BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon contractor's submission of properly executed contract documents, including insurance certificates and all other specified requirements.

b) Standard Purchasing Resolution 2: Low Bidder Meeting Specifications - Calcium Chloride Tank and System

Resolution #2014-10-129-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract to furnish one (1) Calcium Chloride Tank and System unit to the low bidder meeting specifications; *Fluid Cooling Systems of Rochester Hills, Michigan*, for an estimated total cost of \$53,589.00, not to exceed budgetary

limitations; at unit prices contained in the bid tabulation opened September 25, 2014, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon contractor's submission of properly executed contract documents, including insurance certificates and all other specified requirements.

CITY OF TROY
Streets
4693 ROCHESTER ROAD
TROY, MI 48085

CITY OF TROY

PURCHASE ORDER

Streets

d 4693 ROCHESTER ROAD TROY, MI 48085 No. 2015-0000506 DATE: 10/14/2014 PAGE: 1 of 1 FOB DESTINATION

COUNCIL RESOLUTION 2014-10-129-J-4b

VENDOR NO. 169537

Vendo

FLUID COOLING SYSTEMS LLC 1800 PRODUCTION DRIVE ROCHESTER HILLS, MI 48309

ANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	CALCIUM CHLORIDE TANK & DISPENSING SYSTEM Furnish all labor, materials and equipment to construct and deliver a Calcium Chloride Tank and dispensing system as specified and as per ITB-COT 14-30.	53,589.0000	\$53, 58 9.0
		check #10131 will be retained as performance surety until successful completion and acceptance of all contract requirements.		
		Contact Kurt Bovensiep, Public Works Manager to coordinate install. 248 524 348		
		4 11 01		
		Entered By: MaryBeth Murz		 \$53,589.00

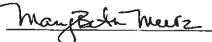
CITY COUNCIL APPROVAL DATE: 10/6/2014. Certificate of Insurance to be on file for the duration and completion of the project.

TERMS & CONDITIONS

- 1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
- 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.
- 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 codefendant 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.



		Fluid Co	oling Systems	April S. Lee & Associates, Inc.	
		Roche	ster Hills, MI	St. Cloud, MN	
	Check#		10131	3006	
	Check Amount		2,000 00	\$2,000.00	
			ruct and deliver a Calcium C located at 4693 Rochester Ro		
system as specified	at the City of Troy Depa	rtment of Public Works	located at 4693 Rochester Ro	ı. I	
		Proposal A	Proposal B		
COMPLE	TE FOR THE SUM OF:	\$53,589.00	\$67,783.00	\$110,214.00	
CONTACT INFORM	MATION:				
	Hours of Operation	24/7	24/7	Monday - Friday 8:00- 5:00pm	
	24HR Phone #	248 770 3766	248 770 3766	612 209 9601	
				312 200 3001	
SITE INSPECTION:		Yes	Yes	Yes	
	Date	8/1/2014	8/1/2014	Did not conduct site visit	
COMPLETION DAT	E:		December 31, 201	4	
JOIN 22110113711	Can Meet		X	X	
	Cannot Meet	X			
	Offers				
	Work Shall Commence				
REFERENCES:		Yes	Yes	Yes	
INSURANCE:	Can Meet Cannot Meet	Yes	Yes	Yes	
ACKNOWLEDGEM	ENT SIGY OR N	Yes	Yes	Yes	
PAYMENT TERMS:		25% down, 75% net 30	25% down, 75% net 30	Net 30	
EXCEPTIONS:		Cannot meet delivery date; tank as specified.	Polyethylene tank, specified in order to meet the specified delivery date.	If ISO resin is acceptable deduct \$5000. Bid alternate on the pump. Factory acceptance testing is not included.	
WARRANTY:		1 year from start-up	1 year from start-up	1 year	
QUESTIONNAIRE:	Attach(Y or N	Yes	Yes		
SCHEDULE OF VAL	LUES: Y or N	Yes	Yes		
FORMS COMPLETE	ED:				
Legal Status of Bidd		Yes	Yes		
Non-Collusion Affida		Yes	Yes		
Certification regarding	ng DebarY or N	Yes	Yes		
ATTEST: Irene Newman Kurt Bovensiep Enna Bachelor	- - -	MaryBeth Murz, Purchasing Manager	NOTES LOW BIDDER MEE	ING SPECIFICATIONS.	





