

b) **Standard Purchasing Resolution 1: Award to Low Bidder - LED Replacement Lighting Program**

Resolution #2018-04-067-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract for 5,454 SATCO LED Replacement Lamps to the lowest bidder, *Michigan Electric Supply of Burton, MI* at prices contained in the bid tabulation opened March 22, 2018 for an estimated total cost of \$29,997.00; a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

# PURCHASE ORDER

No. 2018-00001196  
DATE: 04/26/2018  
PAGE: 1 of 1  
FOB DESTINATION

Ship To

CITY OF TROY  
Building Operations  
500 W BIG BEAVER RD  
TROY, MI 48084

Bill To

CITY OF TROY  
Building Operations  
500 W BIG BEAVER RD  
TROY, MI 48084

VENDOR NO. 104365

Vendor

MICHIGAN ELECTRIC SUPPLY  
ADVANCE GLOVE & SAFETY  
4060 SOMERS DRIVE  
BURTON, MI 48529

COUNCIL RESOLUTION  
2018-04-067-J-4b  
INSTRUCTIONS  
Return to Department

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
5,454	Each	LED Replacement Lamps Deliver LED Lights as per all bid specifications of ITB-COT 18-18. Deliver to: CITY OF TROY DPW 4693 Rochester Rd. Troy, MI 48085. Vendor Part#: SATCO S9722 15W T8 LED	5.5000	\$29,997.00

Entered By: MaryBeth Murz

\$29,997.00

Special Instructions:

CITY COUNCIL AWARD DATE: 4/23/2018.

## TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

*MaryBeth Murz*

Opening Date: 3/22/2018  
Reviewed Date: 3/26/2018

CITY OF TROY  
BID TABULATION  
LED LIGHTS FOR THE CITY OF TROY

ITB-COT 18-18  
Page 1 of 1

Vendor Name:	Michigan Electric Supply/Advance Glove & Safety			LED Lighting Wholesale Inc.			Forbes Electric dba VIT Lamps			Competitive Lighting Inc.				
	Burton, MI			Kalamazoo, MI			Sacramento, CA			Clinton Twp., MI				
	Check #:			79515			4318 (not certified check)			1043			No Check	
Proposal: LED Lights shall be GE 31933 Ballast Bypass 4ft. LED15BT8/G4/8405. Each LED tube shall be outfitted with a Single-ended, in-line fuse. Integrated LED tubes shall run on electronic T8 Ballast Bypass, UL listed or Approved Equivalent.														
	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price		
Year:	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020		
LED Lights as Specified:	\$5.50	\$5.50	\$5.50	\$6.75	\$6.65	\$6.55	\$8.50	\$8.50	\$8.50	\$11.99	\$12.35	\$12.97		
										\$11.79	\$12.15	\$12.76		
										\$7.80	\$8.04	\$8.45		
24 Hour Phone #	810-234-8661			877-533-5554			916-282-1657			586-531-1517				
Product Lead time:	7-10 Business Days			30 Days or Less ARO			2 Weeks			4 Weeks from order				
Insurance Met:	Y or N	Y			Y			Y			Y			
Payment Terms:		1% 10 Net 30			Net 30			50/50			Net 30			
Warranty:		Manufacturers Warranty			5 Years			5 Years			5Year Manufacturer			
		Yes, Alternative bid submitted; Satco. Minimum purchase of 300 lamps at a time			Yes,Alternative bid submitted; James MFG. Work with/without ballast, 15W,2100 Lumews 4000K			N			Alternate bid pricing submitted.			
Exceptions:	Y or N													
Acknowledgement:	Y or N	Y			Y			Y			Y			
Forms:	Y or N	Y			Y			Y			Y			

ATTEST:  
Enna Bachelor  
Sue Reisterer  
Laura Campbell

  
MaryBeth Murz,  
Purchasing Manager



**CITY OF TROY  
BID PROPOSAL**

**ITB-COT 18-18**  
Page 1 of 6

The undersigned proposes to **PROVIDE LED LIGHTS FOR THE CITY OF TROY** in accordance with the attached bid specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: Michigan Electric Supply

<b>PROPOSAL A:</b> <b>LED Lights shall be GE 31933 Ballast Bypass 4ft. LED15BT8/G4/8405. Each LED tube shall be outfitted with a Single-ended, in-line fuse. Integrated LED tubes shall run on electronic T8 Ballast Bypass, UL listed or Approved Equivalent.</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
	<b>Unit Price</b>	<b>Unit Price</b>	<b>Unit Price</b>
	5.50 / e	5.50 / e	5.50 / e

**NOTE:** The City of Troy Facility Maintenance Department shall install all the lights. It is anticipated that in 2018 the City will purchase approximately 3,000 LED Lights. LED Lights will then be replaced annually on an as needed basis as per the direction of the Facility Maintenance Department.

