



SPECIFICATIONS
FOR

SAFETY GLASSES AND SERVICE
THE CITY OF GRAND ISLAND
UTILITY, PUBLIC WORKS, AND PARKS DEPT.

January 1, 2014

thru

December 31, 2015

Name of Company_____



ADVERTISEMENT FOR QUOTES
FOR

Safety Glasses and Service

Utilities Department, Public Works, and Parks Department

Sealed quotes will be received at the **Office of the City Clerk, 100 East First Street, Grand Island, NE 68801, until 5:00 p.m. (Local Time), Friday, December 13, 2013,** for furnishing Safety Glasses and Service for the City of Grand Island Utilities, Public Works, and Parks Departments. Quotes received after the specified time will be returned unopened to sender.

Specifications are on file in the office of Utilities Administration. Quotes shall be submitted on forms that will be furnished by the City. An original and three copies of the document must be submitted.

The envelope must be clearly marked indicating its contents. Failure to submit the necessary qualifying information in a clearly marked envelope will result in your quote not being opened or considered.

Quotes will be evaluated by the purchaser based on comparison of unit prices and services. The Purchaser reserves the right to reject any or all quotes, to waive technicalities, and to accept whichever quote that may be in the best interest of the City.

Vendors may not withdraw their quote for a period of 30 days after date of opening.

RaNae Edwards, City Clerk

Specifications
2014 - 2015 Supplier of Safety Glasses and Service
City of Grand Island, Nebraska
Utilities, Public Works and Parks & Recreation Departments

Sealed quotes are due in the office of the City Clerk, City Hall, 100 East First Street, Grand Island, NE 68801 or P.O. Box 1968, Grand Island, NE 68802-1968, **no later than 5:00 p.m. on Friday, December 13, 2013. Vendors must submit quotes on the attached forms.**

Quotes will be evaluated based on comparison of unit prices and services. There were approximately 120 pairs of safety glasses purchased by the City of Grand Island during 2012, and 2013. This does not guarantee that the same number will be purchased during the upcoming contract period.

The Purchaser reserves the right to reject any or all quotes, to waive technicalities, and to accept whichever quote that may be in the best interest of the City. Quotes shall remain valid for 30 days after due date. The quote from the successful Company shall remain firm through December 31, 2015.

LENSES:

All lenses must meet ANSI Z87 Standards and be OSHA approved.

FRAMES:

All frames must be OSHA approved and stamped to meet ANSI Z87 (most current version).

SERVICE REQUIREMENTS:

1. The City of Grand Island Utilities, Public Works and Parks & Recreation Departments will make arrangements with the supplier regarding individual safety glass purchases. Authorization Forms (City will supply, see attached copy), signed by the City Division Supervisors will be required to release supplier to proceed with orders. After the authorization form is completed by the supplier, the authorization form will be distributed by the supplier as follows: white to the vendor, pink to the City Department and yellow to the employee.
2. The Vendor must have an on-site location in the City of Grand Island to allow easy access for employees.

3. Price quotations from the successful Vendor are to be valid through December 31, 2015. The City intends to issue a contract for January 1, 2014 through December 31, 2015 to the award winning supplier. If you have exceptions to this stipulation, note it (along with any other exceptions) in the exceptions portion of the Quotation Form. An exception to the contract period could result in the quote being rejected.
4. The City expects good overall service from the award winning supplier. The frames and lenses quoted must all be available within required lead times. Optical department employees must be aware of and correctly describe to the City employees all details regarding the City contract, as well as, abide by all specifications/requirements.
5. Currently, the City expects employees to reimburse the City for certain costs (these will be detailed to the successful Vendor). The successful Vendor shall invoice the City for the full amount, but note on the authorization form the amount payable by the employee. ***It will be the City's responsibility to collect any amounts due from the employee.***
6. If new frames that meet ANSI Z87 Standards become available ***after the contract award***, the Vendor's shall notify the City of the new frame style and its cost. The City will consider adding new styles as it is generally felt that employees are more inclined to wear safety glasses if they like the style.
7. If you have any questions, you may contact Patricia (Pat) Gericke, Administrative Assistant for the Utilities Department at (308)389-0820., Monday – Friday from 8 a.m. to 5 p.m.

QUOTATION FORM
CITY OF GRAND ISLAND, NEBRASKA

RETURN QUOTATION TO:

City Clerk, City of Grand Island, 100 East First Street, Grand Island, Nebraska, 68801

Or -

P.O. Box 1968, Grand Island, Nebraska, 68802-1968

Please fill in the following blanks with applicable pricing.