September 11, 2014
Addendum 1
ITB-COT 14-30
Calcium Chloride Dispensing Tank and System
Page 1 of 1

To All Bidders:

Please be advised that the City of Troy Purchasing Department has authorized the following change for ITB-COT 14-30; Calcium Chloride Dispensing Tanks and System.

The information contained herein will be considered an integral part of the original proposal documents.

CHANGE FROM: PROPOSAL: CALCIUM CHLORIDE DISPENSING TANK AND SYSTEM

Furnish all labor, materials, and equipment to construct and install a Calcium Chloride Tank and Dispensing System as indicated in the specifications at the City of Troy Department of Public Works located at 4693 Rochester Road, Troy, MI. 48084.

CHANGE TO: PROPOSAL: CALCIUM CHLORIDE DISPENSING TANK AND SYSTEM

Furnish all labor, materials, and equipment to construct and install deliver a Calcium Chloride Tank and Dispensing System as indicated in the specifications at the City of Troy Department of Public Works located at 4693 Rochester Road, Troy, MI. 48084.

The <u>installation</u> requirement of the bid specifications is hereby removed from ITB-COT 14-30 Bid Specifications. <u>Installation is no longer a requirement of this bid.</u> The bid price total shall reflect the labor, materials and equipment to construct and deliver a Calcium Chloride Tank and Dispensing System to the location as specified in the original bid documents.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Bid Proposal* and *Specifications* for ITB-COT 14-30, Calcium Chloride Dispensing

Tanks and System. All other items in the original bid proposal remain the same.

This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before Thursday, September 25, 2014, at 10:00 AM EDT in the office of the City Clerk.

COMPANY:

Systems

NAME OF REPRESENTATIVE:

Bis Antaya

(Print)

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

ADDRESS:

1800 Propuction Packet Systems

Such Ester Hrus, MI. 48309

DATE:



CITY OF TROY BID PROPOSAL

ITB-COT 14-30 Page 1 of 6

The undersigned proposes to **SUPPLY AND INSTALL A CALCIUM CLHORIDE DISPENSING TANK AND SYSTEM** in accordance with the specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: FLUID COOLING SYSTEMS, LLC					
The document contains the following sections:					
Instructions to Bidders (2 pages) Forms (5 forms)					
Bid Proposal (6 pages)	Specifications (4 pages)				
Questionnaire (3 pages)	Sample Insurance Certificate (1 page)				
Schedule of Values (1 page)	Debriefing Form (1 page)				
PROPOSAL: CALCIUM CHLORIDE D	ISPENSING TANK AND SYSTEM				
Furnish all labor, materials, and equipment to construct and install a Calcium Chloride tan and dispensing system as indicated in the specifications at the City of Troy Department of Public Works located at 4693 Rochester Road, Troy, MI.					
COMPLETE FOR THE	SUM OF: \$ 53,589.00				
all items to be used during the course of t	or delete work due to unforeseen circumstances. Therefore, a unit pid document at the time of submission that indicates unit prices for the project. All unit prices shall include the labor to install the item. TTACHED AND MUST BE COMPLETED AND RETURNED WITH N.				
NOTE: All items of work noted in the sp considered as included in the contract and	pecifications that are not specifically noted in the proposal shall be dishall be completed at no extra cost to the City of Troy.				
Measurements given in the bid proposal responsibility to take exact measurements must be brought to the City's attention.	are approximate and made in good faith. It shall be the bidder's during the site inspection. Any discrepancies in the measurements				
Bidders should examine the site to determine the amount of work to be done in accordance with the specifications. If a bidder does not make a site inspection, that bidder accepts full responsibility and risk for any errors or omissions in his/her bid proposal. Contact Mr. Kurt Bovensiep, Public Works Manager at (248) 524-3489 or k.bovensiep@troymi.gov to arrange a site visit between the hours of 8:00 am - 4:00 pm, Mcnday through Friday. Our company visited the site on Our company did not visit the site.					
CONTACT INFORMATION: 74/7 Hours of operation:	24 Hour Phone No. <u>248-770-3766</u>				

