

SPECIFIC SPECIFICATIONS AND SPECIAL CONDITIONS

EVENT # 5871 PERSONAL PAPER PRODUCTS

4.0 The purpose of these specifications is to describe requirements for personal paper and janitorial products to be delivered to the City of Savannah.

To submit pricing electronically for this event, enter pricing for each line item shown under the lines tab on the event summary. To enter pricing manually, complete the attached bid proposal form. **All items bid must have manufacturer's submittal sheet attached.**

4.1 **Detailed Specifications:**

4.1.1 Document describes various paper/janitorial products as follows:

- | | |
|----------------------|-----------------------|
| A. Cone Paper Cups | E. Degreaser/Cleanser |
| B. Roll Towels | F. Mop-heads |
| C. Multi-fold towels | G. Corn Brooms |
| D. Bathroom Tissue | |

4.1.2 **Paper Cups** (cone cups)

- | | |
|-----------|---|
| Size: | 4 ounces |
| Model No: | 4R-2050 |
| Shape: | Cone, with rolled rim |
| Usage: | Drinking |
| Quantity: | 20 cases (estimated). Minimum of 5,000 per case |

4.1.3 **Paper Roll Towels** (Recycled)

- | | |
|----------------------|---|
| Brand Name: | SCA or equal |
| Model No: | SC RK-800 E |
| Case Weight: | 25 pounds minimum |
| Width: | 7 ½ inches minimum |
| Length: | 800 feet per roll minimum or 4800 feet per case |
| Color: | Unbleached |
| Core: | 1 ¾ inches minimum |
| Quantity: | 400 cases (estimated) |
| Post-Consumer Waste: | Minimum 40% |

4.1.4 **White multi-fold recycled paper towels**

- | | |
|--------------|--|
| Brand Name: | SCA or equal |
| Model No: | MB540A |
| Case Weight: | 19 pounds minimum |
| Case Count: | 16 per case, minimum 250 towels per package, |

	4000 sheets approximately per case
Dimensions:	9.5 inches x 9 1.25 inches
Color:	White Bleached
Post- Consumer Waste:	Minimum 40%

4.1.5 **Bathroom Tissue Regular:** Minimum 2-ply facial quality bathroom tissue.

Brand Name:	Atlas
Model No:	Atlas 280
Case Weight:	35 pounds minimum
Case Count:	80 rolls
Dimensions:	4.5 inches x 4.5 inches, 500 2-ply sheets per roll
Color:	White
Post-Consumer Waste:	Minimum 40%

4.1.6 **Bathroom Tissue Jumbo:** Minimum 2-ply recycled facial quality bathroom tissue.

Brand Name:	Cascade Décor or equal
Model No:	4097
Case Weight:	26 pounds minimum
Case Count:	12 rolls
Dimensions:	3 3/8 inches x 1000 feet
Color:	White
Post-Consumer Waste:	Minimum 40%

4.1.7 Paper qualities must be consistent with the above mentioned brand. Texture and softness shall be a consideration in the award on towels and tissue. These qualities must be consistent with the above mentioned brand. The City will be the sole judge in the matter.

4.1.8 **Heavy Duty Cleaner and Degreaser:** For use in cleaning and degreasing kitchen floors and equipment, removing grease and residue from concrete, ceramic tile, wood, glass and plastic. Also for use on aluminum, tin, zinc (galvanized) and other ferrous metals. Product should contain **no solvents**. Non-flammable and bio-degradable. Product supplied in 5-gallon pails. National Chem Lab or equal.

Technical specifications being not less than:

Ph (1.16) dilution	- 12.2 ∇ /02%
Abrasives	- None
Phosphates, NTA, enzymes	- None
Biodegradable	- Yes
Flash Point (ASTMD92)	- None
Specific Gravity @ 60°F	- 1.045

4.1.9 **Cotton Mop Heads:** Heavy Duty, stirrup type-Greenwood or equal.

