CITY OF AZTEC
REQUEST FOR QUOTATION
(RFQ16-0522)

DATE: 07/14/15	RETURN TO: CITY OF AZTEC Electric Department ATTN: RFQ #16-0522 201 W CHACO AZTEC NM 87410 EMAIL: graymond@aztecnm.gov PHONE: (505) 334-7667 FAX: (505) 334-7684	**THIS IS NOT AN ORDER**
RFQ #: 16-0522		
DUE DATE: 07/23/15		
TIME: 1:00 pm		

NAME OF COMPANY SUBMITTING QUOTE: _____

NEW MEXICO IN STATE PREFERENCE	PAYMENT TERMS	F.O.B./FREIGHT TERMS	SHIPPING TIME
#_____ In-State or Veteran's Preference will be applied to only those certified vendors who have completed item 6 or 7 below. **Number and certificate must be provided to be considered.**	_____% _____DAYS NET 30 DAYS AFTER RECEIPT OF INVOICE		

DESCRIPTION	PRICE
Quantity (15) – 25 kVA CSP pole mounted single phase distribution transformers ****see attached sheet for specifications****	

Refer all questions regarding this Request for Quotation to Geri Raymond at (505) 334-7667 or email graymond@aztecnm.gov

1. RFQ should be based on FOB Destination with freight allowed and must indicate normal lead time and/or best delivery date on the items listed.
2. This RFQ and any required documents must be received by the Department indicated on the RFQ by the date and time indicated.
3. All supplies and components quoted shall be new unless indicated otherwise. Any quotes submitted for used or reconditioned supplies or components will be considered non-responsive. Quotes must be valid for a minimum of 30 days.
4. The RFQ Number shall appear on all quotations and related correspondence.
5. Vendor has received certification from the State Purchasing Agent for Resident/Contractors Certification. Bidder has been issued the above Certification # and is therefore eligible for the 5% preference credit. In-state certification approval is required at the time of the quote opening to be eligible for in-state preference.
6. RESIDENT VETERANS PREFERENCE: In accordance with Sections 13-1-21 and 13-1-22 NMSA 1978 and effective July 1, 2012, a new resident veteran's business preference has been implemented. The Taxation and Revenue Department (TRD) will be issuing a three (3) year certificate to each qualified business. Businesses are required to reapply to TRD every three (3) years with the proper documentation to renew their certificate. Attached is one form to be completed and returned with your quote if your firm will qualify for this preference. The veteran's preference will not be extended without the certificate from TRD and the attached Resident Veterans Preference Certification (next page).
   This preference is separate from the in-state preference and is not cumulative with that preference.

7 RFQ's may be returned via email, fax or USPS. (Reference Item #2)

8. By law (Section 13-1-191, NMSA, 1978) the City is required to inform Vendors of the following: (1) it is a third-degree felony under New Mexico law to commit the offense of bribery of a public officer or public employee (Section 30-24-1, NMSA, 1978); (2) it is a third- degree felony to commit the offense of demanding or receiving a bribe by a public officer or public employee (Section 30-24-2, NMSA, 1978); (3) it is a fourth-degree felony to commit the offense of soliciting or receiving illegal kickbacks (Section 30-41-1, NMSA,1978); (4) it is a fourth-degree felony to commit the offense of offering or paying illegal kickbacks (Section 30-41-2, NMSA, 1978).

SUBMITTED BY (PRINTED NAME):

_____

SIGNATURE:

_____

(To be a valid offer, authorized Company representative must sign)

COMPANY NAME:

_____

DATE: _____

ADDRESS: _____

_____

TELEPHONE#: _____

FAX#: _____

EMAIL: _____

TAX ID NUMBER:

_____

IF WORK IS TO BE PERFORMED IN AZTEC, THE FOLLOWING IS REQUIRED TO BE CURRENT:

AZTEC BUSINESS LICENSE: _____

NM CONTRACTOR'S LICENSE: _____

CLASSIFICATIONS: _____

CURRENT INSURANCE CERTIFICATE MUST BE ON FILE WITH CITY OF AZTEC FINANCE DEPARTMENT PRIOR TO WORK COMMENCING.

Resident Veterans Preference Certification

_____ (NAME OF CONTRACTOR) hereby certifies the following in regard to application of the resident veterans' preference to this procurement:

Please check one box only

□ I declare under penalty of perjury that my business prior year revenue starting January 1ending December 31 is less than $1M allowing me the 10% preference discount on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

□ I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than $1M but less than $5M allowing me the 8% preference discount on this bid or proposal. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

□ I declare under penalty of perjury that my business prior year revenue starting January 1ending December 31 is more than $5M allowing me the 7% preference discount on this bid or proposal. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

"I agree to submit a report, or reports, to the State Purchasing Division of the General Services Department declaring under penalty of perjury that during the last calendar year starting January 1 and ending on December 31, the following to be true and accurate:

"In conjunction with this procurement and the requirements of this business' application for a Resident Veteran Business Preference/Resident Veteran Contractor Preference under Sections 13-1-21 or 13-1-22 NMSA 1978, when awarded a contract which was on the basis of having such veterans preference, I agree to report to the State Purchasing Division of the General Services Department the awarded amount involved. I will indicate in the report the award amount as a purchase from a public body or as a public works contract from a public body as the case may be.

