

THE CITY OF WALTHAM
MASSACHUSETTS

PURCHASING DEPARTMENT

**Request for Proposal under the State Contract #ITT-50 for Installation of
Wireless System, 2019**

ADDENDUM NO. 1

September 20th, 2019

CHANGES, CORRECTIONS AND CLARIFICATIONS

The attention of bidders submitting proposals for the above subject project is called to the following addendum to the specifications. The items set forth herein, whether of omission, addition, substitution or clarification are all to be included in and form a part of the proposal submitted.

THE NUMBER OF THIS ADDENDUM (NO. 1) MUST BE ACKNOWLEDGED IN YOUR COVER LETTER.

ITEM 1: ANSWERS TO POSED QUESTIONS

Q1. IP addressing and DNS – different scopes for Guest and employees etc. on your network. Would the city be in charge of that?

A1. Yes. The SonicWall TZ300P or equivalent that is at each gateway should provide IP addressing for each segment. This would remove a possible single point of failure, i.e., if the wired network is down Wi-Fi will continue to operate independently. Yes, Guest and employees would use different IP slices.

Q2. Firewall – you list Sonic wall firewalls. Are those existing or are we supplying firewalls. If so, does it have to be Sonic Wall?

A2. The SonicWall device specified is in addition to what is already in production.

The SonicWall is preferred for interface familiarity and to minimize the learning curve regarding a new system. We are open to other compatible systems with features beyond the capabilities of the SonicWall device specified with an equivalent cost.

Q3. Are Vendors allowed to use power adaptors that plug directly into the receptacle? Could facilities put a receptacle in near the AP?

A3. PoE is the preferred method to power the devices instead of a power adaptor. When an office area is decommissioned, PoE provides the flexibility to extend the cable or redeployed the device to another area very quickly without any electrical work.

Q4. Since the city and the public will share the same internet. Do you want to limit the amount of bandwidth guest can use so they don't take up all the cities bandwidth? If so to what amount 20%, 50% 75%?

A4. Typically, the bandwidth shaping (regulating based on predefined priorities) is a manageable feature we would expect all management software offered to allow as part of the features. So yes. We need to be able to regulate bandwidth based on the user population(S). If possible, we would prefer if the limit can be user-configurable and adaptive depending on time and activities.

ITEM 2: SITE VISIT ADDED

- **Monday September 23rd at 11:00AM** meet at City Hall Conference Room, 610 Main Street Waltham

ITEM 3: ADD: COMPLIANCE FORMS

- Complete the required attached Compliance Forms and submit with your Proposal with Original (WET) Signatures.

ITEM 4: ADD: FLOOR PLANS

- See Attached Floor Plans for Buildings.

ITEM 5: DELETE AND REPLACE

- **DELETE** current Building Location List and Replace with the Attached
- **DELETE** current Equipment Distribution List and Replace with the Attached
- **DELETE** current Equipment Cost Summary Form and Replace with Attached Price Sheet

ITEM 6: SPECIFICATION CLARIFICATION

- **User Capacity:**

The total static user capacity for the City of Waltham is about 1000.

The total number of concurrent users that would dynamically access the network at peak time is estimated to be about 200.

- **CABLING:**

Cable for wireless access points should be Category 6 4-Pairs UTP CMP plenum rated capable to run at one gigabit or above.

ITEM 7: EVALUATION OF PROPOSAL

The Response Evaluation is Bases on 60% Technical and 40% Price.

60% of the Evaluation:

- # of Years in Business
- Company Background
- Past Similar Projects
- References
- Resumes of Technicians Directly Involved in the Project

40% of the Evaluation:

- Price

End of Addendum 1

**COMPLIANCE FORMS
FOR
ITEM #3**

CERTIFICATE OF VOTE OF AUTHORIZATION

Date:

I _____, Clerk of _____ hereby certify that at a meeting of the Board of Directors of said Corporation duly held on the _____ day of _____ at which time a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That _____ (*name*) is hereby authorized, directed and empowered for the name and on behalf of this Corporation to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts and other obligations of this Corporation; the execution of any such contract to be valid and binding upon this Corporation for all purposes, and that this vote shall remain in full force and effect unless and until the same has been altered, amended or revoked by a subsequent vote of such directors and a certificate of such later vote attested by the Clerk of this Corporation.

I further certify that _____ is duly elected/appointed _____ of said corporation whose signature appears below as an officer

Signature of Officer

SIGNED:

(Corporate Seal)

Clerk of the Corporation:

Print Name: _____

COMMONWEALTH OF MASSACHUSETTS

County of _____

Date:

Then personally appeared the above named and acknowledged the foregoing instrument to be his/her free act and deed before me, and provided to me through satisfactory evidence of identification which were _____ to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public;

My Commission expires: _____

NON-COLLUSION FORM AND TAX COMPLIANCE FORM

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals. The undersigned certifies that no representations made by any City officials, employees, entity, or group of individuals other than the Purchasing Agent of the City of Waltham was relied upon in the making of this bid

_____, _____
(Signature of person signing bid or proposal) Date

(Name of business)

TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, & 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

_____, _____
Signature of person submitting bid or proposal Date

Name of business

NOTE

Failure to submit any of the required documents, in this or in other sections, with your bid response package may cause the disqualification of your proposal.

CORPORATION IDENTIFICATION

The bidder for the information of the Awarding Authority furnishes the following information.

If a Corporation:

Incorporated in what state _____
President _____
Treasurer _____
Secretary _____
Federal ID Number _____

If a foreign (out of State) Corporation – Are you registered to do business in Massachusetts?

Yes _____, No _____

If you are selected for this work you are required under M.G.L.ch. 30S, 39L to obtain from the Secretary of State, Foreign Corp. Section, State House, Boston, a certificate stating that you Corporation is registered, and furnish said certificate to the Awarding Authority prior to the award.

If a Partnership: (Name all partners)

Name of partner _____
Residence _____
Name of partner _____
Residence _____

If an Individual:

Name _____
Residence _____

If an Individual doing business under a firm's name:

Name of Firm _____
Name of Individual _____
Business Address _____
Residence _____
Date _____
Name of Bidder _____
By _____

Signature _____

Title _____

Business Address _____ (POST OFFICE BOX NUMBER NOT ACCEPTABLE)

City _____ State _____ Telephone Number _____ Today's Date _____

(Fill out if an LLC)

**CERTIFICATE OF AUTHORITY LIMITED LIABILITY
COMPANY**

The **undersigned**, being (a/the) duly elected, qualified and active (member/ manager) of _____,
a Massachusetts limited Liability Company (hereinafter "the Company")

Does Hereby Certify that:

1. The Articles of Organization of the Company were duly filed with the Office of the Secretary of State of the State of Massachusetts on _____ and the Articles of Organization have not been (further) amended..
2. The Company has complied with the publication requirements contained in Section 67 of the Limited Liability Company Law.
3. There exists an Operating Agreement of the Company and that the said Operating Agreement has not been amended or repealed and that the said Operating Agreement remains in full force and effect as of this date.
4. Neither the Articles of Organization nor the Operating Agreement (as amended) require any further act to be taken or a meeting to be held by its members other that as follows:
5. All said requirements, whether as contained in the Articles of Organization or in the Operating Agreement or by operation of law as to the transaction of _____, 20____ have been met.
6. The following person or persons has/have been duly authorized by the Company to execute all documents in connection with said transaction and that the signature appearing to the right of their name(s) is his/her genuine signature.

NAME	OFFICE HELD	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN Witness Whereof, the undersigned has executed this Certificate of Authority this

_____ day of _____, 20_____.

(Signature)

STATE OF MASSACHUSETTS, COUNTY OF _____

On the _____ day of _____, 20__ , before me, the undersigned personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public: _____

My Commission Expires: _____

Notary Stamp:

Request for Taxpayer Identification Number and Certification

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

Out This
ction

Print or type
See Specific
Instructions on
page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional) Chief Procurement Officer Purchasing Department, City of Waltham 610 Main Street Waltham, MA 02452
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-						
	-		-							
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>				-						
			-							

Fill out this section either SS or FI

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because 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 on page 4.

Sign & Date

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

DEBARMENT CERTIFICATION

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non procurement programs from the Commonwealth of Massachusetts, the US Federal Government and /or the City of Waltham. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the Purchasing Agent of the City of Waltham at any time during the period of the contract or prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the City of Waltham, the contract will be cancelled and the award revoked.

Company Name _____

Address _____

City _____, State _____, Zip Code _____

Phone Number (____) _____

E-Mail Address _____

Signed by Authorized Company Representative: _____

_____ Print name. Date _____

ORIGINAL "WET" SIGNATURES ARE REQUIRED

PROVIDE THREE (3) SERVICE APPROPRIATE REFERENCES

1. Company Name:

Address:

Contact Name:

Phone #

Type of service/product provided to this Company:

Dollar value of service provided to this Company:

2. Company Name:

Address:

Contact Name:

Phone #

Type of service/product provided to this Company:

Dollar value of service provided to this Company:

3. Company Name:

Address:

Contact Name:

Phone #

Type of service/product provided to this Company:

Dollar value of service provided to this Company:

NOTE

Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.