Sizes:	a. True 16 ounces
	b. True 24 ounces
	c. True 32 ounces

4.1.10 **Corn Brooms:** Heavy duty, warehouse-type, wire-bound at handle, with four (4) sews 32 pounds, all corn.

4.2 **Special Conditions:**

4.2.1 Successful bidder shall be required to maintain in stock, at all times, a minimum of:

- Paper Cups-3 cases
- Paper Roll Towels-50 cases
- Multi-Fold Towels-100 cases
- Bathroom Tissue-50 cases
- Bathroom Tissue Jumbo-50 cases
- Heavy Duty Degreaser/Cleaner-50 gallons
- Corn Brooms-96 ea.
- Cotton Mop Heads -16 ounces - 48 ea.
24 ounces - 48 ea.
32 ounces - 48 ea.

4.2.3 Upon request, a sample must be submitted if brand other than specified is bid. Requested samples must be received by the City no later than seven (7) days after the request is made. Sample of items requested will be required of vendor prior to award to ensure items meet bid specifications.

4.2.4 Orders shall be delivered within three (3) days of date ordered. If a partial shipment is made, the balance shall be delivered within five (5) days or a **10%** penalty fee will be deducted from invoice if product is not received after five (5) days of order.

4.2.5 Inside delivery will be required. Delivery of paper towels and tissue must be on pallets.

4.2.6 Prices quoted shall be F.O.B. Central Warehouse, 1100 W. Gwinnett Street Bldg. C, Savannah, GA 31415. Quantities given are estimates only. The City reserves the right to purchase more or less than the estimated quantities.

4.3 **Basis of Award:**

4.3.1 Award will be made to the vendor offering the lowest net cost to the City who meets or exceeds these specifications.

4.3.2 The City of Savannah reserves the right to split this award if deemed in the City's best interest.

5.0 **General Specifications:**

5.1 The bid response must include the following documents in this order.

- Bid Proposal
- Exception Sheet
- Non-Discrimination Statement
- Proposed Schedule of DBE Participation
- Other requested submittals as stated

All referenced documents must be completed and returned in their entirety to constitute a complete bid.

5.2 Bids may be submitted manually to the address listed in the bid documents or electronically via the supplier portal in sufficient time to ensure receipt by the Purchasing Department on or

before 1:30 P.M. on the date specified in the web page listing for this event. Requested documentation may be attached to the bidder's response. A supplier guide for assistance in submitting responses can be found by clicking on the Important Documents tab of the Purchasing SavEPro webpage at: <http://www.savannahga.gov/index.aspx?NID=590> before 1:30 P.M. on the date specified in the web page listing for this event. Requested documentation may be attached to the bidder's response.

- 5.3 To submit and be awarded bids, vendors must be registered as suppliers on the City of Savannah's website at www.savannahga.gov.
- 5.4 **Bidders must provide the manufacturer's name and part number of each item bid in the space provided on the bid form.**
- 5.5 Original invoices shall be mailed to:
- City of Savannah
Accounts Payable Dept.
P.O.1027
Savannah, GA 31402
- 5.6 The successful vendor must have the following items on every invoice to the City:
- A) The exact description of the purchased item as described in this contract,
 - B) The unit price of the item, and
 - C) The total of the invoice.
- 5.7 This is an annual contract and prices are to be held firm. The first term shall begin on the date of award and end on December 31, 2018. All renewal options if exercised shall begin on January 1st and shall end on December 31st of each subsequent year. This agreement may be renewed for up to two (2) additional twelve (12) month periods, if all contracting parties so agree and services provided by the vendor have been satisfactory.
- 5.8 Vendor is responsible for determining and acknowledging any addenda issued in connection with this bid solicitation.
- 5.9 Those intending to respond to this event, their employees, agents and attorneys, shall not make contact with City Council members or with City staff outside of the Purchasing Department during the bidding process and evaluation phase.