**INFORMATION:**

For additional general information or questions concerning this project please contact **MaryBeth Murz**, Purchasing Manager, at (248) 680-7291 between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

**DESIGNATED CITY REPRESENTATIVE:**

Dennis Trantham, Facilities and Grounds Operations Manager at (248) 524-3503 (dennis.trantham@troymi.gov) is the designated City Representative for this project.

**CONTACT INFORMATION:**

Hours of operation: 630A - 430PM M-F 24 Hour Phone No. N/A  
Contact Person: Gary Campbell Phone No. 810-234-8661

**PRODUCT LEAD TIME:** 7-10 business days ARO

**DOWNPAYMENTS AND PREPAYMENTS:**

Any bid submitted which requires a down payment or prepayment for services prior to performance and acceptance, as being in conformance with specifications will not be considered for award. No payments will be made until work/ service is performed to the satisfaction of the authorized City representative.

**APPROVED ALTERNATES:**

The City of Troy's designated department representative or his/her designee will review any alternate substitutes or comparable products submitted. Their decision as to acceptability will be deemed in the City of Troy's best interest and will be final.

**MATERIAL AVAILABILITY:**

Bidders must accept responsibility for verification of material availability, production schedules, and other pertinent data prior to submission of their bid, and confirm delivery times. It is the responsibility of the bidder to notify the City immediately if items specified are discontinued, replaced, or not available for an extended period of time.

**DELIVERY:**

All shipments will be delivered to the City of Troy as determined and directed by the Facilities and Grounds Operations Manager, Dennis Trantham. All materials are to be F.O.B. delivered, freight paid to the location(s) in the City of Troy in accordance with the attached specifications.

**SAMPLES:**

Actual samples of quoted material may be requested at the discretion of the City of Troy's designated representative. Samples will be provided at no cost to the City and will become the property of the City of Troy. Submitted samples may be used for testing purposes.

**AWARD:**

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment, references, submission of the schedule of values, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible total bidder meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations; whatever is deemed to be in the City's best interest.

**LOCAL PREFERENCE:**

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

**BID DEPOSIT AND FORFEITURE:**

The bid deposit of the lowest bidder shall be forfeit if, after bid opening, a change in the bid price or other provision of the bid is required by the bidder that is prejudicial to the interest of the City of Troy or fair competition.

**CONTRACT FORMS:**

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment and the Certification regarding "Iran Linked Business" forms and return with your bid proposal.

COMPANY NAME:

Michigan Electric Supply

**SUBCONTRACTORS:**

The undersigned agrees to submit a list of proposed subcontractors, if applicable, for approval by the designated City representative within 72 hours after notification of being the low qualified bidder. It will be understood that this may occur prior to bid award, but the bidder's status will not be final until approved by the Troy City Council.

It will be the successful bidder's responsibility to ensure that any subcontractor performing work on this project is capable of doing the work as specified. The designated City representative retains the right to evaluate the work performed by or on behalf of the successful bidder and reserves the right to reject any work performed that is not in accordance with the specifications or is considered to be poor workmanship. Payment will not be made until the successful bidder has corrected any deficiencies found to the satisfaction of the designated City representative.

**PURCHASE ORDER:**

After the Troy City Council has approved the award recommendation and acceptable insurance is received, the successful bidder will receive a purchase order issued from the City of Troy, which will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the bidder to perform the contract in accordance with specifications. A contract document will not be issued.

**REFERENCES:**

The City of Troy requires that your company list at least three (3) clients who have recently purchased LED lights from your company; specifically for Cities, Government entities or similar applications. If your company has done work for the City of Troy in the past, it is required the City be listed as one of your references.

