### PROPOSALS

FOR: FFD SQUAD APPARATUS SERVICE BODY

Bid File No.: 3794

Bid Opening: 02/09/2021

#### **BIDDERS**

TOTAL NET BID AMOUNT

Fire Apparatus Solutions
1762 South Sycamore Avenue
Rialto, CA 92376

\$212,982.85 \*Non-Responsive

\*Exceptions taken to the bid specifications

Each bidder has agreed to allow the City sixty-four (64) 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 Friday, March 5, 2021, 5:00 P.M.

The Engineer's Estimate/Budget Allocation for this expenditure is \$\_\_\_\_208,000\_\_\_. The contract price is \_\_\_2.40 % above the Budget Allocation. If the overage is greater than 10% or only one bid was received, give explanation:

<u>BACKGROUND OF PROJECT</u> (To be completed by Evaluating Department/Division. Explain need for project/equipment):

The Fresno Fire Department seeks to purchase two squad apparatus service bodies to be mounted on new cab and chassis trucks. The new squad units will be used to provide non-ambulatory emergency medical services to individuals throughout the City of Fresno. Currently this service is being fulfilled by heavy-duty ladder trucks and engines resulting in unnecessary wear and tear to these critical apparatuses. The new smaller vehicle with a service body will be able to provide the same level of service to individuals needing the medical aid at a significantly lower equipment cost to the City and with greater mobility.

#### DEPARTMENT CONCLUSIONS AND RECOMMENDATION:

[] Award a contra- to	ct in the amount of \$	0	. 4
	esponsive and responsible	e bidder.	
Remarks:	140 at 1 2	F-1	

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[X] Reject all bids. Reason: Sole bidder was deemed non-responsive due to exceptions taken to the terms and conditions.

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■ <i>N</i> ≥ ,		1 in a	Bid Opening:	02/09/2021
Depa	ortment Head Approval			
	RJD			
Title	ARKISANT DIRECTOR			
Date	3/10/21			
[X]	Approve Dept. Recommendation	Approve Fina	nce/Purchasin	g Recommendation
Ш	Disapprove	Disapprove		
ш	See Attachment			
FINA	NCE DEPARTMENT	CITY MANAGER		
<u>ur</u>	13/10/2021	ComyEg	elle	3/11/2021
	Moral June 3/10/2	City Manager of I	Designee	Date 'Date
Fine	nce Director Date			

### FISCAL IMPACT STATEMENT

### PROGRAM:

RECOMMENDATION		TAL OR RRENT		UALIZED COST
Direct Cost	\$	0	\$	0
Indirect Cost	\$	0	\$	0
TOTAL COST	\$	0	<u>\$</u>	0
Additional Revenue or Savings Generated	<u>\$</u>	0	\$	
Net City Cost	<u>\$</u>	0	\$	0
Amount Budgeted (If none budgeted, identify source)	<u>\$</u>	0	, <sub>1</sub> 7	<u> </u>