Bld Proposal Calcium Chloride Dispensing Tank and System Page 2 of 6

COMPLETION DATE:

Once the Contractor moves supplies and materials to the work site, work shall commence upon notice to proceed and be completed by December 31, 2014. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

() Our Company can me	et this delivery / installation schedule
(i) Our company cannot i	meet this delivery / installation schedule but offers:
THE TANK HAS A	12 WEER DELIVERY ACTER DRAWING APPROVAL
Work shall commence	calendar days after notice to proceed.

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.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, 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 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.

INFORMATION:

For additional general information or questions about this project, please contact Kurt Bovensiep, Public Works Manager between the hours of 8:00 a.m. and 4:00 p.m. at (248) 524-3489 or k.bovensiep@troymi.gov

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.

DOWNPAYMENTS OR PREPAYMENS:

Any bid received which requires a down payment or prepayment for services to be performed prior to work completion and acceptance as being in conformance with specifications will not be considered for award.

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.

LABOR:

Prevailing wages are not required for this project.

DESIGNATED CITY REPRESENTATIVE:

Bid Proposal Calcium Chloride Dispensing Tank and System Page 3 of 6

REFERENCES:

The City of Troy requires that your company list at least three (3) clients who have recently had similar work and material installed by your company. 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: ADDRESS: PHONE: EMAIL: COMPANY: ADDRESS: Madison PHONE: CONTACT: 307 0650 EMAIL: mwinkler Deasonerg. Com COMPANY: ADDRESS: Mendow Circle PHONE: CONTACT: EMAIL:

DELIVERY:

Materials are not to be delivered to the site until work is to commence. Secure storage space will not be available for long-term storage. All materials are to be F.O.B. delivered, freight paid to the work location in the City of Troy in accordance with specifications.

PROGRESS PAYMENTS:

The successful bidder shall establish with the City of Troy, the procedure for payment prior to commencement of work on this project. Partial payments shall be made at the discretion of the designated City Representative. The City of Troy reserves the right to withhold payments for work which is incomplete, shoddy, or not as specified, or until full acceptance for the portion of work completed which is being invoiced. The decision made by the City's representative concerning acceptable workmanship will be deemed in the City's best interest

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.

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

VENDOR QUESTIONNAIRE:

Bidders must complete the attached vendor questionnaire and return with your bid proposal documents.

COMPANY NAME: FLUID COSLING SYSTEMS

Bid Proposal Calcium Chloride Dispensing Tank and System Fage 5 of 6

INSURANCE: Insurance Requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE**. The required Insurance Certificate must be submitted to the Purchasing Manager, within five (5) business days of a verbal/ electronic request. The bid cannot be completely awarded without this Insurance Certificate. The Insurance Certificate may be faxed **(248) 524-3328** to the City Offices, and is the only bid document accepted in this format.

(1/)	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 bid proposal is reduced by \$ if we lower the requirements to \$ Note: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

<u>IMPORTANT</u>: A Certificate of Insurance on an ACORD Form showing present coverage or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications <u>SHOULD</u> be attached to the bid document at the time of submission of the bid 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 bid proposal being completed incorrectly.

<u>OTHER</u>: 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, and acceptable to the City of Troy.

