

a) **Standard Purchasing Resolution 2: Low Bidder Meeting Specifications – Police Officer Ballistic Vests**

Resolution #2019-09-113-J-4a

RESOLVED, That Troy City Council hereby **AWARDS** a contract for three (3) year requirements to provide new Ballistic Vests for the Police Department, to the low bidder meeting specifications, *CMP Distributors, Inc. of Lansing, MI*, for an estimated total cost of \$79,648.90 at unit prices contained in the bid tabulation opened August 29, 2019, a copy of which shall be **ATTACHED** to the original Minutes of this meeting, with the contract expiring June 30, 2022;

BE IT FURTHER RESOLVED, That the awards are **CONTINGENT** upon the company's submission of properly executed bid and contract documents, including insurance certificates and all other specified requirements.

Reg. 2020-1...182

BLANKET ORDER

No. 2020-00000587

DATE: 10/17/2019

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY
Police
500 W BIG BEAVER RD
TROY, MI 48084

Bill To

CITY OF TROY
Police
500 W BIG BEAVER RD
TROY, MI 48084

VENDOR NO. 100469

Vendor

C M P DISTRIBUTORS INC
16753 INDUSTRIAL PARKWAY
LANSING, MI 48906**COUNCIL RESOLUTION**

2019-09-113-J-4a

INSTRUCTIONS

Return to Department

QUANTITIES ARE ESTIMATED AND WILL BE ORDERED AS NEEDED

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	BALLISTIC VESTS FOR THE 2019-2020 YEAR. Unit cost for 5x8 Trauma Plate is \$724.60. Unit Cost for 7x10 Trauma Plate is \$734.15. Pricing is detailed and attached. Vests will be ordered as needed and required and according to the size of individual officers. Contact Officer Jason Clark 248 524 3467 to arrange delivery.	26,000.0000	\$26,000.00

Entered By: Kristine Kallek

\$26,000.00

Special Instructions:

CITY COUNCIL AWARD DATE: 9/23/2019. BALLISSTIC VESTS for the City of Troy Police Department as per all bid specifications, terms, conditions and unit pricing of ITB-COT 19-39 for a Three Year Replacement Program. This Purchase Order is for YEAR ONE OF A (potential) THREE YEAR PROGRAM.

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.

VENDOR NAME:	CMP Distributors, Inc.	On Duty Gear, LLC	Kiesler Police Supply
CITY:	Lansing, MI	Clinton Twp., MI	Jeffersonville, IN

PROPOSAL: FURNISH NEW BALLISTIC VESTS FOR THE CITY OF TROY POLICE DEPARTMENT.

Description	Estimated Qty	Year	Unit Cost	Total Cost	Unit Cost	Total Cost	Unit Cost	Total Cost
Armor Express Generation II Razor Threat Level II (BRAVO Cut) RZRG2-A-II - Neutral Vest Panels	35	2019-2020	\$724.60	\$25,361.00	\$745.00	\$26,075.00	\$815.67	\$28,548.45
RZRG2-A-II-FEM - Female Vest Panels ARA-SHOCK-ICW, Trauma Plate (size 5x8)	25	2020-2021	\$746.34	\$18,658.50	\$765.00	\$19,125.00	\$823.37	\$20,584.25
American Revolution Concealable Carrier (color NAVY)	45	2021-2022	\$768.73	\$34,592.85	\$785.00	\$35,325.00	\$831.06	\$37,397.70
Estimated Overall Total			\$78,612.35		\$80,525.00		\$86,530.40	

Description	Estimated Qty	Year	Unit Cost	Total Cost	Unit Cost	Total Cost	Unit Cost	Total Cost
Armor Express Generation II Razor Threat Level II (BRAVO Cut) RZRG2-A-II - Neutral Vest Panels	35	2019-2020	\$734.15	\$25,695.25	\$745.00	\$26,075.00	\$815.67	\$28,548.45
RZRG2-A-II-FEM - Female Vest Panels ARA-SHOCK-ICW, Trauma Plate (size 7x10)	25	2020-2021	\$756.18	\$18,904.50	\$765.00	\$19,125.00	\$823.37	\$20,584.25
American Revolution Concealable Carrier (color NAVY)	45	2021-2022	\$778.87	\$35,049.15	\$785.00	\$35,325.00	\$831.06	\$37,397.70
Estimated Overall Total			\$79,648.90		\$80,525.00		\$86,530.40	

SIZE AVAILABILITY:

WARRANTY:

AUTHORIZED DEALER:

DESCRIPTIVE LITERATURE ENCLOSED:

