# CITY OF NORTH LITTLE ROCK, ARKANSAS COMMERCE DEPARTMENT

Mary Beth Bowman, Director Amy Smith, Assistant Director for Procurement Crystal Willis, Assistant Purchasing Agent/Admin Sect.

Title:



120 Main Street, North Little Rock, AR 72114 P.O. Box 5757 North Little Rock, AR 72119 501-975-8881 Phone 501-975-8885 Fax

Date:

# INVITATION TO BID

| Bid Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19-3578                         | Date Issued:                                         | April 12, 2019                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------|------------------------------------------------|--|
| Date & Time Bid Op                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pening:Frido                    | ny, April 26, 2019 @ 10:0                            | 00 am <u>.</u>                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                               | ered Medical Fac<br>cams for up to 16                | ility to Administer<br>O Firefighters          |  |
| Specifications attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | l.                              |                                                      |                                                |  |
| For technical questions a Billy Jones at biones@nlr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | ntact Captain Ricky Cranford                         | rcranford@nlr.ar.gov or Captain                |  |
| General Bidding questions should be directed to the Commerce Department at 501-975-8881.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                      |                                                |  |
| If you are obtaining this bid from our website, please be reminded that addendums may occur. It is therefore advisable that you review our listings for attachments including any changes to the bid.  The City of North Little Rock encourages participation of small, minority, and woman own business enterprises in the procurement of goods, services, professional services, and construction, either as a general contractor or sub-contractor. It is further requested that whenever possible, majority contractors who require sub-contractors, seek qualified small, minority, and woman businesses to partner with them. |                                 |                                                      |                                                |  |
| Upon signing this page, the organ forth and pertinent information requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ization certifies that they hav | KECUTION OF BID e read and agree to the requirements | set forth in this bid including conditions set |  |
| Name of Firm:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Phone                                                | e No.:                                         |  |
| Tax Identification No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                      |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                      |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                      |                                                |  |

The North Little Rock Fire Department is in search of a licensed & state registered, medical facility (local or mobile) to administer medical evaluations & physical exams for up to 160 Firefighters this year (2019). The exams must outline NFPA 1582 requirements, OSHA 1910 Standards & IAFF/IAFC (WFI) Wellness-Fitness Initiative.

160 <u>Members</u> will receive a baseline medical evaluation including the additional cancer screening which shall be offered to each member, of the 160 members approximately 80 members are HazMat Technicians and shall receive heavy metal testing of Arsenic, Mercury and Lead.

Immunizations & Infectious Disease Screening will be based on need or at the request of the patient.

Medical Evaluation of Members

The medical evaluation of a member shall include:

a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect their ability to safely perform the essential job tasks outlined in NFPA 1582 Chapter 9.

Annual medical examination components and an updated medical history

The components of the medical evaluations for members Shall also conform to all applicable U.S. OSHA standards, including:

- 29 CFR 1910.120," Hazardous waste operations and emergency response"
- 29 CFR 1910.134, "Respiratory protection"
- 29 CFR 1910.95, "Occupational noise exposure"
- 29 CFR 19 10.1030, "Bloodborne pathogens"

The standard recognizes no difference between volunteer, paid on call, part time, or career firefighters. The tasks are the same.

# Pricing shall be on the attached bid sheet

Questions, please contact:

Captain Ricky Cranford rcranford@nlr.ar.gov 501.340.5410

Captain Billy Jones bjones@nlr.ar.gov 501.340.5386

# EVALUATION OF MEMBERS OVERVIEW OF CHAPTERS 7 & 9

This is intended as a "quick-sheet" overview and shall not be used without a complete understanding of NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments

To obtain a copy of NFPA1582, visit the NFPA website at <a href="https://www.nfpa.org/">https://www.nfpa.org/</a>

Italic green text indicates changes made in the 2013 version

The fire department shall define those essential job tasks and shall provide the fire department physician with a description of the associated risks and specialized PPE. Any additional medical and/or physical requirements that are not enumerated in this standard shall be included with the description.

All components listed below shall be included in the baseline and annual occupational medical evaluations of members. The evaluation may be performed by a qualified Licensed Health Care Provider (LHCP) other than the department physician provided full results are forwarded in the required time frame to the fire department physician.

Tests for illegal drugs shall not be performed as part of the annual medical evaluation.

