



Agenda Date: 6/8/2020

**APPROVED BY CITY COUNCIL**

Agenda #: 43.File #: 15-13306 Type: Consent Item

## Firefighting Turnout Gear

### Action:

- A. Approve unit price contracts for the purchase of firefighting turnout gear for an initial term of two years to the following:**
- **Atlantic Emergency Solutions,**
  - **Municipal Emergency Solutions, Inc,**
  - **Newton's Fire and Safety Equipment Inc, and**
- B. Authorize the City Manager to renew the contracts for up to three, one-year terms with possible price adjustments and to amend the contracts consistent with the purpose for which the contracts were approved.**

### **Staff Resource(s):**

Reginald Johnson, Charlotte Fire Department  
Damian Owens, Charlotte Fire Department

### **Explanation**

- Firefighting turnout gear consists of a jacket, pants, and a hood to help protect the firefighters from thermal and mechanical injury.
- Firefighting turnout gear is used by the Charlotte Fire Department (CFD) for personal firefighter protection while performing daily tasks including firefighting, search and rescue, and responding to building entrapments and gas leaks.
- On January 27, 2020, the city issued an Invitation to Bid (ITB), on behalf of the Charlotte Cooperative Purchasing Alliance (CCPA); Five bids were received.
- The following were selected as the lowest responsive, responsible bidders for specific manufacturers' products.
  - Atlantic Emergency Solutions is an authorized distributor for Innotex brand gear;
  - Municipal Emergency Solutions Inc is an authorized distributor for Fire-Dex brand gear; and
  - Newton's Fire and Safety Equipment Inc is an authorized distributor for Globe, PGI, and Morning Pride brand gear.
- CCPA contracts are available for the use of and to benefit all entities that must comply with state purchasing laws.
- Annual expenditures are estimated to be \$850,000.

### **Charlotte Business INclusion**

Per Charlotte Business INclusion Policy: Part C: Section 2.1(a) the city shall not establish Subcontracting Goals for Contracts where (a) there are no subcontracting opportunities identified for the Contract; or (b) there are no SBEs or MWBEs certified to perform the scopes of work that the city regards as realistic opportunities for subcontracting.

This contract meets the provisions of (a) - No subcontracting opportunities

### **Fiscal Note**

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Funding: CFD Operating Budget

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

FIRST AMENDMENT TO THE AGREEMENT TO PROVIDE  
FIREFIGHTING TURNOUT GEAR

THIS FIRST AMENDMENT TO THE AGREEMENT TO PROVIDE FIREFIGHTING TURNOUT GEAR (this "First Amendment") is made and entered into this 19th of June 2022, by and between Municipal Emergency Services Inc., a North Carolina corporation doing business in North Carolina (the "Company"), and the City of Charlotte, a North Carolina municipal corporation (the "City").

Statement of Background and Intent

- A. The City of Charlotte and the Company entered into an Agreement for Firefighting Turnout Gear dated July 19, 2020 (the "Contract") pursuant to which the Company agreed to provide Firefighting Turnout Gear for the City of Charlotte.
- B. The parties now desire to amend the Contract to extend the Term of the Contract by the first of three (3) one-year renewal terms and to incorporate certain other changes.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties hereby agree to the following:

AGREEMENT

1. The terms of the Contract are restated by and incorporated into this First Amendment by reference.
2. Defined terms used in this First Amendment shall have the same meaning as are assigned to such terms in the Contract.
3. This First Amendment extends the Term of the Contract by the first of three (3) one-year renewal terms to expire on June 18, 2023.
4. This First Amendment incorporates unit price increases from Exhibit A-1 due to the lack in availability of raw materials and an escalation in material costs.
5. Section 36 of the Contract ("Required By City Ordinance: Commercial Non-Discrimination") is hereby replaced in its entirety as provided below:  

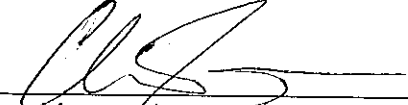
**REQUIRED BY CITY ORDINANCE: COMMERCIAL NON-DISCRIMINATION.** Atlantic Emergency Solutions agrees to comply with the Non-Discrimination Policy set forth in Chapter 2, Article V of the Charlotte City Code, which is available for review at <http://library.municode.com/index.aspx?clientId=19970> and incorporated herein by reference. Atlantic Emergency Solutions consents to be bound by the award of any arbitration conducted thereunder.
6. Except to the extent specifically provided above, this amendment shall not be interpreted or construed as waiving any rights, obligations, remedies, or claims the parties may otherwise have under the Contract.
7. In all other respects and except as modified herein, the terms of the Contract shall remain in force and effect.