**FLOOR PLAN
ATTACHMENT
ITEM #4**

LEGEND



AP standard indoor



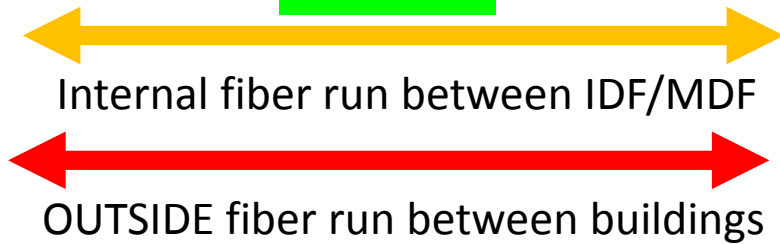
AP High Performance indoor

OUTDOOR AP-HP

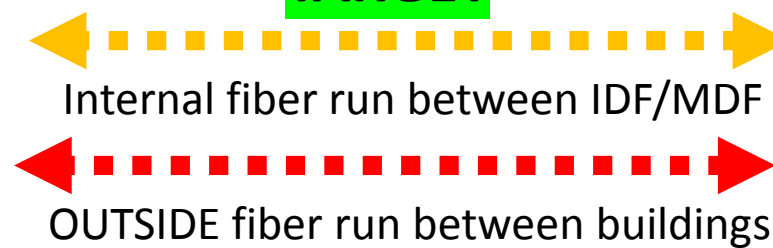


AP High Performance outdoor

SOURCE



TARGET

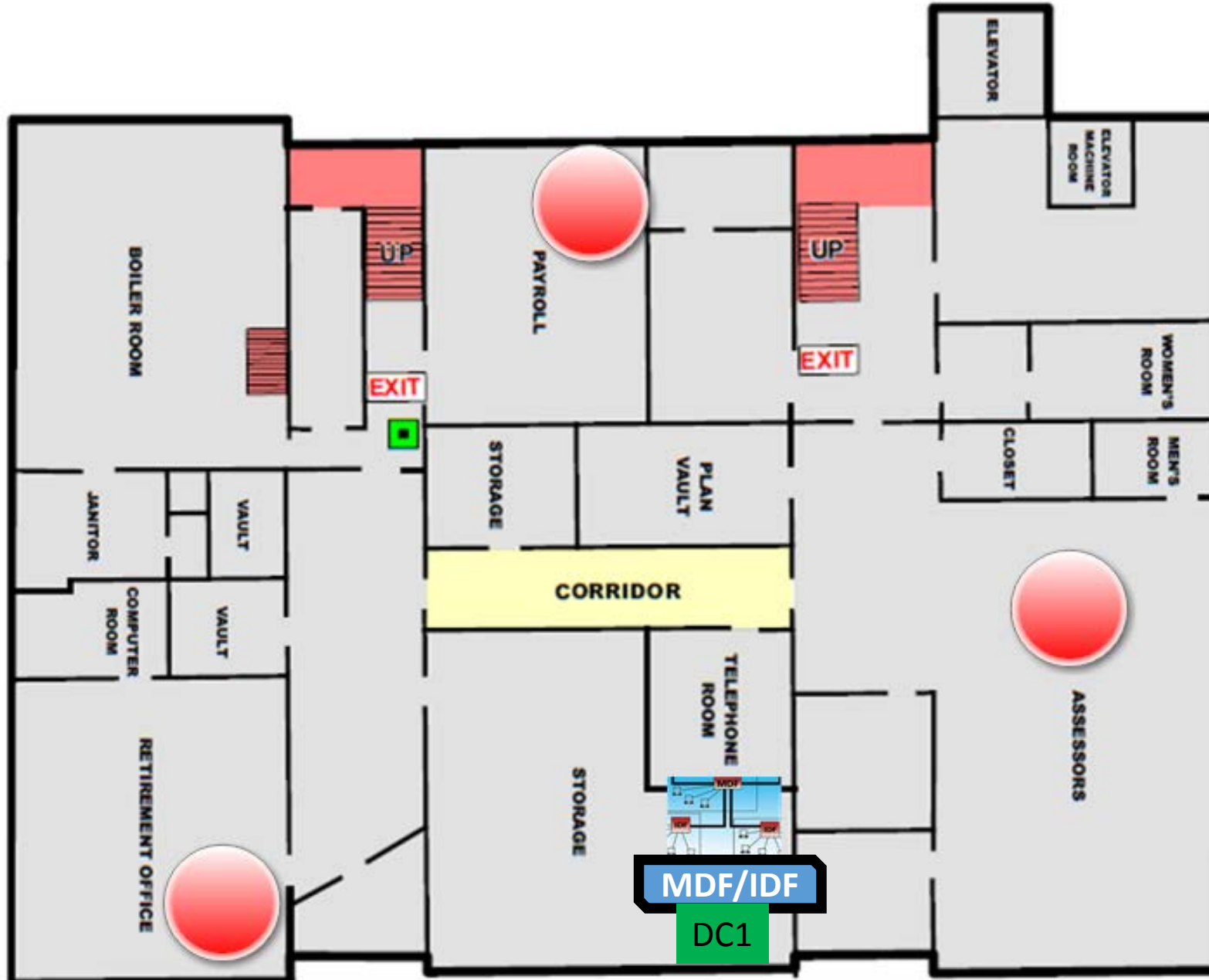


MDF/IDF

DCxx

DATA CLOSET

City Hall 610 Main St - BASEMENT



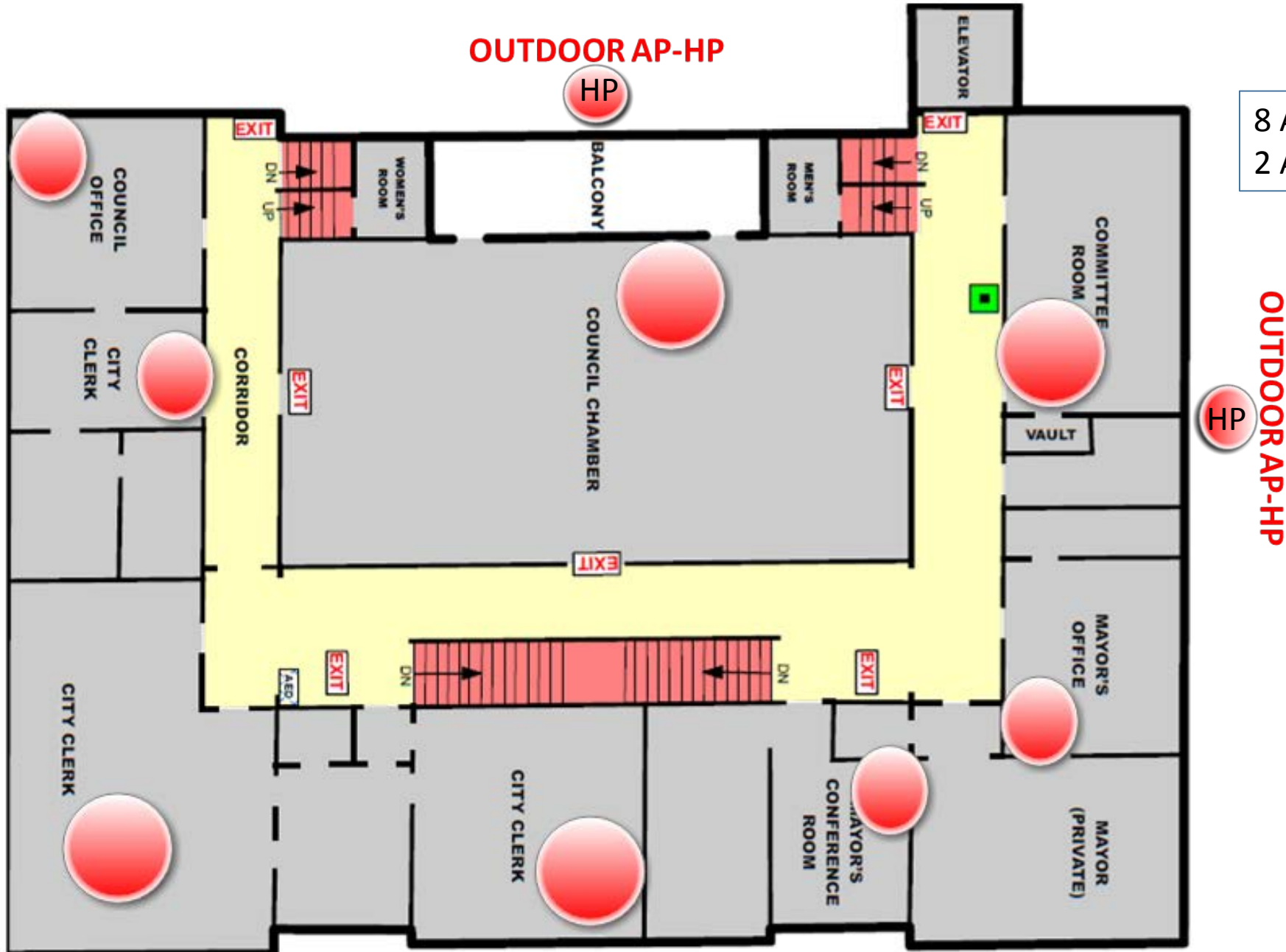
- 3 AP standard
- 1 MDF/IDF
- 1 POE Switch-24
- 1 TZ300 SonicWall