CONTACT INFORMATION:

REFERENCES:

PAYMENT TERMS:

DELIVERY:

EXCEPTIONS:

ACKNOWLEDGEMENT:

Forms:

	Y	Y	Y
	Y	Y	Y
Y/N	Y	Y	Y
Y/N	Current Vendor	Y	Y
Hrs. of Operation	M-F 8:30 am-5:00 pm	7 am -7 pm	8 am - 5 pm
24 Hr. Phone #	517-974-4276	810-650-5004	N/A
Contact Name	Catherine Parks	Paul Riddell	Crystal Laasanen
Y/N	Y	Y	Y
	Net 30 Days	Net 30	Net 30
	45-60 days ARO	45 Days ARO	30-90 Days
Y/N	N	N	N
Y/N	Y	Y	Y
Y/N	Y	Y	Y

ATTEST:

Sue Reisterer
Benjamin Hancock
Jason Clark
Jackie Ahlstrom

MaryBeth Murz,
Purchasing Manager



**CITY OF TROY
BID PROPOSAL**

ITB-COT 19-39

Page 1 of 4

The undersigned proposes to furnish **THREE (3) YEAR REQUIREMENTS OF NEW BALLISTIC VESTS FOR THE CITY OF TROY POLICE DEPARTMENT**, in accordance with the bid specifications attached hereto, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: CMP Distributors, Inc.

PROPOSAL: FURNISH NEW BALLISTIC VESTS FOR THE CITY OF TROY POLICE DEPARTMENT.

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents.

New Ballistic Vest Replacement Program for Years 2019-2022 for the City of Troy Police Department in accordance with the attached bid specifications.

NO SUBSTITUTES OR ALTERNATES WILL BE ACCEPTED.

Estimated Quantity	Description: Ballistic Vests – Armor Express Generation II Razor Threat Level II (BRAVO Cut) RZRG2-A-II - Neutral Vest Panels RZRG2-A-II-FEM - Female Vest Panels ARA-SHOCK-ICW Trauma Plate (size 5x8 or 7x10) American Revolution Concealable Carrier (color NAVY)	Unit Cost (Each)	Estimated Total Cost
35	Razor Level II w/(1) carrier and (1) 5x8 ARA-Shock ICW	724.60	25,361.00
	Year 2019-2020 Razor Level II w/(1) carrier and (1) 7x10 ARA-Shock ICW	\$ 734.15	\$ 25,695.25
25	Razor Level II w/(1) carrier and (1) 5x8 ARA-Shock ICW	746.34	18,658.50
	Year 2020-2021 Razor Level II w/(1) carrier and (1) 7x10 ARA-Shock ICW	\$ 756.18	\$ 18,904.50
45	Razor Level II w/(1) carrier and (1) 5x8 ARA-Shock ICW	768.73	34,592.85
	Year 2021-2022 Razor Level II w/(1) carrier and (1) 7x10 ARA-Shock ICW	\$ 778.87	\$ 35,049.15

NOTE: Include all delivery costs, handling and packaging, charges in the unit cost (each) price.

STATE SIZE AVAILABILITY: An authorizes representative from CMP Distributors, or Armor Express will come to the department at a scheduled date and time to measure the officers.

STATE WARRANTY: Manufactures Warranty - Ballistic Panels are warranted for 5 years. Carriers are warranted for 18 months. You have 30 days from the day you receive your vest to resolve any issues at no charge.

VEST FITTING: All vest fitting shall be conducted in person on-site by a qualified Armor Express Representative.

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

AUTHORIZED DEALER:

- (X) Our company is an authorized distributor of this equipment
() Our company is not an authorized distributor of this equipment.

ESTIMATED QUANTITIES:

Quantities stated are estimated and not guaranteed, but will be used for award purposes. The City of Troy will not be penalized for ordering more or less than the stated quantities. It is the intent to purchase the minimum quantities stated or more. Estimated quantities do not include potential new hires. The quantities listed are for three (3) year requirements.

ADDITIONAL INFORMATION:

For questions about the specifications, please contact Sergeant Jason Clark at (248) 524-3467 between the hours of 8:00 AM and 4:00 PM, Monday through Friday.

CONTRACT FORMS:

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

DELIVERY:

All items will be FOB delivered inside, freight paid to the Troy Police Department Police Property Room, 500 W. Big Beaver Rd., Troy, MI 48084, Attn: Sergeant Jason Clark – all items are to be packaged individually and identified with the Officer's name.

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, warranties, 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 the specifications; to accept a higher bid which has only minor deviations, in whatever manner is deemed to be in the City of Troy'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.

