INVITATION TO BID (PLEASE USE THE ENCLOSED BID SHEETS)

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Custer County, Oklahoma will receive sealed bids either *by mail or ground delivery* up to 4:00 o'clock p.m. on Friday, the 22nd day of March, 2024, or *in person* up to 9:00 o'clock a.m., the 25th day of March, 2024. Sealed Bids shall be opened in a regular meeting of the Board of County Commissioners on the **25th day of March, 2024 at the hour of 9:45 o'clock a.m.**, in their office in the Courthouse in Arapaho, Oklahoma, for the following:

Minimum Specifications For CCTV CAMERA SYSTEM Weatherford Regional Hospital 3701 E Main, Weatherford, OK Custer County, Oklahoma

Specifications and information are on the file in the Custer County Clerk's Office in Arapaho, Oklahoma and may also be found on Custer County's website: http://www.custer.okcounties.org.

All bids must be in a sealed envelope, clearly marked BID, with the BID OPENING DATE.

All bids must be mailed or delivered to:

(Mailing) (Physical)

CUSTER COUNTY CLERK'S OFFICE CUSTER COUNTY CLERK'S OFFICE

P.O. BOX 300 675 WEST "B" STREET

ARAPAHO, OKLAHOMA 73620-0300 ARAPAHO, OKLAHOMA 73620-0300

Please follow all instructions for submitting bid proposals completely.

/S/ MELISSA GRAHAM, CUSTER COUNTY CLERK (SEAL)

INSTRUCTIONS FOR SUBMITTING BID PROPOSALS

- 1. This entire packet (Invitation to Bid, Instructions, Minimum Specifications, Affidavit for Filing with Competitive Bid, and W-9) shall be known as the "Invitation to Bid" form. Fill out the "Invitation to Bid" form *completely*.
- 2. Identify the outside of the sealed envelope as follows:

SEALED BID – CCTV Camera System – Weatherford Regional Hospital CLOSING (Bid Date) Monday, March 25, 2024 @ 9:00 a.m. BID (Opening Time) 9:45 a.m.

- 3. Place your company name and return address on the outside of the envelope.
- 4. File the bid proposal with the Custer County Clerk, either by mail or ground delivery up to 4:00 o'clock p.m. on Friday, the 22nd day of March, 2024, or in person up to 9:00 o'clock a.m., the 25th day of March, 2024, in their office in the Courthouse in Arapaho, Oklahoma. Sealed bids shall be opened in a regular meeting of the Board of County Commissioners on the 25th day of March, 2024 at the hour of 9:45 o'clock a.m., in the office in the Courthouse in Arapaho, Oklahoma, Room 104, at 675 West "B" Street, Arapaho, Oklahoma.
- 5. All forms must be filled out completely. Any incomplete forms could result in rejection if the Board of County Commissioners considers such action to be in the best interest of Custer County.
- 6. The address of the Custer County Clerk is as follows:

(Mailing) (Physical)

CUSTER COUNTY CLERK'S OFFICE CUSTER COUNTY CLERK'S OFFICE

P.O. BOX 300 675 WEST "B" STREET

ARAPAHO, OKLAHOMA 73620-0300 ARAPAHO, OKLAHOMA 73620

- 7. All bid information shall be typewritten, or legibly written in ink. All corrections shall be initialed by the person signing the form(s).
- 8. On all bids requiring services or contract labor, proof of liability insurance may be required. Read the bid specifications carefully.
- 9. FOR PROMPT PAYMENT OF ALL INVOICES, PLEASE NOTE:
 - * Payment for all expenses for Custer County is made twice a month. Approval of said claims is made on the second and fourth Monday of each month. For your claim to be considered for payment, the product(s) or service(s) must be delivered, and the appropriate paperwork on file with the County Clerk's office no later than five working days prior to the second and fourth Monday of the month.
 - * If the proper invoices and supporting documentation are not received by the cut-off date, payment will be rendered during the following payment issue period.
 - * Please contact Melissa Graham, Custer County Clerk, for a schedule for invoice submission in order to expedite payment processing.
- 10. If you have any questions regarding the bid specifications, or the bid deadlines, etc., please contact Melissa Graham, Custer County Clerk or Debbie Bright, Purchasing Agent at (580) 323-4420.

NOTE: ALL BID PROPOSALS WHICH DO NOT CONTAIN THE "INVITATION TO BID" AND THE SIGNED/NOTARIZED "AFFIDAVIT FOR FILING WITH COMPETITIVE BID", WILL BE INVALID AND REJECTED.