City Hall 610 Main St - 1st Floor



7 AP standard

City Hall 610 Main St - 2nd Floor



OUTDOOR AP-HP

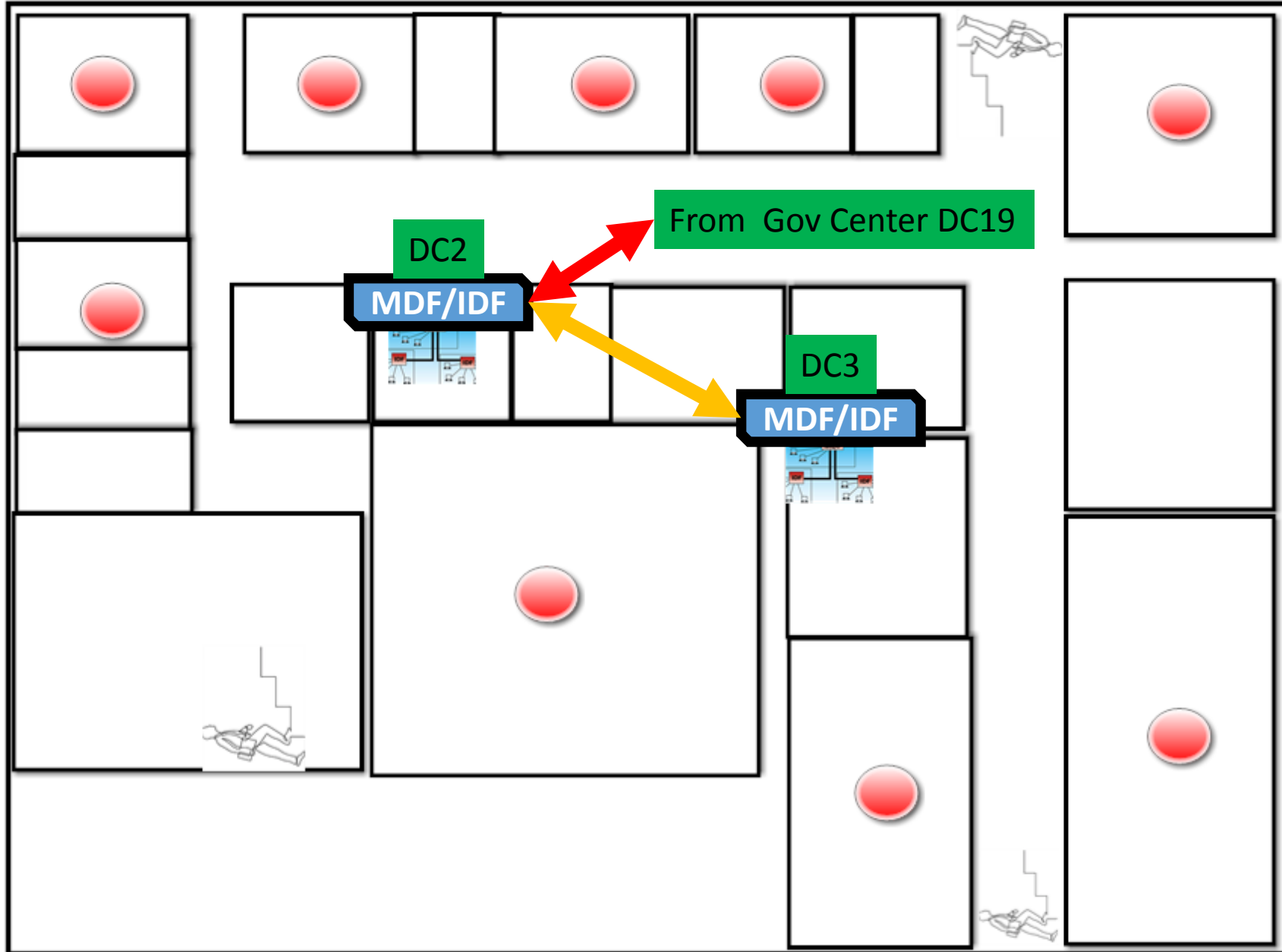
HP

8 AP standard
2 AP HP outdoor

OUTDOOR AP-HP

HP

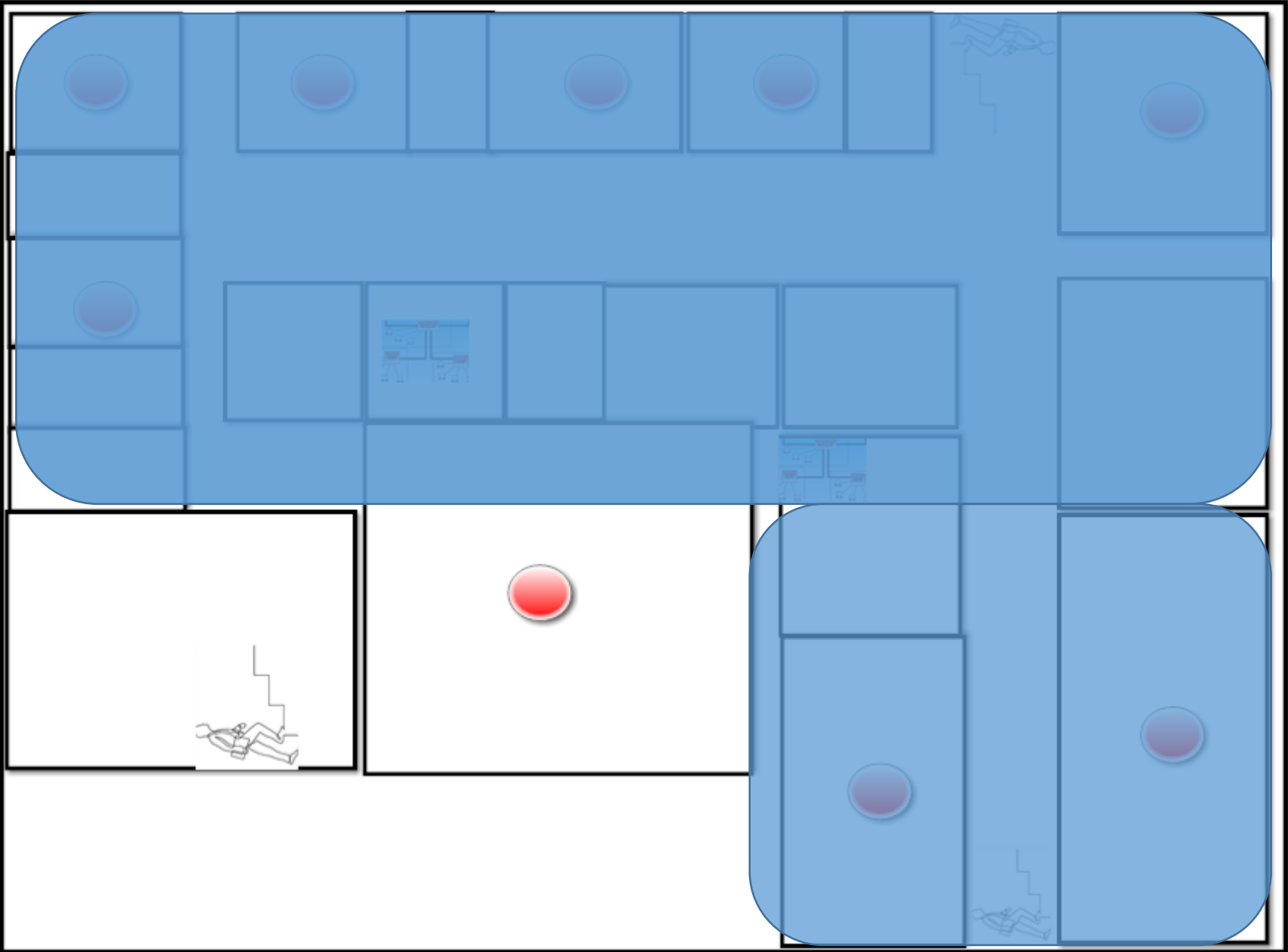
Museum building - 2nd floor



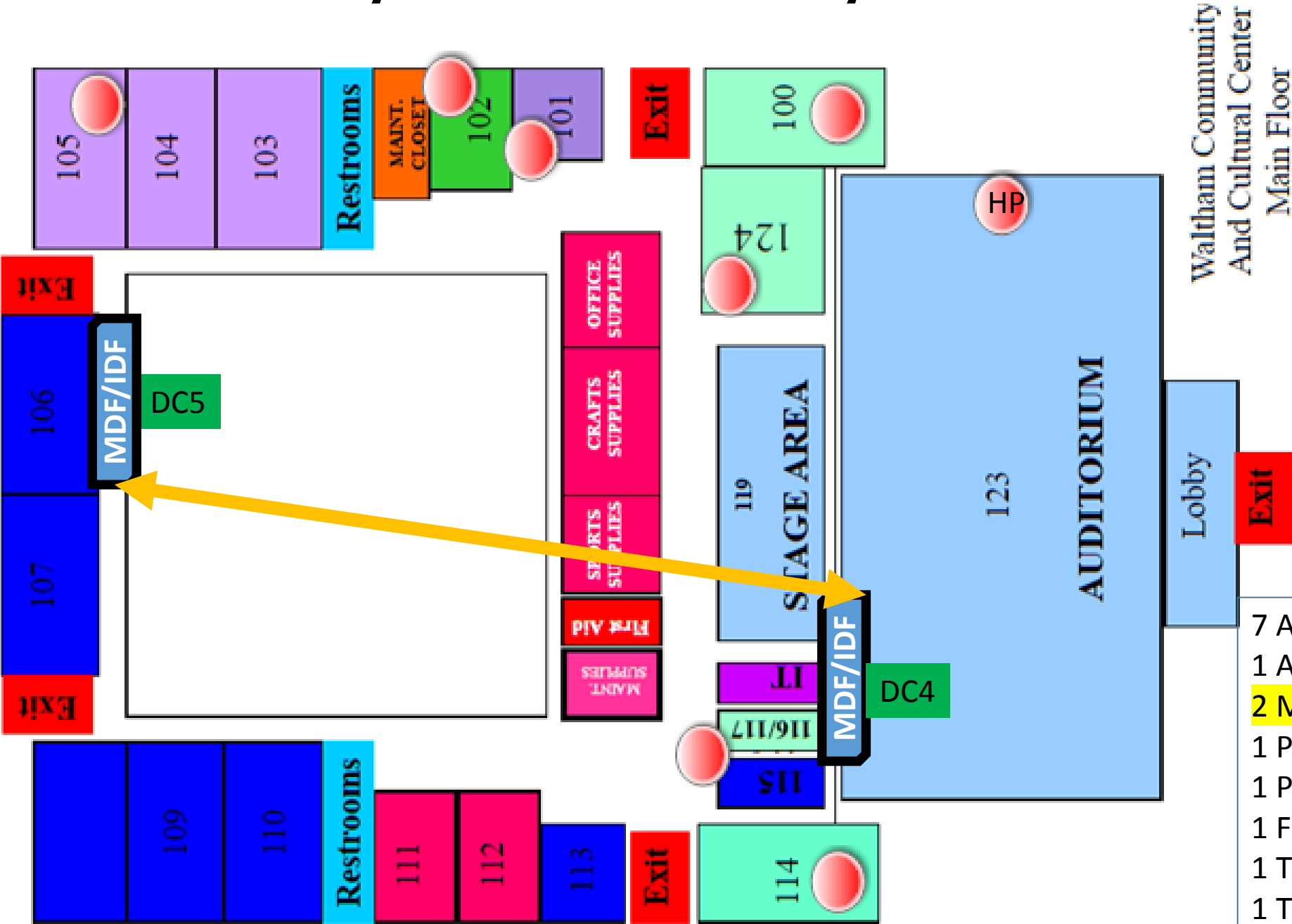
- 9 AP standard
- 2 MDF/IDF
- 2 POE Switch-24
- 1 Fiber run
- 2 Transceiver Pairs

