

**EVALUATION OF BID
PROPOSALS**

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FOR: Requirements Contract for PH/Chlorine Residual Analyzer and Assoc. Equip.

Bid File No. 9652
Bid Opening: 06/14/2022

<u>BIDDERS</u>	<u>TOTAL NET BID AMOUNT</u>
1. Cen Cal Water, Inc. 19433 Ave 242 Lindsay, CA 93247	\$132,445.82
2. MISCO 5976 W. Las Positas Blvd., #226 Pleasanton, CA 94588	\$258,969.00

Each bidder has agreed to allow the City ninety (90) days from date bids are opened to accept or reject their bid proposal. Purchasing requests that you complete the following sections and return this bid evaluation to the Purchasing Unit at the latest by Monday, June 27, 2022 5:00 P.M.

The current contract pricing is N/A % above/below the previous contract pricing. If the overage is greater than 10% or only one bid was received, give explanation:

BACKGROUND OF PROJECT (To be completed by Evaluating Department/Division. Explain need for project/equipment): The need for the CL2/PH analyzers is to phase out existing legacy equipment no longer being supported by the manufacturer and update analytical equipment for accurate chemical readings in order to produce accurate calibration reports as well as state reports.

DEPARTMENT CONCLUSIONS AND RECOMMENDATION:

☐ Award a contract in the amount of \$ _____
to _____
as the lowest responsive and responsible bidder.

Remarks:

☒ Reject all bids. Reason: Due to both bidders being non-responsive in their submissions. Neither bidder submitted a bid deposit and one bidder was missing required documentation.

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Department Head Approval



Title: Assistant Director _____

Date: 09/12/2022.....

☒ Approve Dept. Recommendation

☐ Disapprove

☐ See Attachment

☒ Approve GSD/Purchasing Recommendation


☐ Disapprove

GENERAL SERVICES DEPARTMENT

CITY MANAGER



Purchasing Manager 10/11/2022
Date



City Manager or Designee 10/12/2022
Date



General Services Director 10/11/22
Date

FISCAL IMPACT STATEMENT

PROGRAM:

<u>RECOMMENDATION</u>	<u>TOTAL OR CURRENT</u>	<u>ANNUALIZED COST</u>
Direct Cost	_____	_____
Indirect Cost	_____	_____
TOTAL COST	_____	_____
Additional Revenue or Savings Generated	_____	_____
Net City Cost	_____	_____
Amount Budgeted (If none budgeted, identify source)	_____	_____