BID PROPOSAL FORM

(SUBMIT AS THE COVER SHEET)

City of Savannah Purchasing Department
3rd Floor, City Hall
P. O. Box 1027
Savannah, Georgia 31402
ATTN: Purchasing Director

EVENT NUMBER: 5871

Business Location: (Check One)

Chatham County
 City of Savannah
 Other

ALL BIDDERS MUST BE REGISTERED VENDORS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT WWW.SAVANNAHGA.GOV.

Name of Bidder: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Email: _____

DO YOU HAVE A BUSINESS TAX CERTIFICATE ISSUED IN THE STATE OF GEORGIA? (CHECK ONE) YES: _____ NO: _____

FROM WHAT CITY/COUNTY _____

TAX CERTIFICATE #: _____ FED TAX ID #: _____

INDICATE LEGAL FORM OF OWNERSHIP OF BIDDER (STATISTICAL PURPOSES ONLY): CHECK ONE:

CORPORATION PARTNERSHIP
 INDIVIDUAL OTHER (SPECIFY: _____)

INDICATE OWNERSHIP STATUS OF BIDDER (CHECK ONE):

NON-MINORITY OWNED ASIAN AMERICAN
 AFRICAN AMERICAN AMERICAN INDIAN
 HISPANIC OTHER MINORITY (describe) _____
 WOMAN (non-minority)

Do you plan to subcontract any portion of this project? Yes _____ No _____

If yes, please complete the attached schedule of DBE participation. Also complete the schedule if you will be using any DBE suppliers.

ADDENDA ACKNOWLEDGEMENT

My signature below confirms my receipt of all addenda issued for this proposal.

Signature

***This acknowledgement is separate from my signature on the fee proposal form. My signature on the fee proposal form will not be deemed as an acknowledgement of addenda.**

THE UNDERSIGNED PROPOSES TO FURNISH THE FOLLOWING ITEMS IN STRICT CONFORMANCE TO THE BID SPECIFICATIONS AND BID INVITATION ISSUED BY THE CITY OF SAVANNAH FOR THIS BID. ANY EXCEPTIONS ARE CLEARLY MARKED IN THE ATTACHED COPY OF BID SPECIFICATIONS.

ITEM NO	DESCRIPTION	MANUFACTURER NAME & MODEL NUMBER	EST QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL
1	Cups Drinking Cone 4 1/2 oz.		10	Case		
2	Towels Roll		900	Case		
3	Towels Fold Multi		1000	Case		
4	Tissue Toilet		300	Case		
5	Tissue Toilet Jumbo		700	Case		
6	Degreaser/Cleaner (5-Gal/Pail)		65	Pail		
7	Mop Heads 16 oz. Cotton		144	Each		
8	Mop Heads 24 oz. Cotton		192	Each		
9	Mop Heads 32 oz. Cotton		120	Each		
10	Broom Warehouse Corn		192	Each		

Total Bid: \$ _____

PAYMENT TERMS: PLEASE CHECK ONE AND FILL IN BLANKS

(Minimum of 10 working days must be allowed for discount to be considered in bid award)

___ Less ___ % ___ Days Prompt Payment Discount (if offered)

(_____)

___ Net - 30 Days

(no discount offered)

- 0 -

TOTAL NET BID

\$ =====

TIME REQUIRED FOR DELIVERY AFTER RECEIPT OF ORDER: _____ DAYS

HAVE YOU ATTACHED SUBMITTAL SHEETS FOR ALL ITEMS BID?

HAVE YOU PROVIDED THE MANUFACTURER'S NAME AND PART NUMBER IN THE SPACE PROVIDED?_____

CONFIRM RECEIPT OF ANY ADDENDA ISSUED FOR THIS BID:

ADDENDUM _____#

DATE _____

I certify this Bid complies with the General and Specific Specifications and Conditions issued by the City except as clearly marked in the attached copy.

