accordion boot. Sliding, latching polycarbonate window.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	1	STD	Compartment Lights: Optronics ILL36CB LED Compartment lights- ALL Models Locate: (1) Ceiling of Compt #1; (2) in Compt #2- (1) URH, (1) LLH; (1) in ceiling of Compartment #3; (2) in Compt #4/5; (1) in Compt #6 (if applicable).	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	1	STD	Compartment #1 SS Forward: <u>Smooth Aluminum</u> body, <u>ADP interior door panel</u> , O2 "M" cylinder storage for STEEL tank, Door w/rubber socket/nylon ball hold-open.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16	1	STD	Compartment #2 SS Center: <u>Smooth Aluminum</u> body, <u>ADP interior door panel</u> , Open Storage, Door w/gas strut hold-open and Seat Belt Strap.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17	1	STD	Compartment #3 SS Rear: Smooth Aluminum body, ADP interior door panel, Vertical backboard storage w/2- belts. Door w/2" nylon strap hold-open.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18	1	STD	Rear Entry Doors: Single piece laminated smooth aluminum door liner w/stainless steel center panel for black paddle handles; ADP kick panels.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19	1	STD	Compartment #4/5 CS Forward: NO body <u>above floor</u> , <u>ADP interior door panel</u> , ALS Cabinet w/ Inside/Outside access, Full-height, single Door w/gas strut hold-open. Bottom section aluminum body open storage standard. (Optional location for additional battery with roll-out battery tray and removable, latching door.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	1	STD	Curbside Entry Door: Single piece, laminated smooth aluminum door liner w/stainless steel center panel for black and chrome paddle handles; ADP kick panels. Gas strut door hold-open. Smooth aluminum stepwell w/Dri-Dek insert.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	1	STD	Electric Step: Lippert 24" Single Tread Lite Power Step #353542 mounted below the curbside entry door. There will be a step override switch PN: MX09182 mounted in a single position Positron panel PN: MX01511 installed on the curbside wall above the squad bench just aft of the side entry door. The electric step will automatically extend and retract with side entry door opening/closing.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22	1	STD	All Entry Door paddle handle and rotary latching components will include emergency door releases located top and bottom of each door and shall meet the FMVSS 206 30G Test Requirement	<input type="checkbox"/> YES <input type="checkbox"/> NO

23	1	STD	Rear Bumper: ADP corner pods w/Dock bumper pads, Center grip-strut flip-up step, powder coated steel frame	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	2	STD	IV Hangers: (2) Cast black rubber fold-down over knee area of Cot and Squad Bench	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	3	STD	Mirrors, OEM: (1) each cab door, (1) on interior windshield	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	1	STD	OEM Chrome wheel covers	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	4	STD	Stone Guards: lower body corners, ADP	<input type="checkbox"/> YES <input type="checkbox"/> NO
28	1	STD	Kick Plate, Rear: ADP, below rear doors across to corner posts.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29	1	STD	Rub Rails: C-Channel, tapered ends, Lower Body off-set mount with neoprene spacers	<input type="checkbox"/> YES <input type="checkbox"/> NO
30	2	STD	Running Boards: Diamond Plate, Type I w/starburst pattern	<input type="checkbox"/> YES <input type="checkbox"/> NO
31	1	STD	Fender Flares: Black rubber	<input type="checkbox"/> YES <input type="checkbox"/> NO
32	2	STD	Fuel Fill: Cast aluminum fuel fill bezel.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33	1	STD	Insulation: Pink, double sided radiant barrier/acoustic material, installed on curbside and streetside rear wheel wells.	<input type="checkbox"/> YES <input type="checkbox"/> NO
34	1	STD	Insulation: Spray in place foam applied to curbside entry step well and both rear wheel wells	<input type="checkbox"/> YES <input type="checkbox"/> NO
35	1	STD	Undercoating: Per QVM Guidelines	<input type="checkbox"/> YES <input type="checkbox"/> NO
03- Brake, Turn & Back-Up Lights				
36	1	STD	Lights: DOT, Brake/Tail, Turn, Back Up: Whelen 600 Series LED.	<input type="checkbox"/> YES <input type="checkbox"/> NO
37	1	STD	DOT Marker Lights: TecNiq LED, rubber grommet bezels; (7) S34-AC09-1 Amber- (5) on front of body as Marker lights, (2) side facing on rear extrusions as Turn Signals; (7) S34-RC90-1 Red- (5) on rear of Body as Marker lights, (2) side facing as Turn Signals.	<input type="checkbox"/> YES <input type="checkbox"/> NO
04- Electrical, Power Distribution, Control Center & Interior Lighting				
38	1	STD	Battery Switch, Automatic: TST CDR-400. Located in Electrical Cabinet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
39	2	STD	Batteries: OEM, under hood	<input type="checkbox"/> YES <input type="checkbox"/> NO
40	1	STD	Front Console/ Switch Panel: Formed Aluminum body powder coated black and attached to chassis floor. Switch panel: Engraved black plastic with LED lighted switches for Emergency Master, Primary/Secondary Modes, Siren/Horn, Left, Rear and Right Floods, Back-Up Alarm, Module Disconnect. Siren mounted in engraved panel below switches.	<input type="checkbox"/> YES <input type="checkbox"/> NO
41	2	STD	Antenna, Radio Coax Cables: Terminated behind driver's seat	<input type="checkbox"/> YES <input type="checkbox"/> NO