COMPANY: Ecker Mechanical  
ADDRESS: P.O. Box 170099 Burton MI 48519  
PHONE: 810-742-8652 CONTACT: Daryl Gould  
EMAIL: N/A

COMPANY: Owen's Electric  
ADDRESS: P.O. Box 305 Grand Blanc MI 48480  
PHONE: 810-691-5275 CONTACT: Paul Owens  
EMAIL: N/A

COMPANY: Vetcon  
ADDRESS: 412 S. Saginaw  
PHONE: 810-820-8468 CONTACT: Junie Carmode  
EMAIL: N/A

**IMPORTANT:**

The City shall have the right to require by written order, changes in, additions to, or deductions from the work required by the bid documents provided that if changes, additions, or deductions are made, the general character of the work as a whole is not changed thereby. Adjustments in the Contract price, if any, because of any change, addition, or deduction in the work, shall be determined as hereinafter provided, and any claim for extension of time for completion shall be adjusted at the time of ordering the changes, additions, or deductions.

No claim for change, addition, or deduction, or adjusting of price, or extension of time for completion thereof, shall be made or allowed unless done in pursuance of written order from the City specifically authorizing such change, addition, or deduction. Drawings without a written order shall not be considered such authority. Written notice of such claims shall be made to the designated City representative before the commencement of the work. Where the written order diminishes the quality of work to be done, this shall not constitute a basis for a claim for damages or anticipated profits on the work that may be dispensed with.

COMPANY NAME: Michigan Electric Supply  
Bid Proposal

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE** and **ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/ electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Office at (248) 619-7608, and is the only bid document accepted in this format.

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- ☒ We can meet the specified insurance requirements.
- ☐ We cannot meet the specified insurance requirements.
- ☐ We do not carry the specified limits but can obtain the additional insurance coverage of \$\_\_\_\_\_, at the cost of \$\_\_\_\_\_.  
**NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- ☐ Our proposal is reduced by \$\_\_\_\_\_ if we lower the requirement to \$\_\_\_\_\_.  
**NOTE:** Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

**IMPORTANT:** A Certificate of Insurance on an ACORD Form showing present coverage as well as the required endorsements SHALL be attached to the proposal document at the time of submission of the proposal to the Office of the City Clerk.

**NOTE:** Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this proposal being completed incorrectly.

**OTHER:** Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

**INSURANCE VERIFICATION:**

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

**WORKERS' COMPENSATION INSURANCE,** including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

**COMMERCIAL GENERAL LIABILITY INSURANCE** on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

COMPANY NAME:

Michigan Electric Supply

Bid Proposal

**AUTOMOBILE LIABILITY**, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**ADDITIONAL INSURED:**

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be ***Additional Insureds***: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

**CANCELLATION NOTICE:**

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy  
Purchasing Manager  
500 West Big Beaver  
Troy, MI 48084

**PROOF OF INSURANCE COVERAGE:**

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested. If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

**LETTER VERIFICATION:**

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

**FINAL INSURANCE CERTIFICATE SUBMISSION:**

After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. The company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

COMPANY NAME: Michigan Electric Supply

### SIGNATURE PAGE

**PRICES:**

Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm through the LED Light Program completion.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

*Mary Campbell*

**NOTE:**

The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID: 38-1459219

COMPANY: Michigan Electric Supply / ADVANCE GLOVE & SAFETY

ADDRESS: 4060 Somers Dr CITY: Buxton STATE: Mi ZIP: 48529

PHONE: (810) 234-8661 FAX NUMBER: (810) 234-3202

REPRESENTATIVE NAME: \_\_\_\_\_

*GARY Campbell*  
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

*Mary Campbell*

PAYMENT TERMS: 1%10 Net30 WARRANTY: MANUFACTURER'S WARRANTY

CHECK INCLUDED: Yes E-MAIL: GARYC@MichiganElectricsupply.com

**EXCEPTIONS:**

Any exceptions, substitutions, deviations, etc. from the City of Troy specifications and this proposal must be stated below and reason for, and are an integral part of this bid proposal offer.

Quote Satco as an Alternate. Spec Sheets are Attached  
Must purchase a minimum of 300 lamps at a time.

**ACKNOWLEDGEMENT:**

I, GARY Campbell, certify that I have read the **Instructions to Bidders** (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

*Mary Campbell*

**IMPORTANT:**

All City of Troy purchases require a MATERIAL SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law. Please include a copy of any relevant SDS at the time of bid submission.

**NOTE:**

The City of Troy, at their discretion, may require the bidder to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

**U.S. FUNDS:**

All prices are to be quoted in U. S. Currency.



