

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

| | | | |
|--|---|--|-----------------------------|
| The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award. | | BIDDER NAME | |
| BID NUMBER <u>OT905013</u> | OPENING DATE (1:00 p.m.) <u>May 17, 2013</u> | STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet | |
| General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk | | CITY STATE ZIP | |
| | | COUNTY | MBE/EDGE CERTIFICATE NUMBER |
| | | TELEPHONE NO. () | TOLL FREE NO. 1 - () |
| | | CONTACT PERSON | FAX NO. () |
| REQ./INDEX NO. LDC023 | BID NOTICE DATE 04/24/2013 | CONTRACTOR'S E-MAIL ADDRESS | |
| SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) | | | |
| <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax | | | |
| In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%,10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, _____Days, Net 30 Days | | | |
| <u>PARTICIPATING AGENCY(IES):</u> AS LISTED HEREIN | | | |
| ADDENDUM FOR CHANGE ADDENDUM NO.: 1 REVISION DATE: 05/09/13 | | | |
| <u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:</u> PREVENTIVE ELEVATOR AND ESCALATOR MAINTENANCE AND REPAIR | | | |
| Attached are pages 15 and 27 to this Invitation to Bid. Remove the corresponding pages from the existing bid and replace with the attached. | | | |
| As indicated herein this addendum is issued to update equipment specifications. | | | |

SPECIFICATIONS (cont.'d)

ELEVATORS TO BE SERVICED

| OHIO VETERANS HOME – SANDUSKY | | | | Contact: Rebecca Leach, (419) 625-2454 Ext. 1414 | | |
|-------------------------------|-------|---------------|-----------|--|----------|----------|
| MONTHLY SERVICE | | | | | | |
| LOCATION | NO. | MFG. | TYPE | POWER | CAPACITY | LANDINGS |
| Giffin Care | 9245 | Haughton | Passenger | Hydraulic | 3,500 | 4 |
| Giffin Care | 27974 | Plunger | Passenger | Hydraulic | 3,500 | 4 |
| Secrest Nursing | 25138 | Plunger | Passenger | Hydraulic | 4,000 | 3 |
| Secrest Nursing | 25137 | Plunger | Passenger | Hydraulic | 4,000 | 3 |
| Secrest Nursing | 25136 | Plunger | Passenger | Hydraulic | 4,000 | 3 |
| Secrest Receiving Dock | 25135 | Plunger | Freight | Hydraulic | 5,000 | 2 |
| Veterans Hall | 31522 | Thyssen Dover | Passenger | Hydraulic | 4,000 | 2 |
| Veterans Hall | 31523 | Thyssen Dover | Passenger | Hydraulic | 2,500 | 2 |
| Veterans Hall | 31524 | Thyssen Dover | Passenger | Hydraulic | 2,500 | 2 |
| Veterans Hall | 31524 | Thyssen Dover | Passenger | Hydraulic | 2,500 | 2 |
| Veterans Hall | 31521 | Thyssen Dover | Passenger | Hydraulic | 4,000 | 4 |
| IF Mack Building | 34359 | Thyssen Dover | Passenger | Hydraulic | 2,100 | 3 |
| O Cottage | NA | Giant | Lift | Hydraulic | UNK | 2 |

| ODPS, SHIPLEY BUILDING | | | | Contact: Daniel Lane, (614) 995-5437 | | |
|------------------------|-------|-------|-----------|--------------------------------------|----------|----------|
| MONTHLY SERVICE | | | | | | |
| LOCATION | NO. | MFG. | TYPE | POWER | CAPACITY | LANDINGS |
| ODPS Building | 35545 | Dover | Freight | Electric Traction | 7,500* | 7 |
| ODPS Building | 35546 | Dover | Passenger | Electric Traction | 3,500 | 6 |
| ODPS Building | 35547 | Dover | Passenger | Electric Traction | 3,500 | 6 |
| ODPS Building | 35548 | Dover | Passenger | Electric Traction | 3,500 | 6 |
| ODPS Building | 35549 | Dover | Passenger | Electric Traction | 3,500 | 6 |
| ODPS Building | 35550 | Dover | Passenger | Electric Traction | 3,500 | 6 |

| ODPS, ALUM CREEK FACILITY | | | | Contact: Michael Vansuch, (614) 995-1995 | | |
|---------------------------|-------|---------|---------------|--|----------|----------|
| ANNUAL SERVICE | | | | | | |
| LOCATION | NO. | MFG. | TYPE | POWER | CAPACITY | LANDINGS |
| Warehouse East Side | 40402 | Concord | Passenger ADA | Rope Hydraulics | 750 | 2 |
| Warehouse West Side | 40401 | Concord | Passenger ADA | Rope Hydraulics | 750 | 2 |

| ODPS, EMERGENCY MANAGEMENT AGENCY | | | | Contact: Steven Rosner, (614) 889-7166 | | |
|-----------------------------------|--------|-------|-------------------|--|----------|----------|
| QUARTERLY SERVICE | | | | | | |
| LOCATION | NO. | MFG. | TYPE | POWER | CAPACITY | LANDINGS |
| Main Front | 33753* | Abell | Passenger/Freight | Hydraulic | 4,000* | 2 |
| Main Rear | 33752 | Abell | Passenger/Freight | Hydraulic | 3,500* | 3 |

*Indicates updated equipment specifications.

PRICE SCHEDULE:

| ODPS, EMERGENCY MANAGEMENT AGENCY | | | | |
|---|--------|-------|-------------------|----------------------------------|
| ITEM I.D.: 22683 | | | | |
| UNIT DESCRIPTION | | | | SCHEDULED SERVICE QUARTERLY COST |
| LOCATION | NO. | MFG. | TYPE | |
| Main Front | 33753* | Abell | Passenger/Freight | \$ per qtr. |
| Main Rear | 33752 | Abell | Passenger/Freight | \$ per qtr. |
| Straight-Time Rate (During facility regular work hours) | | | | \$ per hr. |
| Overtime Rate (at other than facility regular work hours) | | | | \$ per hr. |
| 5 Year Full Load Test | | | | \$ Every 5 Years (per elevator) |
| Replacement Parts and Components Mark-up Percentage | | | | % |

*Indicates updated equipment specifications.