Each member medical evaluation shall include:

(see NFPA sections 7.5 through 7.7 and WF/ Manual Chapter 2 for specific information)

- a medical history (including exposure history),
- physical examination,
- blood tests.
- · urinalysis,
- vision tests.
- audiograms,
  - spirometry, chest x-ray (as indicated), ECG, cancer screening (as indicated), and
- Immunizations and infectious disease screening (as indicated).

Members of specialized teams (9.2.1, 9.2.2, and 9.2.3) such as hazardous materials units, SCUBA teams, technical rescue teams, EMS teams, or units supporting tactical law enforcement operations shall be evaluated for their ability to perform essential job tasks and wear specialized PPE related to the duties of those specialized teams. State and Local jurisdictions may also have specific medical requirements for specialized team members that need to be met.

After individually evaluating the member and their medical records (including job-related medical rehabilitation records), the physician (9.3.1, 9.3.2, 9.3.3, 9.3.4, and 9.3.5) shall state whether the member, due to a specific condition, can or cannot safely perform their essential job task(s). The physician shall recommend restricting members from performing only those specific job tasks that cannot be safely performed given their medical condition and that the member is restricted from performing that task while on duty.

If a condition has altered a member's ability to safely perform an essential job task, the department shall determine possible accommodations for members restricted from certain job tasks. \* For incumbent members, conditions listed in NFPA 1582 Chapter 9 shall not indicate a blanket prohibition from continuing to perform the essential job tasks, nor shall they require automatic retirement or separation from the department.

The Authority Having Jurisdiction (AHJ) shall determine if the individual can remain in their current position or be moved to another position.

# INCUMBENT ANNUAL MEDICAL EXAM WFI / NFPA 1582

#### **NOTICES**

Specialty teams have specific additional components

#### Hands-on Physical Examination

Vital Signs

| • | Cardiovascular   | Inspection, auscultation, percussion and palpation.                                                                             |
|---|------------------|---------------------------------------------------------------------------------------------------------------------------------|
| • | Pulmonary        | Inspection, auscultation, percussion and palpation.                                                                             |
| • | Gastrointestinal | Inspection, auscultation, percussion and palpation.                                                                             |
| • | Genitourinary    | Hernia exam (Also, see cancer screening).                                                                                       |
| • | Lymph Nodes      | The examination of organ systems must be supplemented with anevaluation of lymph nodes in the cervical, auxiliary, and inquinal |

Head, Neck, Eyes, Ears, Nose, and Throat

Neurological The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major

cranial/peripheral nerves (motor, sensory, reflexes)

Musculoskeletal Includes an overall assessment of range of motion (ROM) of all joints.
Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function.

#### **Blood Analysis**

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols

- White Blood Cell Count, Differential, Red Blood Cell Count (Hematocrit), Platelet Count
- Liver Function Tests includes SGOT/AST, SGPT/ALT, LOH, Alkaline Phosphatase, and Bilirubin
- C-Reactive Protein, Triglycerides
- Cholesterol includes: Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio
- Glucose If over 120 then HbA1c
- Blood Urea Nitrogen, Creatinine, Sodium, Potassium, Carbon Dioxide, Total Protein, Albumin, Calcium

#### Urinalysis

- Dip Stick includes pH, Glucose, Ketones, Protein, Blood, and Bilirubin
- Microscopic includes WBC, RBC, WBC Casts, RBC Casts, and Crystals

#### **Vision Tests**

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders.

#### Pulmonary (Spirogram)

- Every year for smokers
- Every three years for nonsmokers.

#### Chest X-Ray

Every 5 years

#### Stress EKG\* with Vo2 value calculated

- Members 30-years-old and under will be tested on treadmill every third year.
- Those 30 to 39-years-old will be tested on treadmill every other year.
- Those 40 and older will be tested yearly.

#### **Oncology Screening Elements**

Prostate Specific Antigen (PSA), Fecal Occult Blood Testing, Skin Exam

#### **Additional Screenings**

Based on need or at the request of the patient, may also be provided during the base-line exam.