## **SPECIFICATIONS**

### **GENERAL CHARACTERISTICS**

Base Description	LED_bs_G13
Base Type	G13
Dimmable	No
Product Technology	LED
Rated Life (Hours)	50,000 h
Dimmable/Non-Dimmable	No
Environmental Rating	LED_Tube_Glass
Base	G13
Bulb Shape	T8

### **PHOTOMETRIC CHARACTERISTICS**

Initial Lumens-nominal	2100 lm
Color rendering Index-CRI	80
Color Temperature	400 K

### **PRODUCT INFORMATION**

Product Code	31933
Description	LED15BT8/G4/840
Alternative Unit of Measure	CASE
Standard Package Quantity	20
Ean UPC	043168319331
Standard Package GTIN	10043168319338
No of items per Standard Package	20
Sales Unit	Case
UCC	
Alternative Unit of Measure	Each
Standard Package Delivery	20
Ean UPC	0431168319331
Standard Package GTIN	00043168319331
No of Items Per Sales Unit	1
No of Items Per Standard Package	20
Sales Unit	Each
UCC	

### **DIMENSIONS**

Bulb Max Overall Length-MOL	48.0 in.
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<b>ELECTRICAL CHARACTERISTICS</b>	15 W
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# S9722

15T8/LED/48-840/BP/120-277V  
15 watt T8 LED; Medium bi-pin base; 4000K; 50000 average  
rated hours; 1800 lumens



## Features

- No ballast or external driver required
- Direct wire 120-277V line voltage\*
- All glass tube
- -20°C (-4°F) to 45°C (113°F) - ambient operating temperature
- Long life: 50,000 hours
- cULus classified - Damp location
- 5 year warranty
- DLC listed

S9722

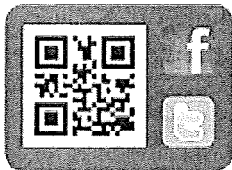
\* Install only in non-shunted lampholders

Item Number	UPC	Voltage	Watts	Fluorescent Equivalent	Lamp Shape	Base	ANSI Base
S9722	045923097225	120-277	15	25-32	T8	Medium Bi-Pin	G13

Lamp Code	Dimmable/Non-Dimmable	Finish	MOL In Inches	MOD In Inches	Initial Lumens	Average Rated Hours	Kelvin Temp
15T8/LED/48-840/BP/120-277V	Non-Dimmable	Gloss White	48"	1.00"	1700	50000	4000

Color	CRI	Beam Spread Deg	Pack	DLC ID	RoHS Compliant	UL or ETL Listed	UL Classification
Cool White	82	230	10	PKAJMPVK <a href="#">DLC Search</a>	Yes	Yes	cULus - Damp Location Rated

Warranty
5 Year Limited



National Toll-Free:  
800.43.SATCO  
(800.437.2826)  
[www.satco.com](http://www.satco.com)

Distribution Centers:  
New York, Florida, Texas,  
Washington, California,  
Puerto Rico

Corporate Offices:  
110 Heartland Blvd.,  
Brentwood, NY 11717  
800.437.2826 631.243.2022  
Fax 631.243.2027



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**MICHIGAN ELECTRIC SUPPLY COMPANY**  
**ADVANCE GLOVE & SAFETY**  
**4060 SOMERS DRIVE**  
**BURTON, MI 48529**  
**810-234-8661**  
**Fax 810-234-3202**

## Quotation

EXPIRATION DATE	QUOTE NUMBER
05/07/2018	S100361770
MICHIGAN ELECTRIC SUPPLY COMPANY ADVANCE GLOVE & SAFETY 4060 SOMERS DRIVE BURTON, MI 48529 810-234-8661 Fax 810-234-3202	
PAGE NO.	
1 of 1	

QUOTE TO:

SHIP TO:

TROY, CITY OF  
520 W. BIG BEAVER ROAD  
TROY, MI 48084

TROY, CITY OF  
520 W. BIG BEAVER ROAD  
TROY, MI 48084

CUSTOMER NUMBER	CUSTOMER PO NUMBER	JOB NAME / RELEASE NUMBER	SALESPERSON		
733	ITB-COT 18-18		HOUSE		
WRITER		SHIP VIA	TERMS	SHIP DATE	FREIGHT ALLOWED
GARY CAMPBELL		WILL CALL	1%10 NET30 1.50%	05/02/2018	No
ORDER QTY	DESCRIPTION		UNIT PRICE		EXT PRICE
3000ea	SATCO S9722 15W T8 LED MEDIUM BI-PIN BASE 4000K 40000 AVH 1800 LUMENS		5.500/ea		16500.00
			Subtotal		16500.00
			S&H Charges		0.00
			Amount Due		16500.00



## Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A **corporation** duly organized and doing business under the laws of the State of Michigan for whom GARY Campbell, bearing the office title of SALES, whose signature is affixed to this proposal, is duly authorized to execute contracts.

