City of Lynchburg
Office of Procurement
900 Church Street
Lynchburg, VA 24504
Telephone No: 434-455-3970
Fax No: 434-845-0711

ADDENDUM # 01 for Request For Bid/Proposal # 05-008-FHR

HAZARDOUS MATERIALS TEAM EQUIPMENT TRAILER

Date: November 5, 2004

From: Florence H. Randolph

RE: Addendum #01

This addendum hereby changes to the above named, please be advised:

1. Section IX General Terms and Conditions, Item 5C. Appropriation of Funds

   Appropriation of Funds:

   Final delivery is contingent upon the appropriation of sufficient funds by the Lynchburg City Council to fulfill the requirements of the purchase order. If Council fails to appropriate sufficient monies to provide the fulfillment of the purchase order, or if such appropriation is reduced and the effect of such reduction is to provide insufficient monies for the final delivery, the purchase order shall terminate on the date of the beginning of the fiscal year for which funds are reduced or not appropriated, and the City shall endeavor to notify the Contractor thirty (30) business days prior to such event.

2. Section IX General Terms and Conditions, Item 9Q. Responsibility for Property

   Responsibility for Property

   The Contractor shall be responsible for damages to property caused by work performed or delivery under a subsequent agreement or purchase order. In addition, it shall be understood that any equipment covered by this solicitation shall remain the property of the bidder until delivered and accepted by the City.

3. Section T. Other Terms and Conditions, page 10, to add section 11 and 12.

   11. Right to Audit:

   All contracts are subject to audit by Federal, State or City Personnel or their representatives at no cost to the City. Contractor agrees to retain all records, books and other documents relevant to this Contract and the funds expended hereunder for at least four (4) years after Contract acceptance, or as required by applicable law. Requests for audits shall be made in writing and Contractor shall respond with all information requested within ten (10) calendar days of the date of the request.

   CANCELLATION:

   12. The City reserves the right to cancel any resultant contract with thirty- (30) days written notice to the vendor if deemed to be in the best interest of the City.

ATTACHMENTS – ITEM 4 AND 5 LEFT OFF THE RFP (See Below)

4. Hazardous Materials Team Trailer Specification & Design
    - Attachments: A thru I
    - Attachment B: Equipment or Supplies to be furnish by the City of Lynchburg
    - Attachment C thru I: Drawings

5. Forms:
    - CERTIFICATION OF NONDISCRIMINATION AND ANTI-COLLUSION
    - INSURANCE REQUIREMENTS
    - ALL PROSPECTIVE FIRMS MUST RESPOND TO THE FOLLOWING
    - W-9 FORM – REQUEST FOR TAXPAYER
    - W-9 SPECIFIC INSTRUCTIONS

Florence H. Randolph

Purchasing Officer Signature

This form must be submitted as part of bid/proposal submittal.

READ TERMS AND CONDITIONS AND SIGN

In compliance with the above proposal, and subject to all the conditions hereof, the undersigned offers and agrees to comply with any or all of the terms and conditions contained therein, or as modified by this addenda. This form shall become part of the final purchase order or agreement.

Company Name:	**Address:**	**Date:**
Authorized Signature:	**Title:**	
Print Name:	**Telephone #:**	**Fax #:**

Lynchburg Fire & EMS

Hazardous Materials Team

Trailer Specifications & Design

Request for Proposal

Replacement of the Lynchburg Fire & EMS Department

Hazardous Materials Team Equipment Trailer

General Trailer Specifications

Attachment A

LYNCHBURG FIRE & EMS
HAZMAT TRAILER SPECIFICATIONS

1. General specs:

Gross Vehicle Weight 38,000 lbs

Fifth wheel type construction

Walk- through trailer with exterior compartments with uninterrupted Floor surface

L- 40ft x, W- 8.5ft, H- 10.5ft

Painted to LFD specs- painted prior to arrival
Two tone paint scheme
Red PPG # 71528
White PPG # 4289
White top downsides 18”

NFPA 1901 lighting compliant or ready LED style

4 - Side (2 each side) & 2 - Rear Scene Lights
Minimal 4” x 6” halogen.