			w/Power & Ground for each	
42	8	STD	Lights: Dome, Whelen LED, 18-diodes w/chrome flange MX80EHZA , switched separately with Hi/Lo functions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
43	1	STD	Action Area Light: 12 VDC LED light, with On/Off switch on rear control panel	<input type="checkbox"/> YES <input type="checkbox"/> NO
44	1	STD	USB Port: Vanner VSS-USB dual port 2Amp mounted on A/A wall	<input type="checkbox"/> YES <input type="checkbox"/> NO
45	1	STD	Shoreline: 125 VAC, 20-Amp, 60 Hz, straight blade inlet w/hinged, weatherproof cover, located above Compartment #2 SS	<input type="checkbox"/> YES <input type="checkbox"/> NO
46	1	99-0317	Electrical: Shoreline, 125VAC, 30-Amp, straight blade with hinged, weatherproof cover. IATS NOTE: Must specify function and location.	<input type="checkbox"/> YES <input type="checkbox"/> NO
47	1	STD	Timer: 5-minute check-out, wired to CS High mode dome lights	<input type="checkbox"/> YES <input type="checkbox"/> NO
48	1	400160	Inverter: Vanner LSC12-1100- 1100watt with 3-Stage 55Amp battery charger, 20Amp power supply and built in GFI. Remote controlled with switch in the rear switch panel. (This option deletes the GFI in the A/A wall). ILOS NOTE: OPTION 99-1955 IS REQUIRED WHEN ANY INVERTER IS MOUNTED IN ANY BULKHEAD or INTERIOR ENCLOSED CABINET. OPTION 99- 2899 DUAL FANS REQUIRED ON RP-90ES and 150 MODELS. (N/A on P/T RP90 models and Transits) Location: Must specify location.	<input type="checkbox"/> YES <input type="checkbox"/> NO
49	1	STD	Breaker Box: 125 VAC w/20-Amp Breaker located in the lower aisle-facing bulkhead cabinet. GFI receptacle located on the Action Area wall.	<input type="checkbox"/> YES <input type="checkbox"/> NO
50	2	STD	12 VDC Outlets: (1) in Action Area, (1) in ALS Cabinet	<input type="checkbox"/> YES <input type="checkbox"/> NO
51	2	STD	125 VAC Outlets, Duplex: (1) in Action Area, (1) in ALS Cabinet	<input type="checkbox"/> YES <input type="checkbox"/> NO
52	1	STD	Rear Switch Panel: Engraved black plastic panel with (10) LED lighted switch positions for Dome Lights (2), Vacuum (1), Vent (1), A.A. Light (1), Inverter (1), Spare switches and digital clock w/Mode Buttons. MX01517.	<input type="checkbox"/> YES <input type="checkbox"/> NO
53	1	STD	Electrical Cabinet: Located over cabin-module connection w/latching, recessed, vented door	<input type="checkbox"/> YES <input type="checkbox"/> NO
05- Warning Lights & Sirens				
54	1	STD	Lights: Warning, Whelen LED EMERGENCY Lighting Package- Ford, Chevy <u>Type I</u> and <u>Type III</u>- Models ONLY. NOTE: Does not include LED Scene Lights.	<input type="checkbox"/> YES <input type="checkbox"/> NO
55			All LED lights shall have CLEAR Lenses. All emergency and scene lighting shall have chrome flanges in standard locations.	<input type="checkbox"/> YES <input type="checkbox"/> NO
56			Front of Body: Add (7) Whelen 900 Series Super-LEDs- Specify pattern by LED Color Red:	<input type="checkbox"/> YES <input type="checkbox"/> NO