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

<u>Letter Verification</u>: If not submitted with the bid documents as requested, 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 of Troy will review the insurance certificates to ensure all acceptable documents have been received and allow five (5) additional days after verbal / electronic notification to submit final insurance certificates 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: Fluid Cooling Systems

Bid Proposal Calcium Chloride Dispensing Tank and System Page 6 of 6

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 project completion.
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:
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: 80-0737064 COMPANY: Fluid Cooling Systems ADDRESS: 1800 Arduchen for CITY: 10chester Inlls STATE: 11 ZIP: 48309 PHONE: (418) 430-6271 FAX NUMBER: (888) 423-1914 REPRESENTATIVE NAME: 1306 Andread SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 300 April 1914 PAYMENT TERMS: 251 Days 751 pdf 3) WARRANTY: 12 mm/hs from start-up
CHECK INCLUDED: E-MAIL: bob & Fluideoling systems com
COMPLETION: IN ACCORDANCE WITH SPECIFICATIONS.
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.
ACKNOWLEDGEMENT: I. Bob Angle, certify that I have read the <i>Instructions to Bidders</i> (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 DF AUTHORIZED COMPANY REPRESENTATIVE:
All City of Troy purchases require a MATERIAL SAFETY DATA SHEFT, where applicable in compliance

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 MSDS 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.



Questionnaire Calcium Chloride Dispensing Tank and System Page 1 of 3

VENDOR QUESTIONNAIRE

_					
Please	provide the following information and se	ubmit with your bid	proposal:		
FIRM N	NAME: Fluid Cooling Syste	ins .			
TYPE C	DF ORGANIZATION: (Circle one) a. Individual b. Partnership c. Corporation d. Joint Venture e. Other				
If applie	cable: FORMER FIRM NAME(S)				
-					• •
NOTE: approp	If additional space is needed throughouriately for identification.	ut the questionnaire	, please att	ach additional sheet	s numbered
1.	Have you owned or operated a comp	cany that declared	l Chapter 7	during the last ten	(10) years?
	() Yes When:	_() No			
2.	How many years of experience do ye Sytems?	ou have installing	Calcium C	hloride Tank and D	ispensing
3.	Evidence that your company is licen	sed to do busines 80-073706	ss in the St	ate of Michigan.	
4.	Please provide a list of all open coname, organization, type, size, requiof each job and value of each contra	ired date of comp	npany curre letion, perc	ently holds. Inclue entage of complet	de contact ion to date
	Organization / Contact Name	Type/Size	Date	<u>Percentage</u>	Value
	FORD STERLING			201	<u>195,000</u>
	CAN-ENG			<u> 90%</u>	309,000
	American Spiral Wild Reliable Anglysis			10%.	500,000
	nellable mayers			307.	
5.	Provide an itemized list of your com-	pany's equipment	to be used	to complete this p	roject.
	- Grander	-			
	- 8AW		-		
	- File				
	. 12.11				

Questionnaire Calcium Chloride Dispensing Tank and System Page 2 of 3

6.	If applicable, list all proposed subcontractors to be used in the performance of this contrac and the work to be performed by each. Include a complete list and references of all	t
	subcontractors and sub-subcontractors.	
	Fiberglass Tank = Belding	_
		_
		_
7.	Provide a project schedule based on starting the work within ten (10) days after receiving	_
	"Notification to Proceed". Submit A Causings for a personal, once approved order all materials. The la	61
	take. It willed to Ship aring its elimbe at home to build the air	<u>an</u> u
	Shid.	H
8.	Personnel who would be assigned to this project:	
	Please provide resumes, licenses, and/or list any additional training classes taken to increa expertise in this field for the people listed in this section who will be assigned to this project. Inclu	
	the name and title of the person(s) who will be supervising the work and responsible for "on the id	
	decisions.	-
	TITLE NAME DEODES (OSSTISION SYSSEMIOS (VEN)	
	TITLE NAME DEGREE! CERTIFICATION EXPERIENCE! YEAR	<u>RS</u>
	Desan Engineer Rick Borensies CAD. 17 years	_
	Shop Mahager Deve Cramer Certified Welder 30 years	
		_
		_
		_
		_
	Note: Please provide copies of all resumes, certifications, and licenses, etc. submitted for individuals in this section with the	10
	titles listed above.	r G
340		NAME OF TAXABLE PARTY.
THE	FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS;	
	But the factor	
	Signature of Authorized Company Representative:	
	Company: Fluid Cooling Systems	
	10.0///2	
	Address: MOO (coduction)	
	Phone Number: 248 770 3766	
	Phone Number: 248 770 3766	
	Representative's Name: Sob Antag	
	Date: 1-30-14	
	Date.	