*[Signature Page Follows]*

IN WITNESS WHEREOF, and in acknowledgement that the parties hereto have read and understood each and every provision hereof, the parties have caused this First Amendment to be executed as of the date first written above.

MUNICIPAL EMERGENCY SERVICES INC:

CITY OF CHARLOTTE:  
CITY MANAGER'S OFFICE

BY:   
(signature)

BY: \_\_\_\_\_  
(signature)

PRINT NAME: Christopher Micun

PRINT NAME: \_\_\_\_\_

TITLE: Sales Representative

TITLE: \_\_\_\_\_

DATE: 04/01/22

DATE: \_\_\_\_\_



**Digital Contract Routing Form  
Non-Encumbered**

Date Submitted: April 13, 2022

Submitted by: Lenore Bishop

Submitter email: lenore.bishop@charlottenc.gov

Contract #: 2020001094

Amendment #: 1

Contract Name: Firefighting Turnout Gear

Vendor Legal Name: Municipal Emergency Services Inc

Vendor #: 77453

**REQUIRED ATTACHMENT(S):**

Use the Paperclip icon to attach a full Contract Document Routing Packet for review by the authorized City individual with signature authority. The Routing Packet **MUST** include all required components per the direction provided at:

The following signatures, once completed, shall be incorporated by reference into the contractual document identified above.

**City of Charlotte**

eSigned via SeamlessDocs.com  
*Brent Cagle*  
Key: f98f2b82108208b08604836a6396b851

EXHIBIT A - 1

PRICE SHEET

Municipal Emergency Services Inc							
Item #	Item	Brand Name	Style Number	UOM	Bid Unit Price	Amendment # 1 Unit Price	Amendment # 1 % Price Increase
1	PBI Max 7oz. Turnout Coat	FireDex	FXRCTPBI7EF	Each	\$1,120.00	\$1,232.00	10%
2	PBI Max 7oz. Turnout Pants	FireDex	FXRPTPBI7EF	Each	\$865.00	\$951.50	10%
3	Tecgen 71 Turnout Coat	FireDex	FXRCTTG71EF	Each	\$1,120.00	\$1,232.00	10%
4	Tecgen 71 Turnout Pants	FireDex	FXRPTTG71EF	Each	\$865.00	\$951.50	10%
5	Tecgen 51 Technical Rescue Coat	FireDex	TECGEN 51	Each	\$309.00	\$309.00	0%
6	Tecgen 51 Technical Rescue Pants	FireDex	TECGEN 51	Each	\$309.00	\$309.00	0%
7	Particulate Barrier Hood	FireDex	H-41	Each	\$89.00	\$89.00	0%
<b>PRICING OPTIONS :</b>					<b>Bid Unit Price</b>	<b>Amendment # 1 Unit Price</b>	
1	Guard Jacket Component	FireDex Coat Particulate Barrier		Each	\$40.00	\$40.00	0%
2	Guard Pant Fly Component	FireDex Pant Particulate Barrier		Each	\$48.00	\$48.00	0%



# CERTIFICATE OF LIABILITY INSURANCE

12/29/2022

DATE (MM/DD/YYYY)

12/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Companies 76 Batterson Park Road Farmington CT 06032 860-678-4000	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
<b>INSURED</b> 1372711 Municipal Emergency Services, Inc. P.O. Box 656 Southbury CT 06488	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Great Northern Insurance Company</td> <td style="text-align: center;">20303</td> </tr> <tr> <td>INSURER B : Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER C : Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER D : Chubb Indemnity Insurance Company</td> <td style="text-align: center;">12777</td> </tr> <tr> <td>INSURER E : Lloyd's of London</td> <td style="text-align: center;">38253</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Great Northern Insurance Company	20303	INSURER B : Federal Insurance Company	20281	INSURER C : Markel Insurance Company	38970	INSURER D : Chubb Indemnity Insurance Company	12777	INSURER E : Lloyd's of London	38253	INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:** 16800482                      **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	N	3606-94-94	12/29/2021	12/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	N	N	9949-54-94	12/29/2021	12/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	MKLM6MM70000436	12/29/2021	12/29/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	7175-51-73	12/29/2021	12/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Cyber	N	N	W311DE210101	12/29/2021	12/29/2022	Pol. Agg.: \$2.5MM Ret: \$50,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CONTRACT 2020001094, City Of Charlotte is included as additional insured as required by written contract.

<b>CERTIFICATE HOLDER</b>  <b>16800482</b> City Of Charlotte - 2020001094 1501 N. Graham Street Charlotte, NC 28206	<b>CANCELLATION</b> See Attachment  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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