



Knoxville Utilities Board

## *Request For Bid*

**Bid Title: Gas Leak Detection Segways**

**Bid Number: 628**

**Date Issued: October 6, 2016**

**Response Due Date: October 20, 2016**

**Time: 2:00 PM EST** (Knoxville local time)

**KUB Contact: Jermon Bishop**

**Phone Number: (865) 558-2546**

**E-mail address: Jermon.Bishop@kub.org**

The Knoxville Utilities Board will receive sealed Proposals in the Procurement Department, 4505 Middlebrook Pike, Knoxville, Tennessee 37921.

***Subject to the instructions, conditions, specifications, Addenda, and any other elements of this Request for Proposal, including those incorporated by reference.***

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This *Request for Proposal* is prepared in a Microsoft Word Format. Any alterations to this document made by the Proposer may be grounds for rejection of the *Proposal*, cancellation of any subsequent award, or any other legal remedies available to the Knoxville Utilities Board.

Submit sealed Proposal responses to:

Physical Location

Knoxville Utilities Board  
Procurement Department  
4505 Middlebrook Pike  
Knoxville, TN 37921-5599

-OR-

Mailing Address

Knoxville Utilities Board  
ATTN: Procurement Department  
P.O. Box 59017  
Knoxville, TN 37950-9017

The outside of the sealed box / container / envelopes containing the response shall be marked as follows:

**Bid Title:** Gas Leak Detection Segways

**Due on:** October 20, 2016 (no later than 2:00 pm EST)

-OR-

E-mail the *Proposal* response to [bids@kub.org](mailto:bids@kub.org) with "628 Gas Leak Detection Segways" in subject line by same date and time.

Note: If responses are sent via E-mail to [bids@kub.org](mailto:bids@kub.org) Proposer will receive an auto response within a reasonable time frame; otherwise please follow-up with **Jermon Bishop** (865) 558-2546 and/or re-send your response.

- I. Equipment-** Any reference to the Segway brand of personal transporters is to give Proposer reference to style, design and options. All proposals will be evaluated based on the information supplied in response to this RFB.
  - A. Must be a Segway x2 SE with LeanSteer Frame and Console (Item #23580-00001) – Qty 2,
  - B. Part #24172-00001 - Power pack front case w/LeanSteer Mount - Qty 2
  - C. Part #24173-00001 Handlebar accessory Mount Base - Qty 2,
  - D. Part #22875-00001 comfort mats, qty 2
  - E. Part#24167-00001 Cargo Rack – Qty 2
  - F. Part #24168-00001 Quick Release UNL Case Mats – Qty 2
  - G. Part #24169-00001 Waterproof Cargo Case Set – Qty 2
  - H. Part #24018-00003 Welded Cargo Frame Black – Qty 2
  - I. Entire Unit Must be painted Black
  - J. Must supply 2 key fobs w/each unit along with proper documentation of Segway parts (serial/part #s)

- II. Warranty Statements –**
  - A. Warranty verification published by the manufacturer

- III. Service –**
  - A. The Proposer shall provide replacement parts, technical assistance, and warranty administration
  - B. The Proposer shall provide initial and continue training
  - C. The Proposer shall be capable of administering the manufacturer's warranty and provide long-term equipment repair/calibration services

**Attachment A: Personal Transporter Questionnaire**

1. What is the manufacturer’s warranty period? \_\_\_\_\_
2. Does your company offer an extended warranty?\_\_\_\_\_. If so, how long?  
\_\_\_\_\_.
3. What is covered under the warranty?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do accessories have a warranty?\_\_\_\_\_. If so, how long?\_\_\_\_\_

5. Does your company provide the warranty service for this equipment? \_\_\_\_\_ If not, who will be providing the warrant service? \_\_\_\_\_  
\_\_\_\_\_
6. Does your company provide after warranty service for this equipment? \_\_\_\_\_ If not, who will be providing the warrant service? \_\_\_\_\_  
\_\_\_\_\_
7. Does equipment have to be shipped back to your company for factory warranty issues? \_\_\_\_\_
8. How long has your company been in business? \_\_\_\_\_
9. Approximately how many personal transporters have you provided for companies?  
\_\_\_\_\_
10. Explain you warranty repair process from return authorization to returned to customer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment B:** Personal Transporter Pricing Sheet. KUB will be purchasing (2) two

**D. Personal Transporter**

	Price
1. Transporter	_____
2. Options	
a. Power pack front case with LeanSteer mount	_____
b. Handlebar Accessory Mount Base	
c. Comfort Mats	
d. Cargo Rack	_____
e. Quick Release UNL Case Mats	_____

f. Waterproof Cargo Case Set \_\_\_\_\_

g. Welded Cargo Frame Black \_\_\_\_\_

**3. F.O.B 4505 Middlebrook Pike, Knoxville Tn.** \_\_\_\_\_

**Total** \_\_\_\_\_

**E. Delivery** \_\_\_\_\_ Days/Weeks

**F. Service**

1. Labor Rate \_\_\_\_\_ per hour

2. Parts \_\_\_\_\_ % over cost