Museum building – 1st floor

1 AP standard

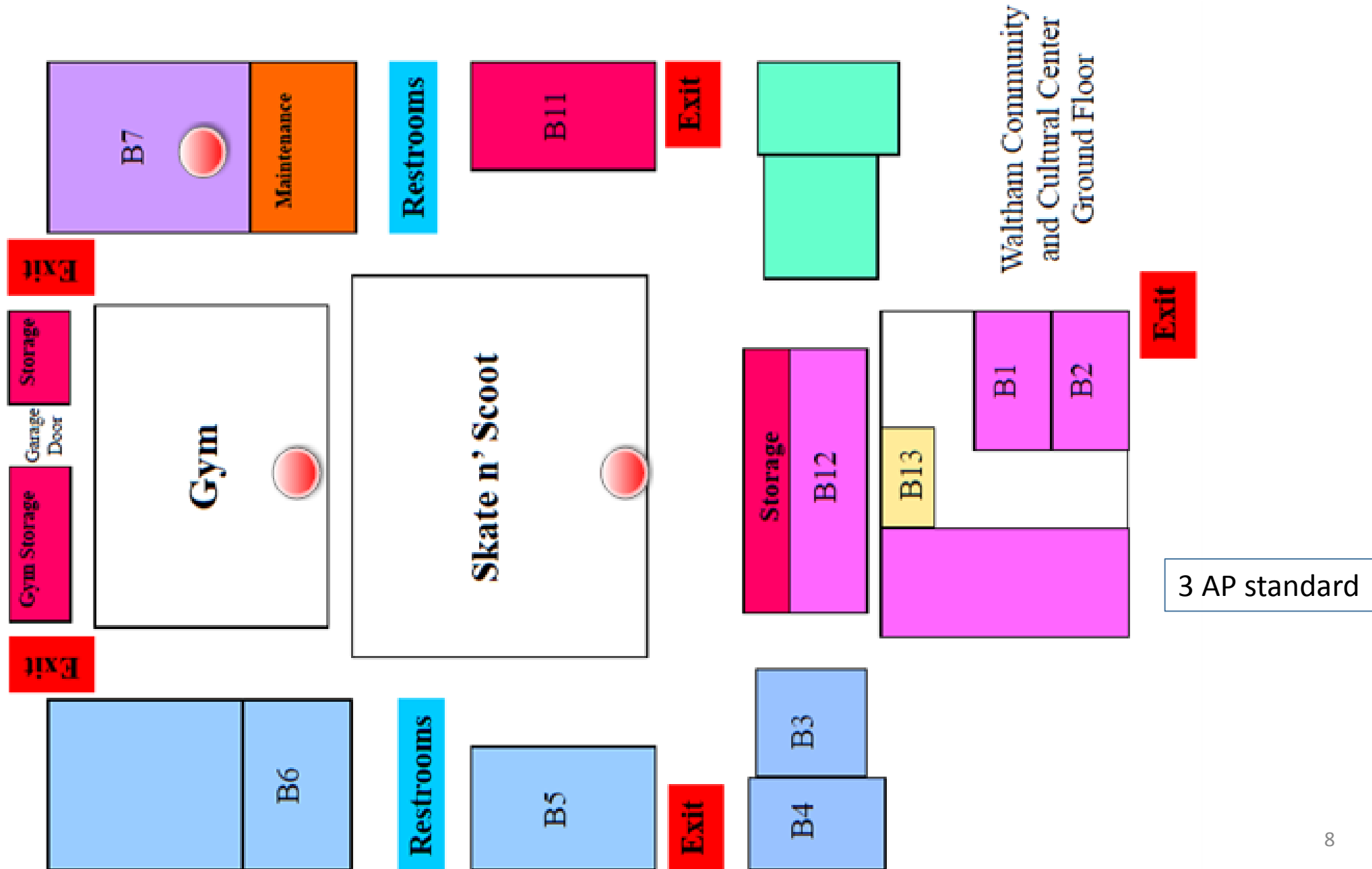


Community Center 510 Moody St – 1st Floor

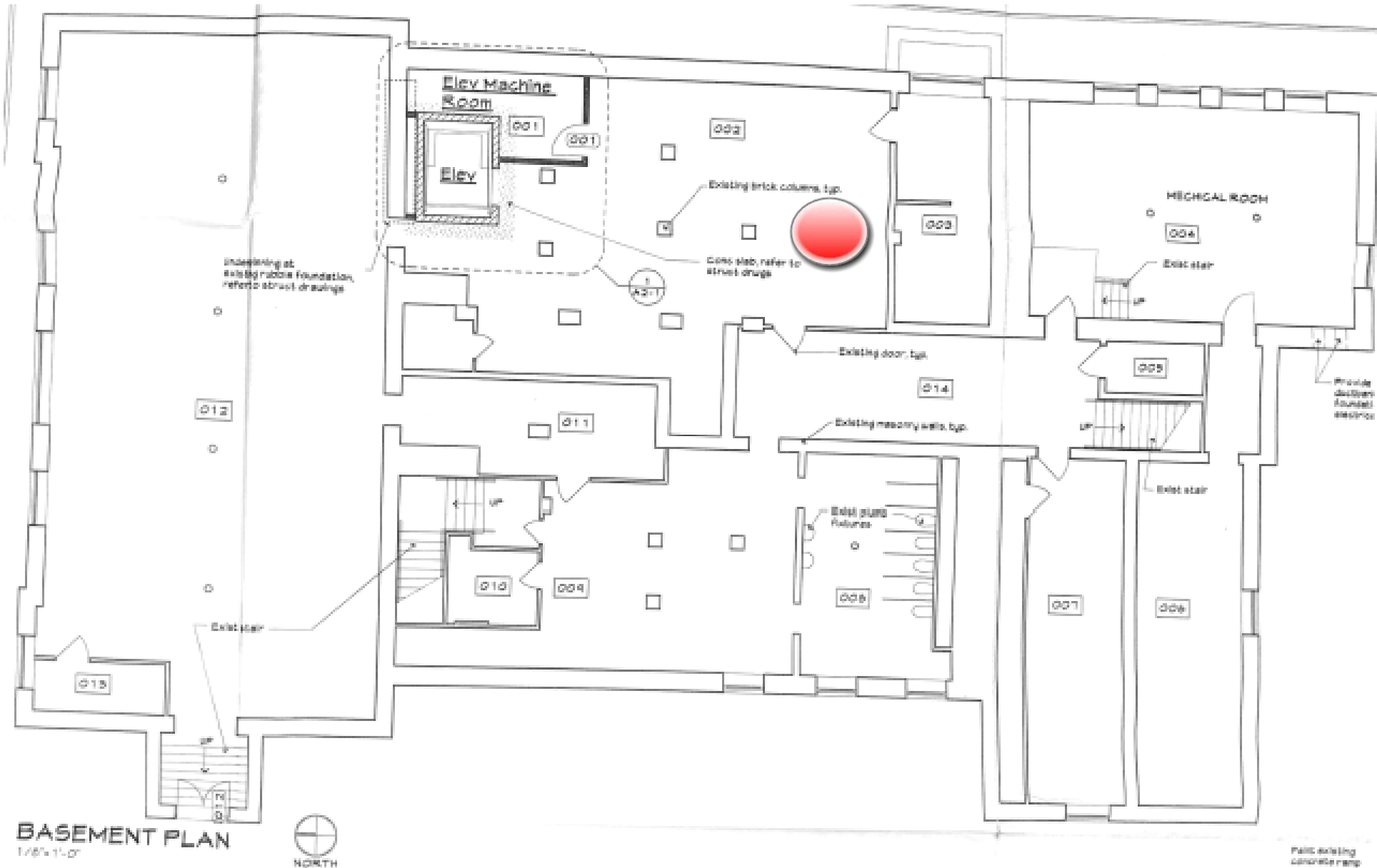


- 7 AP standard
- 1 AP HP
- 2 MDF/IDF**
- 1 POE Switch-24
- 1 POE Switch-8
- 1 Fiber run
- 1 Transceiver Pair
- 1 TZ300 SonicWall

