



Town of Fountain Hills
16705 East Avenue of the Fountains
Fountain Hills, Arizona 85268
Phone: 480-816-5100
Fax: 480-837-3145

**REQUEST FOR QUOTATION
FOR
PREVENTATIVE MAINTENANCE AND REPAIRS
ON FOUNTAIN PARK DISTRIBUTION EQUIPMENT**

2017-026

All quotes due by July 28, 2016, 3:00 P.M., Local Time, Phoenix, Arizona.

The Town of Fountain Hills (the "Town") is seeking a licensed and qualified Contractor to provide all material and labor required as described below on an as-needed basis for a period of one year, with up to two renewable one-year options.

Section I – Project Information

Contractor shall provide preventative maintenance and repairs on the medium voltage distribution equipment and the LV pump house SES at Fountain Park, upon authorization from the Town Representative.

The Contract created by this request and the resulting quotation will automatically renew for up to two successive one-year terms, unless the Contractor notifies the Town in writing of its desire to terminate the Contract. If extended, the then-current prices shall be applicable during the subsequent renewal year unless the Contractor notifies the Town in writing of any rate increase and the Town approves the increase with an authorized signature, prior to the end of the then-current term.

Section II – Instructions and Conditions

1. This is an indefinite quantity and indefinite delivery Agreement for Services, which shall only be provided when the Town chooses to move forward with a pending project and proper authorization and documentation have been approved. The Town does not guarantee any minimum or maximum amount of Services will be requested under this Agreement.
2. Contractor must state the manufacturer of each product quoted on in conformity with the specifications.
3. All quotations must contain the quoting firm's name and be signed by an authorized agent, officer or employee.
4. Award will be made to the Contractor whose quotation is the most advantageous to the Town.
5. Please attach your Quotation behind the Exhibit A cover sheet and submit this document to the address above.

If you need additional information or have questions please contact Kevin Snipes by email ksnipes@fh.az.gov.

Section III – Pricing

The Quotation shall be attached hereto as Exhibit A and shall contain pricing. **Note:** Prices offered shall include applicable state and local taxes.

Section IV – Execution and Submission

By executing this document and submitting a quotation to the Town of Fountain Hills, the authorized agent agrees (i) he/she has read the Town's Standard Terms and Conditions, dated April 14, 2016, as set forth on the Town of Fountain Hills website (<http://www.fh.az.gov/164/PO-Terms-Conditions>), which are incorporated into and become a part of the company's quotation offer as if set forth fully herein and (ii) the company shall be bound by the Standard Terms and Conditions, dated April 14, 2016. By signing below the company is offering to provide the services set forth in Exhibit A and upon written acceptance of the company's offer by the Town, it will have entered into a binding agreement. The offer shall be considered held open for 60 days from the quotes due date set forth above.

Signature: Alan Wilson Date: 7/27/16
Printed Name: ALAN WILSON Title: MANAGER
Company Name: CED SCOTTSDALE
Address: 14855 N. 78TH WAY
City: SCOTTSDALE State: AZ Zip: 85260
Email Address: alanw@cedscottsdale.com Telephone No. (480) 948-3211

Quotations for \$30,000 or greater will not be authorized and will require a formal procurement process.

ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Town of Fountain Hills Use Only)

The Contractor Offer is hereby accepted. The Contractor shall not commence any billable work or provide any materials or service under this Contract prior to the date this Contract is executed.

Town of Fountain Hills, an Arizona municipal corporation

CK Grady E. Miller Date: 8/1/2016
Grady E. Miller, Town Manager

Town Attorney Approval: 62048270

EXHIBIT A
TO
REQUEST FOR QUOTATION
FOR
PREVENTATIVE MAINTENANCE AND REPAIRS
ON FOUNTAIN PARK DISTRIBUTION EQUIPMENT

[Contractor's Quotation]



June 28, 2016

Fountain Hills Parks and Recreation
Attn: Kevin Snipes
16705 E Avenue of the Fountains
Fountain Hills, AZ 85268

**RE: PREVENTIVE MAINTENANCE ON DISTRIBUTION EQUIPMENT
SH160628-03**

At your request and based upon the information you have provided, we are pleased to submit the following proposal for Schneider Electric Services to provide preventive maintenance for your electrical distribution equipment, as outlined below.

SCOPE OF WORK

Specifically, experienced field service technician(s) will perform maintenance in accordance with the attached work-scope(s) on the following equipment:

Qty	Equipment Type	Manufacturer / Model
1	MV HVL Powerzone Load Interrupter 4.8KV/600A	SQD
2	MV MOTOR CONTROL CENTER 4 – Class 8198 Motor Contactors 4.8KV	SQD
3	SES Pump House LV Service Entrance	SQD

Should any additional electrical or mechanical defects be found during our investigation, these will be brought to your immediate attention. Authorization for these repairs and the associated costs will be agreed upon before any additional work is performed.

This proposal is based upon three (3) Field Service Representative(s) performing this scope of work during regular working hours Monday through Friday from 8:00 AM to 5:00 PM. Overtime, Saturdays, Sundays, or Holidays are available at an additional cost.