SCHEDULE OF VALUES

Your company MUST complete and submit this form with your bid proposal.

Equipment/Materials List	Manufacturer/ Model #	Unit of	Unit Cost	Cost of
		Measure		Installation / Unit
Pump Station	FCS SP-5-1.25-AVC-2V-CE Belding DW-C-CFV-NY-12051	per	\$ \$ 288.00	\$
Tank Controls	Belling DW-C-CFV-NY-12051	per	\$ 37, 444.00	\$
Controls	FLS OCP-1	per	\$ 7.857.00	\$
		r	\$	\$
			\$	\$
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			\$	\$
		_	\$	\$

Note: Individual equipment prices and labor costs to install those items are requested if changes are needed during completion of the project.

COMPANY NAME: Fluid Looling Systems



Legal Status of Bidder:

A corporation duly organized and doing business for whom <u>food finitage</u> , whose signature is affixed to this proposal, is duly	bearing the office title of <u>Prosident</u> authorized to execute contracts.
A partnership, all members of which, with addres	sses, is:
	S
	×



CITY OF TROY OAKLAND COUNTY, MICHIGAN NON-COLLUSION AFFIDAVIT

10 WHOM IT MAY CONCERN:		
(Print Full Name)	, being duly sworn deposed, says the The party making the foregoing proposal of	
connived, or agree, directly or indire- from bidding and has not in any man communication or conference, with a fix any overhead, profit, or cost elem	usion or sham; that said bidder has no ctly, with any bidder or person, to put ner directly or indirectly sought by ag any person to fix the bid price or affiantent of said bid price, or that of any other any person interested in the propose all or bid are true.	in a sham bid or to refrain reement or collusion, or nt or any other bidder, or t her bidder, or to secure the
SIGNATURE OF PERSON SUBMITTIN	G BID	
NOTARY'S SIGNATURE		
Subscribed and sworn to before me to 20 in and for	this day of	County.
My commission expires:		



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:

- 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
- 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.

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.

G:\Purchasing Forms - Instructions\Certification regarding debarment (2).doc



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	Fluid Cooling Systems
Street Address	1800 Production Dr
City	Rochester Hills
State, Zip	M1. 48309
Corporate I.D. Number/State	
Taxpayer I.D. #	80-0737064

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:		
Printed Name of Vendor's Authorized Agent:		
Witness Signature: Crame		
Printed Name of Witness: <u> Cramer</u>		
G:\ BidLanguage_IranLinkedBusiness		



City of Troy Oakland County, Michigan Contractor's Declaration

damage or delay for any reason anything for which I shall ask, demyself and the City, and in the	e not, during the period Performed any work, furnished any material, sustained any on, including soil conditions encountered or created or otherwise emand, sue for, or claim compensation from executed bet Change Orders for work issued by the City in writing as provided e claim for additional compensation and/or extension of time, as set need hereto.	done ween
There an itemized st	tatement attached.	
Date:		
Contractor:		
Ву:		
Title:		



City of Troy OAKLAND COUNTY, MICHIGAN FINAL WAIVER OF LIEN

FILE NUMBER:	LOAN NUMBER:
TO WHOM IT MAY CONCERN:	
Whereas, the undersigned has been e	employed by:(Construction Company)
To furnish	for the premises known
as Which are owned by the City o	f Troy, Oakland County, and Michigan.
and release any and all lien or claim or right o to mechanic's liens on the above described p or other considerations due or to become o	he sum of \$ and other whereof is hereby acknowledged, do(es) hereby waive f lien under the statutes of the State of Michigan relating remises and improvements thereon, and on the monies due from the owner, on account of labor or services, shed or which may be furnished at any time hereafter by ises.
Given under hand	and seal this day of, 20
Seal	

Note: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used. Partner should sign and designate himself as partner.