Community Center 510 Moody St – Ground Floor

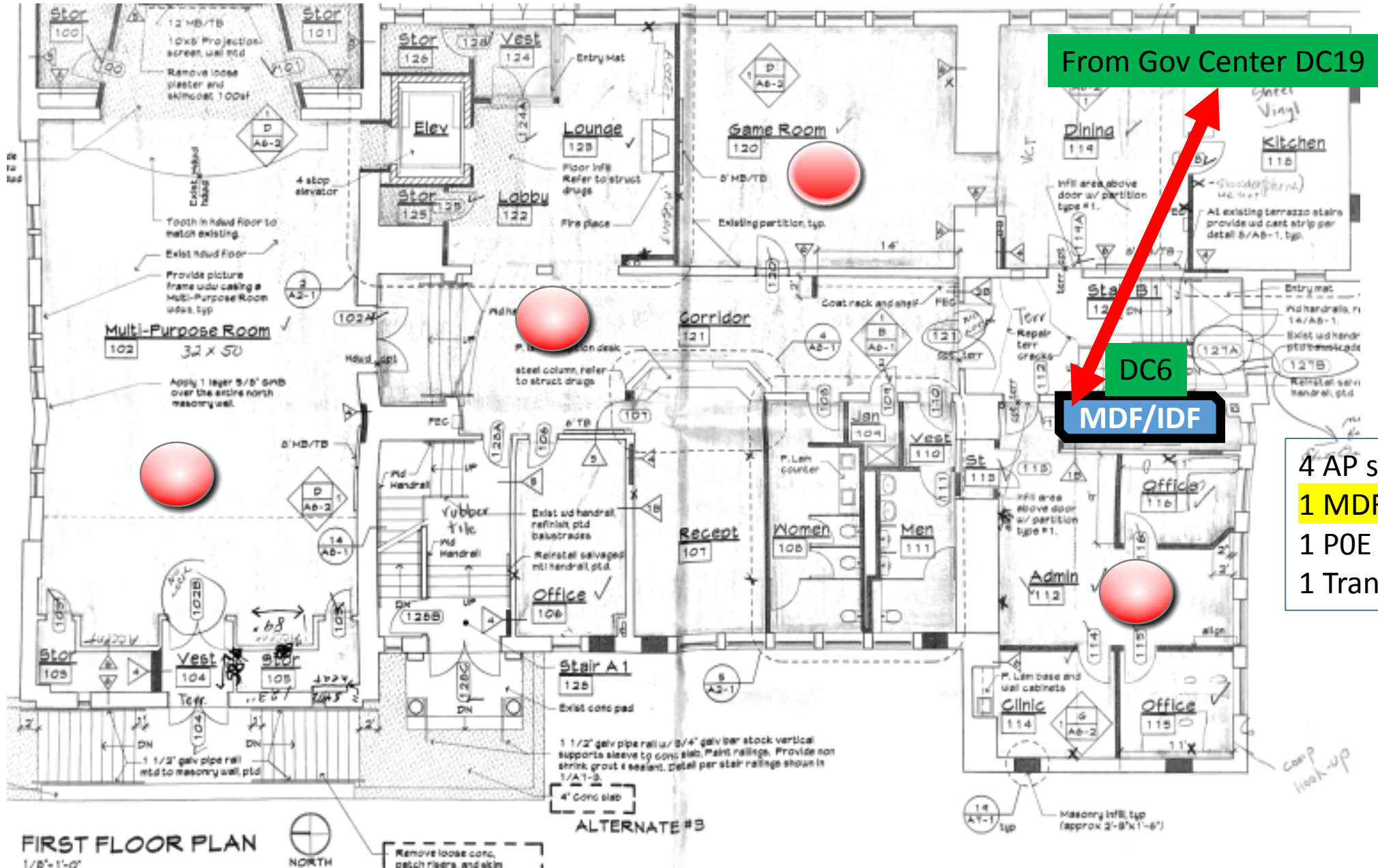


Council On Aging – Basement



1 AP standard

Council On Aging – 1st floor



From Gov Center DC19

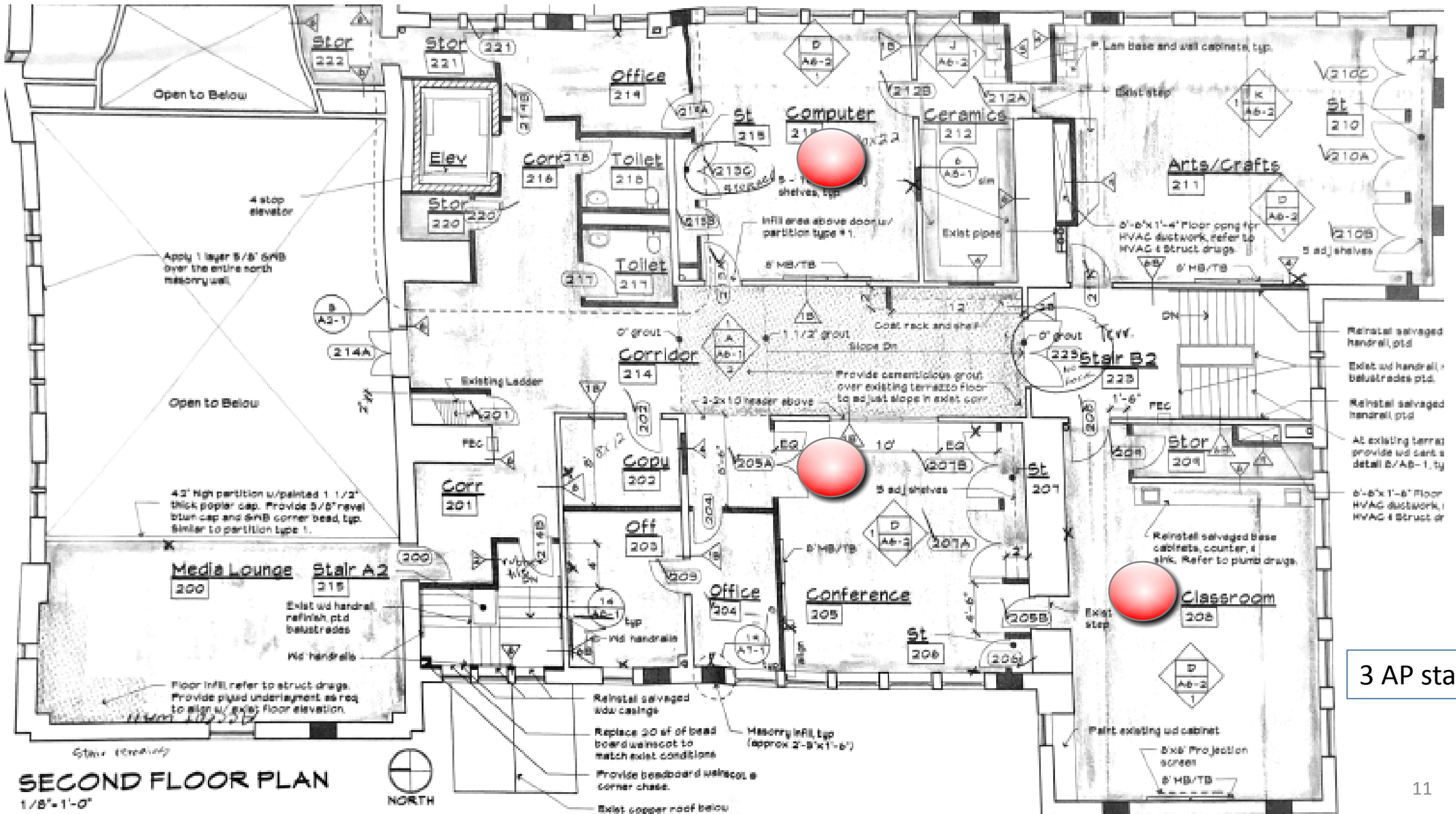
DC6
MDF/IDF

- 4 AP standard
- 1 MDF/IDF
- 1 POE Switch-24
- 1 Transceiver Pairs

FIRST FLOOR PLAN
1/8" = 1'-0"