A **partnership**, all members of which, with addresses, is:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

_____	_____
-------	-------



### CERTIFICATION REGARDING

### DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
  - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
  - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
  - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

☒ **I am able to certify to the above statements.**

\_\_\_\_\_  
Name of Agency/Company/Firm (Please Print)

\_\_\_\_\_  
Name and title of authorized representative (Please Print)

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

☐ **I am unable to certify to the above statements. Attached is my explanation.**



CITY OF TROY  
OAKLAND COUNTY, MICHIGAN  
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

GARY Campbell, being duly sworn deposed, says that he  
(Print Full Name)  
is its SALES. The party making the foregoing proposal or bid,  
(State Official Capacity in Firm)

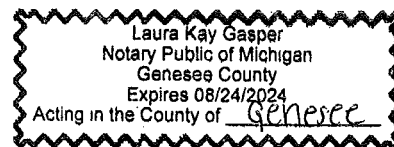
that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Mary Campbell  
SIGNATURE OF PERSON SUBMITTING BID

Laura Kay Gasper  
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 8th  
day of march, 2018  
in and for Genesee County.

My commission expires:  
8/24/24





**VENDOR CERTIFICATION  
THAT IT IS NOT AN  
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	Michigan Electric Supply
Street Address	4060 Semers Drive
City	Burton
State, Zip	Mi 48529
Corporate I.D. Number/State	D4B 017197054
Taxpayer I.D. #	38-1459219

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent:

Mary Campbell

Printed Name of Vendor's Authorized Agent:

Mary Campbell

Witness Signature:

Laura Gasper

Printed Name of Witness:

Laura Gasper, its office Admin.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

00/00/20XX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ex):</b> 555-555-1234 <b>FAX (A/C No):</b> 555-555-5678 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> XYZ Construction Company 456 Main Street  Anywhere MI	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ABC Insurance Company</td><td>00000</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ABC Insurance Company	00000	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	00-00-00-00	00/00/00	00/00/00	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td>PRODUCTS - COMPI/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS - COMPI/OP AGG	\$ 1,000,000		\$
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	\$																			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	00-00-00-00	00/00/00	00/00/00	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	00-00-00-00	00/00/00	00/00/00	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 100,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 100,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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E.L. EACH ACCIDENT	\$ 100,000																			
E.L. DISEASE - EA EMPLOYEE	\$ 100,000																			
E.L. DISEASE - POLICY LIMIT	\$ 500,000																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured - See Endorsement  
Cancellation Notice - See Endorsement  
Primary & Non-Contributory - See Endorsement

Project name: \_\_\_\_\_

**CERTIFICATE HOLDER****CANCELLATION**

Entity Name  
Attn: Contact Name  
Entity Address  
City, State Zip

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENT SIGNATURE

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**Sample Additional Insured Endorsement for General Liability**

**ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT**

Named Insured			Endorsement Number 4
Policy Symbol HDO	Policy Number 1	Policy Period 10/01/2014 to 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SECTION II - WHO IS AN INSURED**, is amended to include as an additional insured:  
Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations, completed operations, or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

\_\_\_\_\_  
Authorized Agent

**Sample Additional Insured Endorsement for Automobile Liability**

**ADDITIONAL INSURED -  
DESIGNATED PERSONS OR ORGANIZATIONS**

Name of Insured			Endorsement Number 2
Policy Symbol ISA	Policy Number	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
GARAGE COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM  
EXCESS TRUCKERS COVERAGE FORM**

