

CITY OF GALESBURG



PURCHASING
55 West Tompkins Street
Galesburg, IL 61401
Phone: 309/345-3678

INVITATION FOR BIDS

For the purchase and installation of fitness equipment
for the Galesburg Fire Department

Instructions to Bidders

1. An advertisement for sealed bids on the above was published in the Galesburg Register-Mail on August 03, 2019. As stated in such notice, bids will be received until 11:00 a.m., local time, August 20, 2019, and, at that time, publicly opened and read aloud in the Basement Conference Room, located in City Hall.
2. The person, firm or corporation making a bid shall submit it in a sealed envelope to the Purchasing Agent or his duly designated representative on or before the hour and the day stated above. The notation "Bid on fitness equipment for GFD" shall appear on the outside of the sealed envelope. In addition, bidder shall also list the name of their company clearly on the outside of the envelope.
3. The bidder shall insert the price, and supply all the information as indicated on the Bid Form. The prices inserted shall be net and shall be the full cost for the items specified, including all factors whatsoever.
4. No charge will be allowed for taxes from which the City of Galesburg is exempt: the Illinois Retailer's Occupation Tax, the Service Occupation Tax, the Service Use Tax, the Use Tax, Federal Excise and Transportation Tax.
5. Each bidder shall affirm that no official or employee of the City of Galesburg is directly or indirectly interested in this bid for any reason of personal gain.
6. Delivery of the goods and/or services shall be as stated in the bid documents.

7. No bid may be changed or withdrawn after the time of the bid opening. Any modifications or withdrawals requested before this time shall be acceptable only when such request is made in writing and agreed to by the Purchasing Agent.
8. The City of Galesburg reserves the right to reject any and all bids and to waive any informalities or technicalities in the bidding. Any bid submitted will be binding for (60) sixty days after the date of the bid opening.
9. The City has adopted an "Equal Employment Opportunity Clause", which is incorporated into all specifications, purchase orders, and contracts, whereby a vendor agrees not to discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or ancestry. A copy of this clause may be obtained at the City Clerk's Office, City Hall, Galesburg, Illinois.
10. The City of Galesburg has adopted an Affirmative Action Program. All formal sealed bids must be accompanied by a properly prepared Certificate of Compliance Form, whereby the vendor certifies the number of employees he has in each class of employment, and that affirmative action has been taken to ensure equality of opportunity in all aspects of employment.
11. Bidder certifies that all laws of the State of Illinois and ordinances of the City of Galesburg in effect at the date of bidding shall be observed by him. Evidence of any violation during the term of the agreement shall be considered sufficient reason to discontinue purchases by the City from that supplier.
12. The City requires that vendors be paid through ACH (automatic clearing house). The awarded vendor will be required to provide the City with applicable banking information for proper payment. An ACH form is attached to this document for vendor review.
13. These instructions are to be considered an integral part of any bid.

Dated: August 03, 2019

Kraig Boynton
Purchasing Agent

CITY OF GALESBURG, ILLINOIS
Specifications
For Fitness Equipment

GENERAL:

The City of Galesburg Fire Department is requesting bids for the purchase and installation of new fitness equipment that will be installed at Central Fire Station located at 150 S. Broad St. in Galesburg, IL. A detail of what the department is looking for is listed below:

DETAILED:

Fitness equipment should be:

- (1) Sports Art T655L Status Treadmill 20 AMP (Sku SA-T655L) or equivalent.
- (2) StairMaster 8 Series Gauntlet w/LCD (Sku SM=Gauntlet) or equivalent

Lump sum pricing for this equipment should include delivery and installation. If bidding equipment other than what is listed above, vendor should include brochures on proposed equipment as well as a letter detailing the differences between the equipment.

Any questions regarding specifications should be directed to Mr. Kraig Boynton, City Purchasing Agent. He can be reached directly at (309) 345-3678 or by email at kboynton@ci.galesburg.il.us.

CITY OF GALESBURG



PURCHASING
55 West Tompkins Street
Galesburg, IL 61401
Phone: 309/345-3678

BID FORM

Name of Bidder _____

Business Address _____

Phone No. _____ Fax No. _____

E-Mail: _____

The Bidder above mentioned declares and certifies:

- First - That this bid is made without any previous understanding, agreement or connection with any other person, firm or corporation making a bid for the same purpose; and, is in all respects, fair and without collusion or fraud.
- Second - That no officer, employee or person whose salary is payable in whole or in part from the City of Galesburg is directly or indirectly interested in this bid or in any portion of the profits thereof.
- Third - That said bidder has carefully examined the Instructions to Bidders and the Specifications: and will, if successful in this bid, furnish and deliver at the prices bid within the time stated, the goods or services for which this bid is made.
- Fourth - That the prices quoted herein are net and exclusive of all taxes from which the City of Galesburg is exempt.
- Fifth - That the delivered cost of the goods or services which meets the requirements as set forth in the Instruction to Bidders and the Specifications aforementioned is:

Description	Brand	L Sum Price	Extension
Fitness Equipment & Installation (as listed in specifications above)			

*Brochure information and warranty information should be included with submitted bids.

Delivery lead-time: _____

Sixth - That said bidder has executed the Certificate of Compliance, and has submitted herewith.

Seventh - That the complete guarantee and warranties offered are:

Eighth - That complete literature and specifications, where applicable, for the goods or services are attached herewith.