Low profile / ground height minimum clearance height 20”

Dot lights LED style
Side turn signals at midpoint of trailer

Stemco mechanic oil seals

Standard Fifth Wheel tractor attachments for air & electric lines
(To allow any standard tractor will be able to pull.)

Secondary power cable or attachment point to run emergency lights and interior lights with inverter in trailer.

\Kussmaul charger with Auto-Eject to power outlets and light in clean room when generator is not running. Kussmaul charger should be installed on road side of trailer. See drawings for installation location

Provide separate price for observation platform area on roof minimal 8'x10' with OSHA safety rails. Safety rails must either detach or fold down for travel. Platform shall support a minimum weight of 500lbs.

Any place wiring passes though sheet metal, rubber grommets shall be used.

2. Trailer Body & Frame Construction
All Aluminum construction with seamless welding
Reinforced ceiling above fifth wheel for future light tower.
Reinforced ceiling above clean room for HVAC.
Reinforced ceiling at rear for observation area.
Extruded Aluminum floor
6061 T6 High Strength- High corrosion resistance

3. Axle, Brakes, Wheel, and Suspension
1 – 22,500 lb. Axle

ABS Brakes
16 1/5 x 7q series brakes
Automatic slack adjusters

Wheels – ten hole Budd style
G – 114 11R 22.5 14ply radial tires
8 ¼ Rims

8 leaf spring @ 12,000 lb.

Attachment A

Air Suspension
Remote mounted air tanks to help with maintenance

2 – Speed landing gear sand shoes
(self supporting loaded trailer)

1. Exterior Compartments
All exterior doors weather sealed with lockable closures

A. Rear Storage Room
Loading fold down ramp – 11 degree incline
(2)- Interior access via roll up doors curbside and street side
Full height doors
Interior fluorescent lighting

B. Compartments above fifth wheel
(4)- Roll-up doors with retrieval strap
(2)– Curb side and (2) – Road side
Each compartment minimum 40” w x 58” h x 50” d
Interior fluorescent lighting
6 - Heavy-duty aluminum adjustable shelving 500 lbs
Aluminum slide out tray 500 lbs generator
2” pipe for wiring from generator compartment to clean room
12-2 120v wiring to be run from generator to clean room and outlets on trailer
Electrical panel located on curb side wall in clean room
4, 110v ground fault outlets installed in clean room; see drawing for installation locations
4, 120v 20 Amp. weather proof twist lock outlets located on the rear of curb side and road side; see drawing for installation locations

C. Clean room - camper style door - curbside 36”w x 68”h
Interior fluorescent lighting

5. Interior Compartments
   Water resistant non slip floor coating
   Overall interior height should be a minimum of 90”

   A. Clean Room minimum 70” l x 101” w
      Completely sealed from rest of trailer
      Climate controlled / insulated

   B. Rear Storage Room minimum 302.5” l x 101” w
      Fixed full interior aluminum shelving
         3 shelf 15’ x 28” street and curbside
      Swivel tie down rings “D” style (4) on floor
         Customer spec. for placement location

Attachment B

Equipment or Supplies to be furnish by the City of Lynchburg

Trailer Specs.

Generator – to be mounted

Cabinets / Shelving in clean room.

Appliances in clean room

Exterior reflective stripping per NFPA 1901

Minimum 16' Awning on each side of trailer (curbside & roadside)

Roof access ladder (OSHA compliant).