- Cancer Screening Digital Rectal Exam, Testicular Exam, Clinical Breast Examination, Pap Smear
- · Immunizations and Infectious Disease Screening
  - o Tuberculosis Screen (Annual PPD)
  - o Hepatitis C Virus Screen
  - o Hepatitis B Virus Vaccine
  - Tetanus/Diphtheria Vaccine (Booster)
  - o Measles, Mumps, Rubella Vaccine (MMR)
  - o Measles Vaccine, Mumps Vaccine
  - o Rubella Vaccine, Polio Vaccine, Hepatitis A Vaccine
  - o Varicella Vaccine, Influenza Vaccine
  - o HIV Screening (Required to be offered)
- Heavy Metal and Special Exposure Screening- as needed
  - Arsenic (urine), Mercury (urine), Lead (urine), Lead (blood), Aluminum,
     Antimony, Bismuth, Cadmium, Chromium, Copper, Nickel, Zinc Organophosphates (RBC cholinesterase), Polychlorinated Biphenyls (blood)

<sup>\*</sup>Abnormal Cardiac Follow-up - Electron Beam Tomography (EBT)

# **ATTACHMENT A - Bid Sheet**

| Without exception, any organization/individual protocols and procedures as defined below. Feach of the provided spaces (\$                                                                                                                                                                                                                                                                                                                                                        | Price quotations shall be provided in Any packaged price proposal for thout exception, each of the items ided for additional items. All price ults for specific known Fire Service ie, skin, brain, rectum, stomach,                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The decision to implement any listed items restacted Local(s), and the fire department, no these services.                                                                                                                                                                                                                                                                                                                                                                        | sts with agreements made between the organization/individual providing                                                                                                                                                                  |
| Individualized Health Risk Appraisal                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                                      |
| Written feedback to uniformed personnel concernir required following the annual examination. Reporting plans for modifying risks improves the physician-papersonnel claim ownership of their health status. In must include questions that attempt to accurately approach of their health. Health perception can be medical History Questionnaire  Medical History Questionnaire  Aninitial pre-employment history questionnaire must be must be made and the model of the model. | ng findings and risks and suggesting atient relationship and helps uniformed dividualized health risk appraisals also neasure the uniformed personnel's a useful indicator of potential problems.  \$ stbecompleted to provide baseline |
| information with which to compare future medical                                                                                                                                                                                                                                                                                                                                                                                                                                  | concerns.                                                                                                                                                                                                                               |
| <u>Hands-on Physical Examination</u> To Include:                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                                                                                                                                                                                                                                      |
| Vital Signs - Head, Neck, Eyes, Ears, Nose, and T<br>Cardiovascular - Inspection, auscultation, percussion a<br>Pulmonary - Inspection, auscultation, percussion a<br>Gastrointestinal - Inspection, auscultation, percussion<br>Genitourinary - Hernia exam (Also, see cancer screen<br>Lymph Nodes<br>The examination of organ systems must be suppler                                                                                                                          | ion and palpation.<br>and palpation.<br>sion and palpation.<br>ening).<br>mented with an evaluation of lymph                                                                                                                            |
| nodes in the cervical, auxiliary, and inguinal regions <b>Neurological</b>                                                                                                                                                                                                                                                                                                                                                                                                        | s.                                                                                                                                                                                                                                      |
| The neurologic exam for uniformed personnel must evaluation and general assessment of the major cra                                                                                                                                                                                                                                                                                                                                                                               | include a general mental status<br>anial/peripheral nerves (motor, sensory,                                                                                                                                                             |

#### Musculoskeletal

reflexes).

Includes an overall assessment of range of motion (ROM) of all joints. Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function.

| Blood Analysis The following are components of the blood analysis provide these components in their automated cher blood count (CBC) protocols                                                                                                                                                                                                                                                    |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| C-Reactive Protein White Blood Cell Count Differential Red Blood Cell Count (Hematocrit) Platelet Count Liver Function Tests Includes SGOT/AST, SGPTIALT, LOH, Alka Triglycerides Cholesterol Includes: Total Cholesterol, Low Density Lip Density Lipoprotein (HDL-C) level, and Tota Glucose HbA1c Blood Urea Nitrogen Creatinine Sodium Potassium Carbon Dioxide Total Protein Albumin Calcium | oprotein (LDL-C) level, High                |
| <u>Urinalysis</u> Dip Stick Includes pH, Glucose, Ketones, Protein, Bloc                                                                                                                                                                                                                                                                                                                          | \$<br>od, and Bilirubin                     |
| Microscopic Includes WBC, RBC, WBC Casts, RBC Cast                                                                                                                                                                                                                                                                                                                                                | s, and Crystals                             |
| <b>VisionTests</b><br>Assessment of vision must include evaluation of dist<br>Evaluate for common visual disorders.                                                                                                                                                                                                                                                                               | \$ance, near, peripheral, and color vision. |
| <u>Pulmonary</u> (Spirogram)                                                                                                                                                                                                                                                                                                                                                                      | \$                                          |
| Chest X-Ray                                                                                                                                                                                                                                                                                                                                                                                       | \$                                          |
| Stress EKG with Vo2 value calculated                                                                                                                                                                                                                                                                                                                                                              | \$                                          |
| Oncology Screening Elements                                                                                                                                                                                                                                                                                                                                                                       |                                             |
| Prostate Specific Antigen (PSA)                                                                                                                                                                                                                                                                                                                                                                   | \$                                          |
| Fecal Occult Blood Testing                                                                                                                                                                                                                                                                                                                                                                        | \$                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |

Skin Exam

| Per Head Packa                                  | aged Cost for     | listed items  |                    |                                        |
|-------------------------------------------------|-------------------|---------------|--------------------|----------------------------------------|
| 1-100exams                                      | \$                |               |                    |                                        |
| 101-350 exams                                   | \$                |               |                    |                                        |
| 350-700 exams                                   | \$                |               |                    |                                        |
| 700-1050 exams                                  | \$                |               |                    |                                        |
|                                                 |                   |               |                    |                                        |
|                                                 |                   |               |                    |                                        |
| ADDITONAL Sc                                    | reening Costs     | S:            |                    |                                        |
| Price quotations for the patient, may also be p |                   |               | need or at the red | quest of the                           |
| DigitalRectalExam                               |                   |               | \$                 | ************                           |
| Testicular Exam                                 |                   |               | \$                 |                                        |
| Clinical Breast Examir                          | nation            |               | \$                 | ······································ |
| Pap Smear                                       |                   |               | \$                 |                                        |
|                                                 |                   |               |                    |                                        |
| Immunizations and                               | Infectious Dise   | ase Screening |                    |                                        |
| Tuberculosis Screen (/                          | Annual PPD)       |               | \$                 |                                        |
| Hepatitis C Virus Scree                         | en                |               | \$                 |                                        |
| Hepatitis B Virus Vacci                         | ne                |               | \$                 |                                        |
| Tetanus/Diphtheria Va                           | ccine (Booster)   |               | \$                 |                                        |
| Measles, Mumps, Rube                            | ella Vaccine (MMR | )             | \$                 |                                        |
| Measles Vaccine                                 |                   |               | \$                 |                                        |
| Mumps Vaccine                                   |                   |               | \$                 |                                        |
| Rubella Vaccine                                 |                   |               | \$                 |                                        |

Polio Vaccine

|      | Hepatitis A Vaccine                 |                   | \$ |
|------|-------------------------------------|-------------------|----|
|      | Varicella Vaccine                   |                   | \$ |
|      | Influenza Vaccine                   |                   | \$ |
|      | HIV Screening (Required to be offer | ered)             | \$ |
| lota | Il Immunization and Infections      | Disease Screening | \$ |
|      |                                     |                   |    |
|      | Heavy Metal and Special Exp         | osure Screening   |    |
|      | Arsenic (urine)                     | \$                |    |
|      | Mercury (urine)                     | \$                |    |
|      | Lead (urine)                        | \$                |    |
|      | Lead (blood)                        | \$                |    |
|      | Aluminum                            | \$                |    |
|      | Antimony                            | \$                |    |
|      | Bismuth                             | \$                |    |
|      | Cadmium                             | \$                |    |
|      | Chromium                            | \$                |    |
|      | Copper                              | \$                |    |
|      | Nickel                              | \$                |    |
|      | Zinc                                | \$                |    |
|      |                                     | \$                |    |
|      | Organophosphates                    |                   |    |
|      | (RBC cholinesterase)                | \$                |    |
|      | Polychlorinated Biphenyls (blood)   | \$                |    |
|      |                                     |                   |    |

Total Heavy Metal and Special Exposure Screening \$\_\_\_\_\_

# \*OPTIONAL Screening Costs: Abnormal Cardiac Follow-up

| Electron Beam | Tomography | (EBT) | \$ |
|---------------|------------|-------|----|
|---------------|------------|-------|----|

\* Not required for response.

#### **Term of Contract**

It is the intent of the City to enter into a one (1) year contract with the option to extend the contract for three (3) additional one (1) year periods upon mutual agreement of both parties. Contractor may increase their bid the additional years by no more than 5% by providing documentation for the increase.