1. **LENSES AS SPECIFIED:**

	GLASS	PLASTIC	POLYCARBONATE
Single Vision	_____	_____	_____
Bifocal	_____	_____	_____
Trifocal	_____	_____	_____
Progressive	_____	_____	_____
Varilux	_____	_____	_____

2. **QUOTE THESE ADDITIONAL COSTS:**

OVERSIZE (54 or above)

Single Vision (flat charge)	_____
Multifocal (flat charge)	_____
Plain (flat charge)	_____

TINTING

	<u>Photogray</u>	<u>Transitions</u>
Single Vision	_____	_____
Bifocal	_____	_____
Trifocal	_____	_____
Progressive	_____	_____
Varilux	_____	_____

SOLID COLOR TINT

Single or Multifocal _____

SCRATCH COATING FOR PLASTIC LENSES

Single _____

Bifocal _____

Trifocal _____

ULTRA-VIOLET LIGHT PROTECTION

Clear Plastic Lens _____

Clear Glass Lens _____

3. FRAMES AS SPECIFIED (INCLUDES ADDITIONAL STYLES):

City contract will include all or part of these frame styles. If a frame style has been discontinued, note N/A in the pricing blank. If you are aware of additional styles that are currently available, please add the style numbers and prices below.

TITMUS FRAME NO.	COMPLETE FRAME COST	ADDITIONAL COST FOR SIDE SHIELDS - DETACHABLE	ADDITIONAL COST FOR SIDE SHIELDS - PERMANENT
PC250	_____	_____	_____
PC250SW	_____	_____	_____
PC261	_____	_____	_____
PC264	_____	_____	_____
PC265	_____	_____	_____
PC266	_____	_____	_____
PC267	_____	_____	_____
PC268	_____	_____	_____
PC269	_____	_____	_____
PC280	_____	_____	_____
FC601A	_____	_____	_____
FC701	_____	_____	_____
FC702	_____	_____	_____
FC703	_____	_____	_____
FC704	_____	_____	_____
FC705	_____	_____	_____

TITMUS FRAME NO.	COMPLETE FRAME COST	ADDITIONAL COST FOR SIDE SHIELDS - DETACHABLE	ADDITIONAL COST FOR SIDE SHIELDS - PERMANENT
FC706			
FC707			
FC709			
FC421Z			
TM6A			
TM6U S-6			
TM10			
TM10U 2-10			
SC900			
SP83			
SP83BF			
EX255A			
EX259			
EX272			
EXT1			
EXT2			
EXT4			
EXT5			
EXT6			
EXT7			
EXT8			
EXT9			
EXT10			
EXTS1			
EXTS2			
EXTS3			
BC101			
BC102			
BC104			
BC108			
BC109			
BC115			
TR301S			
TR302S			
TR303S			
TR304S			
TR305S			
TR306S			
TR307S			
TR308S			
TR309S			
TR310S			

HUDSON Safety Frames:

Frame No.	Complete Frame Cost	Additional Cost for Side Shields Detachable	Additional Cost for Side Shields Permanent
DG 20			
DG 49			
DG 50			
DG 52			
DG 55			
DG 63			
DG 76			
DG 83			
DG 85			
DG 87			
DG 88			
DG 89			
DG 90			
DG 91			
VL 1			
VL 2			
VL 3			
VL 4			
VL 5			
VL 6			
EL 1			
EL 2			
EL 3			
SL 1			
SL 2			
SL 3			
SL 920			
SL 921			
DG 78			
TI 1			
TI 2			
TI 3			
TI 4			
TI 5			

Are glass cases included in the above pricing? YES _____ NO _____

If NOT included, cost per case is: \$ _____

4. **WARRANTY/GUARANTEE:**

The City expects all components of the safety glasses to be guaranteed for one (1) year period relative to defects in materials and workmanship. Such defects will be repaired or replaced in a timely manner at no charge to the City.

Define any additional aspects of your guarantee/warranty policy:

5. **FRAME REPAIR COSTS:**

Advise costs for general frame repairs which are not warranty related:

Front:

Temple:

Nose Pad Replacement: Plastic \$ _____ per pair; Silicone \$ _____ per pair;

Other type (describe: _____) \$ _____ per pair.

6. **LEAD TIME:**

New safety glasses will be required in two weeks or less.

Quoted lead time is _____ OR
_____ If frame is in stock.

Repairs to safety glasses shall be in one week or less.

Quoted lead time is _____.

7. **HOURS OF OPERATION:**

List Optical Department hours:

8. **EXCEPTIONS:**

Any Vendor who has exceptions to any specifications and requirements listed in the documents must so state in the space provided below. It is the Vendor's responsibility to clearly outline any exceptions. Failure by Vendor to outline exceptions will require the successful Vendor to comply with the specifications and requirements.

The undersigned Vendor, having examined the specifications and all other quote documents, and all addenda thereto, and being acquainted with and fully understanding all conditions relative to providing specified items, warrants that he/she has complete authority to submit this quotation and enter into a contract upon acceptance by the City.

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

BY (please print) _____ TITLE _____

SIGNATURE: _____ DATE _____

THIS FORM MUST BE INCLUDED WITH YOUR QUOTE