DOWN PAYMENTS AND PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment of any kind prior to delivery and acceptance of the items as being in conformance with specifications will not be considered for award.

ALTERNATES:

No substitutes or alternates will be accepted.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature specification or cut sheet(s) relevant to your company's bid proposal at the time of bid submission. It is attached and marked _____ for identification.

PURCHASE ORDER:

After approval of the successful bidder by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder to perform the contract in accordance with specifications. A contract document/ agreement will not be issued.

CONTACT INFORMATION:

Name(s): Catherine Parks

24 Hr. Phone No. 517-974-4276

Hours of operation: Monday - Friday 8:30am-5:00pm

COMPANY NAME: CMP Distributors, Inc.

REFERENCES

Please list at least three (3) Police departments with at least 75 uniformed employees that have had similar work completed by your company.

COMPANY: Farmington Hills Police Department
ADDRESS: 31655 Eleven Mile Road, Farmington Hills, MI 48336
CONTACT: Mike Flatt PHONE: 248-871-2743
EMAIL: mflatt@fhgov.com

COMPANY: Barry County Sheriff's Office
ADDRESS: 1212 West State Street, Hastings, MI 49058
CONTACT: Matt Houchlei PHONE: 269-948-4805
EMAIL: mhouchlei@barrycounty.org

COMPANY: Sterling Heights Police Department
ADDRESS: 40333 Dodge Park, Sterling Heights, MI 48313
CONTACT: Jassin Hakim PHONE: 586-446-2936
EMAIL: jhakim@sterling-heights.net

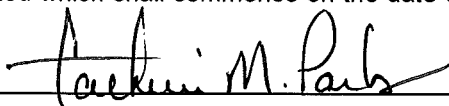
COMPANY NAME: CMP Distributors, Inc.

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 for the entire contract period which shall commence on the date of award and expire June 30, 2022.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

**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#: 38-2677687

COMPANY NAME: CMP Distributors, Inc.

ADDRESS 16753 Industrial Parkway CITY Lansing STATE MI ZIP 48906

PHONE NUMBER 517-721-0970 FAX NUMBER 517-721-0974

REPRESENTATIVE'S NAME Catherine Parks

(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

PAYMENT TERMS: Net 30 Days

WARRANTY: Manufacture warranty

E-MAIL: catherine@cmpdist.com

DELIVERY DATE: 45-60 days ARO

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc., from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions, and/or deviations are an integral part of this bid proposal offer:

N/A

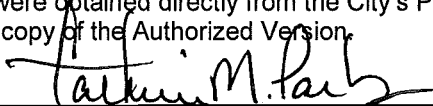
☐

Check this box if your bid is not to be broken up by item and based on an all or none award.

ACKNOWLEDGEMENT:

I, Catherine Parks, 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:



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 at no cost to the City.

IMPORTANT: All City of Troy purchases require a **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.

U.S. CURRENCY: All figures quoted are to be in U.S. Funds.



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 Catherine Parks, bearing the office title of President,
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:

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



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Catherine Parks, being duly sworn deposed, says that he/she
(Print Full Name)

is President-Owner. 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.

SIGNATURE OF PERSON SUBMITTING BID

Lisa D. Perry
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 27th day of
August, 2019 in and for

County. Montcalm, Acting in Clinton County

My commission expires:

February 8, 2024



Lisa D Perry
NOTARY PUBLIC - STATE OF MICHIGAN
County of Montcalm
My Commission Expires 2/8/2024
Acting in the County of Clinton



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.***

CMP Distributors, Inc.

Name of Agency/Company/Firm *(Please Print)*

Catherine Parks, President

Name and title of authorized representative *(Please Print)*

A handwritten signature in black ink, appearing to read 'Catherine M. Parks', written over a horizontal line.

Signature of authorized representative

Date August 27, 2019

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



**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	CMP Distributors, Inc.
Street Address	16753 Industrial Parkway
City	Lansing
State, Zip	MI, 48906
Corporate I.D. Number/State	38-2677687 MI
Taxpayer I.D. #	38-2677687

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: _____

A handwritten signature in black ink, appearing to read 'Catherine M. Parks', written over a horizontal line.

Printed Name of Vendor's Authorized Agent: Catherine Parks

Witness Signature: _____

A handwritten signature in black ink, appearing to read 'Maureca Wolf', written over a horizontal line.

Printed Name of Witness: Maureca Wolf



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of CMP Distributors, Inc. (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of CMP Distributors, Inc. and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER:

Catherine Parks

By: Catherine Parks

Its: President-Owner

Lisa D. Perry

STATE OF MICHIGAN)

) ss.

