

COUNTY OF OCONEE

Procurement Office

415 South Pine Street, Walhalla, SC 29691

Phone 864-638-4141 Fax 864-638-4142

Tronda C. Popham, CPPB, Procurement Director

Katie Brown, Buyer

INVITATION FOR COMPETITIVE SEALED BIDS

BID NUMBER: # 19-01 DATE: 10/22/19
OPENING DATE AND TIME: Tuesday, November 19, 2019 @ 2:00pm
OPENING LOCATION: Oconee County Administrative Building,
Procurement Office
415 S. Pine Street, Walhalla, SC 29691
MAILING ADDRESS: Oconee County Procurement Office
415 S Pine Street
Walhalla, SC 29691
PROCUREMENT FOR: PHYSICALS FOR FIREFIGHTERS

Subject to the conditions, provisions and the enclosed specifications, sealed bids will be received at this office until the stated date and time and then publicly opened. Any bid received after the scheduled deadline, will be immediately disqualified. The County assumes no responsibility for delivery of bids which are mailed.

BID NUMBER MUST BE SHOWN ON THE OUTSIDE OF ENVELOPE.

DIRECT ALL INQUIRES TO: Tronda C. Popham, Procurement Director
Phone: (864) 638-4141
Fax: (864) 638-4142
Email: tpopham@oconeesc.com

NOTICE TO BIDDERS: Each bidder shall fully acquaint himself with conditions relating to the scope and restrictions attending the execution of the work under the conditions of this bid. The failure or omission of a bidder to acquaint himself with existing conditions shall in no way relieve him of any obligation with respect to this bid or to the contract.

Questions should be submitted via email to the contact person for this bid. Deadline for questions is Tuesday, November 5, 2019 at 2:00pm. If you do not have access to email, questions may be faxed using the form on page 31.

If downloading this solicitation from our website; it is the responsibility of the bidder to call our office at (864) 638-4141 to be registered as a potential bidder to receive any subsequent addenda.

Oconee County complies with all South Carolina and Federal laws that prohibit discrimination on the basis of race, sex, age, religion, color, national origin and disability.

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INSTRUCTIONS AND CONDITIONS

1. GENERAL:
 - a. Only one copy of your bid is required, unless otherwise stated.
 - b. Bids, amendments thereto or withdrawal request must be received by the time advertised for bid openings to be accepted. It is the vendor's sole responsibility to insure that these documents are received by the Procurement Office at the time indicated in the bid document.
 - c. When specifications or descriptive papers are submitted with the bid invitation, be sure all documents are clearly labeled with the Bidder's name.
 - d. Submit your **signed** bid on the forms provided in this bid package. Failure to do so may be cause for rejection. Show bid number on envelope as instructed. Oconee County assumes no responsibility for unmarked or improperly marked envelopes.
 - e. All Competitive Sealed Bids must be enclosed in a **SEALED** envelope before submitting to Procurement Office.
 - f. Bidders must clearly mark as "Confidential" each part of their bid which they consider to be proprietary information that could be exempt from disclosure under the South Carolina Freedom of Information Act (SCFOIA) as set forth in Chapter 4, Title 30, of the South Carolina Code of Laws, 1976, as amended. The County reserves the right to determine whether this information should be exempt from disclosure and no legal action may be brought against the County or its agents for its determination in this regard.
 - g. By submission of a bid, the bidder is guaranteeing that all goods and services meet the requirements of the solicitation during the contract period. Unless otherwise stated it is understood and agreed that all items shall be new and in first class condition.
 - h. All prices and notations shall be printed in ink or typewritten. Errors should be crossed out, corrections entered and initialed by the person signing the bid. No bid shall be altered or amended after specified time for opening.
2. COST OF BIDS: Under no circumstances will the County be liable for any costs associated with any response to solicitations. The bidder shall bear all costs associated with the preparation of all bid materials submitted.
3. BIDDERS RESPONSIBILITY: Each bidder shall fully acquaint himself with conditions relating to the scope and restrictions attending the execution of the work under the conditions of this bid. It is expected that this will sometimes require on-site observation. The failure or omission of a bidder to acquaint himself with existing conditions shall in no way relieve him of any obligation with respect to this bid or to the contract.
4. DELIVERY: Oconee County requires that delivery be made to specified destination within the shortest time frame possible. Delivery shall arrive between the hours of 8:30 a.m. and 4:00 p.m., Monday through Friday, provided that such day is not a legal holiday. The purchase order number must be indicated on all delivery tickets. Other specific delivery instructions may be noted in the bid specifications.
5. SHIPPING: All deliveries shall be shipped F.O.B. point of Destination-freight prepaid, the seller pays and bears all freight charges; collect shipments will not be accepted. It is agreed by the parties hereto that delivery by the contractor to the common carrier does not constitute delivery to the County. Any claim for loss or damage shall be between the contractor and the carrier.
6. PAYMENT TERMS: Following are the payment terms, unless otherwise stated in the Minimum Specifications:
 - A. Construction Contracts - Payment application for construction contracts are to be submitted on an

AIA Application for Payment form. Application for payment shall reflect work completed through the last calendar day of the month. Retainage for construction contracts will be as follows: 10% of completed, 10% of materials stored on site. Partial payments will be made as follows: Provided an application for payment is received by the Architect, or project manager, no later than the 5th day of the month, the County shall make payment to the Contractor not later than the 25th day of the same month. If an application for payment is received by the Architect after the 5th day of the month, payment shall be made by the County no later than 20 days after the architect, or project manager, receives the application for payment. If an application for payment is returned to the Contractor by the Architect due to errors or omissions, payment shall be made by the County no later than 20 days after the architect, or project manager, receives the corrected application for payment.