			Outer (2) lights and (1) Center light flash on K-Spec flasher. Inner (4) flash independently on Light Bar switch on front console.	
57			Sides of Body: (4) Whelen 900 Series Red Super-LEDs: (2) each side in upper corners	<input type="checkbox"/> YES <input type="checkbox"/> NO
58			Rear of Body: (4) Whelen 900 Series Red Super-LEDs: (2) in upper outboard corners, (2) Mid-Body wired as Warning/Brake at the window level; (1) Whelen 700 Series Amber Super-LED in the center position over the rear doors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
59			Brake, Turn & Back-Up Lights: Whelen 600 Series LEDs	<input type="checkbox"/> YES <input type="checkbox"/> NO
60			Lights, Warning, Intersection Lights: (2) Whelen LINZ6R Series Red Super-LEDs on front fenders	<input type="checkbox"/> YES <input type="checkbox"/> NO
61	2	STD	Lights, Warning, Grille: Whelen WIONSMCR Red LED, on center grille bar, w/Clear lenses and flanges.	<input type="checkbox"/> YES <input type="checkbox"/> NO
62	4	STD	Lights: Scene, Whelen 900 Series Halogen with flange included - (2) Each Side of Module	<input type="checkbox"/> YES <input type="checkbox"/> NO
63	2	STD	Lights, Load: Whelen 700 Series LED 7SC0ENZR, (2) on rear	<input type="checkbox"/> YES <input type="checkbox"/> NO
64	1	STD	Flasher: Dual mode flasher for Warning Light system, Vanner 9860GCPE	<input type="checkbox"/> YES <input type="checkbox"/> NO
65	2	STD	Siren Speakers: Dual 100 Watt drivers mounted through the front bumper	<input type="checkbox"/> YES <input type="checkbox"/> NO
66	1	STD	Siren: Whelen 295 SL5A1, 200 Watt	<input type="checkbox"/> YES <input type="checkbox"/> NO
06- Oxygen, Vacuum & Miscellaneous Items				
67	3	STD	Oxygen Outlets: Quick-connect style, (2) in Action Area, (1) over Squad Bench	<input type="checkbox"/> YES <input type="checkbox"/> NO
68	1	STD	Suction Aspirator System: Rico disposable container mounted in Action Area w/gauge and quick-connect; SSCOR vacuum pump mounted in lower bulkhead hallway cabinet	<input type="checkbox"/> YES <input type="checkbox"/> NO
69	1	STD	Oxygen Cylinder Retention: For "M" cylinder, black steel w/3-spring buckle straps and top collar, located in Compartment #1	<input type="checkbox"/> YES <input type="checkbox"/> NO
70	1	STD	O2 Regulator: Amvex, 50psi, pre-set	<input type="checkbox"/> YES <input type="checkbox"/> NO
07- AC/Heat				
71	1	STD	HVAC System: High capacity free blow combination Heat-AC system with digital thermostat control on the action area wall. HVAC unit is mounted in bulkhead at the top of the ALS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
08- Cabinets, Hardware & Miscellaneous Items				

72	1	STD	Main Streetside Wall Cabinets: Specify desired configuration-	<input type="checkbox"/> YES <input type="checkbox"/> NO
73	0	STD	Full Wall of Cabinets	<input type="checkbox"/> YES <input type="checkbox"/> NO
74	1	OPT	Cabinet Configuration- CPR Seat w/EVS V-4 seat belt system	<input type="checkbox"/> YES <input type="checkbox"/> NO
			Main Wall Cabinets will have (1) adjustable shelf in each and sliding polycarbonate doors with full height extruded handles. See Prints for Configuration.	<input type="checkbox"/> YES <input type="checkbox"/> NO
75	1	STD	Action Area Overhead Cabinet: Single cabinet full-height/full-depth of Action Area with sliding polycarbonate doors and full height extruded handles.	<input type="checkbox"/> YES <input type="checkbox"/> NO
76	1	STD	Action Area and Switch Panel: Laminated, sealed countertop and vertical ALUMINUM panel with Suction system collection canister, Vacuum gauge, (2) Oxygen outlets, (1) USB, (1) 12VDC Outlet, (1) 125VAC Outlet and digital Thermostat. Switch panel MX01517 includes (10) switch positions and digital clock w/Mode Buttons.	<input type="checkbox"/> YES <input type="checkbox"/> NO
77	1	STD	Bulkhead Wall Cabinets: Cabinet above Tech Seat- open storage w/hinged, latching door; Electrical Cabinet located over cabin-module connection w/latching, vented door	<input type="checkbox"/> YES <input type="checkbox"/> NO
78	1	STD	Bulkhead Cabinets: Upper cabinet- general storage w/hinged, latching door; Lower cabinet general storage w/hinged, latching, vented door and location for inverter and vacuum pump on floor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
79	1	STD	ALS Cabinet: Lower section- Locking LifeDefender latch with storage for 747 box, Middle Section- general storage with non-locking doors and 1-adjustable shelf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
80	1	99-0546	Cargo Net: Head of Squad Bench, bolted to taping plates in the floor, wall and ceiling. PN: ZRS-NETMEX009-02-B. NOTE: Type I / III ME166, RP-90, MSV II ONLY.	<input type="checkbox"/> YES <input type="checkbox"/> NO
81	1	STD	Squad Bench:	
82		1	Full length hinged lid w/TriMark latch for access to interior storage; Full length upholstered seat cushion except over Sharps/Waste Area.	<input type="checkbox"/> YES <input type="checkbox"/> NO
83		2	(2) EVS V-4 Belted seating positions w/progressive foam back and head pads and (3) short bottom straps for 2nd Patient restraint	<input type="checkbox"/> YES <input type="checkbox"/> NO
84	1	STD	Sharps/Waste: Drop-in style with aluminum, powder coated red, hinged lid and standard containers, located at head of squad bench.	<input type="checkbox"/> YES <input type="checkbox"/> NO
85	1	STD	Rear Overhead: Vinyl wrapped foam header over rear doors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
86	1	STD	Technician's Seat: EVS Rear facing automotive style chair with EVS V-4 belt system mounted on steel base w/side access to storage.	<input type="checkbox"/> YES <input type="checkbox"/> NO
87	1	STD	Seat Base: EVS CB-Side storage base for EVS Technician's Seat	<input type="checkbox"/> YES <input type="checkbox"/> NO
88	1	STD	Assist Rail: overhead off-center toward Streetside of unit.	<input type="checkbox"/> YES <input type="checkbox"/> NO
89	3	STD	Grab handles: 12" x 1.25" dia. stainless steel mounted on each rear entry and curbside entry door	<input type="checkbox"/> YES <input type="checkbox"/> NO