"I understand that knowingly giving false or misleading information on this report constitutes a crime."

I declare under penalty of perjury that this statement is true to the best of my knowledge. I understand that giving false or misleading statements about material fact regarding this matter constitutes a crime.

_____ _____

(Signature of Business Representative)* (Date)

*Must be an authorized signatory for the Business.

The representations made in checking the boxes constitutes a material representation by the business that is subject to protest and may result in denial of an award or unaward of the procurement involved if the statements are proven to be incorrect.

REQUEST FOR QUOTATIONS FOR
POLE-MOUNTED SINGLE-PHASE DISTRIBUTION TRANSFORMER

CITY OF AZTEC
AZTEC, NEW MEXICO
(505) 334-7667

The quoted transformer(s) shall comply with the most recent publication of the following specifications:

- Transformer must be newly manufactured.
- ANSI/IEEE C57.12.00-1993 General Requirements for Liquid-Immersed Distribution, Power, and Regulating Transformers.
- ANSI/IEEE C57.12.20-1988 Requirements for Overhead-Type Distribution Transformers, 500 kVA and Smaller: High-Voltage, 34500 volts and Below; Low-Voltage, 7970/13800Y Volts and Below.
- ANSI/IEEE C57.12.70-1978 Terminal Markings and Connections for Distribution and Power Transformers.
- ANSI/IEEE C57.12.80-1978 Terminology for Power and Distribution Transformers.
- ANSI/IEEE C57.12.90-1993 Test Code for Liquid-Immersed Distribution Power, and Regulating Transformers and Guide for Short-Circuit Testing of Distribution and Power Transformers Part 1 and Part 2.
- ANSI/IEEE C 57.91-1981 Guide for Loading Mineral-Oil-Immersed Overhead and Pad-Mounted Distribution Transformers Rated 500kVA and Less with 65°C or 65°C Average Winding Rise.
- NEMA TR-1 Transformers, Regulators and Reactors.
- Transformers name plate must be clearly marked filled with NO PCB Mineral Oil.

The requested transformer quote is for the quantity, voltage rating, kVA rating, type and have the accessories indicated in the following tabulation:

Item	Quantity Number	Primary Voltage Capital Letter	Secondary Voltage Small Letter	kVA Rating Number	Accessories and Type Applicable Numbers
I	15	C	a	25	1,3,4,7,8
II					
III					
IV					

Primary Voltage:

A. 24900 Grd. Y/14400 single bushing
B. 7200/12470 Y two bushing - CONV
C. 7200/12470 single bushing - CSP
D. _____

Secondary Voltage:

a. 120/240 volt
b. 240 x 480 volt (Shall have two primary bushings)
c. 480 Grd. Y/277 volt
d. _____

Accessories, type and special requirements:

1. transformer mounted direct connected MOV arrester
2. transformer mounted gap type arrester
3. internal primary fuse link
4. secondary thermal overload breaker
5. interlaced secondary windings
6. two 2-1/2% primary taps above and below rated voltage
7. dual hanger brackets (45° from single bushing)
8. Pressure relief valve
9. _____

The City of Aztec will evaluate acceptable transformer quotes based on the quoted price plus $4.00 per watt for no-load (excitation) losses plus $1.00 per watt for load-losses (load-losses include I^2R loss in the winding due to load current, stray loss due to stray flues in the windings, core clamps, magnetic shields, tank walls, etc., and to circulating current, if any, in parallel windings). Quotes for all transformers shall include the guaranteed average no-load and load-losses. The successful supplier shall provide free of charge a certified test report giving the no-load and load-losses of all transformers tested in accordance with C57.12.90-1993 section 8 (no-load-losses) and section 9 (load-losses). If the average no-load or load-losses exceed the guaranteed values. The City of Aztec may either reject the batch of transformers or reduce the purchase price by 1.25 times the above quoted respective loss values.

The quoted price shall include freight to the City of Aztec material storage yard in Aztec, New Mexico. The transformer(s) shall have mineral oil insulation with less than two (2) parts per million polychlorinated biphenyls (PCB's).

To Be Completed By Potential Transformer Supplier

				Guaranteed	
Item	Qty.	Price Each	Delivery in Weeks	No-Load Losses in Watts	Load Losses in Watts
I	_____	_____	_____	_____	_____
II	_____	_____	_____	_____	_____
III	_____	_____	_____	_____	_____
IV	_____	_____	_____	_____	_____
V	_____	_____	_____	_____	_____

COMPANY: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

_____

_____

TELEPHONE NUMBER: _____

SIGNATURE: _____ TITLE: _____ DATE: _____