

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Joseph Montopoli, Fire Chief/EMC 954-797-1842

PREPARED BY: Frank Suriano, Assistant Chief Administration 954-797-1843

SUBJECT: Resolution

AFFECTED DISTRICT: n/a

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING TO ACCEPT THE BID FROM FISCHER SCIENTIFIC COMPANY CO, LLC TO PURCHASE SELF CONTAINED BREATHING APPARATUS (SCBA) AIRPAKS.

REPORT IN BRIEF: A competitive bid was conducted for Self Contained Breathing Apparatus (SCBA) equipment for Davie Fire Rescue Department. The bid was advertised state-wide in Florida Bid Reporting, nationally in BidNet and posted on the Town's website. The Town received two (2) bids and the recommendation is to award to the lowest bidder as identified in the recommendation memo from Fire Department attached hereto. The SCBA Airpacks are used to enter hazardous environments and allow firefighters to breathe clean air. The airpacks will be used in the field and to train new recruits and personnel at the fire academy.

PREVIOUS ACTIONS: R-2005-090

CONCURRENCES: The recommended award has been reviewed by the Fire Chief and the Bid Specification Committee who concur with the decision to award to the lowest bidder.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$ 46,073.04

Account Name: Operating Expense – New Hire Expenditures

If no, amount needed: \$

What account will funds be appropriated from: 001-0620-522-0546

Additional Comments:

RECOMMENDATION(S): Motion to approve Resolution

Attachment(s): Resolution, Bid Tabulation, Recommendation Memo

RESOLUTION _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,
AUTHORIZING TO ACCEPT THE BID FROM FISCHER
SCIENTIFIC COMPANY CO, LLC TO PURCHASE SELF
CONTAINED BREATHING APPARATUS (SCBA) AIRPAKS.

WHEREAS, the Town of Davie performed a formal bid for self contained breathing apparatus (SCBA); and

WHEREAS, the Town received two (2) bids and recommends Fisher Scientific Co. LLC as the lowest bidder; and

WHEREAS, the self contained breathing apparatus (SCBA) will be used in the field and to train new recruits and personnel at the fire academy.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby awards the bid to Fisher Scientific Co. LLC to purchase ten (10) Self Contained Breathing Apparatus (SCBA) in the amount of \$46,073.04.

SECTION 2. The Town Council hereby authorizes the expenditure from the Fire Department Operating Expense – New Hire Expenditures Account.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER

ATTEST:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008



**TOWN OF DAVIE
INTEROFFICE MEMORANDUM
FIRE RESCUE DEPARTMENT**

DATE: AUGUST 15, 2008

TO: HERB HYMAN, PROCUREMENT MANAGER

FROM: FRANK SURIANO, ASSISTANT CHIEF *Frank Suriano*

THROUGH: Michael Malvasio, Deputy Fire Chief

SUBJECT: SCBA AirPaks

Attachment: YES X NO

I have reviewed the SCBA Airpaks bid paperwork and recommend the bid to be awarded to the lowest bidder which is Fisher Scientific Co., LLC.

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<u>ACCOUNT NUMBER</u>	<u>BUDGET ITEM & DESCRIPTION</u>	<u>APPROXIMATE COST</u>
001-0620-522-0546	NEW HIRE EXPENDITURES AIRPACKS	\$48,222.00

METHOD OF PROCUREMENT (check the one that applies)

- Open Competitive Bidding
- Piggyback on Contract Number _____
- Sole Source
- Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____
 Department Head: _____

Have Funds been Reserved PER. 37198

Date 6/17/08 Signed _____

Signed Gary Shuman
 Town Administrator

BIDS SUBMITTED

VENDOR	COST
FISHER SCIENTIFIC COMPANY, LLC	\$46,073.04
PRO-AM SAFETY, IN	48,222.00

Signed _____
 Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
FISHER SCIENTIFIC COMPANY, LLC	\$46,073.04

BID OPENING REPORT

BID NAME: Scott Airpaks (Re-bid)
BID NUMBER: B08-123
ESTIMATED COST: \$48,222.00

TIME: 2:04pm
DATE: 8.7.08

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	Fisher Safety	\$46,073.04	1
2.	Pro-Am Safety, inc.	\$48,222.00	2
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS SENT TO EIGHT(8) PROSPECTIVE BIDDERS
TOWN REC'D TWO(2) BIDS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS, PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Olivia Blackiston
WITNESS: Paula Ramirez

DATE: 8.7.08
DATE: 8/7/08



Corporations

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Business Entity Filing History

Date: 9/2/2008 (Select the link above to
view the Business
Entity's Filing History)

Business Name History

Name	Name Type
FISHER SCIENTIFIC COMPANY	Current Name

Business Corporation - Foreign - Information

Entity Number: 870837
Status: Active
Entity Creation Date: 5/20/1985
State of Business.: DE
Registered Office Address: % PRENTICE-HALL
CORPORATION SYSTEM INC
PA 0 -0
Mailing Address: No Address

Officers

Name: J L VINCENT
Title: President
Address: 2000 PARK LN
PITTSBURGH PA 15275-02

Name: J A HUGHES
Title: Secretary
Address: 2000 PARK LN
PITTSBURGH PA 15275-02

Name: P SCHILLER
Title: Vice President
Address: 2000 PARK LN
PITTSBURGH PA 15275-02

Form **W-9**
(Rev. October 2007)
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.

Name (as shown on your income tax return)
Fisher Scientific Company L.L.C.

Business name, if different from above

Check appropriate box: Individual/sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ Exempt payee
 Other (see instructions) ▶ **LLC-file as corp.**

Address (number, street, and apt. or suite no.)
2000 Park Lane

City, state, and ZIP code
Pittsburgh, PA 15275

List account number(s) here (optional)

Requester's name and address (optional)

Part III 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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
23-2942737

Part IV Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ **1/3/2008**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Vendor/Bidder Disclosure

I, MICHAEL A. VERNIER

being first duly sworn state that:

The full legal name and business address of the person(s) or entity contracting with the Town of Davic ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

FISHER SCIENTIFIC COMPANY, L.L.C.

Address:

2000 PARK LANE

PITTSBURGH, PA 15275

FEIN

23-2942737

State and date of incorporation

Delaware 1998

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>FISHER SCIENTIFIC COMPANY, L.L.C.</u>	<u>IS A WHOLLY-OWNED</u>	<u>%</u>
<u>SUBSIDIARY OF FISHER SCIENTIFIC INTERNATIONAL, INC.</u>	<u>WHOSE PARENT COMPANY IS THERMO FISHER SCIENTIFIC INC.</u>	<u>%</u>
		<u>%</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

By: [Signature]
Signature of Affiant

Date: 8/28/08

MICHAEL A. VERNIER
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 28th day of August 2008, by Michael A Vernier, he/she is personally known to me or has presented Drivers License as identification.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Amy M. Schroeder, Notary Public
North Fayette Twp., Allegheny County
My Commission Expires Nov. 18, 2008
Member, Pennsylvania Association Of Notaries

[Signature]
Notary Public, State of Florida at Large
Commonwealth of Pennsylvania

Print or Stamp of Notary

1211200
Serial Number

My Commission Expires: Nov 18, 2008