**Additional Insured(s):** Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

\_\_\_\_\_  
Authorized Representative



**STATEMENT OF NO BID  
CITY OF TROY**

**BID NUMBER:** ITB-COT 18-18  
**TITLE:** LED Lights

**Please Send or Fax To:**

City of Troy Purchasing Department  
500 W. Big Beaver Rd.  
Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
<input type="checkbox"/>	Our company does not handle the type of product / service
<input type="checkbox"/>	We cannot meet the specifications nor provide an approved alternate – please explain below
<input type="checkbox"/>	Our company is not interested in bidding at this time
<input type="checkbox"/>	Job is too small
<input type="checkbox"/>	Job is too large
<input type="checkbox"/>	Cannot be competitive
<input type="checkbox"/>	Liability Issues such as insurance, bonding, indemnification, hold harmless
<input type="checkbox"/>	Insufficient time to respond – please explain below
<input type="checkbox"/>	Our company's schedule would not permit performance of the specifications
<input type="checkbox"/>	Other – describe below

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY INFORMATION:**

COMPANY NAME:

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

TITLE:

COMPANY:

ADDRESS:

FAX NUMBER: 810-234-3202 TELEPHONE NUMBER: 810-234-8461

Michigan Electric Supply  
GARY CAMPBELL  
SALES  
Michigan Electric Supply  
4060 Somers Drive  
Buckley MI 48529

**IMPORTANT NOTE:** To qualify as a respondent to the bid, the vendor must submit a bid or return this completed form.

**VENDOR REGISTRATION:** The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN website after award. Please register to see results - [www.mitn.info](http://www.mitn.info).



500 West Big Beaver  
Troy, MI 48084  
troyml.gov

2018-04-067-J-46  
**CITY COUNCIL AGENDA ITEM**

Date: April 19, 2018

To: Mark F. Miller, Acting City Manager

From: Kurt Bovensiepe, Public Works Director  
MaryBeth Murz, Purchasing Manager  
Dennis Trantham, Facilities and Grounds Operations Manager

Subject: Award Standard Purchasing Resolution 1 Award to Low Bidder - LED Replacement Lighting Program

### History

- The original lighting in the Police Department was installed in 2003.
- Phase 1 of the LED replacement project is now complete and all lighting fixtures throughout City Hall have been upgraded to LED Lamps.
- All work was performed by the Facilities Maintenance Division to save on installation costs.
- The Facilities Maintenance Division would like to continue the LED Lamp replacement program.
- The Facilities Maintenance Division will retrofit approximately 1,300 light fixtures during this phase of the project.
- The Facilities Maintenance Division received samples of the SATCO LED lights and have installed them and found them to be an acceptable alternative at a significantly lower cost.
- The current lighting is 32W per tube. The new SATCO LED lights are 15W per tube resulting in a 53% energy reduction per lamp.

### Purchasing

- On March 22, 2018; a bid opening was conducted as required by City Charter/Code and bid proposals were received at the City's request from firms interested in providing LED Lights for the City of Troy.
- Companies were notified via the Michigan Intergovernmental Trade Network (MITN); [www.mitn.info](http://www.mitn.info). 126 vendors were notified via the MITN website.
- Four (4) bid responses were received. Below is a detailed summary of the vendor responses.

Companies notified via MITN	150
Troy Companies notified via MITN	3
Troy Companies notified Active email Notification	2
Troy Companies - Active Free	1
Companies that viewed the bid	52
Troy Companies that viewed the bid	3

*MITN provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy.*  
**Active MITN** members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City.  
**Active MITN non-paying members** are responsible to monitor and check the MITN website for opportunities to do business with the City.  
**Inactive MITN member** status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.

Award to low bidder

5,454 → 29,999.~



500 West Big Beaver  
Troy, MI 48084  
troymi.gov

## **CITY COUNCIL AGENDA ITEM**

### **Financial**

Funds are available in the Capital Fund Building Operations City Hall Account 401.264.265.7975.900, Project Number 2018C0003 for this purchase.

### **Recommendation**

City Management recommends awarding a contract to purchase 5,454 4' SATCO LED lamps from the bidder; *Michigan Electric Supply of Burton, MI* for an estimated cost of \$29,997.00.

**Standard Purchasing Resolution 1 - Award to Low Bidder- LED Replacement Lamps**

RESOLVED, That Troy City Council hereby **AWARDS** a contract for 5,454 SATCO LED Replacement Lamps to the lowest bidder, *Michigan Electric Supply of Burton, MI* at prices contained in the bid tabulation opened March 22, 2018 for an estimated total cost of \$29,997.00; a copy of which shall be **ATTACHED** to the original Minutes of this meeting.