Please complete the following and return this page with your Bid.

CHECKLIST OF ITEMS REQUIRED FOR BID RETURN

1 AFFIDAVIT FO	OR FILING WITH COMPETITIVE BID
2 AFFIDAVIT FO	OR CONTRACTS AND PAYMENTS
3 W-9 FOR YOU	R BUSINESS
4 YOUR BID – P	LEASE RETURN ONLY THE PAGES OF THE
INVITATION TO B	D WHICH INDICATE YOUR PROPOSAL.
THESE ITEMS MUS	ST BE INCLUDED FOR BID TO BE
CONSIDERED.	
PLEASE COMPLETE	THE FOLLOWING:
VENDOR:	
SIGNATURE:	
TITLE:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
FAX:	

EMAIL:

MINIMUM SPECIFICATIONS CCTV CAMERA SYSTEM WEATHERFORD REGIONAL HOSPITAL

The intent of this project is to provide and install a new high resolution NDAA compliant CCTV system that meets the following specifications and minimum equipment requirements.

Equipment:

- 1. 33 indoor IP cameras. Cameras must be NDAA compliant and have a minimum resolution of 4MP, 2.8mm fixed lens or variable zoom, 120dB Wide Dynamic Range, on board micro SD card slot and IP67 protection or greater.
- 2. 21 outdoor IP cameras. Cameras must be NDAA compliant and have a minimum resolution of 5MP, 180 degree lens if fixed or variable zoom, 120dB Wide Dynamic Range, on board micro SD card slot, IK10 vandal resistance, IP 67 protection or greater. Camera must have 24 hour all light color imaging capabilities. All outdoor cameras will be installed with factory authorized mounting hardware in a professional manner. No exposed cables of any kind.
- 3. 4 (four) new CCTV Servers or NVR's located in the 4 server rooms/areas. Each Server/NVR will contain no less than 12TB of CCTV Grade HDD each.
- 4. 3 (three) new 6u minimum, glass front, swing open, lockable, wall mounted network racks will be installed into the facility to house new CCTV servers and UPS's. There is 1 existing server rack in place making 4 server rooms in total.
- 5. Three new smart rack mountable UPS will be provided (one in each rack) with a 500va minimum rating. There is 1 existing UPS in place making 4 UPS in total.

System wiring and installation:

- 1. A new network drop will be installed for each camera and CCTV server rack location (55 total) using Cat6 E full copper (no cca) cable
- 2. All new network drops will be field terminated and tested using high quality RJ45 connections.
- 3. All cables will be concealed above drop ceiling or in conduit/raceway as is common in the area of installation. No cables will be exposed in any area.
- 4. All cables will be installed in a code compliant manner as outlined in the NFPA 70. The implementation of J-Hooks, trays, conduits, junction boxes and fasteners will be required per code with j-hook spacing no more than 48" and no less than the minimum cable bend radius requirements of the selected cat6 cable.
- 5. All cables and conduit rough in required will be provided by the installer.

System performance expectations:

- 1. The system will have the capability to record and play back all video cameras as needed from multiple locations.
- 2. The system will operate 24/7, 365 days per year. All components should be rated for this type of operation.
- 3. The System will provide a viewing software and/or VMS that will allow all network cameras to be viewed in real time and played back on and off the hospital campus.
- 4. The System software and/or VMS will allow for multiple users to have specific log in capability that limits their access to only specified cameras.
- 5. The system will have the ability to schedule 24/7 or motion only record times on certain cameras in certain areas as/if needed by hospital personnel.
- 6. The system will have the capability to be viewed from a mobile device including but not limited to smart phones and tablets as allowed by the system administrator.

System warranty:

- 1. The cameras and NVR/Server components of the system will have an extended 5 year warranty providing over the counter replacement for failed parts to the end user.
- 2. The HDD used in the system will have a 3 year over the counter warranty to the end user.
- 3. The Smart UPS's provided in the system will have a 2 year minimum manufacturer's warranty.
- 4. The installation and quality of the installation will have a 1 year installers warranty.

Service Expectations:

- 1. The system installer will provide service to the system for a period of 1 year to the owner with no additional costs including parts, travel, mileage, per diem etc. Excluding items or damage caused by misuse, vandalism or acts of God.
- 2. The system installer will have an onsite response time of no greater than 6 hours from the time a ticket has been submitted for service during the 1 year provided service period.
- 3. The system installer will make available the option, at an additional yearly cost, to extend the full product replacement and no fee service warranty period of the system for up to 5 years.

