



Becky Dawes  
Procurement Director

### **17-03-P, Power Cots**

Aiken County Government is requesting sealed proposals for the purchase of fifteen (15) **POWER COT, POWER LOADING AND COT FASTENING SYSTEMS** for the use by Aiken County's Emergency Medical Services Division.

It is the intent of the scope of work to describe a power cot with a powered load system and fastening system for mounting in our existing ambulances in sufficient detail to secure proposals on comparable equipment. The equipment shall be new, unused, the manufacturers latest production and that which is furnished to Emergency Medical Services Departments in general.

Proposals will be addressed and submitted in accordance with the instructions provided on the Proposal Document. The type of proposal, the date, and proposal opening time shall be stated on the front of the proposal envelope.

It shall be the responsibility of the respondent to assure that their proposal arrives at the proper location by the time indicated. Late proposals will not be considered.

Information which is incomplete, evasive, or general in nature shall be considered as grounds for rejection of the proposal.

**THE COUNTY WILL NOT ACCEPT ANY PROPOSALS, WHICH DO NOT MEET THE SCOPE OF WORK, AND HAS SOLE DISCRETION TO DEEM WHICH PROPOSAL IS IN THE BEST INTEREST OF THE COUNTY.**

Respondents shall indicate if their proposal complies on each item specified. All deviations, no matter how slight, shall be clearly explained on a separate sheet entitled "EXCEPTIONS TO THE SCOPE OF WORK", indicating page number(s) of the scope of work, and must be submitted with the proposal.

To insure full support for service after the sale, the respondent must be capable of providing factory service when required. The respondent must state the location of its authorized serviced center. This service center must have a staff of factory-trained technicians, well versed in all aspects of service for all major components of the systems. The service center must be within a reasonable distance of the purchaser.



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The respondent shall provide the warranty coverage on the components of the power cot and power load system with the proposal. The successful respondent will assume all costs for any services within a reasonable distance as determined by the department during this warranty period.

Submit one (1) original proposal and eight (8) copies of the original proposal that meets or exceeds the minimum scope of work.

Payment terms must be included with the proposal.

Prices should include all required options, fees, regulatory, and freight charges that may apply to this purchase. Aiken County is not tax exempt.

It is the respondent's responsibility to be familiar with all federal, state, and local laws, ordinances, codes, and regulations concerning the submission of this proposal and the work it effects. Ignorance of said enactments shall not relieve the prospective vendor of responsibility to comply or complete the proposal work.

In the event a clarification is requested on the contents of this scope of work, the question shall be addressed in writing to:

Aiken County Procurement  
1930 University Parkway  
Aiken, SC 29801  
[Procurement@aikencountysc.gov](mailto:Procurement@aikencountysc.gov)

When a respondent requests clarification, a copy of the request and this Agency's reply will be posted on Aiken County's Procurement website.

<https://www.aikencountysc.gov/Depts/PRC/PRCmain.php>

The County reserves the right to waive minor informalities and reject any or all proposals and/or to accept that proposal which in our opinion is deemed most advantageous from a standpoint of design, service and other special features and are not necessarily bound to accept the low proposal.



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## **SCOPE OF WORK-**

### **Powered Ambulance Cot and Powered Loading System**

The cot must utilize a battery powered hydraulic system that raises and lowers the patient with the touch of a button.

Must have battery level of strength indicator located on the cot.

Must have a safety shutoff that engages while locked in the mounting system to eliminate possible operation of the cot while locked in the mounting system.

A manual back-up system must be available allowing full cot operation in the event of a power failure.

The cot must be powder coated and power washable for ease of cleaning.

Weight capacity of the cot must be at least 700 pounds.

The back rest shall be infinitely adjustable from flat to maximum vertical position.

A retractable head section must allow the cot to be shortened in any height position.

An expandable patient surface extender must be integrated in the cot to provide stability with and increased comfort to larger patients.

Respondent must provide an operation manual and in-service training DVD.

The loading system must load the cot in the ambulance without the cot being lifted by the crew.

The loading system must be capable of loading the power cot with a patient weighing the same as the maximum rated weight of the cot (minimum of 700 pounds) without lifting assistance from the crew.



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**Required Accessories:**

The following options must be included in the cost of each cot:

- DOT patient restraint package.
- Dual wheel locks.
- Fully sealed heavy duty mattress (bolster).
- Two batteries and an AC powered charging station.
- IV pole.
- Oxygen bottle holder.
- Capability of lifting patient legs (Trendelenburg).
- Gear net at the head end of the cot.
- Initial warranty agreement that covers preventative maintenance, and all parts/labor/travel.