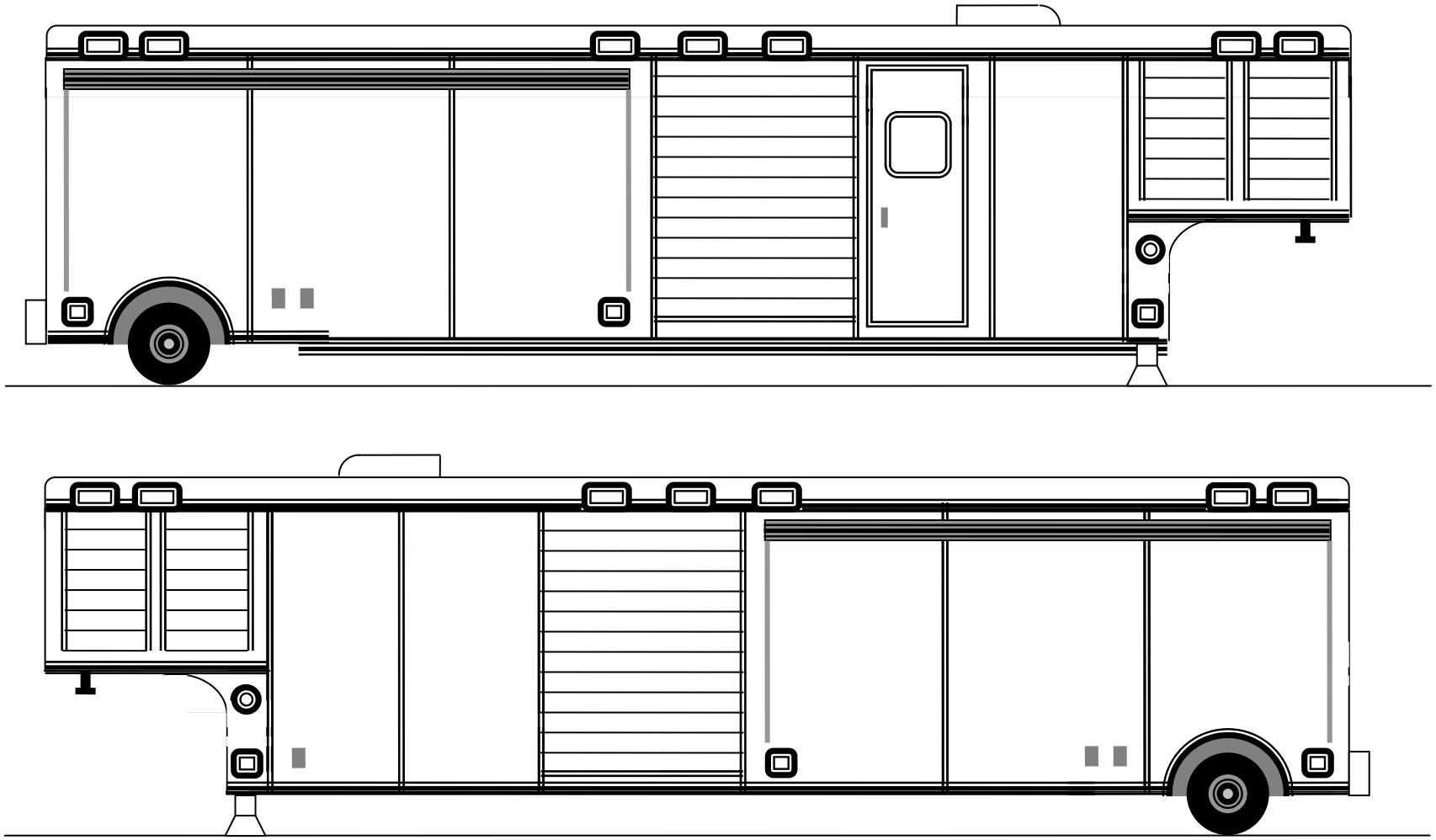
Cab Specs.