SCHEDULE

This work will be performed upon receipt of a purchase order and all pertinent equipment information. Once received, Schneider Electric Services will contact the Parks Department to coordinate the schedule. A three (3) week advance notice is required for scheduling onsite work. In the event of cancellation, Schneider Electric Services requests a minimum 1-week notice prior to the scheduled start date. We will require an outage of approximately 8 hours to complete cleaning and maintenance testing.

CUSTOMER RESPONSIBILITIES

Fountain Hills Parks and Recreation will be responsible for the following:

- 1. Schedule power outage with the local utility or production and absorb all related costs.
- 2. Point of contact to provide all specific job and site requirements in a timely manner.
- 3. Provide access to the job site to facilitate the performance of the work.
- 4. Provide proper workspace clear of obstruction.
- 5. Provide a phone with defined emergency contact and site location in event of an emergency.

PRICE AND PAYMENT

Preventive Maintenance on Medium Voltage Distribution Equipment	\$5,520.00
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Preventive Maintenance on LV Pump House SES	\$1,850.00
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OPTIONAL OT ADDER For the performance of work outside normal Working hours (Monday – Saturday, Sundays And Holidays Excluded	\$2,400.00
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- 1. Payment is due net 30 days from receipt of invoice
- 2. Federal, State and Local taxes are not included
- 3. Warranty - One (1) year from date of final completion

PROPOSAL ACCEPTANCE

This proposal is valid for 30 days from date of Issue. Any changes to the scope of work or Bill of Material will require a revised quotation which may result in a price change. To accept this proposal, please issue a Purchase Order to CED - Scottsdale, Attn: Alan Wilson.

The Service Work will be performed by:

Schneider Electric Services Division
Mountain Desert District
(602) 683-3525
Operations Manager: Kevin Carter
Service Operations Specialist: James Umbenhower

Scheduling and all other questions related to the On Site work should be referred to the District Manager or Service Operations Specialist.

TERMS AND CONDITIONS

The work described in this proposal has been submitted based upon the attached Schneider Electric USA, Inc. - Services Terms and Conditions of Supply and Performance or negotiated terms and conditions of the pending project as mutually agreed upon between Customer and Schneider Electric.

Thank you for the opportunity to provide this proposal to Fountain Hills Parks and Recreation. If you have questions regarding the contents of this proposal or need additional information, contact me at (480) 287-2215 or skip.hicks@schneider-electric.com. I look forward to the possibility of working with you in the near future.

Sincerely,

SCHNEIDER ELECTRIC SERVICES



C. A. (Skip) Hicks
AZ/NV

Attachments: Maintenance Workscope
Schneider Terms

Confidential: This quotation is for the exclusive use of Fountain Hills Parks and Recreation and is not intended for distribution to an outside party.

MAINTENANCE WORKSCOPES**Switchgear and Panelboard, Switchboard Assemblies -- General****Visual and Mechanical Inspection**

- Inspect the assemblies for physical damage.
- Inspect bussing compartment. Check tightness of accessible bolted bus joints by torque wrench method. Check Insulators for cracks and contamination.
- Verify all electrical, key and mechanical interlock systems for correct operation.
- Make closure attempt on locked open devices. Make opening/withdrawal attempt on locked closed devices.
- Check mechanical operations of circuit breaker in cell and activate auxiliary devices.
- Check drawout trays, contact alignment, ease of operation, proper grounding and interlock.
- Inspect circuit breaker cell for contamination, physical damage, loose hardware, shutter mechanism, control plug, guide rail, floor nameplates, ground bus, auxiliary contacts and linkages.
- Inspect circuit breaker for contamination, physical damage, main finger/stab penetration and secondary connections.
- Clean and Lubricate as necessary.

Electrical Tests

- Insulation resistance of each bus section is measured phase to phase and phase to ground.
- Overpotential test of each bus section, phase to phase and phase to ground for medium voltage equipment.
- Electrical operation of the circuit breaker is checked in the test and connected position.
- The control power source is checked.
- The circuit breaker control scheme is tested.
- A phasing check is made on double-ended and/or emergency source switchgear at tie points to ensure correct bus phasing.

Air Switches -- Medium Voltage (HVL)**Visual and Mechanical Inspection**

- Inspect the switch for physical damage, proper installation, anchorage, and grounding.
- Inspect interior insulation arc chutes and interphase barriers.
- Perform mechanical operator tests. Clean and lubricate as necessary.
- Check blade alignment and arc interrupter operation.
- Check fuse linkage and element for proper holder and current rating. Record fuse data.
- Check key interlock for safe operation and proper key distribution.

Electrical Tests

- Overpotential test voltages are applied phase to phase and phase to ground.
- Contact resistance is measured across each switch blade and fuse line, measured in micro-ohms.
- Perform insulation resistance test on each phase to ground and from phase to phase.

Ground Fault Systems (NEC 230-95)**Visual and Mechanical Inspection**

- Monitor panels (if present) shall be manually operated for both trip test and no trip test.