**Accessories:**

The following option will be listed separately:

- Defibrillator stand at foot end of cot. Two (2) total.



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### **Power Cot Fastening System:**

Powered Cot Fastener must be compliant with NFPA-1917.

Powered Cot Fastener must be compliant with IEC 60601-1.

Powered Cot Fastener must be compliant with SAE J3027.

Powered Cot Fastener must be compliant with KKK-A-1822.

Powered Cot Fastener must provide a manual back-up in the event of power failure.

Powered Cot Fastener must have cot charging capabilities.

Documentation of compliance with the above standards must be provided with this proposal.

Installation instructions and a required tool list must be provided with this proposal.

Initial warranty agreement that covers preventative maintenance, and all parts/labor/travel.

### **Additional Requirements:**

The County intends to provide any installation required for the power cots, the power load systems and the fastening systems. The respondent must provide all kits, parts, fasteners, wires, connectors, etc. required to install their system in an ambulance that has been previously configured for a Ferno Model 175, two position, floor mount system. Any training required by the manufacturer to install the system in an ambulance will be provided to at least three County staff members. *Any and all costs or fees (if any) for this training shall be listed separately in the proposal. This shall be used for evaluation purposes and not included in the initial purchase.*

The County intends to provide preventive maintenance and repair on the cots after the initial warranty and preventive maintenance agreement ends. Any training required by the manufacturer to perform this maintenance and repair on the systems will be provided to three County staff members. *Any and all costs or fees (if any) for this training shall be listed separately in the proposal. This shall be used for evaluation purposes and not included in the initial purchase.*



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The respondent must provide a purposed timeline for delivery of all parts and to provide any required training needed to install the systems. *This shall be used for evaluation purposes.*

The respondent must provide an expected service life of the system based on an average call volume of 1,600 patient encounters per ambulance, per year. *This shall be used for evaluation purposes.*

The respondent must provide a recommended preventive maintenance schedule and an estimated annual repair and maintenance cost of the entire system based on an average call volume of 1,600 patient encounters per ambulance, per year. This must include batteries. *This shall be used for evaluation purposes.*

The respondent must provide references of at least two current clients. Each reference must be clients that are using the same power cot, power load system and fastening system as the system proposed. References should include the client name, contact person, email address, phone number, and date of delivery. *This shall be used for evaluation purposes.*

The respondent must provide the cost to install their system into an ambulance that has been previously configured for a Ferno Model 175, two position, floor mount system. *This shall be used for evaluation purposes.*



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**Evaluation Criteria:**

All eligible proposals received shall be evaluated by the County. A committee of eight county personnel will be formed and comprised of three EMS end users, two installers, two EMS supervisors, and a member of the administrative staff. The evaluation will be based on, but not limited to, completeness of proposal, committee member overall impression, exceptions, price, total cost of ownership, and delivery schedule. Committee members will rate each criteria on a scale of 1 to 10. The score from each criteria will be averaged and the average score will then be multiplied by the weight factor. The result for each criteria will then be added together for an overall score.

Criteria are listed in the order of importance:

1. System meets requirements of this request - 30%
2. Committee member overall impression – 20%
3. Total cost of ownership – 20%
4. Delivery Time Line - 10%
5. Initial Cost - 10%
6. Current Customer References – 10%



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Name of Respondent \_\_\_\_\_

Manufacturer of System \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Warranty Period  
(from date of acceptance) \_\_\_\_\_

\*Prices must include the power cot, the power load system, the fastening system, all required options, all fees, any regulatory charges, and freight charges that may apply to this project.

System Price \_\_\_\_\_ X 15 = \_\_\_\_\_

Accessory Price \_\_\_\_\_ X 2 = \_\_\_\_\_

Project Total \$ \_\_\_\_\_

For Evaluation Purposes Only:

Installation Cost If Performed by Respondent \_\_\_\_\_ X 15 = \_\_\_\_\_

Installation Training \_\_\_\_\_ X 3 = \_\_\_\_\_

Maintenance and Repair Training \_\_\_\_\_ X 3 = \_\_\_\_\_

Expected Service Life \_\_\_\_\_ Years

Annual Expected Maintenance Cost \_\_\_\_\_ X 15 = \_\_\_\_\_