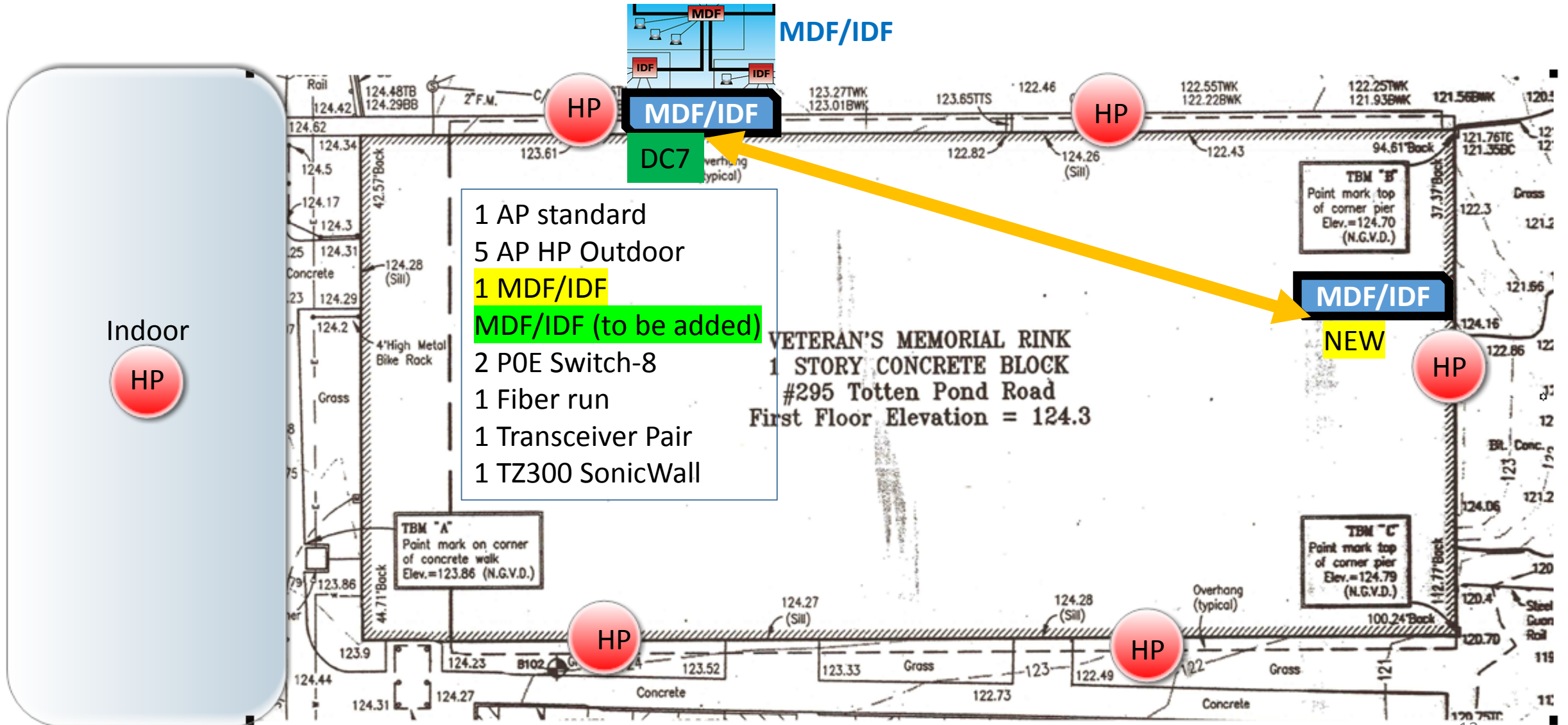
Council On Aging – 2nd floor



3 AP standard

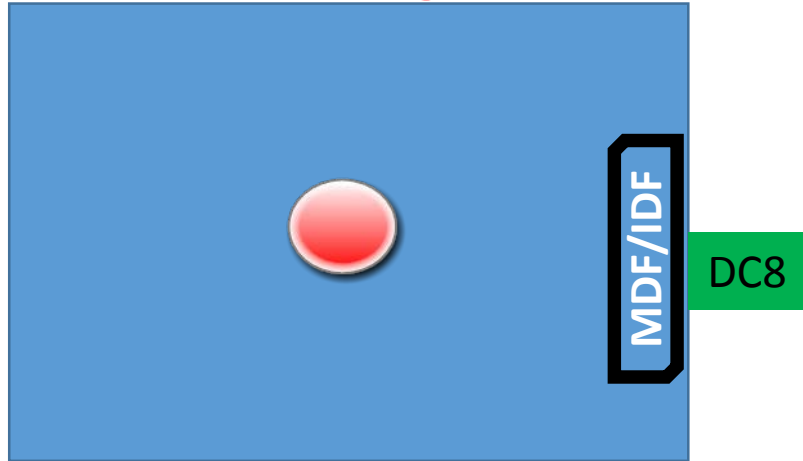
ICE Rink

314 Totten pond Rd - V1



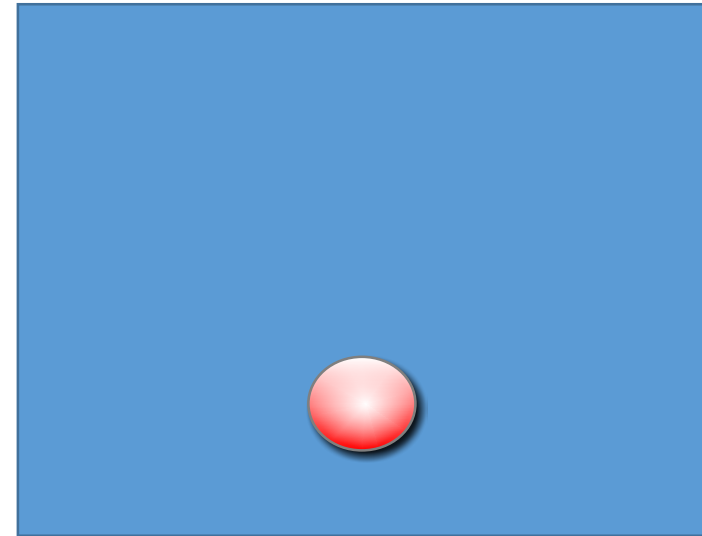
Prospect Hill Park - 295 Totten Pond Rd

Building 1



2 AP standard
1 MDF/IDF
1 POE Switch-8
1 TZ300 SonicWall

Building 2



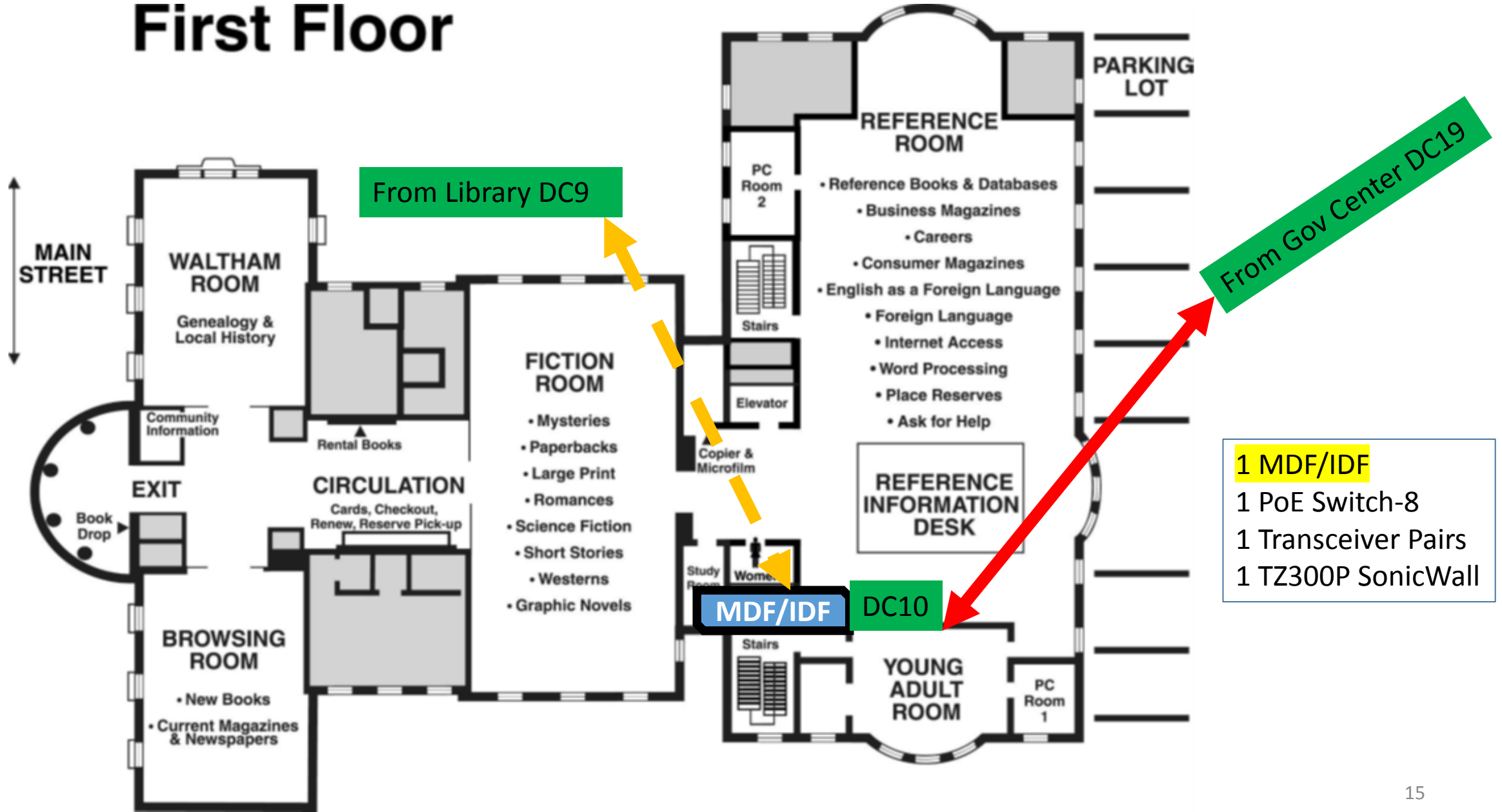
Library – 735 Main St. - Ground floor



- 1 AP standard
- 1 MDF/IDF
- 1 PoE Switch-8
- 1 Fiber run
- 1 Transceiver Pairs

Library – 735 Main St. – 1st floor

First Floor

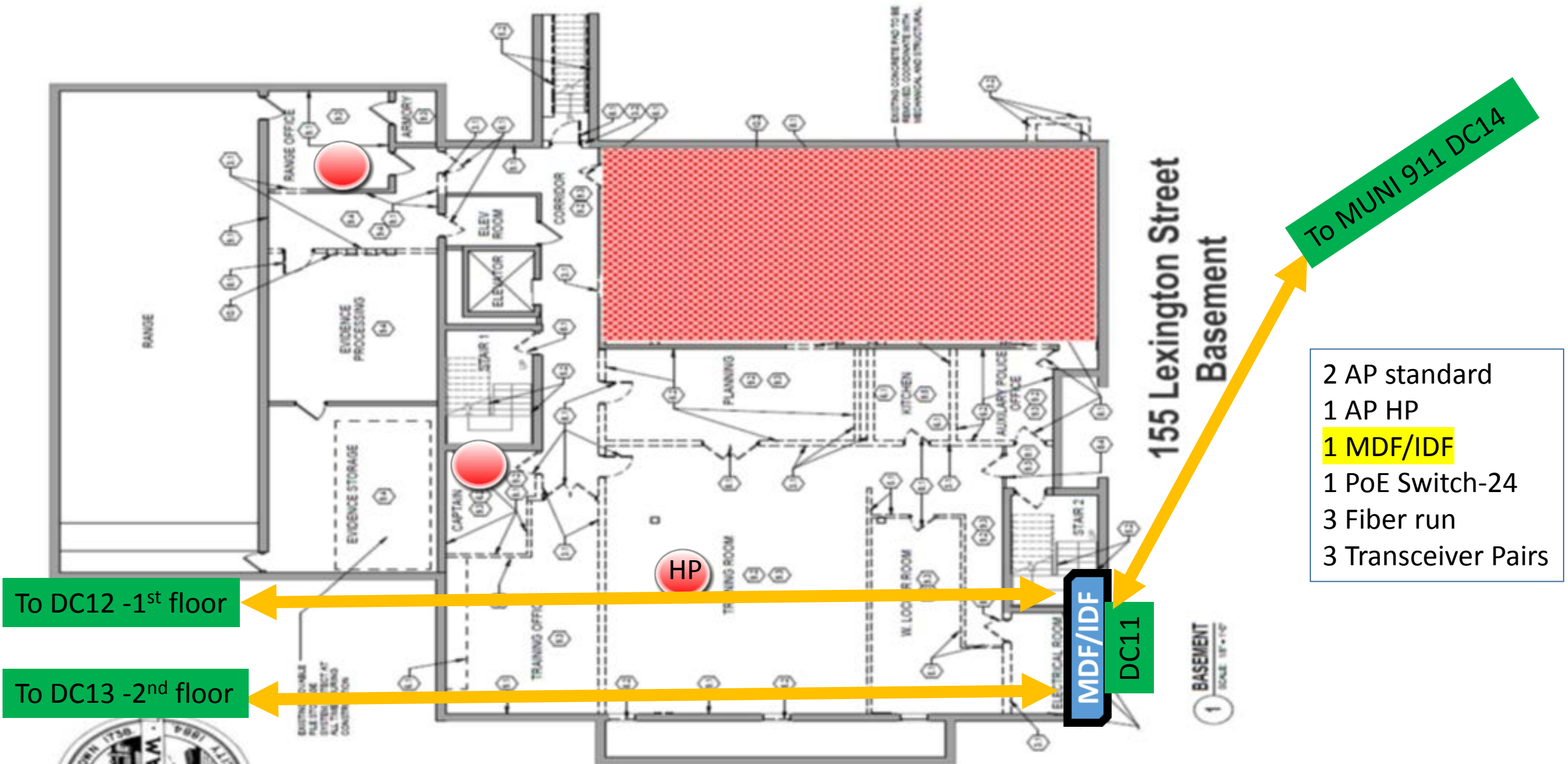


Library – 735 Main St. – 2nd floor

Second Floor



MUNI – 155 Lexington St. - Basement



To MUNI 911 DC14

- 2 AP standard
- 1 AP HP
- 1 MDF/IDF
- 1 PoE Switch-24
- 3 Fiber run
- 3 Transceiver Pairs