TOTAL PRICE	\$
ESTIMATED DATE OF INSTALLATION	

THE BOARD OF COUNTY COMMISSIONERS RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS.

AFFIDAVIT FOR FILING WITH COMPETITIVE BID

STATE OF OKLAHOMA)
COUNTY OF) SS)
on oath says, that (s)he is the a bid.	, of lawful age, being first duly sworn, agent authorized by the bidder to submit the attached
among bidders in restraint of fixed price or to refrain from bequantity, quality or price in the prospective contract; or in any	he bidder has not been a party to any collusion freedom of competition by agreement to bid at a bidding; or with any county official or employee as to e prospective contract, or any other terms of said of discussions between bidders and any county official by or other thing of value for special consideration in
Subscribed and sworn to 20	before me this day of,
	Notary Public (Clerk or Judge)
My Commission Expires:	
(SEAL)	

Note: Each competitive bid submitted to a county, school district or municipality must be accompanied with the above Affidavit as required by 61 Okla.St.Ann.§138.

Bids which are submitted without this Affidavit will be considered invalid and rejected.

AFFIDAVIT FOR CONTRACTS AND PAYMENTS

STATE OF OKLAHOMA)
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	S
COUNTY OF)

THE UNDERSIGNED (ARCHITECT, CONTRACTOR, SUPPLIER OR ENGINEER), OF LAWFUL AGE, BEING FIRST DULY SWORN, ON OATH SAYS THAT THIS INVOICE OR CLAIM IS TRUE AND CORRECT. AFFIANT FURTHER STATES THAT THE (WORK, SERVICES OR MATERIALS) WILL BE (COMPLETED OR SUPPLIED) IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE AFFIANT. AFFIANT FURTHER STATES THAT (S)HE HAS MADE NO PAYMENT DIRECTLY OR INDIRECTLY TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THE STATE OF OKLAHOMA, ANY COUNTY OR LOCAL SUBDIVISION OF THE STATE, OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT OF THE INVOICE OR PROCURE THE CONTRACT OR PURCHASEORDER.

	(CONTRACTOR, ARCHITECT, SUPPLIER, OR ENGINEER)	1
Ву		
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	NOTARY PUBLIC (OR CLERK OR JUDGE)	

NOTE: 62 O.S. § 310.9 (B), authorizes counties executing a contract with any architect, contractor, supplier or engineer for construction work, services or materials which are needed on a continual basis from such architect, contractor, supplier or engineer under the terms of such contract, or executing more than one contract during the fiscal year with such architect, contractor, supplier or engineer, may require that the architect, contractor, supplier or engineer complete a signed affidavit as provided for in subsection A of this section which shall apply to all work, services or materials completed or supplied under the terms of the contract or contracts.

W-9

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank											
	2 Business name/disregarded entity name, if different from above											
	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC				Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt pavee code (if any)							
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶										
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				code (if any)							
Subsequited from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions)			(Appli	(Applies to accounts maintained outside the U.S.)					9			
5 Address (number, street, and apt. or suite no.) See instructions. Requester's		er's nam	e and a	ddress	(optio	onal)			_			
See		CUSTER COUN					NTV					
	6 City, state, and ZIP code PO BOX 300											
	ARAPAHO, OK				73620							
Par	7 List account number(s) here (optional) Taxpayer Identification Number (TIN)											
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	roid	Social s	security	numb	oer				_		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to backup withholding. For individuals, this is generally your social security number (SSN). Howeve resident allen, sole proprietor, or disregarded entity, see the instructions for Part I, later. For othe entities, it is your employer identification number (EIN), if you do not have a number, see How to		for a			-		-	T		_		
TIN, later. or												
	: If the account is in more than one name, see the instructions for line 1. Also see What Name	and	er iden	r identification number								
Number To Give the Requester for guidelines on whose number to enter.				-								
Par	t II Certification											
Unde	r penalties of perjury, I certify that:											
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for m not subject to backup withholding because: (a) I am exempt from backup withholding, or (brvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have r	ot beer	notifie	d by t	the Ir	nterna			m		
3. I ar	m a U.S. citizen or other U.S. person (defined below); and											
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is corr	ect.									
Certif	fication instructions. You must cross out item 2 above if you have been notified by the IRS that y	ou are cui	rrently s	ubject t	o bac	kun v	vithho!	dina	hecau	ICO.		

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 for Part II, later.

Sign Here Signature of U.S. person ▶

Cat. No. 10231X

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- . Form 1099-DIV (dividends, including those from stocks or mutual
- . Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.