90	1	STD	Reflective Striping, Door Open Protection: .50" Red reflective striping around interior door pan of all body doors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
09- Cost & Miscellaneous Items				
91	1	99-0881	Cot Mount: Stryker, Performance Load (6392-000-002), with floor plate ILOS 175-3. Location: Dealer Must Specify Mounting Location NOTE: RP-90 and BL Models Only.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10- Paint & Lettering				
92	1	STD	Paint: Body all OEM White	<input type="checkbox"/> YES <input type="checkbox"/> NO
93	0	1000100	Roof Star ONLY, INSTALLED	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHIP LOOSE				
94	2	STD	Fire Extinguisher: (2) 5 lb- Ship Loose is Standard	

Year 2024 - MEDIX SRH-148WD, Type II – TWGK Ambulance

The following specifications are an example of the MEDIX Metro Express RP-90 ES and should be considered the minimally acceptable standard:

VENDOR'S RESPONSE

Item #	Qty	STD/OPT	Specifications	Product/Service Offered Meets Specification
1	1	Chassis	Ford 250 MR, RWD Van, 3.5L ECOBOOST V6 Gas, 148"WB, 9070 GVWR, 10 Spd Trans	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	1	Body	OEM Van Body w/Mid-Roof	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	1	15-2000-TG	Chassis & Conversion	<input type="checkbox"/> YES <input type="checkbox"/> NO
01- Flooring & Interior Colors				
4	1	STD	Cabinets: Laminated Wood Laminate Color: Titanium	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	1	STD	Upholstery: (Specific Color)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	1	STD	Color: Black Brand: EVS	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	1	STD	Flooring: Altro-Transfloor Meta Black	<input type="checkbox"/> YES <input type="checkbox"/> NO
02- Body & Chassis				

8	1	STD	This chassis is equipped with a Gasoline Exhaust System to meet the EPA standards for Gasoline exhaust emissions	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	1	STD	Anti-Theft Device: IdleLock Ignition Security System, for Ford Chassis Only. Locate activation button to the right side of the steering wheel.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	1	STD	Pass-Thru: W/Sliding, latching window that slides behind driver's seat. Window to have full length extruded handle for access.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	1	STD	Bumper: Transit rear step to have aluminum diamond plate with "Star Punch" surface installed on rear OEM step.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	2	STD	IV Hangers: (2) Cast black rubber fold-down over chest area of stretcher and Squad Bench.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	3	STD	Mirrors, OEM: (1) each cab door, (1) on interior windshield	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	1	STD	Wheel Covers, OEM.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	1	STD	OEM fuel fill behind panel by driver's door.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16	1	STD	Undercoating: Per OEM Guidelines	<input type="checkbox"/> YES <input type="checkbox"/> NO
17	1	99-0701	Power Door Locks: Key Pad, programmable for power door locks. Requires the selection of power door lock option for the module doors. (Optional locations restricted to either cab door or curbside entry door only. Only (1) keypad allowed on Transit) LOCATE: Locate on Driver Door NOTE: Ford Chassis Only	<input type="checkbox"/> YES <input type="checkbox"/> NO

03- Brake, Turn & Back-Up Lights

18	1	STD	OEM Standard Stop, Tail and Turn Lights.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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04- Electrical, Power Distribution, Control Center & Interior Lighting

19	1	STD	Battery Switch, Automatic: TST CDR-400 with mounting plate.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	2	STD		<input type="checkbox"/> YES <input type="checkbox"/> NO
21	1	STD	Front Console: CNC Cut, Formed, Welded and Powder Coated Black housing between OEM seats. Console to include Whelen 295SLSA1 Siren and one removable blank radio plate. Switch panel mounted on OEM engine cowl for visibility.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22	2	STD	Antenna, Radio Coax Cables: Terminated behind driver's seat w/Power & Ground for each	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	8	STD	Lights: Dome, Whelen LED, 18-diodes w/chrome flange MX80EHZA, switched separately with Hi/Lo functions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	1	STD	Lights: 12 VDC LED light, with On/Off switch on rear control panel	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	1	STD	USB Port: Vanner VSS-USB dual port 2Amp mounted on A/A wall	<input type="checkbox"/> YES <input type="checkbox"/> NO