- B. Equipment, Goods, and Services – Payment shall be made within 30 days after receipt of equipment, goods and services that are complete and meet all specifications of bid solicitation. The County will not make “pre-payments” for any goods or services and partial payments shall be at the discretion of the Procurement Director.
 - C. Electronic Payments - Oconee County may choose to utilize checks, Procurement Cards (credit card issued by Visa), E-payables or other types of electronic payment methods approved by the Oconee County Administrative Services department. The successful bidder agrees to accept electronic payment by Oconee County at no extra charge, should the County decide to use this method of payment.
7. COMPETITION: This solicitation is intended to promote competition. If any language, specifications, terms and conditions, or any combination thereof restricts or limits the requirements in this solicitation to a single source, it shall be the responsibility of the interested vendor to notify the Procurement Office in writing within seven (7) calendar days after receipt of bid. The solicitation may or may not be changed, but a review of such notification will be made prior to the award.
 8. DEVIATIONS FROM SPECIFICATIONS: Any deviation from specifications indicated herein should be clearly pointed out; otherwise, it will be considered that items offered are in strict compliance with these specifications. Deviations should be explained in detail on separate attached sheet(s). The listing of deviations, if any, is required but will not be construed as waiving any requirements of the specifications. Deviations found in the evaluation of the bid and not listed may be cause for rejection. Bidders offering substitute or equal items should provide information sufficient enough to determine acceptability of item offered.
 9. "OR APPROVED EQUAL": Certain processes, types of equipment or kinds of material are described in the specifications and/or on the drawings by means of trade/brand names and catalog numbers. In each instance where this occurs, it is understood and inferred that such description is followed by the words "or approved equal". Such method of description is intended merely as a means of establishing a standard of comparability. However, the County reserves the right to select the items which, in the judgment of the County, are best suited to the needs of the County based on price, quality, service, availability and other relative factors. Bidders should indicate brand name, model, model number, size, type, weight, color, etc., of the item bid, if not exactly the same as the item specified. Vendor's stock number or catalog number is not sufficient to meet this requirement. If any bidder desires to furnish an item different from the specifications, vendor shall submit along with the bid, the information, data, pictures, designs, cuts, etc., of the item they plan to furnish so as to enable the County to compare the item specified; and, such item shall be given due consideration. The County reserves the right to insist upon, and receive items as specified if the submitted items do not meet the County's standards for acceptance.
 10. UNIT PRICES: When applicable, unit prices will govern over extended prices unless otherwise stated in this bid invitation. All bid prices shall remain effective for a minimum of 60 days, unless otherwise stated.
 11. INTERPRETATIONS OR ADDENDA: No oral changes shall be made to any bidder regarding the Bid

Documents or any part thereof. Every request for an interpretation shall be made in writing via email or fax to the Buyer as indicated in the bid document. All inquiries must be received by the last day for questions stated in the solicitation document. Any changes to the specifications shall be in the form of a written Addendum to the Bid Documents. The Addendum will be posted on the Procurement web site at www.oconeesc.com/procurement. The Addendum will also be emailed to all Bidders who have contacted the Procurement Office and asked to be placed on the Bidder's List. It shall be the bidder's responsibility to make inquiries as to the Addenda issued. All such Addenda shall become part of the Bid Documents and all bidders shall be bound by such Addenda, whether or not received by the bidders.

12. **BID OPENING:** The Procurement Director or his/her designee shall decide when the time set for bid opening has arrived, and shall so declare to those present. He/she shall then personally and publicly open all bids received prior to that time and read them aloud to those persons present and have the bids recorded. At the opening the following information is read aloud:
 - A. **Sealed Bids:** Bidders name, brand name, model number, unit price, and lot price or lump sum, as may be applicable.
 - B. **Best Value Bids:** Only the names of the bidders who responded to the bid will be provided.
 - C. **Request for Proposals:** Only the names of the bidders who responded to the bid will be provided.

Questions and other information regarding the contents of specific bids shall not be released until after the evaluation is complete and the award has been made. Only then shall the entire file be available for public review.

Disclosure of Bid Information: Only the information disclosed by the County Procurement Director or his/her designee at bid opening is considered to be public information under the South Carolina Freedom of Information Act, Chapter 4, Title 30 of the South Carolina Code of Laws, 1976, as amended, until after the award is made.

13. **TIE BIDS:** If two or more bidders are tied in price, while otherwise meeting all of the required terms and conditions of the bid, awards may be determined as follows:
 - A. If there is an in-county business (active business or warehousing facility located within Oconee County) tied with an out-of-county business, the award will go to the in-county business.
 - B. If there is an in-state business (active business or warehousing facility located within South Carolina) tied with an out-of-state business, the award will go to the in-state business.
 - C. Tie bids involving in-County and in-State firms may be resolved by the flip of a coin in the office of the Procurement Director witnessed by all interested parties.
14. **BIDDERS QUALIFICATION:** Bidders must, upon request of the County, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these specifications. The County reserves the right to make the final determination as to the bidder's ability to provide the products or services requested herein.
15. **CORRECTION OR WITHDRAWAL OF BID; CANCELLATION OF AWARD:** Correction or withdrawal of inadvertently erroneous bids before or after bid opening, or cancellation of awards or contracts based on such mistakes, may be permitted subject to the following: appropriate mistakes discovered by the bidder before bid opening may be modified or withdrawn by submitting written notice to the Procurement Department prior to the time set for bid opening. After bid opening, no changes in bid prices or other provisions of bids prejudicial to the interest of the County shall be permitted. Except as otherwise provided by regulation, all decisions to permit the correction or withdrawal of bids, or to cancel awards, or contracts, after award but prior to performance shall be supported by a written determination made by the Procurement Director.

16. **REJECTION OR ACCEPTANCE OF BIDS; WAIVER OF TECHNICALITIES AND IRREGULARITIES:** The County shall reserve the unqualified right to reject any and all bids or accept

such bids, as appears in the County's own best interest. The County shall reserve the unqualified right to waive technicalities or irregularities of any kind in solicitations made under this Article. In all cases, the County shall be the sole judge as to whether a bidder's bid has or has not satisfactorily met the requirements to solicitations made under this Article.

17. **AWARD:** A Notice of Award will be publicly posted in the County Administrative Building lobby, and will also be posted on the Oconee County web site at www.oconeesc.com/procurement. The contract shall be awarded to the lowest responsible and responsive bidder(s) whose bid meets the requirements and criteria set forth in the Invitation for Bid. Oconee County reserves the right to waive any technicalities and informalities, and accept or reject any bid as deemed in the best interest of the County. The County will be sole judge as to whether bids submitted meet all requirements contained in this solicitation. When so stated in the bid solicitation, the award can be made to one or a multiple vendors, whichever is in the best interest of the County, and quantities may vary, depending upon availability of funds, unless otherwise stated. Best value bids will be evaluated and awarded based on the criteria set forth in the bid document. Based on the total award amount the final decision for award may rest with the Oconee County Council.
18. **PROTEST PROCEDURE:**
 - A. **Right to Protest.** Any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Procurement Director, except as otherwise stated in this Article. The protest shall be submitted in writing within seven (7) calendar days after such aggrieved prospective bidder, offeror, or contractor knows or should have known of the facts giving rise thereto.
 - B. **Authority to Resolve Protests.** The Procurement Director shall have authority, prior to the commencement of an action in court concerning the controversy, to settle and resolve a protest by an aggrieved bidder, offeror, or a contractor, actual or prospective, concerning the solicitation or award of a contract.
 - C. **Decision on Protests.** If the protest is not resolved by mutual agreement, the Procurement Director shall issue a decision in writing within ten (10) calendar days. The decision shall: (a) state the reasons for the action taken; and (b) inform the protestant of the protestant's rights to appeal the decision of the Procurement Director as provided in this Section.
 - D. **Notice of Decision on Protests.** A copy of the decision under Subsection 2-443(d) of this Section shall be mailed or otherwise furnished to the protestant.
 - E. **Finality of Decision on Protests.** A decision under Subsection 2-443(c) of this Section shall be final and conclusive, unless a business adversely affected by the decision appeals administratively to the County Council in accordance with this Section.
19. **CONTRACT ADMINISTRATION:** Questions or problems arising after award of this contract shall be directed to the Procurement Director by calling 864-638-4141. Copies of all correspondence concerning this contract shall be sent to the Procurement Director, 415 S. Pine Street, Walhalla, SC 29691. All change orders must be authorized in writing by the Procurement Director. Oconee County shall not be bound to any change in the original purchase order or contract without prior written approval of the Procurement Director.
20. **CONTRACT:** This bid and submitted documents, when properly accepted by Oconee County along with a written purchase order, shall constitute a contract equally binding between the successful offeror and Oconee County. No different or additional terms will become a part of this contract, except through a Change Order, when applicable.
21. **ASSIGNMENT:** Once a contract has been executed, the Contractor shall not assign, sublet, or transfer the contract without the written consent of the Procurement Director.
22. **CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All change orders to the contract

will be made in writing by the Procurement Director.