#### Submission of Bids

Sealed bid must be submitted to:

City of North Little Rock Commerce Department 120 Main Street North Little Rock, AR 72114

### Firm Pricing for City Acceptance

Bid price must be firm for City acceptance for a minimum of ninety (90) days from bid opening date.

#### **No Contact Policy**

Any contact with any City representatives, related officials, or representatives other than those outlined in the Bid is prohibited. Such unauthorized contact may disqualify the Contractor from this procurement.

#### W-9 Form Required

Each bidder shall submit a completed W-9 form with their bid.

### **Acknowledgement of Contract**

By submitting a bid, the bidder acknowledges that it understands and agrees to the terms and conditions contained herein.

#### **Bid Questions and Clarification**

All questions must be submitted in writing via email. Response to relevant questions will be posted on the Commerce web page at nlr.ar.gov, click on the "Business" tab, then click on the "Bids and Vendors" tab, then click on "Current Bids".

Questions related to the Bid Specifications should be directed to:

Captain Ricky Cranford at <a href="mailto:rcranford@nlr.ar.gov">rcranford@nlr.ar.gov</a> or Captain Billy Jones at <a href="mailto:bjones@nlr.ar.gov">bjones@nlr.ar.gov</a> .

#### **Proposer's Certification**

By signature on the bid, the respondent certifies that it complies with:

- The laws of the state of Arkansas.
- All applicable local, state, and federal laws, codes, and regulations.
- All terms, conditions, and requirements set forth in this Bid.
- A condition that the Bid submitted was independently arrived at without collusion.

If any Respondent fails to comply with the provisions stated in this paragraph, the City reserve the right to reject the bid, terminate the contract, or consider the company/contractor in default.

#### **Conflict of Interest**

Respondent, by responding to this Bid, certifies that to the best of his/her knowledge or belief, no elected/appointed official or employee of the City is financially interested, directly or indirectly, in the services specified in this Bid.

The City reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the respondent's proposal. The City's determination regarding any questions of conflict of interest is final.

#### **Public Records**

Respondent understands that the bid is a "public record", and the public shall have access to all documents and information pertaining the Response and the Bid, subject to the provisions of Arkansas' FOIA. The Respondent, by submitting a bid, acknowledges that the City may provide public access to and/or copies of all documents subject to disclosure under applicable law.

#### **Cost of Preparing Bid**

Any costs incurred in the preparation of the bids are solely the responsibility of the respondents. The City of North Little Rock will provide no reimbursements for such costs. Any cost associated with any oral representations to the City will be the responsibility of the respondent and may not be billed to the City.

#### **Authority to Bind Firm in Contract**

Bids MUST give full firm name and address of bidder. Failure to manually sign bid may disqualify it. Person signing bid should show TITLE or AUTHORITY TO BIND THE CPMPANY/CONTTRACTOR IN AN AGREEMENT. Firm name and authorized signature must appear on cover page of bid.

#### Late Bids

LATE bids will be UNOPENED and disposed of in a proper manner.

#### **Rights of City**

The City reserves the right to accept or reject all or any part of any bid, waive informalities and award the Contract to the lowest responsive and responsible bidder to best serve the interest of the City.

#### **Basis for Award**

Contract award will be made to the lowest responsive and responsible bidder based upon the lump sum and meeting the specifications. (For clarification purposes, included in the lump sum is the unit item pricing and extended unit price items if applicable.)

### Negotiation with the Lowest Responsible Bidder

Unless all bids are cancelled or rejected, the City reserves the right to negotiate with the lowest responsive, responsible bidder to obtain a Contract price within the funds available whenever such low bid exceeds the available funds. Negotiations with the low bidder may include both modifications of the low price and the specifications/scope of work to be performed.

