SUBJECT: PURCHASE OF TEN RESCUE AMBULANCES

BID #: SC-0409-14 **OPEN DATE: 01/15/2014**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SUPPLY CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

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

NUMBER OF BIDS INVITED: 4 **NUMBER RECEIVED:** 2 **OTHER:** 3

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to change the vendor name from Hall-Mark Fire Apparatus, Inc. to REV RTC, Inc. dba Hall-Mark RTC for the assumption of the City contract with no changes to the current pricing or terms and conditions. Total estimated annual expenditure in the amount of $1,400,510.00, and the total not to exceed expenditure amount of $5,246,270.00 will remain unchanged.

Funding Source: AFFM512-069401 - To be encumbered by purchase order.

Attachments: Recommendation Memo, Vendors Letter and Previous Awards

Analyst: _____ Annette Burney

RESPECTFULLY SUBMITTED: _____ for GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: C.J. Thompson, Chief, Fleet Management Division

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(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 _____

FINANCE AND ADMINSTRATION DEPARTMENT

FLEET MANAGEMENT DIVISION

Jacksonville

Where Florida Begins.

Date: October 27, 2016

To: Gregory Pease, Chief of Procurement Division

Thru: C. J. Thompson, Chief of Fleet Management Division CJ Thomp.

From: David Hylazewski, Equipment Control Administrator DH

Re: Recommendation to re-award SC-0409-14 due to REV Group acquiring Hall-Mark Fire Apparatus, Inc.

Fleet Management Division is requesting approval to re-award SC-0409-14 to ~~REV, Group~~ due to acquiring the current contracted vendor, Hall-Mark Fire Apparatus Inc., originally awarded February 5, 2014, for the assumption of continued services under the current pricing, terms & conditions. Total expenditure to remain unchanged at $1,400,510.00.

see letter & W-9 on

Total estimated amount of expenditure not to exceed $5,246,270.00.

Funding for this award to be encumbered by AFFM512-069401 to be executed by Purchase order.

Dear Valued Hall-Mark Customer:

It is with much excitement I announce our new Hall-Mark relationship with REV Group, the Orlando-based parent corporation of E-ONE, Horton, McCoy Miller, Wheeled Coach, AEV and other prominent brands within the fire-rescue community. Hall-Mark Fire Apparatus, LLC was acquired by REV Group on November 20, 2015, and with this begins a new chapter in our growth and customer support for the Florida fire-rescue service. In this new relationship, Hall-Mark RTC will immediately begin moving into a much larger 65,000 square foot facility in Ocala, Florida. The move is anticipated to be complete by December 15th. In this new facility, Hall-Mark RTC will double the size of its parts support capability, its service capacity, its assembly of ambulance remounts and it's assembly of brush trucks. Hall-Mark RTC's new address will be:

Hall-Mark RTC
725 SW 46th Avenue
Ocala, Florida 34474

REV Group is a $1.8 billion per year corporation that is focused on growing its business by providing the highest quality vehicles to the fire-rescue industry, while at the same time providing REVolutionary service capability. The philosophy of taking care of customers in an exceptional manner extends from Tim Sullivan, REV Group CEO to your local Hall-Mark Sales Representative that calls on you every day.

You will continue to work with all of the same Hall-Mark personnel you have worked with over the years and the only difference you will notice is that we now have the backing of REV Group to better serve you. The newly named Hall-Mark RTC will have a larger building with which to increase our service and maintenance capability. We will also have access to more fabrication equipment, technology and personnel that will result in faster turnaround time on your apparatus repairs and related Hall-Mark manufactured products.

As you have experienced over the past 23 years, you will always have access to our personnel 24 hours a day and we look forward to serving you in the future from a larger facility with more resources at our disposal.

If you have any questions or would like to hear more about our exciting new venture, I am eager to share more details with you. Please call me anytime to discuss this evolution in customer support and how it will benefit you.

Thank you once again for being a valued Hall-Mark customer for all these years and I look forward to having you visit our new facility.

Best regards,

Bill Alm
V.P. / General Manager

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.
REV RTC, Inc

2 Business name/disregarded entity name, if different from above
d/b/a Hall-Mark RTC

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.)
725 SW 46th Avenue

Requester's name and address (optional)

6 City, state, and ZIP code
Ocala, Fl. 34474

7 List account number(s) here (optional)

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
4 7 - 4 4 5 4 8 8 0

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 ▶ Date ▶ 11/30/15

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.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by FEI/EIN Number

Foreign Profit Corporation

REV RTC, INC.

Filing Information

Document Number	F15000005215
FEI/EIN Number	47-4454880
Date Filed	11/17/2015
State	DE
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	12/03/2015
Event Effective Date	NONE

Principal Address

725 SW 46TH AVE.
OCALA, FL 34474

Changed: 07/22/2016

Mailing Address

725 SW 46TH AVE.
OCALA, FL 34474

Changed: 07/22/2016

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Officer/Director Detail

Name & Address

Title VP

BAMATTER, PAUL
330 Madison Ave, Flr 28
New York, NY 10017

Title PCEO

SULLIVAN, TIM

4776 NEW BROAD STREET #200
ORLANDO, FL 32814

Title Secretary

Krop, Pamela S
4776 NEW BROAD STREET #200
ORLANDO, FL 32814

Title CFO

Nolden, Dean J
4776 NEW BROAD STREET #200
ORLANDO, FL 32814

Annual Reports

Report Year	Filed Date
2016	02/08/2016

Document Images

02/08/2016 -- ANNUAL REPORT	View image in PDF format
12/03/2015 -- Amendment	View image in PDF format
12/03/2015 -- Name Change	View image in PDF format
11/17/2015 -- Foreign Profit	View image in PDF format

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State of Florida, Department of State

SUBJECT: PURCHASE OF TEN RESCUE AMBULANCES

BID #: SC-0409-14 **OPEN DATE: 01/15/2014**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:
SUPPLY CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

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

NUMBER OF BIDS INVITED: 4 **NUMBER RECEIVED:** 2 **OTHER:** 3

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to ratify award from February 5, 2015 thru date of award.