23. **ARBITRATION:** Under no circumstances and with no exception will Oconee County act as arbitrator between the Contractor and any subcontractor.
24. **DEFAULT:** In case of default by the Contractor, the County reserves the right to purchase any or all items in default in the open market, charging the contractor with any excessive costs. Should such charge be assessed, no subsequent bids will be considered or purchase orders issued to the defaulting contractor until the assessed charge has been satisfied.
25. **INDEMNIFICATION:** The Contractor agrees to indemnify and hold harmless the County of Oconee and all County officers, agents and employees from claims, suits, actions, damages and costs of every name and description, arising out of or resulting from the use of any materials furnished by the Contractor, provided that such liability is not attributable to the gross negligence or willful misconduct of the County or if the liability arises solely from the failure of the County to use the materials in the manner outlined by the Contractor in descriptive literature or specifications submitted with the Contractor's bid.
26. **PUBLICITY RELEASES:** Contractor agrees not to refer to award of this contract in commercial advertising in such a manner as to state or imply that the products or services provided are endorsed or preferred by the County. The contractor shall not have the right to include the County's name in its published list of customers without prior approval of the County. With regard to news releases, only the name of the County, type and duration of contract may be used and then only with prior approval of the County. The contractor also agrees not to publish, or cite in any form, any comments or quotes from the County Staff, unless it is a direct quote from the County Administrator.
27. **FORCE MAJEURE:** The Contractor shall not be liable for any excess costs if the failure to perform the contract arises out of causes beyond the control and without fault or negligence of the contractor. Such causes may include, but are not restricted to acts of God or of the public enemy, acts of the Government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case the failure to perform must be beyond the control and without the fault or negligence of the contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both the contractor and subcontractor, and without the fault or negligence of either of them, the contractor shall not be liable for any excess costs for failure to perform, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the contractor to meet the required delivery schedule.
28. **PROHIBITION OF GRATUITIES:** The following applies to all procurements issued by Oconee County: Amended section 8-13-700 and 705 of the 1976 Code of Laws of South Carolina states: "Whoever gives or offers to any public official or public employee any compensation including a promise of future employment to influence his action, vote, opinion or judgment as a public official or public employee or such public official solicits or accepts such compensation to influence his action, vote, opinion or judgment shall be subject to the punishment as provided by Section 16-9- 210 and Section 16-9-220."
29. **S.C. LAW CLAUSE:** Upon award of a contract under this bid, the person, partnership, association or corporation to whom the award is made must comply with the laws of South Carolina which require such person or entity to be authorized and/or licensed to do business within the State. Notwithstanding the fact that applicable statutes may exempt or exclude the Contractor from requirements that it be authorized and/or licensed to do business in this State, by submission of this signed bid, the Contractor agrees to subject himself to the jurisdiction and process of the courts of the State of South Carolina as to all matters and disputes arising or to arise under the contract and the performance thereof, including any questions as to the liability for taxes, licenses, or fees levied by the State.
30. **6% SC SALES TAX:** Oconee County is subject to South Carolina Sales Tax on all purchases of goods and services, except for the mining operation of the Oconee County Rock Quarry, and the recycling operation of the Oconee County Solid Waste Department. Therefore, 6% sales tax must be added to all

orders, except for the mining operation of the Rock Quarry. Lump sum bids however, shall include sales tax in bid price unless otherwise noted. By submission of a signed bid, you are certifying, under penalties of perjury, that you comply with Title 12, Chapter 36, Article 1 of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes. This will certify to the County your compliance.

31. **DRUG-FREE WORKPLACE:** By submittal of this bid, you are certifying that you will comply with Title 44, code of Laws of South Carolina, 1976, Section 44-107-30.
32. **ILLEGAL IMMIGRATION REFORM ACT – 2008 - Title 8, Chapter 14, Act. No. 280:** By submittal of this bid, you are certifying that you are in compliance with Title 8, Chapter 14, or that this law is inapplicable to you and your subcontractors. An overview of this law is available at www.procurementlaw.sc.gov/immigration. This is required of all contractors and subcontractors as of January 1, 2010.
33. **LOCAL PREFERENCE:** The lowest local responsible and responsive bidder who is within two percent (2%) of the lowest non-local responsible and responsive bidder, may match the bid submitted by the non-local responsible and responsive bidder and thereby be awarded the contract. The local preference as set forth in this section shall only be applied to responses to solicitations of written quotes and invitations to bid in excess of ten thousand dollars (\$10,000.00). The local preference as set forth in this section shall only be given to local responsible and responsive bidders who have a physical business address located and operating within Oconee County and who have met all other requirements of the solicitations of written quotes or the invitation to bid, including, without limitation, payment of all duly assessed state and local taxes. If state or federal guidelines prohibit or otherwise limit local preference, then the County shall not use local preference in awarding the contract. If there are multiple responsible and responsive bidders who meet the local preference guidelines as set forth in this section, the County shall use standard procurement practice and procedure as set forth in this Article to determine the priority of selection. The local preference as set forth in this section does not waive or otherwise abrogate the County’s unqualified right to reject any and all bids or proposals or accept such bids or proposals, as appears in the County’s own best interest.
34. **INSURANCE:** The successful contractor shall procure, maintain, and provide proof of insurance coverage for injuries to persons and/or property damage as may arise from, or in conjunction with, the work performed on behalf of the County by the contractor, his agents, representatives, employees or subcontractors. Proof of coverage as contained herein shall be submitted fifteen (15) days prior to the commencement of work and such coverage shall be maintained by the contractor for the duration of the contract period; for occurrence policies.
 - A. **Commercial General Liability:** Coverage shall be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability Form including Products/Completed Operations.

Minimum Limits:
\$1,000,000 General Aggregate Limit
\$1,000,000 Products & Completed Operations
\$1,000,000 Personal & Advertising Injury
\$1,000,000 Each Occurrence Limit
\$50,000 Fire Damage Limit
\$5,000 Medical Expense Limit
 - B. **Business Commercial Automobile Liability:** Coverage sufficient to cover all vehicles owned, used, or hired by the contractor, his agents, representatives, employees or subcontractors.