NFPA 1901 Emergency Lighting

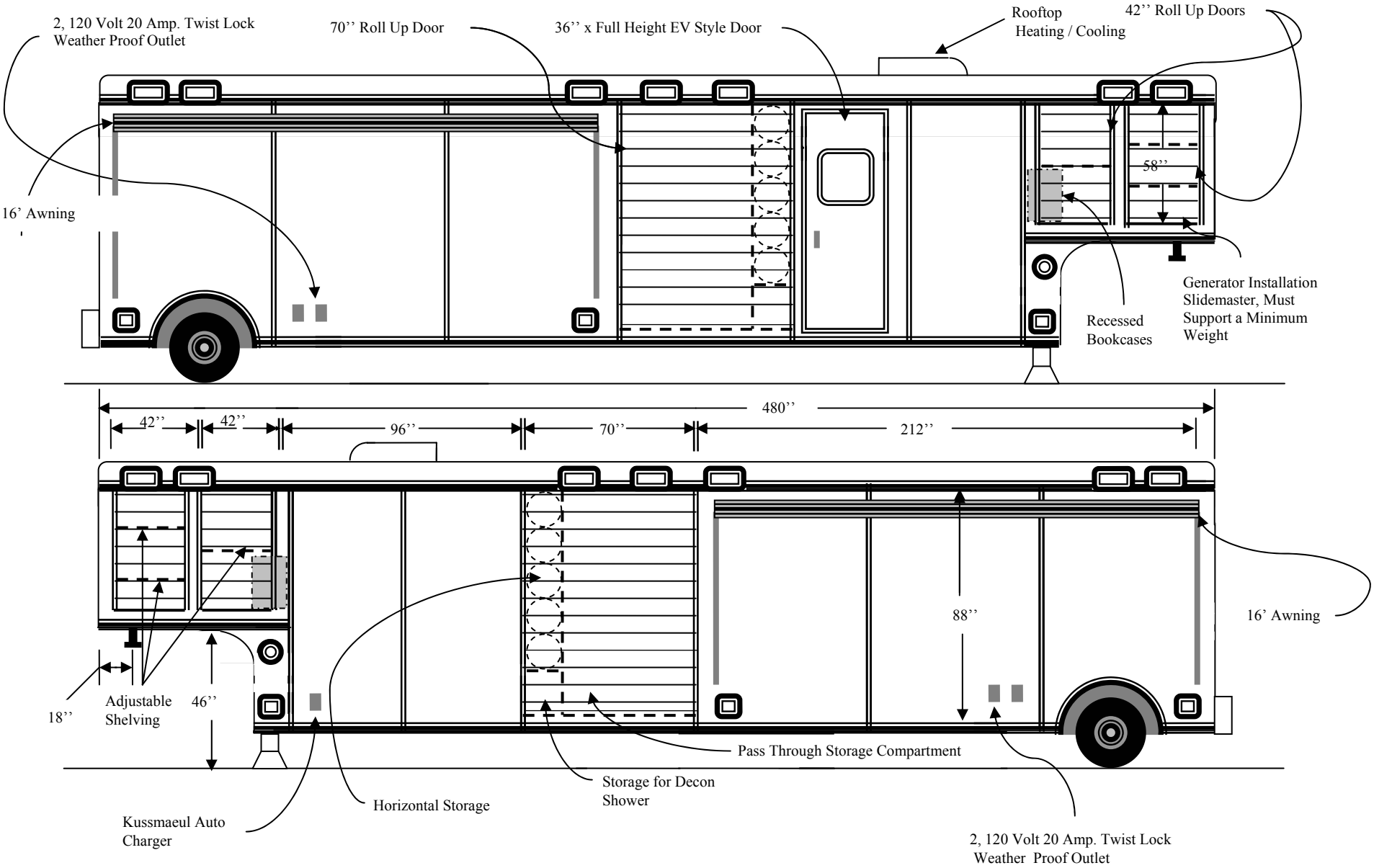
Standard Fifth wheel attachments (air & electric).