Date

Person, Firm, or Corporation

Authorized signature and title

Printed Name of Individual

RETURN WITH BID
TO THE CITY OF GALESBURG, ILLINOIS
CERTIFICATE OF COMPLIANCE

EMPLOY- MENT	SUPER- VISORY	SALES	OFFICE	SKILLED	SEMI- SKILLED	NON- SKILLED
WHITE						
BLACK						
OTHER						
MALE						
FEMALE						

(PLEASE FILL IN THE NUMBER OF EMPLOYEES IN EACH CLASS)

1. THE CONTRACTOR OF COMPANY WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEES OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAPPING CONDITION UNRELATED TO ABILITY TO PERFORM THE JOB; AND, WILL TAKE AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED WITHOUT REGARD TO THEIR RACE, CREED, COLOR, SEX, AGE, HANDICAP OR NATIONAL ORIGIN. SUCH ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING: EMPLOYMENT, UPGRADING, DEMOTION OR TRANSFER, RECRUITMENT OR RECRUITMENT ADVERTISING, LAYOFF OR TERMINATION, RATES OF PAY OR OTHER COMPENSATION, AND SELECTION FOR TRAINING, INCLUDING APPRENTICESHIP. THE CONTRACTOR OR COMPANY AGREES TO POST, IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NON-DISCRIMINATION CLAUSE.

2. THE CONTRACTOR OR COMPANY WILL, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES OR ON THEIR BEHALF, STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AGE, HANDICAPPING CONDITION UNRELATED TO ABILITY OR NATIONAL ORIGIN. THE SAME SHALL HOLD TRUE WHEN RECRUITMENT SOURCES ARE USED TO SECURE APPLICANTS.

3. THE CONTRACTOR OR COMPANY AGREES TO NOTIFY ALL OF ITS SUBCONTRACTORS OF THEIR OBLIGATION TO COMPLY WITH THE NON-DISCRIMINATION POLICY.

4. In the event of the Contractor's or Company's non-compliance with the non-discrimination clauses of the Contract or Purchase or with any of such rules, regulations or orders, the CONTRACT OR Purchase may be cancelled, terminated or suspended in whole or in part and the Contractor or Company may be declared ineligible for further City Contracts or Purchases in accordance with the Affirmative Action Program adopted by the Galesburg City Council at their meeting on August 6, 1990.

BY: _____
BIDDER

RETURN WITH BID
CITY OF GALESBURG
MUNICIPAL VENDORS HOLD HARMLESS AGREEMENT

All vendors doing business with the City of Galesburg, Illinois, shall read and agree to sign this Hold Harmless Agreement. In lieu of the vendor signing this agreement, the City will accept being named as an additional insured on the vendor's general liability policy only as respects specific operations performed by the vendor on behalf of or on the premises of the City of Galesburg, Illinois.

“In consideration of your permitting us, our servants, our agents, employees and representatives from time to time to enter upon or to place or maintain equipment upon premises owned or controlled by you for the purposes of servicing our account, we agree to indemnify and hold harmless the City and its' agents and employees from and against all claims for personal injury or property damage, including claims against the City, its' agents or servants, and all losses or expenses, including attorney's fees that may be incurred by the City in defending such claims, rising out of or resulting from the performance of the work and caused in whole or in part by any negligent act or omission of the Municipal Vendor, or anyone directly or indirectly employed by the Municipal Vendor or anyone for whose acts any of them may be liable, the indemnification obligation under this paragraph shall not be limited in anyway by any limitation on the amount or type of damages, compensation or benefits payable by or for the Municipal Vendor, under Workers' Compensation Acts, Disability Acts, or other Employee Benefit Acts.”

Subscribed and Sworn to Before me this _____, 20_____

Person, Firm, or Corporation

Notary Public



City of Galesburg

Operating Under Council – Manager Government Since 1957

The City of Galesburg will no longer be issuing checks for vendor payments. The City will pay vendors through ACH by automatically depositing payments to a bank checking/savings account or payment to vendors can be made by credit card at the time of purchase.

In order to process your next payment, please fill out the following information and provide a copy of a void check. Please mail to City of Galesburg, Accounts Payable, P.O. Box 1589, Galesburg, IL 61402-1589 or fax the completed form and a void check, if the funds are being deposited to a checking account, to the fax number listed below.

Vendor Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Checking/Savings Acct Number: _____
(Please indicate type of account by circling Checking or Savings)

Bank Routing Number: _____

Signature: _____

Payment information will be e-mailed to you approximately two days prior to the funds being credited to your bank account. If you have any questions, please contact us.

Accounts Payable
City of Galesburg
309/345-3674
309/343-4765 fax
accounts payable@ci.galesburg.il.us

CITY OF GALESBURG

Finance Department

Operating Under Council - Manager Government Since 1957

THIS FORM IS BASED ON IRS REQUIREMENTS FOR THE SAME ESSENTIAL INFORMATION AS A W-9

RETURN TO: CITY OF GALESBURG
ATTN: A/P
55 W TOMPKINS STREET
GALESBURG, IL 61401

OR FAX TO: 309/343-4765

The following information is needed to complete your vendor file and to comply with IRS requirements. Please fill out this form as completely as possible to ensure proper payment to you. Please return completed form as soon as possible to the City of Galesburg at the above address or fax number. Please call 309/345-3674 with any questions.

Business Name: _____

Individual Name: _____
(for Sole Proprietors as appears on Social Security Card)

Business Address: _____

City, State and Zip _____

Your Taxpayer Identification Number: _____
(FEIN or business tax ID. No.)

Or, your Social Security Number: _____
(If using SSN, enter the name on the card above as Individual Name.)

Please Check Appropriate Box:

Individual/Sole Proprietor Corporation Partnership Other _____

Your Company Provides:

Legal Services Services Materials Other _____

Are you subject to Backup Withholding?

Yes No

PERSON TO CONTACT: _____

PHONE NUMBER: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Signature

Date

Title