Minimum Limits:
\$1,000,000 Combined Single Limit
\$1,000,000 Each Occurrence Limit
\$5,000 Medical Expense Limit

C. **Workers' Compensation:** Limits as required by the Workers' Compensation Act of SC, to include state's endorsement for businesses outside of SC. Employer's Liability, \$1,000,000.

D. **Professional Liability:**

Minimum limits are \$1,000,000 per occurrence.

Coverage Provisions

1. All deductibles or self-insured retention shall appear on the certificate(s).
2. Oconee County, its' officers/ officials, employees, agents and volunteers shall be added as "additional insured" as their interests may appear. This provision does not apply to Professional Liability or Workers' Compensation/Employers' Liability.
3. The contractor's insurance shall be primary over any applicable insurance or self-insurance maintained by the County.
4. Shall provide 30 days written notice to the County before any cancellation, suspension, or void of coverage in whole or part, where such provision is reasonable.
5. All coverage for subcontractors of the contractor shall be subject to all of the requirements stated herein.
6. All deductibles or self-insured retention shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, either; the insurer shall reduce or eliminate such deductible or self-insured retention; or the contractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.
7. Failure to comply with any reporting provisions of the policy(s) shall not affect coverage provided the County, its officers/officials, agents, employees and volunteers.
8. The insurer shall agree to waive all rights of subrogation against the County, its' officers/officials, agents, employees or volunteers for any act, omission or condition of premises which the parties may be held liable by reason of negligence.
9. The contractor shall furnish the County certificates of insurance including endorsements affecting coverage. The certificates are to be signed by a person authorized by the insurance company(s) to bind coverage on its behalf, if executed by a broker, notarized copy of authorization to bind, or certify coverage must be attached.
10. All insurance shall be placed with insurers who are lawfully authorized to do business in the state of SC, and who maintain an A.M. Best rating of no less than an A:VII. If A.M. Best rating is less than A:VII, approval must be received from the County's Risk Manager.

SPECIAL CONTRACTUAL TERMS AND CONDITIONS

1. **SCOPE:** Oconee County is soliciting competitive bids to establish a term contract for providing and delivering services and/or commodities listed herein.
2. **TERM OF CONTRACT/OPTION TO EXTEND:** The term of this contract shall be for a period of one (1) year from the effective date of the contract. The Procurement Office may extend the contract if it appears to be in the best interest of the County and is agreeable with the contracted vendor. Said contract renewal will be on an annual basis and will not exceed four (4) additional one-year periods.
3. **CONTRACT ADJUSTMENTS:** Should a contract renewal be desired, written request for said renewal shall be submitted in writing by Oconee County forty-five (45) days prior to the end of the current contract period. Should the contractor wish to request an increase in cost, it will be the contractor's responsibility to submit a written request for such contract adjustments within ten (10) days after receipt of the County's contract renewal notice to the Procurement Office for approval.

If approved, any change in the contract cost will be effective in an amount equivalent to the percentage increase for the previous calendar year (Jan – Dec), using the Consumer Price Index (CPI-U, South Region, All Items), as published by the U. S. Department of Labor, Bureau of Labor Statistics.

The County will accept or decline the requests for a contract increase, in written form, within ten (10) days following the date of the request. No increase shall be effective until approved in writing by the Procurement Director.

4. **TERMINATION:** Subject to the provisions below, the contract may be terminated for any reason by the County providing a 30-day advance notice in writing is given to the contractor. Termination requirement does not apply if contract is to terminate at the end of an established contract term.

Termination for Convenience: In the event that this contract is terminated or canceled upon request and for the convenience of the County without the required thirty (30) day advance written notice, then the County may negotiate reasonable termination costs, if applicable.

Termination for Cause: Termination by the County for cause, default or negligence on the part of the contractor shall be excluded from the foregoing provisions, termination costs, if any shall not apply. The thirty (30) days advance written notice requirements is waived and the default provision in this bid shall apply; see General Conditions.

Termination for Non-appropriations: If Oconee County fails to appropriate or authorize the expenditure of sufficient funds to provide the continuation of this contract, or if a lawful order issued in or for any fiscal year during the term of the contract reduces the funds appropriated or authorized in such amount as to preclude making the payments set out therein, the contract shall terminate on the date said funds are no longer available without any termination charges or other liability incurring to the County. Any termination for non-appropriations shall not prohibit the County from obtaining services in another manner which is in the best interest of the County.

5. **TYPE OF CONTRACT:** This solicitation is for a fixed price, indefinite quantity type contract for the stated items. The contract will be used as a primary source for the articles specified, and individual purchases shall be made under a blanket purchase agreement referring to this solicitation. On indefinite quantity contracts, acceptance will bind the County to pay for, at the fixed unit bid prices, only quantities ordered, delivered and accepted.
6. **QUANTITIES:** Quantities specified in the solicitation are estimates only, and are given for the information of bid evaluation. They do not indicate actual ordered quantities. Volume will depend upon requirements that develop throughout the contract period.
7. **METHOD OF ORDERING:** A blanket order may be issued to cover items needed during a specific time period.

8. **INVOICING:** The contractor shall submit an itemized invoice upon completion of each purchase order requirement. The original and one copy of the invoices are to be mailed as per instructions on the purchase order. Payment will be made in accordance with the payment terms listed in the General Conditions. Purchase order number must appear on all invoices.
9. **EMERGENCY REQUIREMENTS:** The County reserves the right to make emergency purchases from another source should the contractor not be able to meet requirements.

MINIMUM SPECIFICATIONS

Oconee County Emergency Services is soliciting bids from medical providers to administer physicals for firefighters and other emergency services personnel. The physicals shall be performed in Oconee County. It is estimated that approximately 300 physicals will be needed each year. The medical provider must provide alternate scheduling outside of the normal 8am to 5pm work week; this can include earlier morning(s), later afternoon(s) and / or Saturday(s). The medical office should also provide privacy for each individual physical exam and stress testing. The award may be made to one or a multiple vendors, whichever is in the best interest of the County, and quantities may vary. The award of this bid will be for a one year period with four additional one year renewals for a total of five years.

The supervisory doctor shall be a licensed doctor of medicine or osteopathy who has completed residency training in an accredited medical training program and/or American Boards of Medical Specialties (ABMS) or American Osteopathic Association (AOA) board certified or equivalent.

Physicals must include a completed comprehensive health history to include the OSHA Respirator Medical Evaluation Questionnaire in accordance with 1910.134 Appendix. C. This questionnaire can be found online at:

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9783

The personnel will be given this form to complete and bring to the physical.

All physicals are specified in detail in each Pricing Sheet. All specifications/requirements are based on NFPA 1582, 2018 Edition.

Consultations and Reporting: Physician shall explain and review results with each firefighter/participant. Consultation shall include an individual participant health screen report with copies and result profiles provided to each participant. Physician shall discuss with each participant any abnormalities detected during the physical and refer the participant to their personal physician.