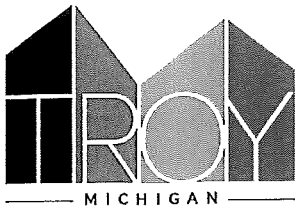
COUNTY OF Montcalm, Acting in Clinton County)



Lisa D Perry
NOTARY PUBLIC - STATE OF MICHIGAN
County of Montcalm
My Commission Expires 2/8/2024
Acting in the County of Clinton

This instrument was acknowledged before me on the 27th day of August, 2019, by

Catherine Parks



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: September 10, 2019

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
MaryBeth Murz, Purchasing Manager
Lisa Burnham, Accounting Manager
Frank Nastasi, Police Chief
Jason Clark, Police Sergeant

Subject: Standard Purchasing Resolution 2 – Low Bidder meeting Specifications – Police Officer Ballistic Vests

History

- The Police Department provides ballistic vests to sworn police officers.
- These ballistic vests provide enhanced protection to the officers during the course of performing their duties and response to critical incidents.
- The current ballistic vests are no longer under the manufacturer's warranty, and are at the end of their life cycle; necessitating the replacement of vests currently being used by the Police Department.

Purchasing

- On August 29, 2019 a bid opening was conducted as required by the City Charter/Code for three (3) year requirements of new Ballistic Vests for the City of Troy Police Department.
- The bid was posted on the Michigan Intergovernmental Trade Network (MITN); www.mitn.info. One hundred and six (106) vendors were notified via the MITN website. Three (3) bids were received. Below is a detailed summary of the vendor responses.

Companies notified via MITN	106
Troy Companies notified via MITN	3
Troy Companies - Active email Notification	3
Troy Companies - Active Free	0
Companies that viewed the bid	16
Troy Companies that viewed the bid	0

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.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing (continued)

After reviewing the bid proposal, CMP Distributors, Inc. of Lansing, MI was the lowest bidder meeting specifications to provide three (3) year requirements of new Ballistic Vests and is being recommended for the purchase of thirty-five (35) Ballistic Vests in the current 2019-2020 fiscal year, twenty-five (25) Ballistic Vests in the 2020-2021 fiscal year, and forty-five (45) Ballistic Vest in the 2021-2022 fiscal year.

The funds for these purchases are available in the Police Department in the fiscal years as detailed below. The below details reflect the unit prices for the ballistic vests with either a 5x8 or 7x10 protective trauma plate. Size and stature of individual officers determines the appropriate size trauma plate. Quantities by year are estimated and do not include potential new hires. The quantities listed are for three (3) year requirements.

Fiscal Year	Vest Qty.	Unit Cost - 5x8 Trauma Plate	Total Cost
2019-2020	35	\$724.60	\$25,361.00
2020-2021	25	\$746.34	\$18,658.50
2021-2022	45	\$768.73	\$34,592.85
TOTAL			\$78,612.35

Fiscal Year	Vest Qty.	Unit Cost - 7x10 Trauma Plate	Total Cost
2019-2020	35	\$734.15	\$25,695.25
2020-2021	25	\$756.18	\$18,904.50
2021-2022	45	\$778.87	\$35,049.15
TOTAL			\$79,648.90

Financial

The funds for these purchases are available in the Police Department in the fiscal years as detailed above. Also note these vests are reimbursable under the Department of Justice Bulletproof Vest Partnership Grant. This grant will reimburse the City 50% of the purchase price.

Recommendation

City management recommends awarding a contract for three (3) year requirements to provide sworn Police Officer Ballistic Vests for the Police Department to the lowest bidder meeting specifications, *CMP Distributors, Inc. of Lansing, MI* for an estimated total cost of \$79,648.90 as detailed above, all at unit prices contained in the bid tabulation dated August 29, 2019.

VENDOR NAME:	CMP Distributors, Inc.	On Duty Gear, LLC	Kiesler Police Supply
CITY:	Lansing, MI	Clinton Twp., MI	Jeffersonville, IN

PROPOSAL: FURNISH NEW BALLISTIC VESTS FOR THE CITY OF TROY POLICE DEPARTMENT.