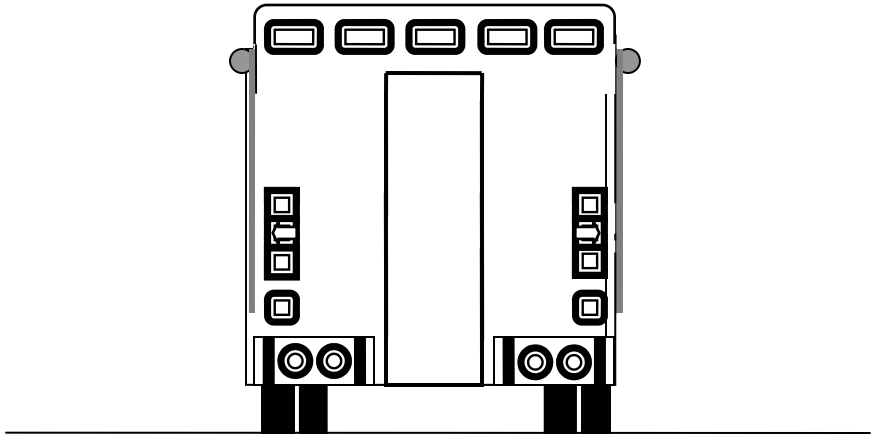
Secondary attachment point or cable for emergency lights and interior lights.