At the conclusion of the physical, the physician shall complete the Oconee County Physician's Affidavit (ATTACHMENT A) and return to the Emergency Services Department. In the event a participant has a problem with the EKG screening, stress test or pulmonary function test, or any condition that renders him/her not qualified to be a structural firefighter, the physician should contact Oconee County Emergency Services. All clearance forms should be sent to Oconee County Emergency Services, but no other personal information should be released. (Specific contact information will be supplied to the successful bidder). The physical will be considered incomplete without this form being signed by both physician and evaluated personnel.

Scheduling: Oconee County Emergency Services is comprised of an overwhelming majority of dedicated volunteers. Their time is important to us and we must work together to provide a service with as little impact to those team members as possible. A sample calendar / schedule shall be submitted, with your bid, showing a schedule that will meet the estimated number of physicals required each year. There are some team members that will require alternate scheduling outside of the normal 8am to 5pm work week; this can include earlier morning(s), later afternoon(s) and / or Saturday(s). At least 30 to 40 physicals should be completed per month.

The successful bidder will provide their schedule to Oconee County in advance and the County will have personnel sign up for the indicated time slot each month. The provider will be required to provide confirmation once appointments have been scheduled.

Pricing: Bidders should complete the attached pricing forms indicating pricing for different types of physicals

and additional services if needed. All pricing requested on each form should be completed.

Pap Smears: If the smear is abnormal, or inconclusive, the member should be referred to their primary care provider. Guidelines established by the American Congress of Obstetricians and Gynecologist should be followed.

<https://provider.carefirst.com/carefirst-resources/provider/pdf/acog-cervical-cancer-screening.pdf>

Glucose: An A1C is allowed if sugar is found in the urine and/or the glucose is elevated, especially when there is no prior diagnosis or medication that would indicated a reason.

Mammograms: Only one view is required; if anything is questionable refer to their primary care physician.

Immunizations: All screenings and immunizations are on an as needed basis. This will be based on the individual. The TB screen will be an annual screen. Hepatitis C Screen only if the member meets the recommendation requirements set by the Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/hepatitis-c/symptoms-causes/syc-20354278>

Titers are acceptable if immunization records are not available.

All vaccinations and immunizations are only required to be offered. The member can sign a waiver to decline. Oconee County will request the member to bring a copy of their immunization records, if available. Titers should be performed if the records are not available.

Prostate Cancer Screening: The PSA is referenced under both blood work, and cancer sections of the NFPA 1582 Standard, and therefore referenced twice, but it is the same test. Only one test is required.

Weight and Body Composition: BMI is an acceptable replacement for the specifics listed under the Weight and Body Composition section of the specifications.

PRICING SHEET # 1

**INITIAL BASELINE PHYSICAL FOR RESPONDERS SEEKING LEVEL 1 CLEARANCE
INTERIOR FIREFIGHTERS, DIVER, & SPECIAL RESCUE
APPROXIMATELY 5**

MEDICAL ASSESSMENT PORTION			
Estimated Length of Time		Price	Additional Information / Notes
_____	Comprehensive Health History (Including cardiovascular risk assessment)	_____	
_____	Physical Examination that includes: Vital Signs (temperature, pulse, respiratory rate, and BP) Head, Eyes, Ears, Nose, and Throat (HEENT) Neck Cardiovascular Pulmonary Breast Gastrointestinal with digital rectal exam (as clinically indicated) Genitourinary (Pap smear, testicular exam, rectal exam for prostate mass) Hernia Lymph nodes Neurological Musculoskeletal Skin (including screening for cancers) Vision	_____	
_____	Blood Work – Includes: CBC (with differential), RBC indices and Morphology, and Platelet Count Electrolytes (Na, K, Cl, HCO ₃ , or CO ₂) Renal Function (BUN, creatinine) Glucose Liver Function Tests (ALT, AST, direct and indirect bilirubin, alkaline, and phosphatase) Total Cholesterol (HDL, LDL, clinically useful lipid ratios, and triglycerides)	_____	
_____	PSA Test (individuals over age 40)	_____	
_____	Audiology Includes testing at the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz 4000 Hz 6000 Hz 8000 Hz Standard threshold shifts shall be corrected for age as permitted by OSHA	_____	

_____	Urinalysis – Includes: Dipstick analysis for glucose, Ketones, Leukocyte Esterase, Protein, Blood, and Bilirubin Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis Analysis for occupational chemical exposure if needed	_____	
_____	Spirometry – Includes: FVC FEV1/FVC Ratio FEV1 and FVC results shall be expressed as the absolute value, and as percent predicted adjusted for Gender, age, height, and ethnicity using NHANES III normative equations	_____	
_____	Chest Radiograph – (initial)	_____	
_____	Electrocardiograms Resting 12 lead ECG	_____	
_____	Mammography (for females over 40) Only one view is required, if anything is questionable refer to their primary care physician	_____	
_____	Immunizations and Infectious Disease Screening (as required) Includes: <p style="text-align: right;">TB screening</p> <p style="text-align: right;">Hepatitis C virus Screen</p> <p style="text-align: right;">Hepatitis B virus vaccination (if needed) or Titer</p> <p style="text-align: right;">Tetanus/diphtheria vaccine (if > 10 years since last)</p> <p style="text-align: right;">MMR vaccine (if needed)</p> <p style="text-align: right;">Polio vaccine (if needed)</p> <p style="text-align: right;">Hepatitis A vaccine (if needed)</p> <p style="text-align: right;">Varicella vaccine (if not immune)</p> <p style="text-align: right;">Influenza vaccine (seasonal and novel)</p> <p style="text-align: right;">HIV Screening</p>	_____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	Heavy Metal Screening (with known exposure, at risk, or Diver)	_____	
_____	Colon Cancer Screening (over 40) Fecal occult blood testing	_____	
_____	Prostate Cancer Screening (over 50, 40 if conditions dictate) PSA	_____	

FITNESS ASSESSMENT PORTION			
_____	Aerobic Capacity Aerobic capacity evaluation to include electrocardiogram, and a computer generated program that measures the VO2 maximum by using the Cooper VO2 max tables and comprises the following grades: very poor, poor, fair, good, excellent and superior.	_____	
_____	Weight and Body Composition Including: Circumferential measurements Hydrostatic weighing or Bod-Pod Skinfold measurements Bio impedance analysis	_____	
_____	Muscular Strength, Endurance, and Flexibility Evaluations Including: Grip strength evaluation Leg strength evaluation Arm strength evaluation Push-up evaluation Curl-up evaluation Sit and reach protocol flexibility evaluation	_____	

