

STATE OF DELAWARE



*DELAWARE HEALTH  
AND SOCIAL SERVICES*

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DIVISION OF MANAGEMENT SERVICES

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Specifications and Contract Documents No. 7225R  
for  
60 Kilowatts (KW) Generator, Trailer Mounted  
2 Each

Required for Use By

Division of Public Health  
Division of Public Health, Preparedness Section  
100 Sunnyside Road  
Smyrna, DE 19977

Deposit  
Performance Bond

WAIVED  
WAIVED

Date Due: 05/15/08  
10:00 A.M. Local Time

Delaware Health and Social Services  
Division of Management Services  
Procurement Branch  
Herman M. Holloway Sr. Health and Social Services Campus  
1901 N. DuPont Highway  
New Castle, Delaware 19720

INVITATION TO BID # 7225R

Sealed bids for **60KW Trailer Mounted Generator 2 each** for the Division of Public Health Preparedness Section.

Delaware Health & Social Services, Procurement Branch, Main Administration Building, Second Floor, Room #262, 1901 North DuPont Highway, (South Loop) Herman M. Holloway Sr., Health & Social Service Campus, New Castle, Delaware 19720, until **10:00 A.M. local time on 05/15/2008** which time they will be opened, read and recorded. Specifications may be obtained at the above office. Phone: (302)255-9292.

**Please Note:** The following paragraphs hereby become part of the General Terms and Conditions of this bid.

**1, 2, 3, 4.1, 5.1, 6.1, 7.1, 9.1, 10.1, 11.1, 12.1, 13.1, 14.2, 15, 16.1, 17.1, 18.1, 19.1, 20.2, 20.3, 23.1, 24.1 and 25.**

**Contact Person: Debbie Donovan (302) 255-9292**

**Note to Vendors:** Your bid **must be signed** and all information on the signature page completed. If you do not intend to submit a bid and you wish to be kept on our mailing list you are required to return the face sheet with **"NO BID"** stated on the front with your **company's name, address and signature.**

**Delivery Instruction:**

All bids must be delivered to the address on the bid envelope: Under no circumstances will a bid be accepted that is late, delivered to the wrong building and/or signed for by a person other than a member of the Procurement staff. To ensure that your bid is in the Procurement Office on the date and time specified, there are three (3) recommended methods of delivering bid proposals: **Hand deliver, Federal Express and/or UPS.**

**Ordering Procedure:**

Successful contractors are required to have either a local telephone number with the area code or a toll free number to accept collect calls. All agencies are responsible for placing their orders and may be accomplished by written purchase order, telephone, fax or computer on line systems. The contractor or vendor must accept full payment by procurement (credit card) and/or conventional check or other electronic means at the State's option, without imposing any additional fees, cost or conditions.

For further bidding information please contact:

**Buyer:** **Debbie Donovan**  
Delaware Health and Social Services  
Main Administration Building-South Loop  
Division of Management Services  
Procurement Branch-Room 262  
1901 North DuPont Highway  
New Castle, Delaware 19720

**Specifications:**

**Item description:** The 60kw generator is a fully enclosed, self-contained, skid-mounted, portable unit. It is equipped with controls, instruments, and accessories necessary for operation as single unit or in parallel with another unit of the same class and mode. The generator consists of a diesel engine, brushless generator, excitation system, speed governing system, fuel system, 24 VDC starting system, control system, and fault system. The generator is designed to be used with any piece of equipment requiring a medium source of AC power.

**A. Generator**

60 Kilowatts  
Volts: 120/208 - 3 Phase  
Hertz: 400  
Speed (RPM) 2000

**B. Engine**

Type: 4 Cycle  
Cylinders: 6  
Displacement: 359in. (5.91)  
Horsepower: 134@2000 RPM  
Compression: 17.8:1

**Fuel**

Fuel Capacity: 43 Gal.  
Fuel Consumption: 4.69 GPH  
Fuel Requirement: Diesel

**C. Dimension**

Length (in.): 87  
Width (in.): 35.7  
Height (in.): 59  
Weight (lb.): Includes 8 hours at fuel at rated load, coolant, battery electrolyte and oil.  
Dry: 3606  
Wet: 4153  
Cube (ft.): 103

**D. Aural Signature**

Audio Rating: 72dBA@ 7 meters

**E. Transportability**

Trailer Mounted  
Transport at least 4153 lbs.  
Vendor is responsible for acquiring appropriate trailer with accommodations to fit the height of 1' 10" and ball size is 2-5/16" for specifications listed.



**Special Criteria:**

**1. Warranty**

The vendor will ensure telephone and on-site support availability seven (7) days a week, twenty four (24) hours a day.  
All parts will be covered by a manufacturer's warranty of at least one (1) year.  
The vendor will offer a warranty of at least one (1) year on all labor.  
The vendor will provide detailed maintenance and service dates for the unit if applicable.

**2. Delivery**

Delivery and installation of all necessary equipment must be guaranteed to occur no later than ninety (90) days after submission of purchase order or earlier by specific arrangement.  
Delivery Truck will be provided for off-loading of product and assistance from driver will be expected.