26	1	STD	Shoreline: 125 VAC, 20-amp, 60 HZ, straight blade inlet w/hinged, weatherproof cover. Located on SS behind driver's door.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	1	STD	Timer: 5-minute check-out, wired to CS High mode dome lights	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	1	99-2393	Inverter: Xantrex 807-1050 1000W True Sine Wave Inverter with built in GFI and 55Amp 3 stage battery charger. ILOS Includes 33-10-4927 mounting bracket. NOTE: Transit TAG or TWGK Only.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28	1	400150	Battery Charger: DELETE STANDARD (when adding Inverter with integral charger)	<input type="checkbox"/> YES <input type="checkbox"/> NO
29	1	STD	Breaker Box: 125 VAC w/20-Amp Breaker located behind the lower main access panel. GFI receptacle located on the Action Area wall.	<input type="checkbox"/> YES <input type="checkbox"/> NO
30	3	STD	12 VDC Outlets: (2) located in Action Area and (1) located on bulkhead wall above ALS cabinet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
31	3	STD	125 VAC Outlet- (1) on Action Area wall, (1) Curbside wall at the head of the squad bench and (1) located on bulkhead wall above ALS cabinet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
32	1	STD	Electrical Cabinet: Located in upper streetside wall with vented, hinged door powder coated black with (2) flip latches.	<input type="checkbox"/> YES <input type="checkbox"/> NO
05- Warning Lights & Sirens				
33	1	STD	Forward Lighting: (5) Whelen 700 Series Super LEDs: (4)- 70R02FCR Red, (1)- 70C02FCR White mounted on custom engineered front facing fairing mounted on the OEM roof above the front windshield. R/R/W/R/R.	<input type="checkbox"/> YES <input type="checkbox"/> NO
34	1	STD	EMERGENCY/SCENE LIGHTS: (4)- M9RCZ LED combination Emergency and Scene lights mounted at each upper corner of the OEM chassis w/Whelen angled chrome mounting bezel.	<input type="checkbox"/> YES <input type="checkbox"/> NO
35	1	STD	Lights Warning: (2) Whelen 700 Series Super LEDs Red 70R02FCR, (1) mounted on each outer corner of the rear facing fairing mounted on the OEM roof above rear doors..	<input type="checkbox"/> YES <input type="checkbox"/> NO
36	1	STD	Lights Warning: (1) Whelen 700 Series Amber Super LED 70A02FCR center mounted on the rear facing fairing mounted on OEM roof above rear doors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
37	1	STD	Lights Warning: (2) LINZ6R Red LED mounted (1) each side on the OEM front fenders w/chrome bezels.	<input type="checkbox"/> YES <input type="checkbox"/> NO
38	2	STD	Lights, Warning, Grille: LINZ6R Red LED w/clear lenses & chrome flanges on center grille bar	<input type="checkbox"/> YES <input type="checkbox"/> NO
39	2	STD	Lights, Load: (2) Whelen 700 Series white LED 7SC0ENZR load lights mounted (1) on each side of the center amber LED on the rear facing fairing mounted on OEM roof above rear doors	<input type="checkbox"/> YES <input type="checkbox"/> NO
40	1	STD	Flasher: Dual mode flasher for Warning Light system, Vanner 9860GCPE	<input type="checkbox"/> YES <input type="checkbox"/> NO
41	1	STD	Siren Speakers: Dual 100 watt Speakers mounted behind the OEM front bumper.	<input type="checkbox"/> YES <input type="checkbox"/> NO
42	1	STD	Siren: Whelen 295SLSA1, 200 Watt	<input type="checkbox"/> YES <input type="checkbox"/> NO