PRICING SHEET #1 TOTAL PHYSICAL PRICE: _____

APPROXIMATE TIME PHYSICAL WILL TAKE FROM START TO FINISH: _____

PRICING SHEET # 2

**LEVEL 1 PHYSICAL
INTERIOR FIREFIGHTER, SPECIAL RESCUE, & DIVER
APPROXIMATELY 200**

MEDICAL ASSESSMENT PORTION			
Estimated Length of Time		Price	Additional Information / Notes
_____	Comprehensive Health History (Including cardiovascular risk assessment)	_____	
_____	Physical Examination that includes: Vital Signs (temperature, pulse, respiratory rate, and BP) Head, Eyes, Ears, Nose, and Throat (HEENT) Neck Cardiovascular Pulmonary Breast Gastrointestinal with digital rectal exam (as clinically indicated) Genitourinary (Pap smear, testicular exam, rectal exam for prostate mass) Hernia Lymph nodes Neurological Musculoskeletal Skin (including screening for cancers) Vision	_____	
_____	Blood Work – Includes: CBC (with differential), RBC indices and Morphology, and Platelet Count Electrolytes (Na, K, Cl, HCO ₃ , or CO ₂) Renal Function (BUN, creatinine) Glucose Liver Function Tests (ALT, AST, direct and indirect bilirubin, alkaline, and phosphatase) Total Cholesterol (HDL, LDL, clinically useful lipid ratios, and triglycerides)	_____	
_____	PSA Test (individuals over age 40)	_____	
_____	Audiology Includes testing at the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz 4000 Hz 6000 Hz 8000 Hz Standard threshold shifts shall be corrected for age as permitted by OSHA	_____	

_____	Urinalysis – Includes: Dipstick analysis for glucose, Ketones, Leukocyte Esterase, Protein, Blood, and Bilirubin Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis Analysis for occupational chemical exposure if needed	_____	
_____	Spirometry – Includes: FVC FEV1/FVC Ratio FEV1 and FVC results shall be expressed as the absolute value, and as percent predicted adjusted for Gender, age, height, and ethnicity using NHANES III normative equations	_____	
_____	Chest Radiograph – (initial)	_____	
_____	Electrocardiograms Resting 12 lead ECG	_____	
_____	Mammography (for females over 40) Only one view is required, if anything is questionable refer to their primary care physician	_____	
_____	Immunizations and Infectious Disease Screening (as required) Includes: <ul style="list-style-type: none"> TB screening Hepatitis C virus Screen Hepatitis B virus vaccination (if needed) or Titer Tetanus/diphtheria vaccine (if > 10 years since last) MMR vaccine (if needed) Polio vaccine (if needed) Hepatitis A vaccine (if needed) Varicella vaccine (if not immune) Influenza vaccine (seasonal and novel) HIV Screening 	_____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	Heavy Metal Screening (Every 5 years for divers only)	_____	
_____	Colon Cancer Screening (over 40) Fecal occult blood testing	_____	
_____	Prostate Cancer Screening (over 50, 40 if conditions dictate) PSA	_____	

FITNESS ASSESSMENT PORTION			
_____	Aerobic Capacity Aerobic capacity evaluation to include electrocardiogram, and a computer generated program that measures the VO2 maximum by using the Cooper VO2 max tables and comprises the following grades: very poor, poor, fair, good, excellent and superior.	_____	
_____	Weight and Body Composition Including: Circumferential measurements Hydrostatic weighing or Bod-Pod Skinfold measurements Bio impedance analysis	_____	

PRICING SHEET #2 TOTAL PHYSICAL PRICE: _____

APPROXIMATE TIME PHYSICAL WILL TAKE FROM START TO FINISH: _____

PRICING SHEET # 3

**LEVEL 2 PHYSICAL
FIRE SCENE SUPPORT, EXTRICATION, HAZMAT SUPPORT, DIVE/SPECIAL RESCUE SUPPORT
APPROXIMATELY 50**

MEDICAL ASSESSMENT PORTION			
Estimated Length of Time		Price	Additional Information / Notes
_____	Comprehensive Health History (Including cardiovascular risk assessment)	_____	
_____	Physical Examination that includes: Vital Signs (temperature, pulse, respiratory rate, and BP Head, Eyes, Ears, Nose, and Throat (HEENT) Neck Cardiovascular Pulmonary Breast Gastrointestinal with digital rectal exam (as clinically indicated) Genitourinary (Pap smear, testicular exam, rectal exam for prostate mass) Hernia Lymph nodes Neurological Musculoskeletal Skin (including screening for cancers) Vision	_____	
_____	Blood Work – Includes: CBC (with differential), RBC indices and Morphology, and Platelet Count Electrolytes (Na, K, Cl, HCO ₃ , or CO ₂) Renal Function (BUN, creatinine) Glucose Liver Function Tests (ALT, AST, direct and indirect bilirubin, alkaline, and phosphatase) Total Cholesterol (HDL, LDL, clinically useful lipid ratios, and triglycerides)	_____	
_____	PSA Test (individuals over age 40)	_____	
_____	Audiology Includes testing at the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz 4000 Hz 6000 Hz 8000 Hz Standard threshold shifts shall be corrected for age as permitted by OSHA	_____	

_____	Urinalysis – Includes: Dipstick analysis for glucose, Ketones, Leukocyte Esterase, Protein, Blood, and Bilirubin Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis Analysis for occupational chemical exposure if needed	_____	
_____	Electrocardiograms Resting 12 lead ECG	_____	
_____	Mammography (for females over 40) Only one view is required, if anything is questionable refer to their primary care physician	_____	
_____	Immunizations and Infectious Disease Screening (as required) Includes: <p style="text-align: right;">TB screening</p> <p style="text-align: right;">Hepatitis C virus Screen</p> <p style="text-align: right;">Hepatitis B virus vaccination (if needed) or Titer</p> <p style="text-align: right;">Tetanus/diphtheria vaccine (if > 10 years since last)</p> <p style="text-align: right;">MMR vaccine (if needed)</p> <p style="text-align: right;">Polio vaccine (if needed)</p> <p style="text-align: right;">Hepatitis A vaccine (if needed)</p> <p style="text-align: right;">Varicella vaccine (if not immune)</p> <p style="text-align: right;">Influenza vaccine (seasonal and novel)</p> <p style="text-align: right;">HIV Screening</p>	_____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	Colon Cancer Screening (over 40) Fecal occult blood testing	_____	
_____	Prostate Cancer Screening (over 50, 40 if conditions dictate) PSA	_____	
FITNESS ASSESSMENT PORTION			
_____	Aerobic Capacity Aerobic capacity evaluation to include electrocardiogram, and a computer generated program that measures the VO2 maximum by using the Cooper VO2 max tables and comprises the following grades: very poor, poor, fair, good, excellent and superior.	_____	
_____	Weight and Body Composition Including: Circumferential measurements Hydrostatic weighing or Bod-Pod Skinfold measurements Bio impedance analysis	_____	