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SIZE AVAILABILITY:

WARRANTY:

AUTHORIZED DEALER:

DESCRIPTIVE LITERATURE ENCLOSED:

CONTACT INFORMATION:

REFERENCES:

PAYMENT TERMS:

DELIVERY:

EXCEPTIONS:

ACKNOWLEDGEMENT:

Forms:

	Y	Y	Y
	Y	Y	Y
Y/N	Y	Y	Y
Y/N	Current Vendor	Y	Y
Hrs. of Operation	M-F 8:30 am-5:00 pm	7 am -7 pm	8 am - 5 pm
24 Hr. Phone #	517-974-4276	810-650-5004	N/A
Contact Name	Catherine Parks	Paul Riddell	Crystal Laasanen
Y/N	Y	Y	Y
	Net 30 Days	Net 30	Net 30
	45-60 days ARO	45 Days ARO	30-90 Days
Y/N	N	N	N
Y/N	Y	Y	Y
Y/N	Y	Y	Y

ATTEST:

Sue Reisterer

Benjamin Hancock

Jason Clark

Jackie Ahlstrom


MaryBeth Murz,
Purchasing Manager

**STANDARD PURCHASING RESOLUTION 2 – Low Bidder Meeting Specifications –
Ballistic Vests**

RESOLVED, That Troy City Council hereby AWARDS a contract for three (3) year requirements to provide new Ballistic Vests for the Police Department, to the low bidder meeting specifications, *CMP Distributors, Inc. of Lansing, MI* for an estimated total cost of \$79,648.90 at unit prices contained in the bid tabulation opened August 29, 2019, a copy of which shall be ATTACHED to the original minutes of this meeting with the contract expiring June 30, 2022;

BE IT FURTHER RESOLVED, That the awards are contingent upon the company's submission of properly executed bid and contract documents, including insurance certificates and all other specified requirements.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2019

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER James R Vozar Insurance 122 South Capital Avenue Athens MI 49011		CONTACT NAME: Mary Wallace PHONE (A/C, No, Ext): (269) 729-4000 E-MAIL ADDRESS: mwallace.vozarins@gmail.com FAX (A/C, No): (269) 729-9207	
INSURED Cmp Distributors Inc 16753 INDUSTRIAL PKWY LANSING MI 48906-9136		INSURER(S) AFFORDING COVERAGE INSURER A: HOME OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26638	

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	ADDL SUBR INSD WVR	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 GENT'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		06115899	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4612901201	06/29/2019	06/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input checked="" type="checkbox"/> 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 N	N/A	06117585	12/31/2018	12/31/2019

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

Additional Insured - See Endorsement CG 20 37 04 13

Cancellation Notice - See Endorsement

Primary & Non-Contributory - See Endorsement CG 2001

CERTIFICATE HOLDER**CANCELLATION**

City of Troy 500 W. Big Beaver Rd Troy MI 48064	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 Mary N Wallace 10/31/2019 <i>Mary N Wallace</i>
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Home-Owners Insurance Company

59495 (8-11)Y

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**CANCELLATION OR NONRENEWAL
DESIGNATED PERSON(S) OR ORGANIZATION(S)
OTHER THAN THE NAMED INSURED**

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:

1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
 2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
- If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE	
Number of Days Notice <u>030</u>	
Name Of Designated Person(s) Or Organization(s) CITY OF TROY	Mailing Address 500 W BIG BEAVER RD TROY MI 48084-5254

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
CITY OF KALAMAZOO CITY OF TROY	
CITY OF KALAMAZOO CITY OF TROY	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the

insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its

intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to

Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY JAMES R VOZAR INSURANCE AGENCY INC
01-0063-00 MKT TERR 024 269-729-4000

INSURED CMP DISTRIBUTORS INC
MARTINEZ & WILLIAM PARKS

ADDRESS 16753 INDUSTRIAL PKWY
LANSING MI 48906-9136

TAILORED PROTECTION POLICY DECLARATIONS

Change Endorsement Effective 10-28-2019

POLICY NUMBER 044601-06115899-18

Company Use 06-46-MI-0410

Company
Bill

Policy Term

12:01 a.m.	to	12:01 a.m.
12-31-2018		12-31-2019

Description of Change

COMMERCIAL GENERAL LIABILITY PART IS AMENDED AS FOLLOWS

ADDED FORM CG 2001 - PRIMARY AND NONCONTRIBUTORY-OTHER INS CO

FORM CG 2010 - ADD'L INS-EXCL PROD
ADDED - CITY OF TROY

ADDED 30 DAY NOTICE OF CANCELLATION -

CITY OF TROY
500 W BIG BEAVER RD
TROY MI 48084

Transaction Number: 004

Endorsement Premium:

PAID IN FULL DISCOUNT APPLIES

\$20.00

ADDITIONAL

(THIS IS NOT A BILL)

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.