



**FRANKLIN COUNTY  
PURCHASING DEPARTMENT  
INVITATION FOR BID (IFB) COVER PAGE**

**IFB NO: 2018-06**

**TITLE: Law Enforcement Conducted Electrical Weapon (CEW)**

**Bid Schedule & Deadlines:**

February 14, 2018	Bid Release Date
February 14, 21, 28 2018	Advertising Period
March 2, 2018, 2:00 PM	Deadline for Submitting Questions
March 6, 2018 4:30PM	Deadline to post Addendum
March 13, 2018 at 9:00 AM	Deadline to Submit Bids
March 13, 2018 at 9:30 AM	Bid Opening Date   Time

**BID responses must be received no later than "Deadline to Submit Bids"**

**March 13, 2018 at 9 am**

**Kathy Hardeman, Purchasing Agent**

**Ann Struttman, Assistant Purchasing Agent**

Phone: 636-584-6274    Email: [purchasing@franklinmo.net](mailto:purchasing@franklinmo.net)

**Submittal Instructions: Print this BID Packet in its entirety and complete all pages per instructions. Print the SEALED BID LABEL found in Attachment 1 of this packet and attach to the front of your envelope.**

# BID SUBMISSION CHECKLIST

\_\_\_\_\_ I have reviewed the bid schedule and deadlines, located on the IFB cover page

\_\_\_\_\_ I have read ALL Terms and Conditions and Bid documents closely

(Located at [www.franklinmo.org/current](http://www.franklinmo.org/current))

**THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A BID**

## **USE THESE FORMS ONLY**

\_\_\_\_\_ IFB Cover page

\_\_\_\_\_ Bid Pricing Form completed and signed (page 4)

\_\_\_\_\_ Contractual Terms and Conditions Acknowledgement (page 5)

\_\_\_\_\_ Affidavit for Work Authorization is completed and Notarized (page 6&7)

\_\_\_\_\_ Current, signed W-9 is included in Bid (page 9)

\_\_\_\_\_ Completed Affidavit of Paid Property Taxes and Notarized (page 10)

\_\_\_\_\_ Completed Vendor Information Request (page 10)

\_\_\_\_\_ I have one original and two copies that are labeled accordingly

\_\_\_\_\_ Envelope is sealed and label attached (page 11)

## SPECIFIC REQUIREMENTS

1. Contractor must be able to provide the equipment requested and quantities specified in this document.
2. Law Enforcement Conducted Electrical Weapon (CEW) requirements:
  - a. Peak loaded voltage: 800-1500 volts
  - b. Pulse rate: 19 pulses per second +/- 1pps
  - c. Current: approximately 1.2 milliamperes
  - d. Pulse duration: 5 seconds per trigger pull. Holding the trigger extends the time beyond 5 seconds. Cycle can be stopped by placing unit in the safe position.
  - e. Estimated useful life: approximately 5 years
  - f. Power Source: non-rechargeable lithium battery pack providing approximately 500 5-second discharges
  - g. Water/humidity resistant
  - h. High-impact polymer construction
  - i. Built-in flashlight
  - j. Built-in laser aiming device
  - k. Ambidextrous safety switch
3. Holster requirements:
  - a. Must accommodate 2" duty belts
  - b. Must have ambidextrous mounting options
  - c. Must have secure locking mechanism to secure device in holster
  - d. Black in color
4. Quantities requested:
  - a. CEW – Twelve (12)
  - b. CEW Holster – Three (3) Right handed and Nine (9) Left handed
  - c. Lithium batteries Twelve (12)
5. One-year replacement warranty to cover any/all loss, damage and defects as a result of material failure or workmanship.

# BID PRICING FORM

## 2018-06 CONDUCTED ELECTRICAL WEAPONS

### REQUIRED PRICING

The bidder shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the IFB.

Pricing per item and total for quantities specified required.

Conducted Electrical Weapon - CEW:

Price per item \_\_\_\_\_ Price for (12) \_\_\_\_\_

Conducted Electrical Weapon CEW Holster:

Price per item – Right \_\_\_\_\_ Price for (3) \_\_\_\_\_

Price per item - Left \_\_\_\_\_ Price for (9) \_\_\_\_\_

Power Source- Lithium batteries

Price per item \_\_\_\_\_ Price for (12) \_\_\_\_\_

Shipping Charge: \_\_\_\_\_

Total Bid: \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder's expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.

# CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published in the Vendor Information Packet on the Franklin County Official Website located at:

<http://www.franklinmo.org/current>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

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Vendor/Contractor Signature

Date

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Vendor/Contractor Name and Title

**AFFIDAVIT OF WORK AUTHORIZATION**

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative)  
as \_\_\_\_\_ (Position/Title)

first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

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Authorized Representative's Signature

Printed Name

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Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ . I am  
Day Month, Year

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commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_ and my commission expires on Date \_\_\_\_\_

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Signature of Notary

Date

# AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

## CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

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Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

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Business Entity Name

Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>											
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; background-color: #f2f2f2;">Social security number</td> </tr> <tr> <td style="width: 25%; text-align: center;">       </td> <td style="width: 25%; text-align: center;">-      </td> </tr> <tr> <td colspan="2" style="text-align: center;">OR</td> </tr> <tr> <td colspan="2" style="text-align: center; background-color: #f2f2f2;">Employer identification number</td> </tr> <tr> <td style="width: 25%; text-align: center;">       </td> <td style="width: 25%; text-align: center;">-          </td> </tr> </table>	Social security number			-	OR		Employer identification number			-
Social security number											
	-										
OR											
Employer identification number											
	-										
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.											

<b>Part II Certification</b>	
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. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# AFFIDAVIT OF PAID PROPERTY TAXES

I certify that \_\_\_\_\_ (Business name) does not owe any unpaid personal or real estate taxes to Franklin County for either the current tax year or prior years.

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Authorized Representative's Signature

Printed Name

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Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, I am  
Day Month, Year

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commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_ and my commission expires on Date \_\_\_\_\_

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Signature of Notary

Date

## VENDOR REQUEST FOR INFORMATION

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

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

May we send Bid Packet and Bid Information via email? \_\_\_\_\_

# ATTACHMENT 1

## SEALED BID LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF BID PACKAGE

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### SEALED BID RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department  
400 East Locust St, Rm 004  
Union, MO 63084

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BID # 2018-06    DATE: 03/13/2018

DESCRIPTION: Conducted Electrical Weapons

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_