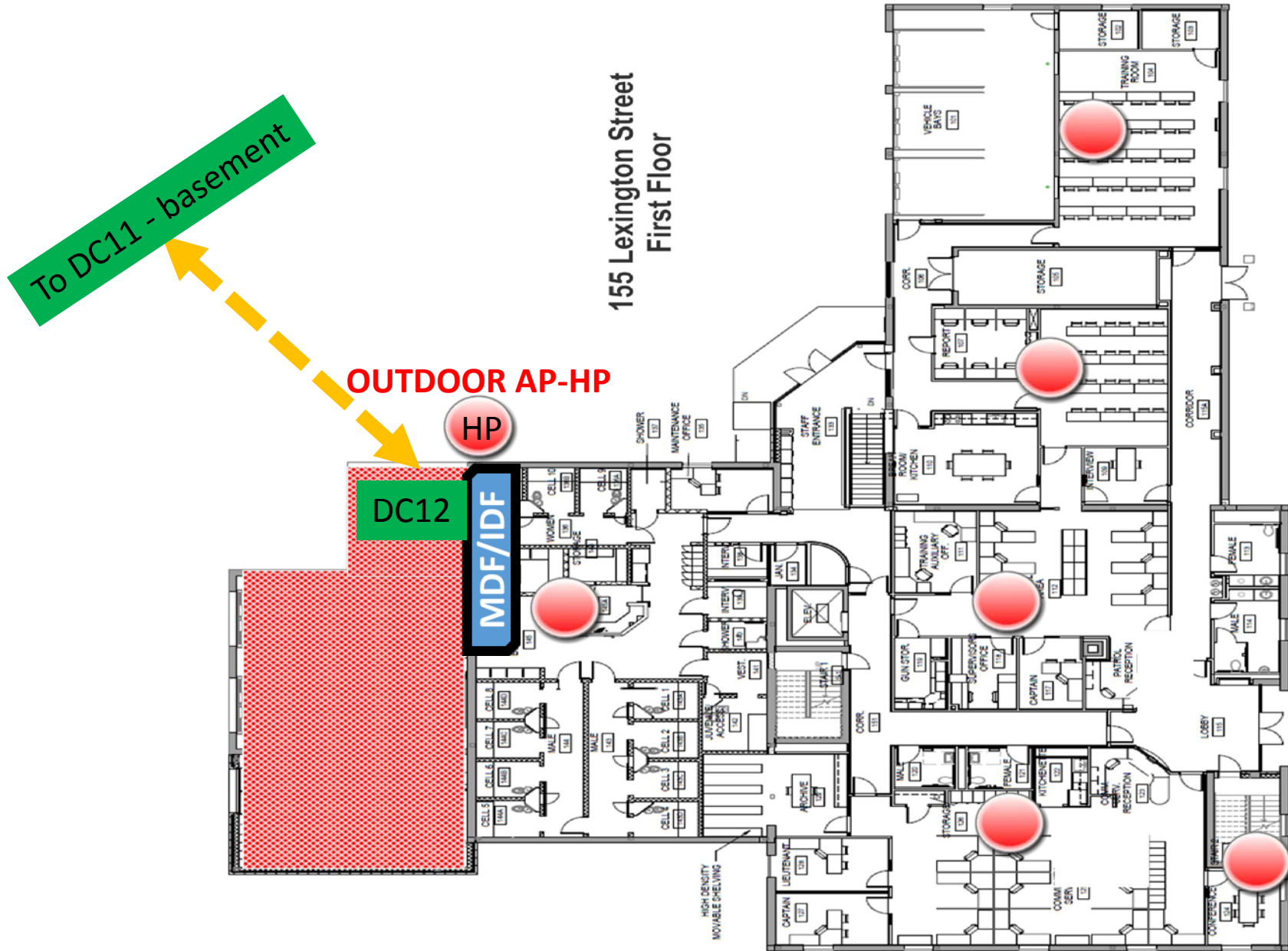
To DC12 - 1st floor

To DC13 - 2nd floor

MDF/IDF
DC11

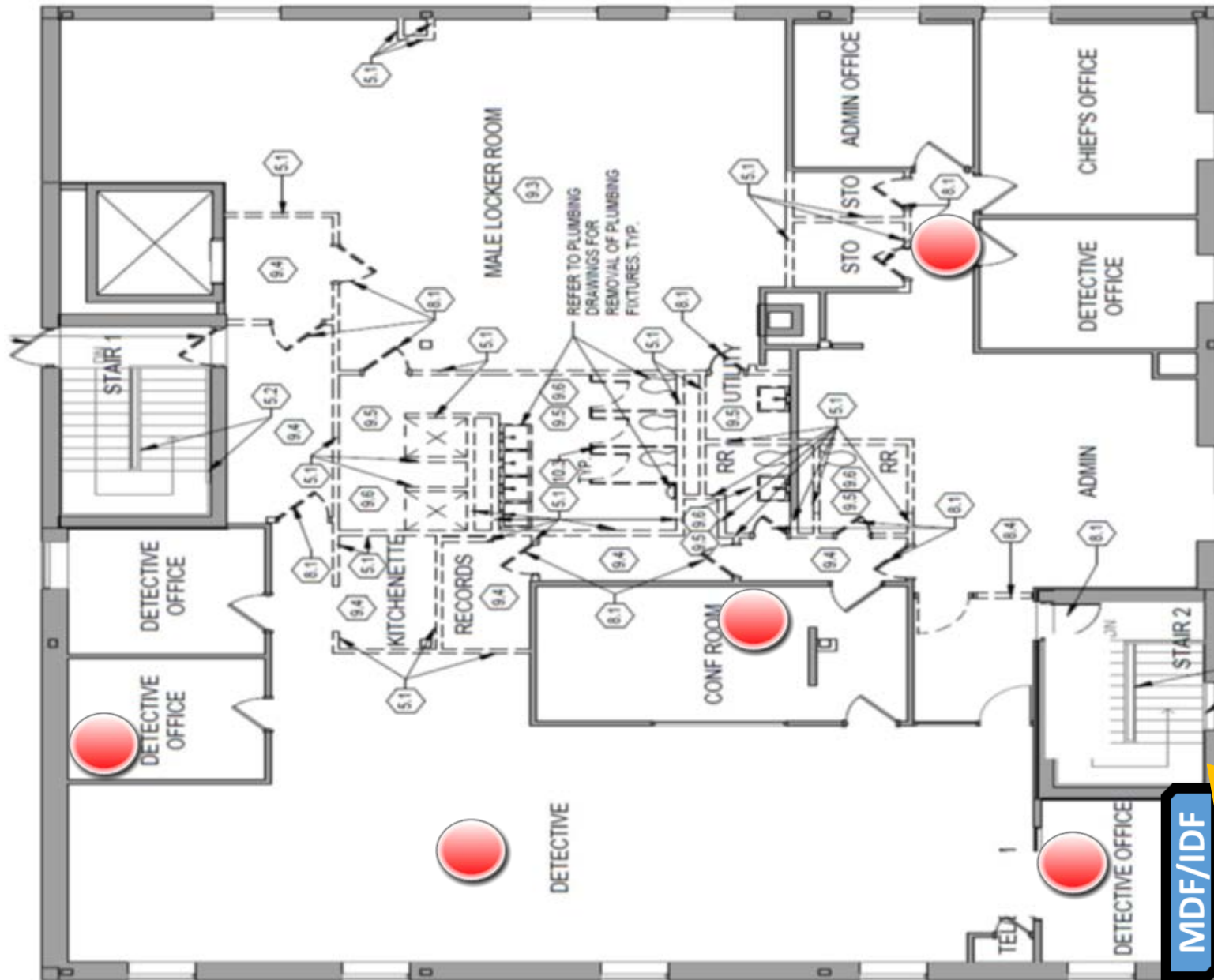


MUNI – 155 Lexington St. – 1st floor



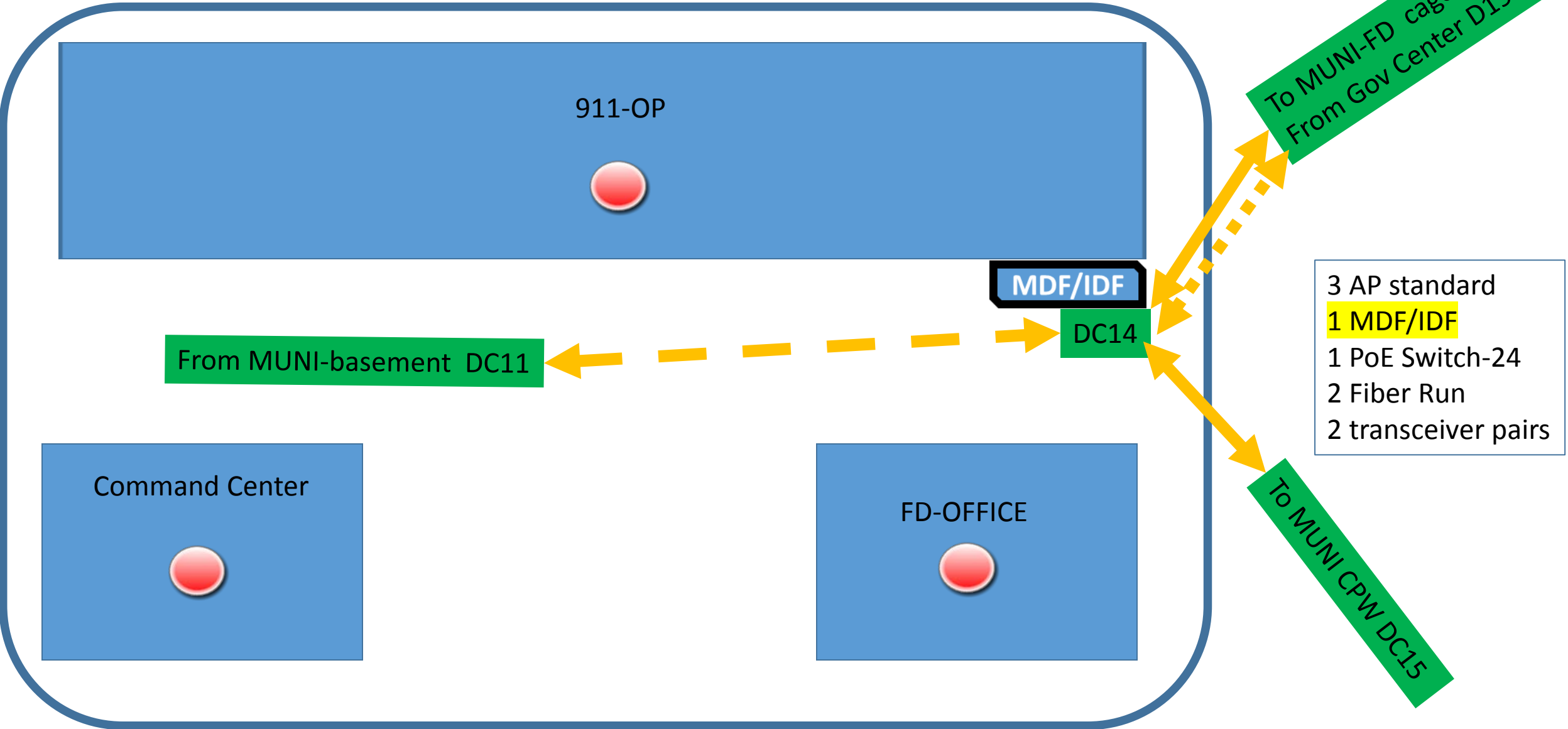
- 6 AP standard
- 1 MDF/IDF
- 1 PoE Switch-24

