

Lori Hendricks
Wagoner County Clerk



307 E. Cherokee St.
Wagoner, OK 74467
918.485.7716
Fax 918.485.7718

Invitation to Bid

The Board of County Commissioners, Wagoner County, Oklahoma is seeking sealed bids for the Turnkey Installation of a Generator Transfer Switch and Removal of an Existing Transfer Switch for the Wagoner County Health Department located at 212 N. Pierce Ave, Wagoner, OK 74467.

Bid # 2016-32

Date Published: May 25, 2016 (Wagoner Tribune)

Bidding Period Closing Date and Hour: June 10, 2016 @ 4:00 PM

Sealed Bid Opening Date and Hour: June 13, 2016 @ 9:00 AM

Requesting Authority: Wagoner County Health Department

Bid submissions are to be: Addressed to:

Wagoner County Purchasing Agent
P O Box 156
Wagoner, OK 74477

Delivered to:

Wagoner County Purchasing Agent
307 E Cherokee
Wagoner, OK 74467

Please review the attached Terms and Conditions pertaining to the submission of this bid.

Please pay particular attention to Item 1 of the Terms and Conditions. This item specifies how the bid envelopes are to be identified to prevent inadvertent or premature opening of sealed bids. Your compliance will ensure consideration of your bid by the awarding body. Late bids will not be considered.

Included in this packet are an Affidavit for Filing with Competitive Bid which must be signed and submitted as part of the bid.

This packet contains:

1. Invitation to Bid
2. Terms and Conditions for Bidding
3. Affidavit for Filing with Competitive Bid
4. Specifications
5. Bid Sheet

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TERMS AND CONDITIONS

THESE ITEMS APPLY TO AND BECOME A PART OF THE BID
NO EXCEPTIONS TO THESE TERMS AND CONDITIONS WILL BE CONSIDERED

1. Bids must be submitted on the included form only. Each bid shall be placed in a separate envelope. Be sure the envelope is completely and properly identified and sealed, showing the bid name and number in the lower left hand corner.
2. All bids shall be entered on the Bid Form enclosed or a copy thereof. Bids are to be typewritten or in ink. No bidder may withdraw his proposal for a period of thirty (30) days after the date and hour set for the opening of bids.
3. The bidder shall attach the manufacturer's name of the equipment or material to be furnished, type, model numbers, manufacturer's descriptive bulletins and specifications. All guarantees and warranties should be clearly stated. This data shall be in sufficient detail to describe accurately the equipment or material to be furnished. Manufacturer's specifications, in respect to the successful bidder, shall be considered as part of the contract with Wagoner County.
4. Any exceptions or deviations from written specifications shall be identified in writing and attached to the bid form.
5. The enclosed Affidavit for Filing with Competitive Bid MUST be returned with bid submission.
6. Wagoner County reserves the right to reject any and all bids and to waive any technicalities in the bidding.
7. Direct purchase of certain items of equipment or material by Wagoner County is exempt from Federal Excise Tax and Oklahoma Sales Tax. In such cases, the bidder shall quote prices which do not include Federal Excise Tax and Oklahoma Sales Tax.
8. Bid must show number of days required for delivery under normal conditions. Contractor must keep the County advised at all times of the status of the order. For any exception to the delivery date as specified on this order, vendor shall give prior notification and obtain written approval from the Purchasing Agent. Default in promised delivery date, or failure to meet specifications, authorizes the County to purchase supplies elsewhere and charge the full increase of cost and handling to defaulting contractor.
9. Bidder agrees to defend and save Wagoner County from and against all demands, claims, costs expense, damage and judgments based upon infringement of any

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patent to goods specified in this order or the ordinary use or operation of such goods by the County or use or operation of such goods in accordance with the bidders' direction.

10. If the bid requires a written contract, the successful bidders shall execute a written contract with the County within ten (10) days after submission of the contracts to said bidder.

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Scope:

- *Turnkey installation of transfer switch and removal of existing transfer switch that will be transferred to possession of Wagoner County Commissioners for use as they see fit.
- *Vendor will make all necessary connections from the line side to the transfer switch.