06- Oxygen, Vacuum & Miscellaneous Items				
43	3	STD	Oxygen Outlets: Quick-connect style, (2) in Action Area, (1) over Squad Bench	<input type="checkbox"/> YES <input type="checkbox"/> NO
44	1	STD	Electric Oxygen with manual bypass and switch on A/A panel	
45	1	STD	Suction Aspirator System: Rico disposable container mounted in Action Area w/gauge and quick-connect; SSCOR vacuum pump mounted in rear air return.	<input type="checkbox"/> YES <input type="checkbox"/> NO
46	1	STD	Oxygen Cylinder Retention: For "M" cylinder, black steel w/3-spring buckle straps and top collar on slide-out, tilt-down tray w/lift strap; Located transverse at bulkhead. Side entry door access.	<input type="checkbox"/> YES <input type="checkbox"/> NO
47	1	STD	O2 Regulator: Amvex, 50psi, pre-set	<input type="checkbox"/> YES <input type="checkbox"/> NO
48	1	99-3062	Oxygen: O2 Cylinder Mount, (1) CPI OA1205-DUAL-D-1 oxygen bottle holder with mounting plate, for two "D" cylinders. SPECIFY LOCATION: Head of SB by stepwell	<input type="checkbox"/> YES <input type="checkbox"/> NO
07- AC/Heat				
49	1	STD	HVAC System: High capacity free blow combination Heat-AC system with digital thermostat control on the action area wall. HVAC unit mounted in front bulkhead above the tech seat.	<input type="checkbox"/> YES <input type="checkbox"/> NO
08- Cabinets, Hardware & Miscellaneous Items				
50	1	STD	Main Streetside Cabinet Wall: Stair chair storage Vertical Slide-in w/single seat belt style restraint strap at left rear entry door, w/(4) cabinets, HVAC access, inverter access and and action area panel designed into the forward wall area. (5) HVAC vents, (2) upper wall cabinet storage and the electrical cabinet designed into the upper/forward section. Cabinets are CNC cut and assembled.	<input type="checkbox"/> YES <input type="checkbox"/> NO
51	1	STD	Open Floor width 40" from face of street side cabinet to face of squad bench.	<input type="checkbox"/> YES <input type="checkbox"/> NO
52	1	STD	ALS Cabinet: Non-locking lower tip-out waste storage and Defender locking upper storage for 747. Open upper shelf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	1	STD	SO/TD O2 Bracket w/latch and pull strap, accessible through curb side entry door, hinged access door. Head of O2 cylinder accessible through sliding window below tech seat..	
53	1	STD	Glove Box Holder: Three-sized cabinet w/hinged, powder coated door recessed into upper bulkhead wall above pass through.	<input type="checkbox"/> YES <input type="checkbox"/> NO
54	1	99-1841	Cargo Net: Custom, Shortened cargo net at head of squad bench mounted to the upper portion of the forward end of the squad bench per engineering drawings, ILOS full height cargo net. NOTE: For use on Transit models with standard cargo nets only.	<input type="checkbox"/> YES <input type="checkbox"/> NO

55	1	STD	Squad Bench -Laminated 3/4" plywood.	<input type="checkbox"/> YES <input type="checkbox"/> NO
56		1	Full length hinged lid w/TriMark latch for access to interior storage; Full length upholstered seat cushion except over Sharps Area..	<input type="checkbox"/> YES <input type="checkbox"/> NO
57		2	(2) EVS V-4 Belted seating positions w/progressive foam back and head pads and (3) short bottom straps for 2nd Patient restraint	<input type="checkbox"/> YES <input type="checkbox"/> NO
58		3	Squad Bench-stainless steel riser on face of bench.	<input type="checkbox"/> YES <input type="checkbox"/> NO
59		4	Sharps: Drop-in style sharps w/Red powder coated aluminum, hinged lid through head of squad bench.	<input type="checkbox"/> YES <input type="checkbox"/> NO
60		5	Backboard Storage: Slanted, vertical slot access at curb side rear door built into the aisle side of the squad bench with space for 16"/18" boards.	<input type="checkbox"/> YES <input type="checkbox"/> NO
61	1	STD	Technician's Seat: EVS 1760 seat w/V-4 seat belt system mounted on structure around O2 cylinder; front access to O2 cylinder valve.	<input type="checkbox"/> YES <input type="checkbox"/> NO
62	1	STD	Assist Rail: overhead in center of unit w/radius ends P/N 49-100936.	<input type="checkbox"/> YES <input type="checkbox"/> NO
63	1	STD	Grab Handle: (1) 12" on ALS cabinet to use at side entry door.	<input type="checkbox"/> YES <input type="checkbox"/> NO
64	3	STD	Grab Handles: one on each rear entry door.	<input type="checkbox"/> YES <input type="checkbox"/> NO
65	4	STD	Reflective Striping, Door Open Protection: .50" Red reflective striping around interior door pan of all body doors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
09- Cost & Miscellaneous Items				
66	1	99-0883 FC	Cot Mount: Stryker, Performance Load (6392-000-002), with floor plate. ILOS 175-5. Location: LOC	<input type="checkbox"/> YES <input type="checkbox"/> NO
10- Paint & Lettering				
67	1	STD	Paint: Body all OEM White	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHIP LOOSE				
68	2	STD	Fire Extinguisher: (2) 5 lb- Ship Loose is Standard	

5.2 CERTIFICATION AND SAFETY LABELS

All manufactured items and/or fabricated assemblies subject to operation under pressure, operation by connection to an electric source, or operation involving a connection to a manufactured, natural, or LP gas source shall be constructed and approved in a manner acceptable to the appropriate state inspector which customarily requires the label or re-examination listing or identification marking of the appropriate safety standard organization; such as the American Society of Mechanical Engineers for pressure vessels; the Underwriters Laboratories and /or National Electrical Manufacturers' Association for electrically operated assemblies; or the American Gas Association for gas operated assemblies, where such approvals of listings have been established for the type of device offered and furnished. Further, all items furnished shall meet all requirements of the Occupational Safety and Health Act (OSHA), and state and federal requirements relating to clean air and water pollution.