Recommend approval to utilize the second (2nd) and final renewal options to Hall-Mark Apparatus, Inc., for the purchase of Ten Rescue Ambulances originally awarded on February 5, 2014, with an increase to the unit cost for Item #1 in the amount of $7,019.00 for a revised unit price of $139,376.00 due to an increase in the manufacturing industry. Total annual expenditure not-to-exceed $1,400,510.00. Total maximum expenditure not to exceed $5,246,270.00.

Funding for this award to be encumbered by account OPFM513-06401 to be executed by purchase order.

Attachments: Recommendation Memo, Vendors Letter, Previous Award

Analyst: KATHERINE NASWORTHY **RESPECTFULLY SUBMITTED:** GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: CRISENCIO TONGOL, FLEET MANAGEMENT ADMINISTRATOR

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

MEMBERS APPROVING 3 MEMBERS DISAPPROVING ____ DATE: 2/11/16

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 2/11/16

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Sam E. Mouton
Chief Administrative Officer
Under Authority of
Executive Order No. 2015-05

SUBJECT: PURCHASE OF TEN RESCUE AMBULANCES

BID #: SC-0409-14

OPEN DATE: 01/15/2014

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:
SUPPLY CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

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

NUMBER OF BIDS INVITED: 4 NUMBER RECEIVED: 2 OTHER: 3

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to ratify award from February 5, 2015 thru date of award.

Recommend approval to utilize the first of two renewal options to Hall-Mark Apparatus, Inc., for the purchase of Ten Rescue Ambulances originally awarded on February 5, 2014, with an increase to the unit cost for Item #1 in the amount of $8,657.00 for revised unit price for Item #1 of $132,357.00 due to an increase in the manufacturing industry. Total annual expenditure not-to-exceed $1,330,320.00 for a revised maximum indebtedness to the City of $3,845,760.00.

Funding for this award to be encumbered by account OPFM513-06401 to be executed by purchase order.

Attachments: Recommendation Memo, Vendors Letter, Previous Award

Analyst: KATHERINE NASWORTHY

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: KARIM KURJI, CHIEF OF FLEET MANAGEMENT DIVISION

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

MEMBERS APPROVING 3 MEMBERS DISAPPROVING ____ DATE: 02/12/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 2/12/15

APPROVED ____ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Cleveland Ferguson III
Deputy Chief Administrative Officer
For Mayor Alvin Brown
Under Authority of:
Executive Order No. 2015-01

SUBJECT: **Purchase of Ten Rescue Ambulances**

BID# SC-0409-14 OPEN DATE: **1/15/2014**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

One (1) year from date of award with two (2) one (1) year renewal options

AGENCY: **FIRE/RESCUE**

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

NUMBER OF BIDS INVITED **4** NUMBER RECEIVED **2** OTHER **3**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval of award to the lowest responsive, responsible bidder, Hall-Mark Apparatus, in the amount of $1,237,000.00 for the purchase of ten (10) Rescue Ambulances; $6,750.00 for the required inspection trips; and two (2), of Option 2, for Ford Four Wheel Drive Chassis in the amount of $27,940.00, for a Total Award not-to-exceed $1,271,690.00.

Funding for this award to be encumbered by account OPFM513 - 06401 to be executed by Purchase Order(s).

Attachments: Recommendation Memo, Bid Tabulation, Terms & Conditions

BUYER: KATHERINE NASWORTHY RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: **KARIM KURJI, CHIEF OF FLEET MANAGEMENT DIVISION.**

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 01/30/14

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE: 2/5/14

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Karen Bowling
Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of:
Executive Order No. 2013-04

FORM GB-108, Revised 12/2007

SUBJECT: **Purchase of Ten Rescue Ambulances**

BID# SC-0409-14 OPEN DATE: **1/15/2014**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: **FLEET MGMT**

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

NUMBER OF BIDS INVITED **4** NUMBER RECEIVED **2** OTHER **3**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to increase award to Hall-Mark Apparatus, in the amount of $1,237,000.00 for the purchase of ten (10) Rescue Ambulances plus three (3) required inspection trips in the amount of $6,750.00 for a total not to exceed $1,243,750.00. Total revised expenditure not to exceed $2,515,440.00.

Funding for this award to be encumbered by account OPFM513 - 06401 to be executed by Purchase Order(s).

Attachments: Recommendation Memo, Bid Tabulation, Previous Award(s)

BUYER: _____ KATHERINE NASWORTHY RESPECTFULLY SUBMITTED: _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: **KARIM KURJI, CHIEF OF FLEET MANAGEMENT DIVISION.**

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 10/02/14

_____ _____ OTHER: _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE: 10/3/14

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____ Karen Bowling, Chief Administrative Officer For Jerry Alan Fowler, Under Authority of Executive Order No. 2009-2-24

FORM GB-108, Revised 12/2007