Attachment C



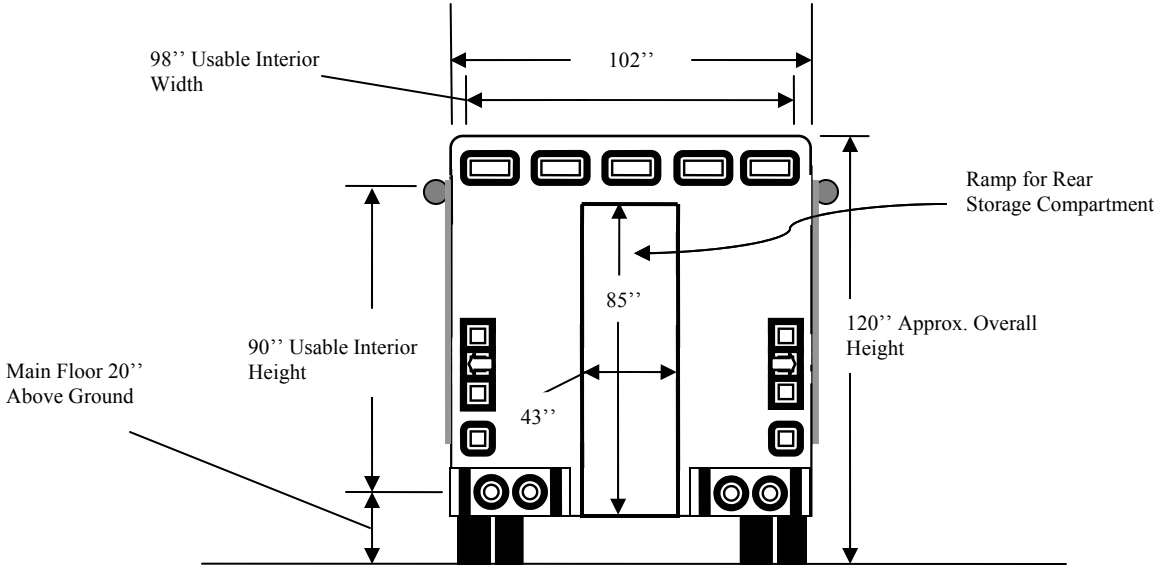
Attachment D





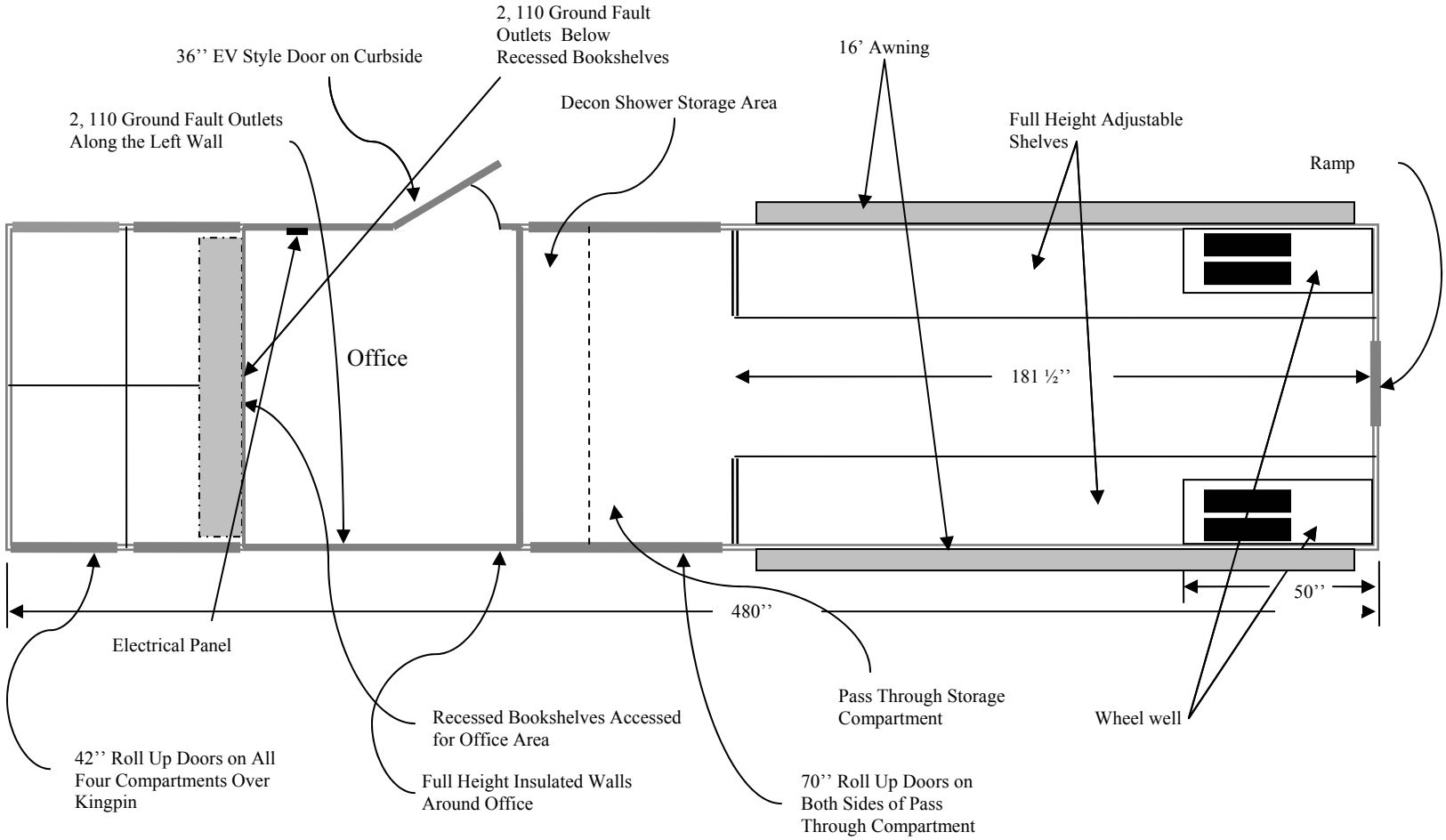
Attachment E

Attachment F

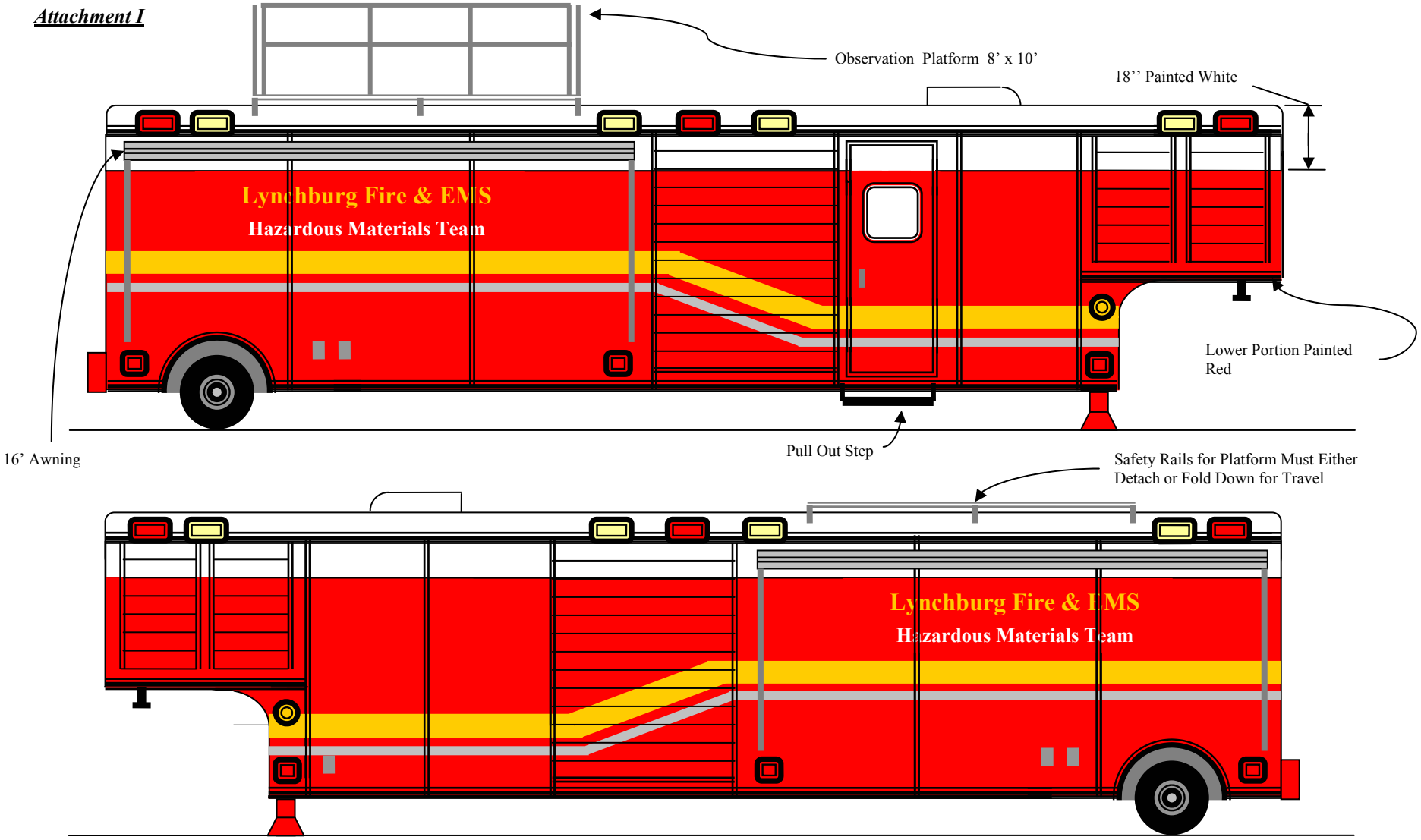


Attachment G

Attachment H



Attachment I



CERTIFICATION OF NONDISCRIMINATION AND ANTI-COLLUSION

By submitting their bids, all bidders certify to the City of Lynchburg, VA that they will conform to the provisions of the Federal civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginian's With Disabilities Act, the Americans With Disabilities Act, Section 2.2-4311 of the Virginia Public Procurement Act, and the Lynchburg Procurement Ordinance*:*

In every contract over $10,000, the provisions below apply:

1. During the performance of this contract, the contractor agrees as follows:

A. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

B. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.

C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

2. The contractor will include the provisions of the foregoing paragraphs A, B and C in every subcontract or purchase order of over $10,000, so that the provisions will be binding upon each subcontractor or vendor.