Electrical Tests

- System neutral insulation resistance is measured to insure no shunt ground paths exist. The neutral ground disconnect link is removed, neutral insulation resistance measured and the link replaced.
- The relay pickup current is determined by primary injection at the sensor and the circuit interrupting device operated.
- The relay timing is tested by injecting one hundred fifty percent (150%) and three hundred percent (300%) of pickup current into sensor. Total trip time is electrically monitored.
- Zone interlock systems are tested by simultaneous sensor current injection and monitoring zone blocking function.
- Verify that system will operate at 57% rated control voltage (if applicable).

Test Parameters

- System neutral insulation resistance will be a minimum of preferably one (1) megohm or greater.
- Relay pickup current will be within ten percent (10%) of device dial or fixed setting, and in no case greater than twelve hundred (1200) amperes.
- Relay timing will be in accordance with published time-current characteristic curves, but in no case longer than one (1) second.

Motor Contactors and Starters**Visual and Mechanical Inspection**

- Compare equipment nameplate information with single-line diagram.
- Inspect physical condition, cleanliness, proper installation, anchoring and grounding.
- Inspect bussing compartment, check tightness of accessible bolted bus by torque wrench method.
- Check insulators for cracks and contamination.
- Test all electrical and mechanical interlocks for safe operation.
- Inspect control wiring interconnections.

Electrical Tests

- Insulation resistance of each pole is measured phase to phase and phase to ground
- Overpotential test voltage is applied on each pole phase to phase and phase to ground per manufacture recommendations.
- Verify proper operation of the control circuitry for each contactor.
- Check current transformer ratio and polarity.

*Underlying Cooperative Purchasing Agreement Attached (NA)

REQUIRED: A "contract cover sheet" is required by Finance prior to processing the signed contract/agreement for payment(s).

SOLE SOURCE JUSTIFICATION FORM

This form must be provided with all sole source procurement requests. Please provide detailed information on all questions.

Product or service requested: Medium voltage equipment and on the LV pump SES, maintenance and repairs.

Vendor: CED

1. How was it determined that this commodity or service is a sole source? Provide all documentation relevant to method for sole source determination.

- Competitive solicitation process
- Advertisement of Town need in the Town newspaper of record
- Formal request for information
- Other (Please provide information below describing the method used)

2. Why is no other commodity or service suitable to meet your requirements?

- Not compatible with existing equipment. Please provide additional details.
OEM service must be coordinated through the factory rep. Schneider Electric installed and has schematics of the equipment.

- Request is for testing purposes. Please describe what this basis for the tests and benefit to the Town expected. (Sole source requests for testing purposes do not substantiate a sole source for additional requirements.)
The equipment was made by Schneider Electric using Square D certified technicians and Square D parts. The equipment has not been serviced in several years and due to the age, it is best to use OEM certified technicians and OEM parts.

- Unique knowledge or skills. Please provide specific information that describes why this knowledge or skill is considered unique.
The equipment was made by Schneider Electric using Square D certified technicians and Square D parts. Schneider Electric was the original equipment installer and has schematics of the equipment.

- Void's warranty or guarantee. What is the duration of the warranty or guarantee and what terms require approval of this sole source request?
N/A

3. Does this request represent a mandate from the state or federal government?

Yes: No:

If yes, please describe the mandate.

4. What are the consequences of not approving the sole source request?

We would have to find a non-OEM service company that works on medium voltage equipment and would not have first hand knowledge of the equipment. This would also delay the maintenance. One of the contacts is so worn, that not tending to the repairs promptly may cause damage to the equipment and possible injury when shutting the equipment.

5. What negative consequences will result by formally bidding this requirement?

Not having first hand knowledge of the equipment may be more costly and may not keep the equipment within factory specifications. Delaying repairs on the equipment due to the worn contact is becoming a safety hazard as well as cause more damage to the equipment.

6. What is the estimated cost of this request? \$ 8,000.00

7. How was the cost determined to be fair and reasonable?

They are the only factory recommended service company.

8. Is this request a one time requirement or is the requirement ongoing into future years?

One Time: Ongoing:

If ongoing, are there a definite number of ongoing years? ongoing

9. What other costs will be incurred with this request? Please take into consideration annual maintenance, upgrades in future years, and other request-specific factors.

A maintenance schedule for the equipment and any repairs or upgrades.

10. Was this request budgeted for in the current or next fiscal year's budget?

Current: Next:

11. Will approval of this request increase future budget requests from your department?

Yes: No:

If yes, what is the estimated amount of the increase? \$ 8,000.00

What other methods of fulfilling this requirement have been explored?

Contacted the factory and was advised this is the only company they recommend working on this equipment.

Sole Source

2 of 3

Requesting Employee K.L. Date: 7/14/16
Department Head Approval Michael C. Mangan Date: 7/14/16
Finance Department Approval Wesley Bedolphy Date: 7/18/16
Town Manager Approval Greg Hill Date: 7/18/16

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Consolidated Electrical Distributors, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 1920 Westridge Dr. City, state, and ZIP code Irving, TX 75038 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
7 7 - 0 5 5 9 1 9 1	

Part II 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 7/28/16
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General Instructions

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

Future developments. The IRS has created a page on www.irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.