**3. Training**

The vendor will provide training on any active parts such as doors, thermostats, and moving components

**Remark: Please adhere to the above specifications as listed in this competitive sealed bid. Deviations from these specifications will not be accepted.**

**Total Cost Page must be all inclusive:**

**Delivery, service agreement, training, warranty and upgrades must be included in total cost.**

Delivery Cost:	\$ _____
Service Agreement:	\$ _____
Training:	\$ _____
Warranty:	\$ _____
Upgrades:	\$ _____
 Total Cost:	 \$ _____

**All Bidders:**

Please include 2 Originals and 4 Copies of each of your bids. This should include any pamphlets, or additional materials you want to be taken into consideration. For directions to the bid meeting view web link: Use <http://www.mapquest.com> or <http://maps.yahoo.com> to search 1575 McKee Road, Suite 6, Dover, DE 19901 for directions.

## **Additional Terms and Conditions**

### **Billing:**

The successful vendor is required to "Bill as Shipped" to respective ordering Agency(s). Ordering Agencies shall provide at a minimum the contract number, ship to and bill to address, contract name and phone number.

### **Payment:**

The Agencies or School districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

### **Hold Harmless:**

The contractor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against all claims for injury, loss of life or damage to or loss of use of property cause or alleged to be caused by acts or omissions of the contractor, its employees and invitees on or about the premises and which arise out of the contractor's performance or failure to perform as specified in the Agreement.

### **Force Majeure:**

Neither the contractor nor the ordering Agency shall be held liable for non-performance under the terms and conditions of this contract due, but not limited to, government restriction, strike, flood, fire or unforeseen catastrophe beyond either party's control. Each party shall notify the other in writing of any situation that may prevent performance under the terms and conditions of this contract.

### **Vendor Emergency Response Point of Contact:**

The awarded vendor's shall provide the names, telephone number or cell phone numbers of those individuals who can be contacted twenty-four (24) hours a day seven (7) days a week where there is a critical need or commodities or services when the Governor of the State of Delaware declares a State of Emergency under the Delaware Emergency operations plan of April 2005. Failure to provide this information could render the bid as non-responsive.

#### **Contact Person:**

#### **Address:**

#### **Phone Number:**

#### **Cell Phone Number:**

### **Please Note:**

1. Only one bid will be accepted by a bidder.
2. Specified written responses detailed response on each item.
3. Please specify if vendor is unable to meet any of the specified items.
4. All bid totals must include delivery, warranty, service agreement, training and/or upgrades, or your bid will not be accepted.
5. Agency will review all bid proposals and evaluate same.



**Office of Minority and Women Business Enterprise Self-Certification Tracking Form**

If your firm wishes to be considered for one of the classifications listed below, this page must be signed, notarized and returned with your proposal.

Company Name: \_\_\_\_\_

Name of Authorized Representative: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal EI#: \_\_\_\_\_

STATE OF DE Business Lic#: \_\_\_\_\_

Note: Signature of the authorized representative must be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

**Organization Classifications** (Please circle)

Women Business Enterprise (WBE) Yes/No

Minority Business Enterprise (MBE) Yes/No

Please check one---

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

For appropriate certification (WBE), (MBE), (DBE) please apply to: Office of Minority and Women Business Enterprise Phone :(302) 739-4206  
L. Jay Burks, Executive Director Fax :(302) 739-1965

Certification # \_\_\_\_\_ Certifying Agency \_\_\_\_\_

<http://www.state.de.us/omwbe>

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ my Commission expires \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

STATE of \_\_\_\_\_

Definitions

**The following definitions are from the State Office of Minority and Women Business Enterprise.**

**Women Owned Business Enterprise (WBE):**

At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

**Minority Business Enterprise (MBE):**

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

**Corporation:**

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

**Partnership:**

An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

**Individual:**

Self-explanatory

For certification in one of above, the bidder must contract:

L. Jay Burks  
Office of Minority and Women Business Enterprise  
(302) 739-4206  
Fax (302) 739-1965

## Vendor Certification Sheet

As the official representative for the contractor, I certify on behalf of the company that we are and will agree to the following:

- A. We are an approved vendor in the service(s) and/or products being procured.
  
- B. We agree to fulfill all specified requirements that are awarded to us at the prices we bid on for the duration of the bid. We will be responsible for reviewing our bid prices very carefully to make sure we are in compliance of same.
  
- C. We agree that we are accurately representing the type of business and affiliations as specified in the bid.
  
- D. We agree to fulfill all contracted items as specified in our bid and agree not to substitute any item(s) without the permission of Delaware Health and Social Services.
  
- E. We agree to secure a Delaware business license.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature of Bidder (Representative):**

\_\_\_\_\_  
**Name of Company:**



**State of Delaware  
DELAWARE HEALTH AND SOCIAL SERVICES**

**BIDDERS SIGNATURE FORM**

Name of Bidder: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Type in Name of Authorized Person: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Street Name and Number: \_\_\_\_\_

City State and Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

Bidders federal Employers Identification No.: \_\_\_\_\_

Delivery Days/Completion Time: \_\_\_\_\_

F.O.B.: \_\_\_\_\_

Terms: \_\_\_\_\_

The Following Must Be Completed By The Vendor:  
As consideration for the award and execution by the Department of Health and Social Services of this contract, the (Company Name) \_\_\_\_\_  
Hereby grants, conveys, sells, assign and transfers to the State of Delaware all of its rights, title and interest in and to all known or unknown causes of action it presently has or may now hereafter acquire under the Antitrust Laws of the United States and the State of Delaware, relating the particular goods or services purchases or acquired by the Delaware Health and Social Services Department, pursuant to this contract.