



**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**

**2020-004**

**All quotes due by June 27, 2019, 3:00 P.M., Local Time, Phoenix, Arizona.**

The Town of Fountain Hills (the "Town") is seeking a licensed and qualified Vendor to provide all material and labor required as described below on an as-needed basis for a period of one year, with up to four 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 four successive one-year terms, unless the Vendor 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 Vendor 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. Vendors 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 Vendor 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](mailto:ksnipes@fh.az.gov).

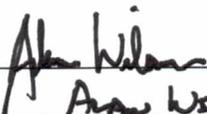
**Section III – Pricing**

The Quotation shall be attached hereto as Exhibit A and shall contain pricing unless a separate price sheet is required, in which case the Price Sheet shall be submitted in the form attached hereto as Exhibit B and incorporated herein by reference.

**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/po-terms>), 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:  Date: 6/17/19  
 Printed Name: Alan Wilson Title: MANAGER  
 Company Name: CEO SCOTTSDALE  
 Address: 14855 N. 78<sup>TH</sup> Wm  
 City: SCOTTSDALE State: AZ Zip: 85262  
 Email Address: alanw@cedscottsdale.com Telephone No. (900) 948-3211

The total contract amount, including all renewal terms, may not exceed \$49,999.99. Contracts for \$50,000 or more 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 Vendor’s Offer is hereby accepted. The Vendor 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

 Date: 6-19-2019  
 Grady E. Miller, Town Manager

Town Attorney Approval:



### 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 Richard C. Meyer Date: 7/14/16  
Finance Department Approval Craig Bedalphy Date: 7/18/16  
Town Manager Approval Longhien Date: 7/18/16

**From:** [Aaron Arnson](#)  
**To:** [Jamie Salentine](#)  
**Subject:** Re: Consolidated Electrical Distributors - CED - New QSP 2020-004  
**Date:** Wednesday, June 19, 2019 3:29:51 PM

**WARNING:** This email originated from outside of the organization. Do not click links or open attachments unless you have verified the sender and know the content is safe.

It is approved.

Sent from my iPhone

On Jun 19, 2019, at 3:15 PM, Jamie Salentine <[jsalentine@fh.az.gov](mailto:jsalentine@fh.az.gov)> wrote:

Aaron,

Please confirm that this QSP 2020-004 for CED was approved. I went to process and the Town Attorney Approval: area is blank.

If there is something that needs to be corrected please let me know.

Craig Rudolphy stated that if you confirm this was approved he will continue the process.

Thank you,

**Jamie Salentine**

*Executive Assistant  
Community Services*

Town of Fountain Hills

<image001.png>

p: (480) 816-5148

a: 16705 E. Avenue of the Fountains, Fountain Hills, AZ 85268

w: [www.fh.az.gov](http://www.fh.az.gov) e: [jsalentine@fh.az.gov](mailto:jsalentine@fh.az.gov)

Hours: 7 AM - 6 PM, Mon.-Thurs., Closed Fri.

Follow us on:

[<image008.png>](#) [<image009.png>](#) [<image010.png>](#)

**From:** [aaron@piercecoleman.com](mailto:aaron@piercecoleman.com) <[aaron@piercecoleman.com](mailto:aaron@piercecoleman.com)>

**Sent:** Friday, June 14, 2019 1:27 PM

**To:** Jamie Salentine <[jsalentine@fh.az.gov](mailto:jsalentine@fh.az.gov)>

**Cc:** Elizabeth Burke <[eburke@fh.az.gov](mailto:eburke@fh.az.gov)>; David Pock <[dpock@fh.az.gov](mailto:dpock@fh.az.gov)>; Justin Pierce <[justin@piercecoleman.com](mailto:justin@piercecoleman.com)>; Craig Rudolphy <[crudolphy@fh.az.gov](mailto:crudolphy@fh.az.gov)>

**Subject:** RE: Consolidated Electrical Distributors - CED - New QSP 2020-004

**WARNING:** This email originated from outside of the organization. Do not click links or open

attachments unless you have verified the sender and know the content is safe.

Hi Jamie,

Please see the attached.