Certified by:_____ **(*corporate seal)***

Date:_____

Note: I hereby certify that this bid is not the result of, or affected by, any act of collusion with another person engaged in the same line of business, or any act of fraud punishable under the Virginia Commonwealth Frauds Act.

_____ ***(seal)***

Acknowledged before me this_____ **day of**_____ _____,

_____
Notary Public

My commission expires: _____

CITY OF LYNCHBURG, VIRGINIA
OFFICE OF RISK MANAGEMENT

INSURANCE REQUIREMENTS

The contractor/vendor shall procure, maintain, and provide proof of insurance coverage for injuries to persons or damages to property which may arise from or in connection with the work performed on behalf of the City by the contractor, his agents, representative, employees, or subcontractor. Such coverage shall be maintained by the contractor/vendor for the duration of the contract period.

Broad Form Commercial General Liability:
(Occurrence Form CG0001, Ed. 11/88): $1,000,000 CSL, BI &PD

Automobile Liability:
Code 1 "ANY AUTO" (Form CA0001 Ed. 6/92): $1,000,000 CSL, BI & PD

Workers' Compensation: Statutory Amount

Please state your ability to comply with these requirements _____ _____.
YES NO

The insurance policies shall include or be endorsed to include the following provisions.

1. The city of Lynchburg, Virginia its officers/officials, employees, agents, and volunteers (the City) shall be added as "insureds" under the terms and conditions of the policies for liabilities which may arise out of the contractor/vendor's operations or activities in these projects.

2. Any deductibles or self-insured retentions applicable to required coverages shall be paid by the contractor/vendor, and the City shall not be required to participate therewith.

3. The contractor/vendor shall agree to provide the City with 30 days written notice of any cancellation of or reduction in the required coverages.

4. The insurance required hereunder shall be primary and any insurance or self-insurance maintained by the City shall be excess of the contractors/vendor's insurance and shall not contribute therewith.

5. Failure of the contractor/vendor to comply with any reporting provisions of the insurance policies required hereunder shall not affect coverage provided to the City.

6. All rights of subrogation against the City shall be waived.

7. The contractor/vendor shall provide the City with certificate of insurance with applicable endorsements effecting coverages, signed by a person authorized by the insurance company to bind coverage on its behalf. Certificates of insurance shall be received by the City within 5 days of notice of intent to award. Please state ability to comply_____

8. All coverages for subcontractors of the contractor/vendors, if any, shall be subject to all of the requirements stated herein.

ALL PROSPECTIVE FIRMS MUST RESPOND TO THE FOLLOWING

If a limited liability company, limited liability partnership or a limited partnership indicate below:

Check one: ☐ Limited liability company

☐ Limited liability partnership

☐ Limited partnership

Have you registered with the State Corporation Commission, to conduct business in Virginia?
☐ Yes ☐ No

Name and address of organizer:_____

_____

_____

_____

List who is authorized to execute contracts: _____

_____

If conducting business under an assumed business name, fill out the following information:

Name of assumed business: _____

Owner's name and address: _____

Registration date: _____ Expires: _____

If conducting business as a sole proprietorship, fill out the following information:

Individual's name liable for all obligations of business:

_____

If you are a sole proprietor using an assumed name, please list below:

_____

Registration date:_____ Expires: _____

Form **W-9**
(Rev. January 2002)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ► ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

Social security number
| | | – | | – | | | |

or

Employer identification number
| | – | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here **Signature of U.S. person ►** **Date ►**

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or

2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or

3. The IRS tells the requester that you furnished an incorrect TIN, or

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see ***Limited liability company (LLC)*** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: *See the chart on this page for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5,** Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7,** Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4,** Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at **www.irs.gov**.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN* ***or*** *that you intend to apply for one soon.*

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see ***Exempt from backup withholding*** above.

Signature requirements. Complete the certification as indicated in **1** through **5** below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item **2** in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item **2** of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] **You must show your individual name,** but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*