PRICING SHEET #3 TOTAL PHYSICAL PRICE: _____

APPROXIMATE TIME PHYSICAL WILL TAKE FROM START TO FINISH: _____

PRICING SHEET # 4

**LEVEL 3 PHYSICAL
MEDICAL FIRST RESPONDER, DRIVER OPERATOR, MEDICAL REHABILITATION
APPROXIMATELY 25**

MEDICAL ASSESSMENT PORTION			
Estimated Length of Time		Price	Additional Information / Notes
_____	Comprehensive Health History (Including cardiovascular risk assessment)	_____	
_____	Physical Examination that includes: Vital Signs (temperature, pulse, respiratory rate, and BP Head, Eyes, Ears, Nose, and Throat (HEENT) Neck Cardiovascular Pulmonary Breast Gastrointestinal with digital rectal exam (as clinically indicated) Genitourinary (Pap smear, testicular exam, rectal exam for prostate mass) Hernia Lymph nodes Neurological Musculoskeletal Skin (including screening for cancers) Vision	_____	
_____	Blood Work – Includes: CBC (with differential), RBC indices and Morphology, and Platelet Count Electrolytes (Na, K, Cl, HCO ₃ , or CO ₂) Renal Function (BUN, creatinine) Glucose Liver Function Tests (ALT, AST, direct and indirect bilirubin, alkaline, and phosphatase) Total Cholesterol (HDL, LDL, clinically useful lipid ratios, and triglycerides)	_____	
_____	PSA Test (individuals over age 40)	_____	
_____	Audiology Includes testing at the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz 4000 Hz 6000 Hz 8000 Hz Standard threshold shifts shall be corrected for age as permitted by OSHA	_____	

_____	Urinalysis – Includes: Dipstick analysis for glucose, Ketones, Leukocyte Esterase, Protein, Blood, and Bilirubin Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis Analysis for occupational chemical exposure if needed	_____	
_____	Electrocardiograms Resting 12 lead ECG	_____	
_____	Mammography (for females over 40) Only one view is required, if anything is questionable refer to their primary care physician	_____	
_____	Immunizations and Infectious Disease Screening (as required) Includes: <p style="text-align: right;">TB screening</p> <p style="text-align: right;">Hepatitis C virus Screen</p> <p style="text-align: right;">Hepatitis B virus vaccination (if needed) or Titer</p> <p style="text-align: right;">Tetanus/diphtheria vaccine (if > 10 years since last)</p> <p style="text-align: right;">MMR vaccine (if needed)</p> <p style="text-align: right;">Polio vaccine (if needed)</p> <p style="text-align: right;">Hepatitis A vaccine (if needed)</p> <p style="text-align: right;">Varicella vaccine (if not immune)</p> <p style="text-align: right;">Influenza vaccine (seasonal and novel)</p> <p style="text-align: right;">HIV Screening</p>	_____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	Colon Cancer Screening (over 40) Fecal occult blood testing	_____	
_____	Prostate Cancer Screening (over 50, 40 if conditions dictate) PSA	_____	
FITNESS ASSESSMENT PORTION			
_____	Weight and Body Composition Including: Circumferential measurements Hydrostatic weighing or Bod-Pod Skinfold measurements Bio impedance analysis	_____	

PRICING SHEET #4 TOTAL PHYSICAL PRICE: _____

APPROXIMATE TIME PHYSICAL WILL TAKE FROM START TO FINISH: _____

PRICING SHEET # 5

**LEVEL 4 PHYSICAL
ADMINISTRATIVE SUPPORT (NO EMERGENCY RESPONSE)
APPROXIMATELY 20**

MEDICAL ASSESSMENT PORTION			
Estimated Length of Time		Price	Additional Information / Notes
_____	Comprehensive Health History (Including cardiovascular risk assessment)	_____	
_____	Physical Examination that includes: Vital Signs (temperature, pulse, respiratory rate, and BP Head, Eyes, Ears, Nose, and Throat (HEENT) Neck Cardiovascular Pulmonary Breast Gastrointestinal with digital rectal exam (as clinically indicated) Genitourinary (Pap smear, testicular exam, rectal exam for prostate mass) Hernia Lymph nodes Neurological Musculoskeletal Skin (including screening for cancers) Vision	_____	
_____	Blood Work – Includes: CBC (with differential), RBC indices and Morphology, and Platelet Count Electrolytes (Na, K, Cl, HCO ₃ , or CO ₂) Renal Function (BUN, creatinine) Glucose Liver Function Tests (ALT, AST, direct and indirect bilirubin, alkaline, and phosphatase) Total Cholesterol (HDL, LDL, clinically useful lipid ratios, and triglycerides)	_____	
_____	PSA Test (individuals over age 40)	_____	
_____	Audiology Includes testing at the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz 4000 Hz 6000 Hz 8000 Hz Standard threshold shifts shall be corrected for age as permitted by OSHA	_____	

_____	Urinalysis – Includes: Dipstick analysis for glucose, Ketones, Leukocyte Esterase, Protein, Blood, and Bilirubin Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis Analysis for occupational chemical exposure if needed	_____	
_____	Electrocardiograms Resting 12 lead ECG	_____	
_____	Mammography (for females over 40) Only one view is required, if anything is questionable refer to their primary care physician	_____	
_____	Colon Cancer Screening (over 40) Fecal occult blood testing	_____	
_____	Prostate Cancer Screening (over 50, 40 if conditions dictate) PSA	_____	
FITNESS ASSESSMENT PORTION			
_____	Weight and Body Composition Including: Circumferential measurements Hydrostatic weighing or Bod-Pod Skinfold measurements Bio impedance analysis	_____	

PRICING SHEET #5 TOTAL PHYSICAL PRICE: _____

APPROXIMATE TIME PHYSICAL WILL TAKE FROM START TO FINISH: _____

COUNTY OF OCONEE
Procurement Office, 415 S. Pine Street, Walhalla, SC 29691
Phone: (864) 638-4141 / Fax: (864) 638-4142

BID FORM

BID NUMBER: 19-01

DATE: October 22, 2019

OPENING DATE AND TIME: Tuesday, November 19, 2019 @ 2:00pm

OPENING LOCATION: Oconee County Procurement Office
County Administrative Building
415 S. Pine Street, Walhalla, SC 29691

PROCUREMENT OF: Physicals for Firefighters

STATE BELOW THE LOCATION (ADDRESS) OF THE MEDICAL OFFICE WHERE THE PHYSICALS WILL TAKE PLACE:

**PRICING SHEET # 1- INITIAL BASELINE PHYSICAL FOR RESPONDERS
SEEKING LEVEL 1 CLEARANCE** \$ _____

PRICING SHEET #2-LEVEL 1 PHYSICAL \$ _____

PRICING SHEET # 3 - LEVEL 2 PHYSICAL \$ _____

PRICING SHEET # 4 - LEVEL 3 PHYSICAL \$ _____

PRICING SHEET # 5 -LEVEL 4 PHYSICAL \$ _____

By signing this bid below, I acknowledge that Attachment A will be completed and signed as part of each physical given. A completed Sample Schedule and Pricing Sheets numbered 1, 2 3, 4 and 5 are also included.

MEDICAL OFFICE NAME: _____ DATE _____

SIGNATURE: _____

Print Signature: _____

The attached Certificate of Familiarity and Non-Collusion must be returned with bid.