Equipment:

Quantity 1 - PSTS Series Automatic Transfer Switch consisting of the following features and accessories:

	<u>Comply</u>	<u>Exception</u>
Service Entrance Rated, Open Transition	_____	_____
400 Amp, 2 Pole, 120/240 VAC single phase	_____	_____
NEMA 3R ENCLOSURE	_____	_____
Emergency Terminal Size, Mechanical Lugs, Customer Connection: (1) 4/0-600MCM per phase	_____	_____
Normal Terminal Size, Mechanical Lugs, Customer Connection: (1) 4/0-600MCM per phase	_____	_____
Load Terminal Size, Mechanical Lugs, Customer Connection: (2) #1-500MCM per phase	_____	_____
Neutral Terminal Size, Mechanical Lugs, Customer Connection: (6) 250MCM-350MCM	_____	_____
SRC CONTS - NORM (S1) PRST 2	_____	_____
TD ENGINE START 0-120 SEC	_____	_____
IND LIGHTS - NORM (S1) SRC CON	_____	_____
TD ENGINE COOLDOWN 0-1800 SEC	_____	_____
C-UL-US LISTED	_____	_____
UL1008 LISTED	_____	_____
PLANT EXERCISER - SINGLE	_____	_____
PRE-TRANS SIGNAL CONTACTS 1	_____	_____
PSTN CONTS - EMER (S2) PSTN 1	_____	_____

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Comply Exception

UL1008 LISTED	_____	_____
NORM SRCE SENSING - EMER (S2)	_____	_____
PSTN CONTS - NORM (S1) PSTN 1	_____	_____
ATC-300+ CONTROLLER	_____	_____
IND LIGHTS - NORM (S1) SRC AVL	_____	_____
SRC CONTS - EMER (S2) PRST 2	_____	_____
ALL PHASE- UNDERVOLT/UNDERFREQ	_____	_____
LOAD SHED FROM EMER (S2 INHIBI	_____	_____
PUSHBUTTON BYPASS TDNE	_____	_____
TIME DELAY NEUTRAL - ADJUSTABL	_____	_____
37A-SRVC INPU W/O GND FAULT PR	_____	_____
CUL LISTED	_____	_____
48F-MODBUS COMMUNICATION	_____	_____
IBC/CBC SEISMIC QUALIFIED	_____	_____
TD EMERG TO NORM 0-1800 SEC	_____	_____
41A-100W SPACE HEATER W/ STAT	_____	_____
IND LIGHTS - EMER (S2) SRC CON	_____	_____
MODBUS	_____	_____
ALL PHASE OVERVOLT/OVERFREQ	_____	_____
ALL PHASE UNDERVOLT/UNDERFREQ	_____	_____
IND LIGHTS - EMER (S2) SRC AVL	_____	_____
OVERCURRENT PRO - NORM (S1) ON	_____	_____

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	<u>Comply</u>	<u>Exception</u>
ALL PHASE- OVERVOLT/OVERFREQ	_____	_____
ENGINE TEST PUSHBUTTON	_____	_____
IND LIGHTS - NORM (S1) SRC TRP	_____	_____
PUSHBUTTON BYPASS TDEN	_____	_____
TD ENGINE FAIL 0-6 SEC	_____	_____
TIMER-ADJUSTABLE 0-1800 SEC	_____	_____
ATV3LDC20400WRU	_____	_____

Installation:

All work shall meet state and local codes and be done in a neat and craftsman like manner.

All work shall be coordinated with the owner's representative.

Obtain necessary permits and inspections from the local jurisdiction having authority over the job site.

Coordinate with the power company as/if needed.

Considerations:

Any deviation from these specifications must be noted on the bid.

Any changes that need to be made during the installation process will need to be submitted in writing to and approved in writing by the owner's representative.

For information regarding bid, contact:

Larry Bergner

(918) 636-9830

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BID FORM

INVITATION FOR SEALED BIDS FOR THE TURNKEY INSTALLATION OF NEW
GENERATOR TRANSFER SWITCH

DATE AND TIME OF OPENING: _____

Bidder agrees to furnish Wagoner County with A GENERATOR TRANSFER SWITCH PER ATTACHED SPECIFICATIONS.

PRICE FOR TRANSFER SWITCH: \$ _____
(To be a turn-key job as per specifications)

The undersigned acknowledges receipt of the following Addenda. (Give number and date of each)

Delivery will be available in not more than _____ days after receipt of order.

I have examined the terms and specifications and instructions to bidders herein, and agree, provided I am awarded a contract, to provide the above described items for the sum shown in accordance with the terms and specifications stated herein. All deviations are in writing and attached hereto.

MUST BE SIGNED BY AUTHORIZED AGENT TO BE VALID

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ FIRM NAME: _____

ADDRESS: _____

PHONE NO: _____ DATE: _____