



CITY OF PORT ARANSAS
710 W. AVENUE A
PORT ARANSAS, TX 78373
TELEPHONE: (361)749-4111
REQUEST FOR PROPOSALS (RFP)

Proposal Title:	Request for 50 Powerheart G5 AED
Proposal Closing Time:	3:00 p.m. Central Standard Time
Proposal Closing Date:	February 13, 3:00 p.m. Central Standard Time
Technical Proposal Opening:	February 13, 3:00 p.m. Central Standard Time
Council Action:	February 23, 2023
Notice to Proceed:	February 23, 2023
Submission of Proposal:	City of Port Aransas City Secretary's Office 710 W. Avenue A Port Aransas, TX 78373
Note:	Proposals will not be accepted via facsimile or e-mail
Specification questions:	Daniel Johnson danieljohnson@cityofportaransas.org 361-815-3306

PROPOSAL SPECIFICS:

The City of Port Aransas, Texas is soliciting bids from qualified companies and individuals to quote and be able to supply 50 new AED's to the City of Port Aransas. The Powerheart* G5 shall be new working condition. Fully automatic with ICPR/ dual language. AED shall come with 8-year Manufacturer's device warranty. The Lithium battery shall include the 4-year warranty. Also included in the bid shall be 50 AED ready/rescue kits. Kits typically consist of CPR mask, Protective gloves, Emergency scissors, prep razor, and Disinfect wipes.

SUBMISSION OF PROPOSALS:

The proposal must be submitted in a sealed envelope bearing the title "City of Port Aransas RFP Powerheart G5 AED" along with the name and address of the proposer. The proposer shall submit one (1) copy of the completed Proposal Form and the other required information identified below to:

Francisca Nixon
City Secretary
City of Port Aransas
710 W. Avenue A
Port Aransas, TX 78373

Deadline for submission is 3:00 p.m. (CST), February 13, 2023. Proposals received after that time will not be considered and will be returned to the proposer unopened.

Other requirements are listed below:

- A. One (1) copy of the proposal shall be submitted.
- B. All information requested of the proposer by the RFP shall be provided. Failure to do so may disqualify the proposal.
- C. All information shall be entered in ink or typewritten.
- D. Proposal shall be signed by an authorized representative of the company.
- E. Proposals may be submitted in a sealed envelope or box to the address shown above.
- F. Proposals may be submitted in person, by U.S. Mail, Special Delivery or courier service. No facsimile or e-mail proposals will be accepted
- G. All exceptions to any point of the RFP must be clearly shown. It is suggested that exceptions be made as a separate section within the proposal for clarity.

PROPOSER'S RESPONSIBILITY:

Proposers should carefully examine the entire RFP and any addenda thereto, and any related materials and dates referenced in the RFP. Proposers shall become fully aware of the nature and location of the work. All proposers are responsible for the cost to produce their proposal. All proposers are responsible for their proposal's content, timeliness of submission and withdrawal.

EXHIBIT A
CITY OF PORT ARANSAS
PROPOSAL FORM

CITY OF PORT ARANSAS RFP FOR 50 POWERHEART G5 AED

Company Name: _____

Company Address: _____

Company Phone: _____

Official Submitting: _____

Title of Official: _____

Instructions

Please respond in the following sections.

A. Products/Pricing

_____ Total Price

_____ Brand of Equipment

_____ Warranty Information

Please attach the proposed equipment spec sheet to this form.

SIGNATURE OF ENTIRE PROPOSAL AND SUBMITTALS

FIRM: _____

BY: _____
Signature Title

Print or Type Name

ADDRESS: _____
Street Address and/or P.O. Box Number

City State Zip Code

PHONE: _____ FAX: _____

RETURN ENTIRE RFP PACKAGE AND ALL DOCUMENTATION REQUIRED
BY THIS REQUEST FOR PROPOSAL

PROPOSAL AFFADAVIT

AUTHORIZED OFFICER: All pages in proposal containing statements, letters, etc., shall be signed by a duly authorized officer of the company, whose signature is binding on this proposal.

The undersigned offers and agrees to furnish all of the services stated in the accompanying proposal. The period of acceptance of this proposal will be ninety (90) calendar days from the date of the proposal closing, unless otherwise indicated by proposer.

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned authority, a Notary Public in and for the State of _____, on this day personally appeared _____, who after being by me duly sworn, did depose and say:

"I, _____ am a duly authorized officer or/agent for
(name)

_____ and have been duly authorized to execute the
(name of firm)
foregoing proposal on behalf of the said: _____

I hereby certify that the foregoing proposal has not been prepared in collusion with any other proposer or other person or persons engaged in the same line of business prior to the official receipt of this proposal. Further, I certify that the proposer is not now, nor has been for the past six (6) months, directly or indirectly concerning in any pool or agreement or combination, to control the price of services/items offered, or to influence any person or persons to offer or not to offer thereon.

Name and address of Proposer: _____

BY: (print name) (Signature) (Title)

SUBSCRIBED AND SWORN to before me by the above named _____

_____ on _____
Date

Notary Public in and for the State of _____

RETURN THIS AFFIDAVIT AS PART OF PROPOSAL