Please Print Name

Authorization Signature

Date

EXCEPTION SHEET

Event # 5871

If the commodity(ies) and/or services proposed in the response to this bid is in anyway different from that contained in this proposal or bid, the bidder is responsible to clearly identify by specification section number, all such differences in the space provided below. Otherwise, it will be assumed that bidder's offer is in total compliance with all aspects of the proposal or bid.

Below are the exceptions to the stated specifications:

Date

Signature

Company

Title

NON-DISCRIMINATION STATEMENT

The bidder certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, we acknowledge and warrant that this company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this company may hereafter obtain and;
- (6) That the failure of this company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and/or forfeiture of compensation due and owing on a contract.

Signature

Title

DBE SUBCONTRACTOR PAYMENT REPORT

Report No. _____

Contract #:	Contract Amount:	Date Form Submitted:	
Project Name:		Project Completion Date:	
Prime Contractor:		Period Ending:	Amt. Paid to Prime:
Contact Person:		Telephone#: ()	Fax#: ()

SUBCONTRACTING INFORMATION

TO BE SUBMITTED TO THE CITY OF SAVANNAH OFFICE OF BUSINESS OPPORTUNITY

DBE Subcontractor	Telephone #	Description of Work	Original Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid To Date
Total Amount Paid to Subcontractors to Date:						

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

Signature:	Title:	Date:
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Note: The information provided herein is subject to verification by the Office of Business Opportunity.



**OFFICE OF BUSINESS OPPORTUNITY
SCHEDULE OF DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION¹**

EVENT NUMBER:		PROJECT TITLE:			
PRIME CONTRACTOR NAME:		ADDRESS:		PHONE:	FAX:
SUBCONTRACTOR NAME	ADDRESS and PHONE NUMBER	SERVICES/WORK TO BE PERFORMED	DBE? (Y/N)	SUB-CONTRACT AMT (% OF TOTAL BASE BID)	SUB-CONTRACT AMT (\$)
TOTAL BASE BID²					\$
TOTAL PROPOSED DBE SUBCONTRACTS²					\$
BIDDER'S PROPOSED DBE PARTICIPATION³					%

I hereby certify that the above is a true reflection of proposed subcontracts, and that said firms shall be contracted to work on the trades specified and/or supply materials and/or equipment for this project. I have included a properly executed letter of intent for each DBE firm mentioned in this schedule with our response.

Name and Title of Authorized Representative	Signature	Date
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¹ Form to be completed and signed by the bidder/offeror; Use additional sheets if necessary.
² To be provided only when the solicitation requires that the bidder/offeror include the dollar amount in its bid.
³ Total proposed DBE participation (\$) divided by bidder's total base bid (less any exclusions specifically mentioned in the solicitation), or total of all DBE Participation (%) if dollar amount is not required.



CONTRACTOR AFFIDAVIT AND AGREEMENT
Employment Eligibility Verification

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

BY:

Contractor Name

Date

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Title of Authorized Officer or Agent of Contractor

*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Instructions for Completing Contractor Affidavit and Agreement Form

As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf.) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://everify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”

Affidavit Verifying Status for City of Savannah Benefit Application

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) _____ I am a citizen of the United States.

OR

2.) _____ I am a legal permanent resident 18 years of age or older.

OR

3.) _____ I am an otherwise qualified alien (8 § USC 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

* _____
Alien Registration number for non-citizens.

Notary Public
My Commission Expires:

***Instruction for Completing Systematic Alien Verification
for Entitlement (SAVE) Form***

O.C.G.A. § 50-36-1, requires Georgia's cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain "public benefits" are legally present in the United States. Contracts with the City are considered "public benefits." Therefore, the successful bidder will be required to provide the Affidavit Verifying Status for City of Savannah Benefit Application prior to receiving any City contract. The affidavit is included as part of this bid package but is only required of the successful bidder.