SUBJECT: FIRE EXTINGUISHER SERVICE, REPAIR, RECHARGE AND HYDROSTATIC TESTING - REBID

BID #: SC-0465-14 **OPEN DATE: 03/26/2014**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT - ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FIRE/RESCUE

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 21 **NUMBER OF BIDS RECEIVED:** 4 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to change the vendor name from Space Coast Fire and Safety, Inc. to Cintas Fire Protection for the assumption of the current contract under the same terms and conditions and pricing. Total revised estimated annual expenditure in the amount of $100,000.00, and the not to exceed expenditure amount of $400,000.00 remains unchanged.

Funding for this award to be encumbered by account FRFO011FO-04603 to be executed by purchase order.

Attachments: Recommendation Memo; Vendor Letter; W-9 Form, Terms & Conditions, Previous Awards

Analyst: Marleen Doran
MARLEEN DORAN

RESPECTFULLY SUBMITTED: Wind Pease
for GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: KURTIS L. WILSON, DIRECTOR/FIRE CHIEF

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

_____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Space Coast Fire and Safety, Inc.

CINTAS
READY FOR THE WORKDAY

December 12, 2017

Dear Valued Customer,

We are pleased to inform you that **Space Coast Fire and Safety, Inc.** was recently acquired by Cintas Fire Protection. Effective on December 1, 2017, the acquisition positions Cintas as one of the leading fire protection providers in the Southeast, serving customers from offices in the Orlando, Ft. Myers, Tampa and Jacksonville areas. You can expect the same great service and value from our existing team at Space Coast Fire and Safety along with many new value added services from Cintas Fire Protection.

Space Coast Fire and Safety's nearly 30 years of fire experience combined with Cintas' dedication to world-class service will allow us to better serve your fire protection needs and ultimately help you keep your people and property READY™. Our mission at Cintas is to provide our customers with the most qualified technicians that demonstrate superior technical aptitude and an unmatched commitment to service. As a Cintas customer you receive all of the benefits of our Value Inspection Program that backs our service with an exclusive guarantee. For more information please visit Cintas.com/VIP. In the coming months, we will make it our goal to make this transition as seamless as possible with minimal business interruption. We look forward to working with you, and appreciate your business.

Please call us with any questions or concerns at 321.783.1040 or visit Cintas.com/FIRE.

Cintas Fire Protection
420 Manor Dr.
Merritt Island, FL 32952
321.783.1040

Jason Czech
Regional Business Director
Cintas Fire Protection

Thomas Spina
President
Space Coast Fire and Safety, Inc.

SPACE COAST
FIRE AND SAFETY

VIP
GUARANTEED
VALUE INSPECTION PROGRAM

Doran, Marleen

From: Davis, Cindy
Sent: Wednesday, January 10, 2018 12:04 PM
To: Doran, Marleen
Subject: FW: Space Coast Letter
Attachments: FIRE_Space Coast Fire and Safety Acq letter_121817v4.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Marleen

Attached is the letter from Cintas which recently acquired Space Coast Fire. Space Coast Fire is the vendor for Bid SC- 0465-14. What do we need to do to change the name to Cintas for the remainder of the contract which will expire 5/18/2018?

Thanks

Cindy Davis
Payroll and Procurement Manager
Jacksonville Fire & Rescue Department
515 Julia Street
904-630-0205 office
904-630-8397 fax
cdavis@coj.net

From: Greene, Cynthia [mailto:GreeneC@cintas.com]
Sent: Thursday, January 04, 2018 2:41 PM
To: Davis, Cindy
Subject: Space Coast Letter

Cindy,

Per our telephone conversation attached is a copy of the acquisition letter.
Please feel free to contact me if you need anything else.

Thank you,

Cindy Greene, Office Supervisor

Cintas Corporation - Fire Protection Division
Loc. F61- 7251 Salisbury Rd, Suite 1, Jacksonville, FL 32256
☎Tel: 904.562.7045 Cell: 904.699.7929
: greenec@cintas.com Fax: 904.302.8012

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Doran, Marleen

From: Davis, Cindy
Sent: Wednesday, January 24, 2018 9:51 AM
To: Doran, Marleen
Subject: FW: Space Coast Letter
Attachments: W-9 2018.pdf

Here is the W-9 for Cintas. Thanks

Cindy Davis
Payroll and Procurement Manager
Jacksonville Fire & Rescue Department
515 Julia Street
904-630-0205 office
904-630-8397 fax
cdavis@coj.net

From: Greene, Cynthia [mailto:GreeneC@cintas.com]
Sent: Wednesday, January 24, 2018 9:36 AM
To: Davis, Cindy
Subject: RE: Space Coast Letter

Good Morning Cindy,

Attached is a copy of the W-9.

Thank you,

Cindy Greene, Office Supervisor

Cintas Corporation - Fire Protection Division
Loc. F61- 7251 Salisbury Rd, Suite 1, Jacksonville, FL 32256
☎Tel: 904.562.7045 Cell: 904.699.7929
: greenec@cintas.com Fax: 904.302.8012

From: Davis, Cindy [mailto:CDAVIS@coj.net]
Sent: Monday, January 22, 2018 4:42 PM
To: Greene, Cynthia <GreeneC@cintas.com>
Subject: RE: Space Coast Letter

Cynthia

We are in the process of changing the name on the contract and we need the new W-9 form completed and returned to me asap. (see attached) Thanks

Cindy Davis
Payroll and Procurement Manager
Jacksonville Fire & Rescue Department
515 Julia Street
904-630-0205 office
904-630-8397 fax
cdavis@coj.net

From: Greene, Cynthia [mailto:GreeneC@cintas.com]
Sent: Thursday, January 04, 2018 2:41 PM
To: Davis, Cindy
Subject: Space Coast Letter

Cindy,

Per our telephone conversation attached is a copy of the acquisition letter.
Please feel free to contact me if you need anything else.