By signing this Bid Form, the Bidder acknowledges that he/she has read this document and understands the provisions, agrees to be bound by its terms and conditions, will adhere to scheduling requirements stated herein and is capable of providing all required products and/or services.

REFERENCE FORM

(Please use this form or similar copy)

Bidder shall include a list of three references for similar work with bid response. References shall include project name, brief description and location of project, completed dollar amount of project, date completed, contact person's name, phone and fax number and e-mail address of a similar job completed.

1. Name of Owner of Project: _____
Brief description including Location: _____

Completed Dollar Amount: \$ _____ Date Completed: _____

Contact Person's Name: _____

Contact Phone: (_____) _____ - _____

Contact Fax: (_____) _____ - _____

Contact E-mail: _____

2. Name of Owner of Project: _____
Brief description including Location: _____

Completed Dollar Amount: \$ _____ Date Completed: _____

Contact Person's Name: _____

Contact Phone: (_____) _____ - _____

Contact Fax: (_____) _____ - _____

Contact E-mail: _____

3. Name of Owner of Project: _____
Brief description including Location: _____

Completed Dollar Amount: \$ _____ Date Completed: _____

Contact Person's Name: _____

Contact Phone: (_____) _____ - _____

Contact Fax: (_____) _____ - _____

Contact E-mail: _____

CERTIFICATE OF FAMILIARITY AND NON-COLLUSION

The undersigned, having fully familiarized himself with the information contained within this entire solicitation and applicable amendments, submits the attached bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. I further certify that this bid is good for a period of sixty (60) days, unless otherwise stated.

Company Name (as registered with the IRS)

Authorized Signature

Correspondence Address

Printed Name

City, State, Zip

Title

Date

Phone # Fax #

E-mail Address

Mobile Phone #

Remittance Address

City, State, Zip

Phone #

Toll-Free Phone #, if available

Federal Tax ID Number

SC Sales and Use Tax Number



STATE OF SOUTH CAROLINA
 DEPARTMENT OF REVENUE
**NONRESIDENT TAXPAYER
 REGISTRATION AFFIDAVIT
 INCOME TAX WITHHOLDING**

I-312
 (Rev. 7/28/06)
 3323

Mail to: The company or individual you are contracting with.

The undersigned nonresident taxpayer on oath, being first duly sworn, hereby certifies as follows:

1. Name of Nonresident Taxpayer: _____
2. Trade Name, if applicable (Doing Business As):

3. Mailing Address: _____
4. Federal Identification Number: _____
5. _____ Hiring or Contracting with:
 Name: _____
 Address: _____
 _____ Receiving Rentals or Royalties From:
 Name: _____
 Address: _____
 _____ Beneficiary of Trusts and Estates:
 Name: _____
 Address: _____

6. I hereby certify that the above named nonresident taxpayer is currently registered with (check the appropriate box):
 The South Carolina Secretary of State or
 The South Carolina Department of Revenue
 Date of Registration: _____

7. I understand that by this registration, the above named nonresident taxpayer has agreed to be subject to the jurisdiction of the South Carolina Department of Revenue and the courts of South Carolina to determine its South Carolina tax liability, including estimated taxes, together with any related interest and penalties.

8. I understand the South Carolina Department of Revenue may revoke the withholding exemption granted under Code Sections 12-8-540 (rentals), 12-8-550 (temporarily doing business or professional services in South Carolina), and 12-8-570 (distributions to nonresident beneficiary by trusts or estates) at any time it determines that the above named nonresident taxpayer is not cooperating with the Department in the determination of its correct South Carolina tax liability.

The undersigned understands that any false statement contained herein could be punished by fine, imprisonment or both. Recognizing that I am subject to the criminal penalties under Code Section 12-54-44 (B) (6) (a) (i), I declare that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of Nonresident Taxpayer (Owner, Partner or Corporate Officer, when relevant) (Seal) _____ Date

If Corporate officer state title: _____

 (Name - Please Print)

33231010

BIDDER'S QUESTION SUBMITTAL FORM

**FOR QUESTIONS RELATED TO BID #19-01,
Physicals for Firefighters**

Deadline for submitting a question is Tuesday, November 5, 2019 @ 2:00pm

If possible, please submit your questions via e-mail to the buyer assigned to this bid. Buyer's contact information is listed below.

**Name: Tronda C. Popham
Title: Procurement Director
E-mail: tpopham@oconeesc.com
Phone: 864-638-4141**

If you do not have access to e-mail, you may use the form below to fax questions to (864) 638-4142.

Company Name: _____ Date: _____

Address: _____

Contact Person: _____

Phone #: (____) _____ Fax #: (____) _____

(PLEASE REFER TO PAGE AND PARAGRAPH NUMBER FROM THE BID, WHEREVER POSSIBLE)

**ATTACHMENT A
PHYSICIAN'S AFFIDAVIT**

Name _____ Station _____

Social Security Number _____ Date of Birth _____

Based on the results of the preplacement/annual medical evaluation this individual is...

Check ALL that apply		
<input type="checkbox"/> qualified to be an Interior Firefighter	<input type="checkbox"/> qualified to be a Special Rescue Responder	
<input type="checkbox"/> qualified to be a HAZMAT responder	<input type="checkbox"/> qualified to be a DIVE responder	
<input type="checkbox"/> qualified to be an EMR	<input type="checkbox"/> qualified to be a Support Member	<input type="checkbox"/> Not qualified

... and can engage in training, perform emergency operations and wear respiratory equipment to combat interior structure fires for the Oconee County Emergency Services Department and/or qualify for Emergency Responder, Dive, Special Rescue duties as outlined below:

FIRE	Check all that apply	RESCUE
<input type="checkbox"/> Level 1 – Interior and Exterior – All Firefighter Duties		<input type="checkbox"/> Level 1 – All Rescue Responder, Dive, Special Rescue Duties
<input type="checkbox"/> Level 2 – Exterior Support NO INTERIOR FIRE FIGHTING		<input type="checkbox"/> Level 2 – Extrication, Medical Responder Duties
<input type="checkbox"/> Level 3 – On-scene Support (Driver Operator) NO STRENUOUS ACTIVITY		<input type="checkbox"/> Level 3 – On-scene support (Driver, Rehab) NO STRENUOUS ACTIVITY
<input type="checkbox"/> Level 4 – Administrative Member NO EMERGENCY RESPONSE		<input type="checkbox"/> Level 4 – Administrative Member NO EMERGENCY RESPONSE

<input type="checkbox"/> Based on the test results and screening I find this individual to be CLEAR under OSHA 1910.156, OSHA 1910.134, OSHA 1910.120 regulations, and NFPA 1582. (Level 1 & can wear Respirator)	
<input type="checkbox"/> Based on the test results and screening I find this individual to be UNCLEAR under OSHA 1910.156, OSHA 1910.134, OSHA 1910.120 regulations, and NFPA 1582. (Levels 2 – 4)	

Comments: _____

Physician: _____ Date: _____

I acknowledge that I understand the above qualified duties and results based on my medical evaluation.	
Employee: _____	Date: _____