#### GENERAL TERMS AND CONDITIONS FOR THE CITY OF NORTH LITTLE ROCK, AR

- 1. When submitting an "Invitation to Bid," the bidder warrants that the commodities covered by the bid shall be free from defects in material and workmanship under normal use and service. In addition, bidder must deliver new commodities of the latest design and model, unless otherwise specified in the "Invitation to Bid."
- 2. Prices quoted are to be net process, and when an error is made in extending total prices, the City may accept the bid for the lesser amount whether reflected by extension or by the correct multiple of the unit price.
- 3. Discounts offered will be taken when the City qualifies for such. The beginning date for computing discounts will be the date of invoice or the date of delivery and acceptance, whichever is later.
- 4. When bidding other than the brand and/or model specified in the "Invitation to Bid," the brand and/or model number must be stated by that item in the "Invitation to Bid," and descriptive literature be submitted with the bid.
- 5. The City reserves the right to reject any and all bids.
- 6. The Purchasing office reserves the right to award items, all or none, or by line item(s).
- 7. Quality, time and probability of performance may be factors in making an award.
- 8. Bid quotes submitted will remain firm for 30 calendar days from bid opening date; however, the prices may remain firm for a longer period of time if mutually agreeable between bidder and the Department of Commerce.
- 9. Bidder must submit a completed signed copy of the front page of the "Invitation to Bid" and must submit any other information required in the "Invitation to Bid."
- 10. In the event a contract is entered into pursuant to the "Invitation to Bid," the bidder shall not discriminate against any qualified employee or qualified applicant for employment because of race, sex, color, creed, national origin or ancestry. The bidder must include in any and all subcontracts a provision similar to the above.
- 11. Sales or use tax is not to be included in the bid price, but is to be added by the vendor to the invoice billing to the City. Although use tax is not to be included in this bid, vendors are to register and pay tax direct to the Arkansas State Revenue Department.
- 12. Prices quoted shall be "Free on Board" (F.O.B.) to destination at designated facility in North Little Rock. Charges may not be added after the bid is opened.
- 13. In the event of two or more identical low bids, the contract may be awarded arbitrarily or for any reason to any of such bidders or split in any proportion between them at the discretion of the Department of Commerce..
- 14. Specifications furnished with this Invitation are intended to establish a desired quality or performance level, or other minimum dimensions and capacities, which will provide the best product available at the lowest possible price. Other than designated brands and/or models approved as equal to designated products shall receive an equal consideration.
- 15. Samples of items when required, must be furnished free, and, if not called for within 30 days from date of bid opening, will become property of the City.
- 16. Bids will not be considered if they are:
  - 1. Submitted after the bid's opening time.

- 2. Submitted electronically or faxed (unless authorized by Purchasing Agent).
- 17. Guarantees and warranties should be submitted with the bid, as they may be a consideration in making an award.

#### 18. **CONSTRUCTION**

- A. Contractor is to supply the City with evidence of having and maintaining proper and complete insurance, specifically Workman's Compensation Insurance in accordance with the laws of the State of Arkansas, Public Liability and Property Damage. All premiums and cost shall be paid by the Contractor. In no way will the City be responsible in case of accident.
- B. When noted, a Certified check or bid bond in the amount of 5% of total bid shall accompany bid.
- C. A Performance Bond equaling the total amount of any bid exceeding \$35,000.00 must be provided for any contract for the repair, alteration or erection of any public building, public structure or public improvement (pursuant to Arkansas Code Annotated Section 22-9-203).
- 19. **LIQUIDATED DAMAGES** Liquidated damages shall be assessed beginning on the first day following the maximum delivery or completion time entered on this bid form and/or provided for by the plans and specifications.
- 20. **AMBIGUITY IN BID** Any ambiguity in any bid as the result of omission, error, lack of clarity or non-compliance by the bidder with specifications, instructions, and all conditions of bidding shall be construed in the light most favorable to the City.
- 21. The bid number should be stated on the face of the sealed bid envelope. If it is not, the envelope will have to be opened to identify.
- Whenever a bid is sought seeking a source of supply for a specified period of time for materials and services, the quantities of usage shown are estimated ONLY. No guarantee or warranty is given or implied by the participants as to the total amount that may or may not be purchased from any resulting contracts. These quantities are for the bidders information ONLY and will be used for tabulation and presentation of bid and the participant reserves the right to increase or decrease quantities as required.
- 23. The City of North Little Rock reserves the right to reject any and all bids, to accept in whole or in part, to waive any informalities in bids received, to accept bids on materials or equipment with variations from specifications in those cases where efficiency of operation will not be impaired, and unless otherwise specified by the bidder, to accept any item in the bid. If unit prices and extensions thereof do not coincide, the City of North Little Rock may accept the bid for the lesser amount whether reflected by the extension or by the correct multiple of the unit price.
- 24. Additional information or bid forms may be obtained from:

  COMMERCE DEPARTMENT, 120 Main Street, P.O. Box 5757, North Little Rock, Arkansas 72119 (501)975-8881

  www.nlr.ar.gov

Bidding documents must be submitted on or before the bid's opening date and time. Unless noted, bids must be sealed and mailed or delivered to:

Commerce Department 120 Main Street (P.O. Box 5757) North Little Rock, AR 72119