Thank you,

Cindy Greene, Office Supervisor

Cintas Corporation - Fire Protection Division
Loc. F61- 7251 Salisbury Rd, Suite 1, Jacksonville, FL 32256
☎Tel: 904.562.7045 Cell: 904.699.7929
: greenec@cintas.com Fax: 904.302.8012

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Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Cintas Corporation No. 2

2 Business name/disregarded entity name, if different from above
Cintas Corporation No. 2

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
PO BOX 636525

Requester's name and address (optional)

6 City, state, and ZIP code
CINCINNATI, OHIO 45263

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
3 1 - 1 7 0 3 8 0 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Mary Polite Date ▶ 1-2-2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

TERMS AND CONDITIONS

FIRE EXTINGUISHERS SERVICE, REPAIR, RECHARGE AND HYDROSTATIC TESTING

1. SCOPE

The Jacksonville Fire and Rescue Department is currently accepting bids to obtain source(s) of supply for the service(s) as outlined in the bid documents provided. The purpose of this bid invitation is to obtain information about your firm and its ability to provide these service(s) and to obtain pricing commitments for **Fire Extinguishers Service, Repair, Recharge and Hydrostatic Testing.**

2. AWARD

Award will be **ALL OR NONE**, to the lowest responsive, responsible bidder. Bidders must bid on all items to be considered for award. All awards are subject to the availability of funds.

3. TERM OF AGREEMENT

The term of this agreement is for one (1) year from date of award with three (3) one (1) year renewal options. Renewal Options may be exercised at the discretion of the City based on supplier performance and adherence to the terms and conditions set forth in the bid documents.

4. PRE-BID CONFERENCE

Not applicable

5. COMPLIANCE WITH SPECIFICATIONS

The bidder, by affixing their signature to the bid form submitted, agrees to provide service(s) in accordance with the bid documents provided. Bid only a single offering for each bid item. Multiple offerings, alternates (unless stated) and or stipulations may cause for bid rejection. Bid only on forms provided herein unless otherwise stated. Bid submissions shall be in ink or typewritten. All corrections must be initialed.

6. STATE CONTRACTS

The City reserves the right to utilize contracts established by the State of Florida and or other governmental agencies for service(s) covered under this bid. The city reserves the right to cancel this contract in whole or in part for such service(s).

7. QUANTITIES

Quantities indicated are fixed.

8. PRICES

All unit prices shall include time, labor, equipment, freight, delivery, and handling charges to the delivery location as outlined in the bid documents.

9. ESCALATION / DE-ESCALATION

All pricing submitted shall remain firm for the initial term period. Upon renewal (if applicable), a supplier may submit in writing a request for price escalation/de-escalation for the percentage of change as listed in the Consumer Pricing Index (CPI) and/or documentation notifying of an industry wide increase. The City reserves the right to decline any price increase request.

10. DELIVERY

The delivery address is Jacksonville Fire & Rescue Tactical Support Facility - 355 Ellis Road, Jacksonville, FL 32254. Contact person is David Johnson – 904-693-1445 A packing list shall accompany all shipments, which shall indicate at a minimum, the following: purchase order number, item number and description, date of shipment, quantity ordered and shipped, unit prices, and unit of measure.

11. SUPPLIER ACCESSIBILITY

The City or its representative must be able to contact, during normal business hours, by telephone or email any supplier providing goods or services to the city or its agencies. Any supplier accessibility requirements outlined in the specifications supersede this section.

12. REPORTING

The City may request, during the term of this bid, reports including but not limited to usage, pricing, and delivery. Suppliers will be required to provide reports requested in hard copy and electronic format as required.

13. INVOICING

Invoices will be issued once supplies/services are delivered and/or rendered to the City of Jacksonville or its agencies. At a minimum, invoices must include; purchase order number or contract number, item number and description, date of shipment, quantity ordered and shipped, unit prices, unit of measure, and extended totals. Payment terms are Net 30 days. All original invoices shall be submitted to: City of Jacksonville, General Accounting Division, 117 West Duval Street, Suite 375, Jacksonville, Florida 32202.

14. INSURANCE / INDEMNIFICATION

Each supplier shall maintain, for the entire term of this bid, current insurance coverage as stated in the bid documents. All insurance certificates shall list the City of Jacksonville as an additional insured. Certificated of Insurance shall be submitted within ten (10) calendar days after notice of award is received.

SUBJECT: **FIRE EXTINGUISHER SERVICE, REPAIR, RECHARGE AND HYDROSTATIC TESTING - REBID**

BID# SC-0465-14 OPEN DATE: **2014-03-26**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

Service Contract - One (1) year from date of award with three (3) one (1) year renewal options

AGENCY: **FIRE/RESCUE**

BASIS OF AWARD: **All or None to the lowest responsive, responsible bidder**

NUMBER OF BIDS INVITED **21** NUMBER RECEIVED **4** OTHER **0**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to utilize the second of three (3) renewal options with Space Coast Fire and Safety, Inc. for the period of May 19, 2016 through May 18, 2017. Total revised estimated annual expenditure in the amount of $100,000.00, for a total not to exceed expenditure in the amount of $300,000.00.

Funding Source: FRFO011FO-04603 - To be encumbered by purchase order

Attachments: Recommendation Memo, Vendor Letter, Previous Award

BUYER: ANNETTE BURNEY

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: **Kurtis L. Wilson, Director/Fire Chief, JFRD**

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 5-26-16

Teresa R. Eichner

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE: 5/26/16

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION Sam E. Mousa

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05

FORM GB-108, Revised 12/2007