5.3 DEVIATIONS

The nature of all deviations from the Specifications listed herein shall be clearly described by the Vendor. Otherwise, it will be considered that items offered by the Vendor are in strict compliance with the Specifications provided herein, and the successful Vendor shall be required to supply conforming goods. Deviations shall be explained in detail on an attached sheet. However, no implication is made or intended by the State that any deviation will be acceptable. Do not list objections to the North Carolina General Terms and Conditions in this section.

6.0 CONTRACT ADMINISTRATION

All Contract Administration requirements are conditioned on an award resulting from this solicitation. This information is provided for the Vendor's planning purposes

6.1 CONTRACT MANAGER AND CUSTOMER SERVICE

The Vendor shall be required to designate and make available to the State a contract manager. The contract manager shall be the State's point of contact for Contract related issues and issues concerning performance, progress review, scheduling, and service.

Contract Manager Point of Contact	
Name:	
Office Phone #:	
Mobile Phone #:	
Email:	

6.2 CONTINUOUS IMPROVEMENT

The State encourages the Vendor to identify opportunities to reduce the total cost the State. A continuous improvement effort consisting of various ideas to enhance business efficiencies as performance progresses.

6.3 INVOICES

Vendor shall invoice the Purchasing Agency. The standard format for invoicing shall be Single Invoices meaning that the Vendor shall provide the Purchasing Agency with an invoice for each order. Invoices shall include detailed line item information to allow Purchasing Agency to verify pricing at point of receipt matches the correct price from the original date of order. At a minimum, the following fields shall be included on all invoices:

Vendor's Billing Address, Customer Account Number, NC Contract Number, Order Date, Buyer's Order Number, Manufacturer Part Numbers, Vendor Part Numbers, Item Descriptions, Price, Quantity, and Unit of Measure.

INVOICES MAY NOT BE PAID UNTIL AN INSPECTION HAS OCCURRED AND THE GOODS ACCEPTED.

6.4 DISPUTE RESOLUTION

During the performance of the Contract, the Parties agree that it is in their mutual interest to resolve disputes informally. Any claims by the Vendor shall be submitted in writing to the State's Contract Manager for resolution. Any claims by the State shall be submitted in writing to the Vendor's Project Manager for resolution. The Parties shall agree to negotiate in good faith and use all reasonable efforts to resolve such dispute(s).

During the time the Parties are attempting to resolve any dispute, each shall proceed diligently to perform their respective duties and responsibilities under this Contract. The Parties will agree on a reasonable amount of time to resolve a dispute. If

a dispute cannot be resolved between the Parties within the agreed upon period, either Party may elect to exercise any other remedies available under the Contract, or at law. This provision, when agreed in the Contract, shall not constitute an agreement by either party to mediate or arbitrate any dispute.

6.5 PRODUCT RECALL

Vendor expressly assumes full responsibility for prompt notification to the Buyer listed on the face of this IFB of any product recall in accordance with the applicable state or federal regulations. The Vendor shall support the State, as necessary, to promptly replace any such products, at no cost to the State.

6.6 CONTRACT CHANGES

Contract changes, if any, over the life of the Contract shall be implemented by contract amendments agreed to in writing by the State and Vendor. Amendments to the contract can only be made through the contract administrator.

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7.0 ATTACHMENTS

****IMPORTANT NOTICE****

RETURN THE REQUIRED ATTACHMENTS WITH YOUR RESPONSE

FOLLOW THE LINKS TO ACCESS EACH ATTACHMENT

ATTACHMENT A: PRICING

Complete and return the Pricing associated with this IFB, which can be found in the table below:

Item #	Qty	Description	Price	Extended Price
1	1	Year 2024 - MEDIX Metro Express RP-90 ES, Type I Ambulance Make: _____ Model: _____	\$ _____	\$ _____
2	1	Year 2024 - MEDIX SRH-148WD, Type II – TWGK Ambulance Make: _____ Model: _____	\$ _____	\$ _____

ATTACHMENT B: INSTRUCTIONS TO VENDORS

The Instructions to Vendors, which are incorporated herein by this reference, may be found here:

<https://ncadmin.nc.gov/formnorth-carolina-instructions-vendors032023/download?attachment>

ATTACHMENT C: NORTH CAROLINA GENERAL TERMS & CONDITIONS

The North Carolina General Terms and Conditions, which are incorporated herein by this reference, may be found here:

<https://www.doa.nc.gov/form-north-carolina-general-terms-and-conditions-11-2023/open>

ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION

Complete and return the Historically Underutilized Businesses (HUB) Vendor Information form, which can be found at the following link:

https://files.nc.gov/ncdoa/pandc/OnlineForms/Form_HUB-Supplemental-Vendor-Information_9.2021.pdf

ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR

Complete and return the Location of Workers Utilized by Vendor, which can be found at the following link:

https://files.nc.gov/ncdoa/pandc/OnlineForms/Form_Location-of-Workers_09.2021.pdf

ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION

Complete, sign, and return the Certification of Financial Condition, which can be found at the following link:

https://files.nc.gov/ncdoa/pandc/OnlineForms/Form_Certification-of-Financial-Condition_09.2021.pdf

ATTACHMENT H: VENDOR REQUEST FOR EO50 PRICE-MATCHING

Complete, sign, and return the Vendor Request for EO50 Price-Matching, which can be found at the following link:

https://files.nc.gov/ncdoa/pandc/OnlineForms/Form_Vendor-Price-Matching-Opportunity_09.2021.pdf

ATTACHMENT I: CERTIFICATE OF INSURANCE REQUIREMENTS

Please note: While these are Minimum Requirements, Higher limits or additional coverages may be required based on vendor risk and exposure.

Commercial General Liability (Occurrence form) Coverage not less than:	<div>\$1,000,000 Each Occurrence</div> <div>\$2,000,000 General Aggregate*</div> <div>\$2,000,000 Products & Completed Operations Aggregate</div> <div>* Including contractual liability, waiver of subrogation, primary and noncontributory.</div> <div>Schedule of Endorsements must be provided.</div> <div>GL Policy Number must be listed.</div>
Automobile Liability Required for all Owned Autos or must provide 'Hired & Non-Owned Auto' coverage.	<div>\$1,000,000 Combined Single Limit*</div> <div>OR</div> <div>\$1,000,000 Bodily Injury per Accident</div> <div>\$1,000,000 Bodily Injury per Person</div> <div>\$1,000,000 Property Damage</div> <div>* Including waiver of subrogation in favor of Central Piedmont.</div>
Umbrella Liability Additional coverage that can be combined to meet requirements:	<div>\$3,000,000 Per Occurrence</div> <div>\$3,000,000 Aggregate</div>
Workers' Compensation	<div>State Statutory Limits*</div> <div>Employer Liability \$500,000 Each Accident*</div> <div>\$500,000 Disease Policy Limit</div> <div>\$500,000 Disease Each Employee</div> <div>* Including waiver of subrogation in favor of Central Piedmont.</div>
Additional Insured Central Piedmont Community College (Attach Additional Insured Endorsement evidencing coverage of Ongoing Operations and Completed Operations for the additional insured)	<div>Coverage must be primary and noncontributory above any other insurance Central Piedmont Community College may carry.</div> <div>Waiver of Subrogation on all policies in favor of Central Piedmont Community College.</div> <div>Make subcontractor's insurance primary.</div>

Professional Liability (Errors and Omissions) If professional services are being provided.	\$1,000,000 Per Occurrence
Cyber Insurance Liability	\$1,000,000 Per Occurrence * Including information security & privacy liability.

Certificates of Insurance Must Indicate the Following:

1. Central Piedmont Community College needs to be listed as the Additional Insured:
 - a. Central Piedmont Community College (Attach Additional Insured Endorsement evidencing coverage of Ongoing Operations and Completed Operations for the additional insured)
 - Coverage must be primary and noncontributory above any other insurance Central Piedmont Community College may carry.
 - Waiver of Subrogation on all policies in favor of Central Piedmont Community College.
 - Make subcontractor's insurance primary.
2. Central Piedmont Community College needs to be listed as the Certificate Holder:
 Central Piedmont Community College
 Attention: Enterprise Risk Management
 PO Box 35009
 Charlotte, NC 28235-5009
 Physical address: 1425 Elizabeth Avenue, Charlotte, NC 28204
3. Central Piedmont Community College requires a COI which shows General Liability, Workers' Compensation, Automobile Liability and Umbrella Liability coverages. (The minimum coverages accepted are listed for each.)
 - a. Enterprise Risk Management may opt to waive the requirements for Automobile Liability or the Workers' Compensation, depending on the scope and scale of the job or event.
 - b. Enterprise Risk Management may opt to waive the requirements for Umbrella Liability in addition to the GL, depending on the GL coverage as well as the scope and scale of the job or event.
4. Carrier and effective/expiration date must be shown on all coverages listed on COI.
5. If a service is being rendered where there is access to secure areas of the college, then Crime Coverage (performance or similar bond) may be required.
6. If the service being rendered involves waste removal of any kind, Enterprise Risk Management needs to see Pollution Liability as well as Transportation Liability.
7. If any products and/or services related to information technology (including hardware and/or software) are provided to Central Piedmont Community College, Cyber Liability will be required. Additionally, network security liability arising from the unauthorized access to, use of, or tampering with computer systems, including hacker attacks or inability of an authorized third party to gain access to your services, including denial of service, unless caused by a mechanical or electrical failure.
8. There may be instances where Enterprise Risk Management will require additional insurance and/or coverages based on the service(s) provided.

***** Failure to Return the Required Attachments May Eliminate
Your Response from Further Consideration *****