



## Urbana Fire Department Request for Proposals

Proposals will be received by the City of Urbana until 8:00 a.m., on March 31, 2017, at the Urbana Fire Department, 400 South Vine Street, Urbana, Illinois, for furnishing the following emergency lighting and equipment organization products:

- (1) Whelen, 48” Duo light bar with hook kit
  - (1) Traffic emitter
  - Red/Clear front
  - Red/Amber rear
- (1) Whelen, 295SDA1, siren controller
- (2) Whelen, 100 watt speaker
- (2) Whelen, speaker bracket
- (1) Havis charge guard
- (1) Havis, C-VS-2400-INUT-1, Console
  - Internal cup holders
  - Top Mount Armrest
  - 3.25” Console Pocket
- (2) Whelen, Micron, stud mount, red
- (2) Whelen, Vertex, red
- (2) Vertex black flange
- (6) Whelen, ION, red, black flange
- (2) Whelen, ION, grommet
- (2) Whelen, Micron, surface mount, red, black flange
- (2) Whelen, Micron, L bracket
- (2) Whelen, ION, clear, black flange
- (2) Whelen Vetex, clear
- (2) Whelen, LINSV2R, red
- (2) Whelen, bracket, LSVBKT34

Proposals must be electronically submitted to: [kdhensch@urbanaininois.us](mailto:kdhensch@urbanaininois.us) with “Emergency Lighting and Equipment (RFP)” noted in the subject line.

The City of Urbana reserves the right to reject any and all proposals and waive all technicalities deemed not in the best interest of the Urbana Fire Department. The Urbana Fire Department is not bound to accept the lowest proposal submitted. If the lowest proposal is not in the best interest of the Urbana Fire Department, i.e. value received for the money expended, the right is reserved to make awards in the best interest of the Urbana Fire Department. In making awards, intangible factors, such as bidder’s reputation, past performance, access of service, parts availability, and Urbana Fire Department’s operator performance evaluation, will be weighed.

Vendors are required to complete and return the City of Urbana, Illinois Purchasing Certification Form (Rev. 4/06) with submitted bid (attached).

The Urbana Fire Department requires a period of 30 days to pay invoices. If you have any questions concerning billing, contact the Urbana Fire Department Administrative Assistant at 217-384-2429.

Thank you for your interest in submitting a proposal.

Division Chief Kyle Hensch  
Urbana Fire Department  
400 S. Vine Street  
Urbana, Illinois 61801

**CITY OF URBANA, ILLINOIS  
PURCHASING CERTIFICATION FORM (Rev. 4/06)**

The City of Urbana requires all vendors doing business at the above levels with the City to comply with certain local, state and federal requirements. By signing below, the vendor certifies, that they are familiar with and are in compliance with all of the legislative acts summarized below. False certification on this form, or the failure to fully comply with all of the requirements of these acts, may result in the termination of any contract, debarment from future contacts from either the City of Urbana, State of Illinois or any other governmental agency, and may subject the vendor to other legal actions.

**DRUG FREE WORKPLACE ACT:** An act to create a drug free workplace and prevent the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by anyone while involved in the performance of a contract for the City of Urbana. (30 ILCS 580/1 et. seq.)

**CERTIFICATION OF COMPLIANCE:** An act to insure that all contracts for goods, services or construction are obtained only through an independent noncollusive submission of offers, the vendor must certify that it is not barred from contracting with any unit of the State of Illinois or any Illinois local governmental agency as a result of any bid-rigging or bid-rotating. (720 ILCS 5/33E 1 et. seq.)

**DELINQUENT TAXPAYERS:** An act to certify that any vendors doing business with the City of Urbana are not delinquent in the payment of any tax administered by the Illinois Department of Revenue. (65 ILCS 5/11-42.1-1)

**SIGNATURES (COMPLETE APPROPRIATE SECTION)**

**INDIVIDUAL**  **PARTNERSHIP**  **CORPORATION**  (check one)

Name of the Business \_\_\_\_\_

Signed By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Date \_\_\_\_\_