Aaron Arnson  
Office: 602-772-5522  
[aaron@piercecoleman.com](mailto:aaron@piercecoleman.com)

**From:** Craig Rudolphy <[crudolphy@fh.az.gov](mailto:crudolphy@fh.az.gov)>  
**Sent:** Thursday, June 6, 2019 4:39 PM  
**To:** Aaron Arnson <[aaron@piercecoleman.com](mailto:aaron@piercecoleman.com)>; Justin Pierce <[justin@piercecoleman.com](mailto:justin@piercecoleman.com)>  
**Cc:** Elizabeth Burke <[eburke@fh.az.gov](mailto:eburke@fh.az.gov)>; Jamie Salentine <[jsalentine@fh.az.gov](mailto:jsalentine@fh.az.gov)>; David Pock <[dpock@fh.az.gov](mailto:dpock@fh.az.gov)>  
**Subject:** FW: Consolidated Electrical Distributors - CED - New QSP 2020-004

Attached is a RFLS to prepare a QSP for electrical repair services.

<[image011.jpg](#)>

**Craig Rudolphy**

Town of Fountain Hills  
16705 E. Avenue of the Fountains  
Fountain Hills, AZ 85268

Direct: 480-816-5117  
Fax: 480-837-3145  
[www.fh.az.gov](http://www.fh.az.gov)  
Hours: 7 AM - 6 PM, Mon.-Thurs., closed  
Fri.

The Height of Desert Living

**From:** David Pock <[dpock@fh.az.gov](mailto:dpock@fh.az.gov)>  
**Sent:** Thursday, June 6, 2019 4:19 PM  
**To:** Craig Rudolphy <[crudolphy@fh.az.gov](mailto:crudolphy@fh.az.gov)>  
**Subject:** FW: Consolidated Electrical Distributors - CED - New QSP 2020-004

I went through and made a few changes. Feel free to forward to Aaron if it looks good to you.

**From:** Jamie Salentine <[jsalentine@fh.az.gov](mailto:jsalentine@fh.az.gov)>  
**Sent:** Thursday, June 6, 2019 3:50 PM  
**To:** Craig Rudolphy <[crudolphy@fh.az.gov](mailto:crudolphy@fh.az.gov)>; David Pock <[dpock@fh.az.gov](mailto:dpock@fh.az.gov)>  
**Cc:** Kevin Snipes <[kknipes@fh.az.gov](mailto:kknipes@fh.az.gov)>; Beata Bogdan <[bbogdan@fh.az.gov](mailto:bbogdan@fh.az.gov)>

**Subject:** Consolidated Electrical Distributors - CED - New QSP 2020-004

Craig and David,

Attached is a new request for a QSP Contract 2020-004 as well as the RFLS. In addition, I have included the Sole Source Justification.

Please let me know if I need to do any changes/corrections.

Thank you,

**Jamie Salentine**

*Executive Assistant*

*Community Services*

Town of Fountain Hills

<image012.png>

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Follow us on:

[<image008.png>](#) [<image009.png>](#) [<image010.png>](#)

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**Disclaimer:** All messages created in this system are the property of the Town of Fountain Hills, Arizona and should be considered a public record subject to disclosure under the Arizona Public Records Law (ARS 39-121). Town employees, town public officials, and those who generate email to them, should have no expectation of privacy related to the use of this technology.

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# CERTIFICATE OF LIABILITY INSURANCE

11/1/2019

DATE (MM/DD/YYYY)

6/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Property Casualty Co of America</td> <td>25674</td> </tr> <tr> <td>INSURER B : Liberty Insurance Underwriters Inc</td> <td>19917</td> </tr> <tr> <td>INSURER c : The Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property Casualty Co of America	25674	INSURER B : Liberty Insurance Underwriters Inc	19917	INSURER c : The Travelers Indemnity Company	25658	INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
<b>INSURED</b> 1327136 Consolidated Electrical Distributors, Inc PC 8037 14855 No. 78th Way Scottsdale AZ 85260														

**COVERAGES** CONEL07 **CERTIFICATE NUMBER:** 16167207 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	TC2JGLSA4252B431-18	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 8,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	TC2JCAP4252B443-18	11/1/2018	11/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED _____ RETENTION \$ _____	N	N	1000026175-13	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
A C C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TC2JUB4252B418-18 TRKUB4252B42A-18 (AZ/MA/WI)	11/1/2018 11/1/2018	11/1/2019 11/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Evidence of Insurance as respects operations of the Named Insured.

**CERTIFICATE HOLDER**

**16167207**  
 Town of Fountain Hills  
 16705 E. Avenue of the Fountains  
 Fountain Hills AZ 85268

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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