MUNI – 155 Lexington St. – 2nd floor

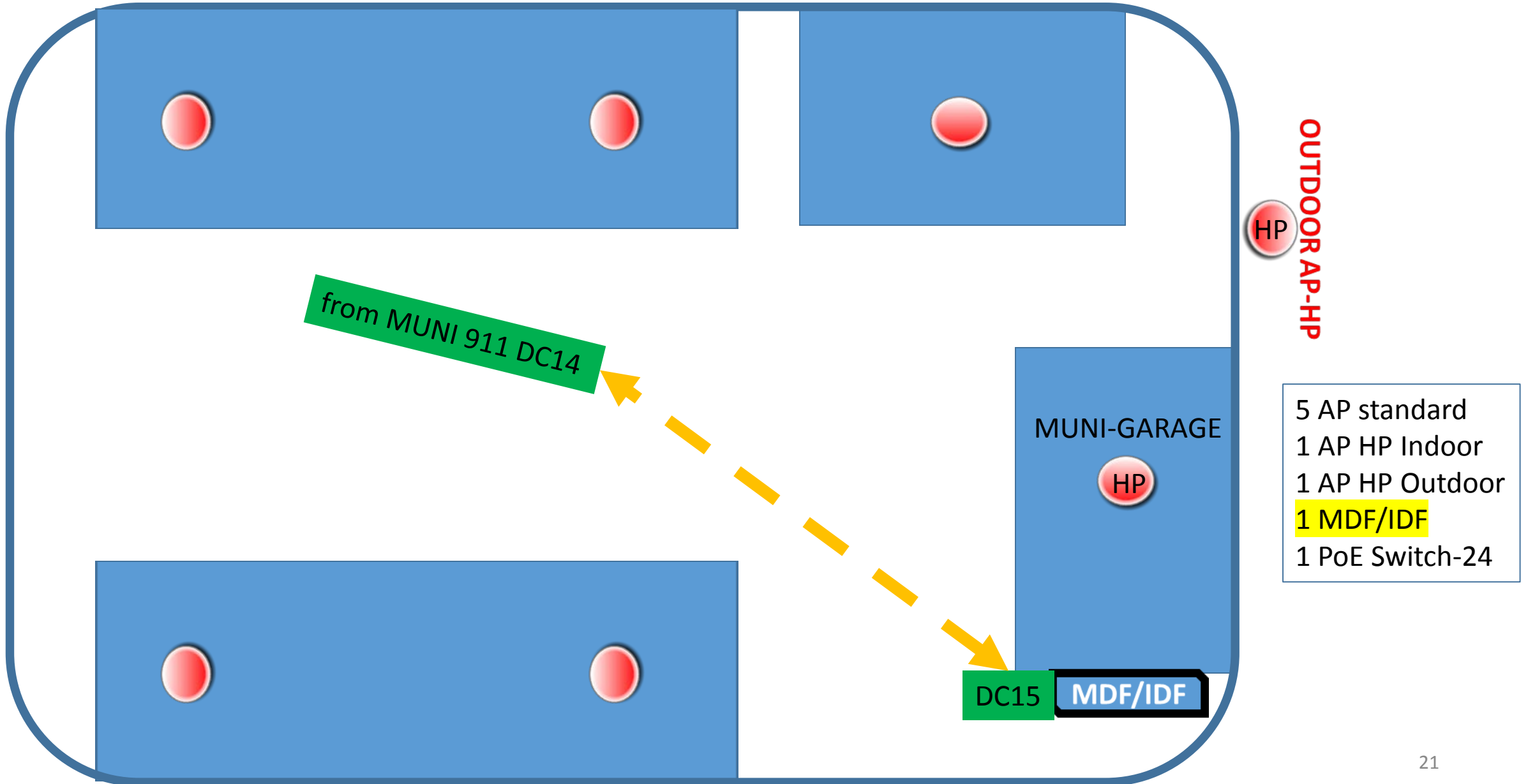


- 5 AP standard
- 1 MDF/IDF
- 1 PoE Switch-24

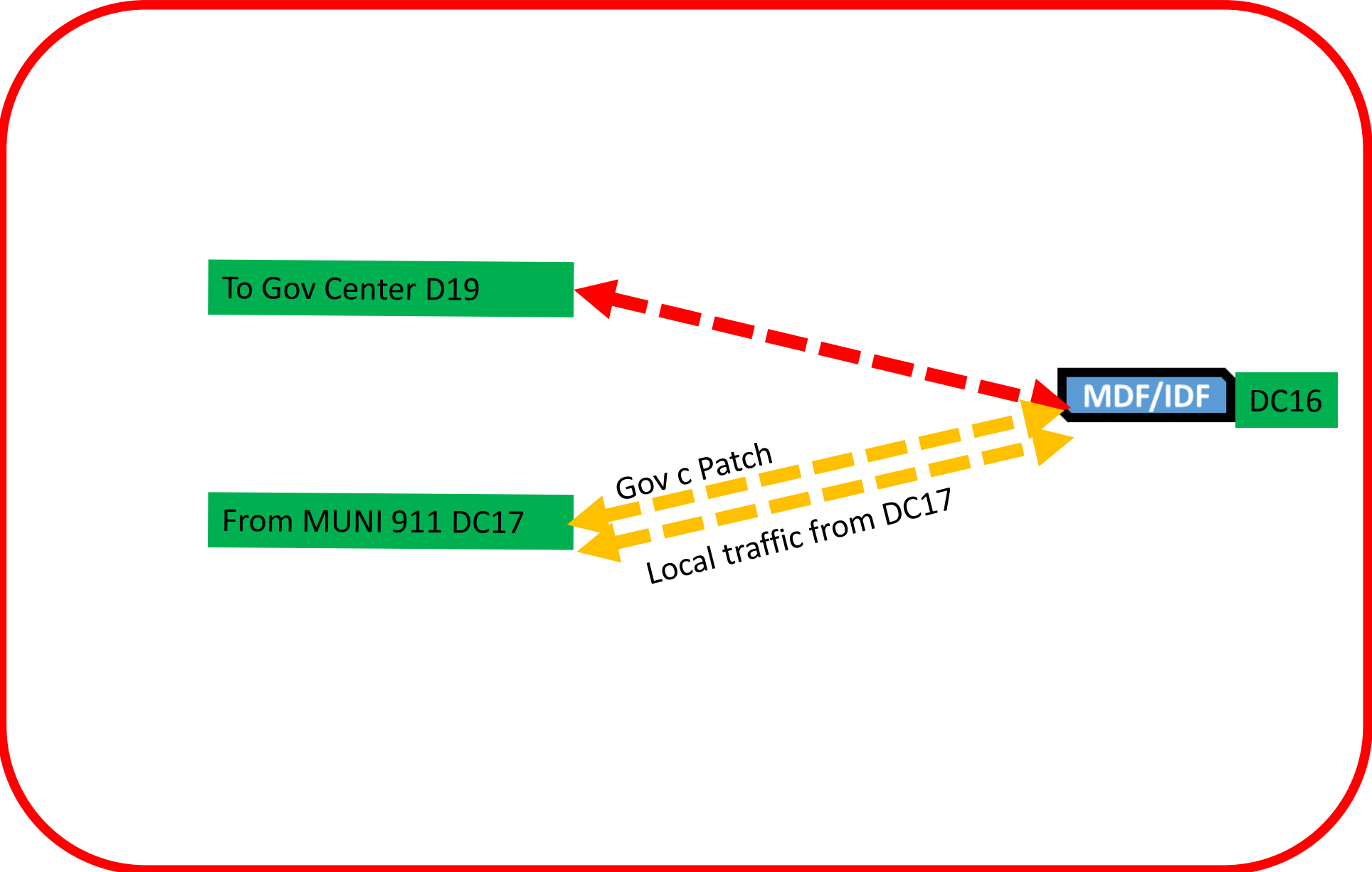
MUNI-911-OP – 155 Lexington St. – 2nd floor



MUNI-CPW – 155 Lexington St. – 1st floor



MUNI-FD – 155 Lexington St. – Basement Cage



- 1 MDF/IDF
- 1 PoE Switch-8

MUNI-FD – 155 Lexington St. – 1st floor



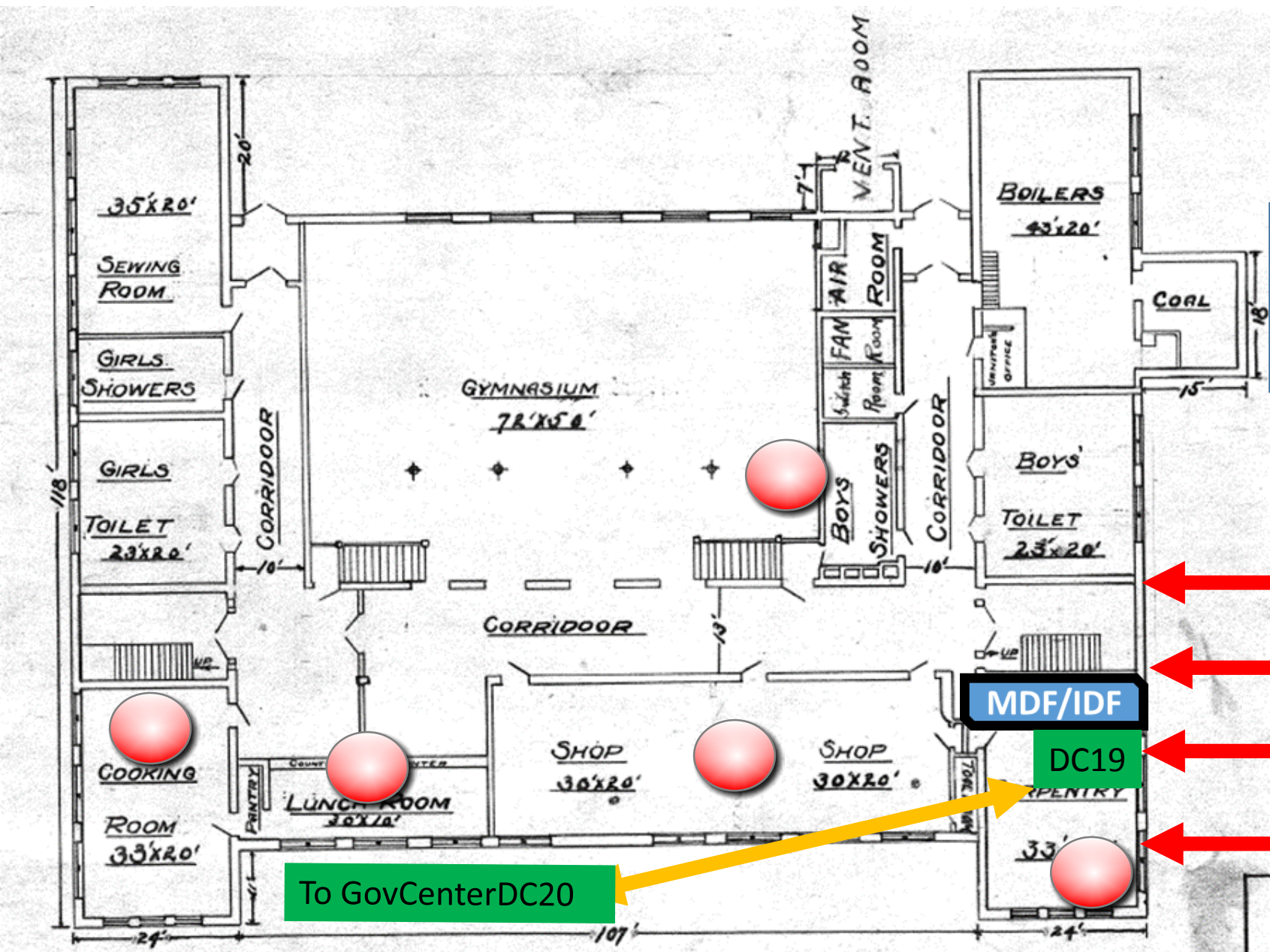
1 AP standard

MUNI-FD – 155 Lexington St. – 2nd floor



1 AP standard

GOVERNMENT CENTER BASEMENT FLOOR



- 5 AP standard
- 1 MDF/IDF
- 1 PoE Switch-24
- 2 Transceiver pair (DC16 and DC20 only)

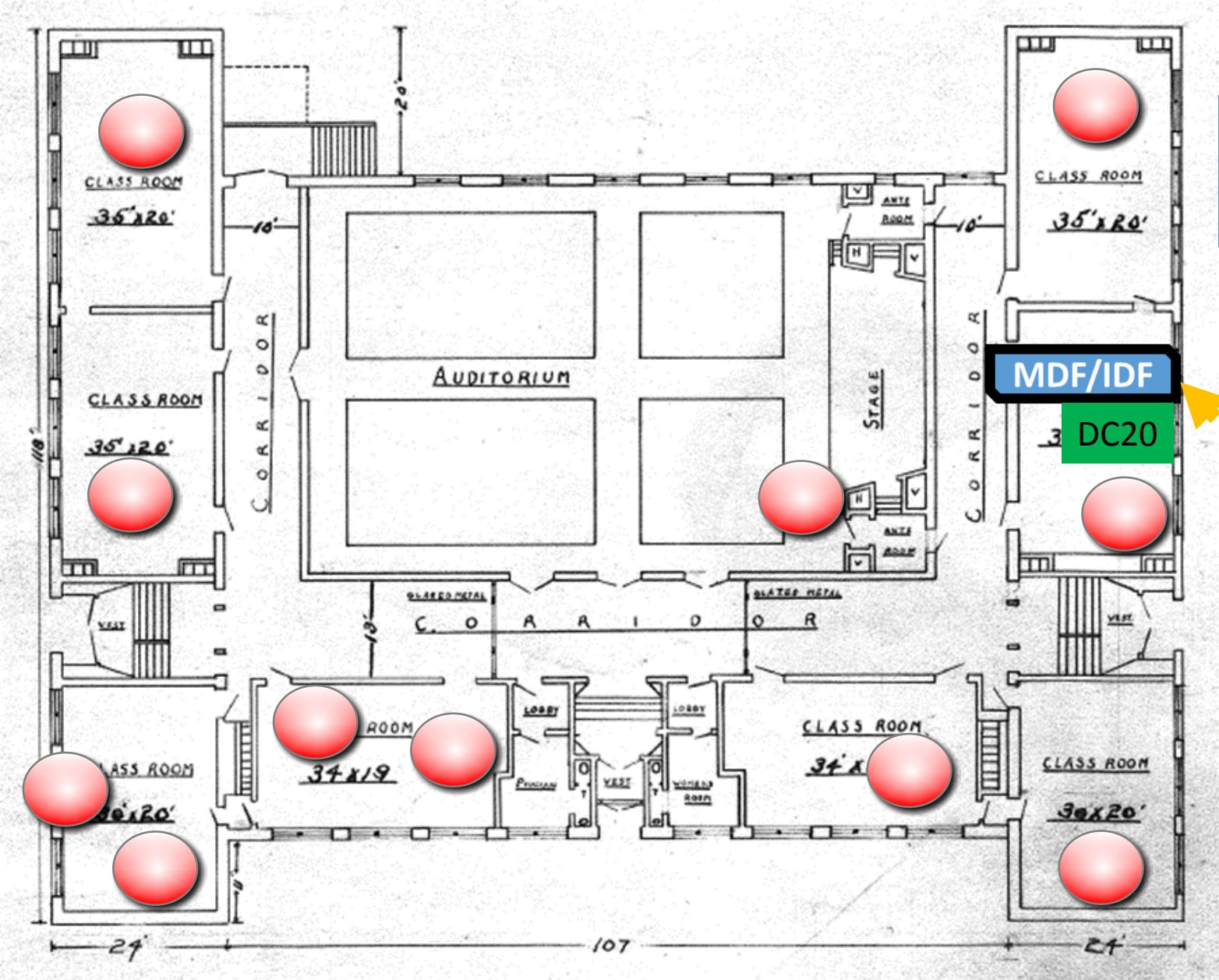
- To Museum DC2
- To Council on Aging DC6
- To Library DC10
- From MUNI-FD cage DC16

To GovCenterDC20

MDF/IDF

DC19

GOVERNMENT CENTER 1ST FLOOR



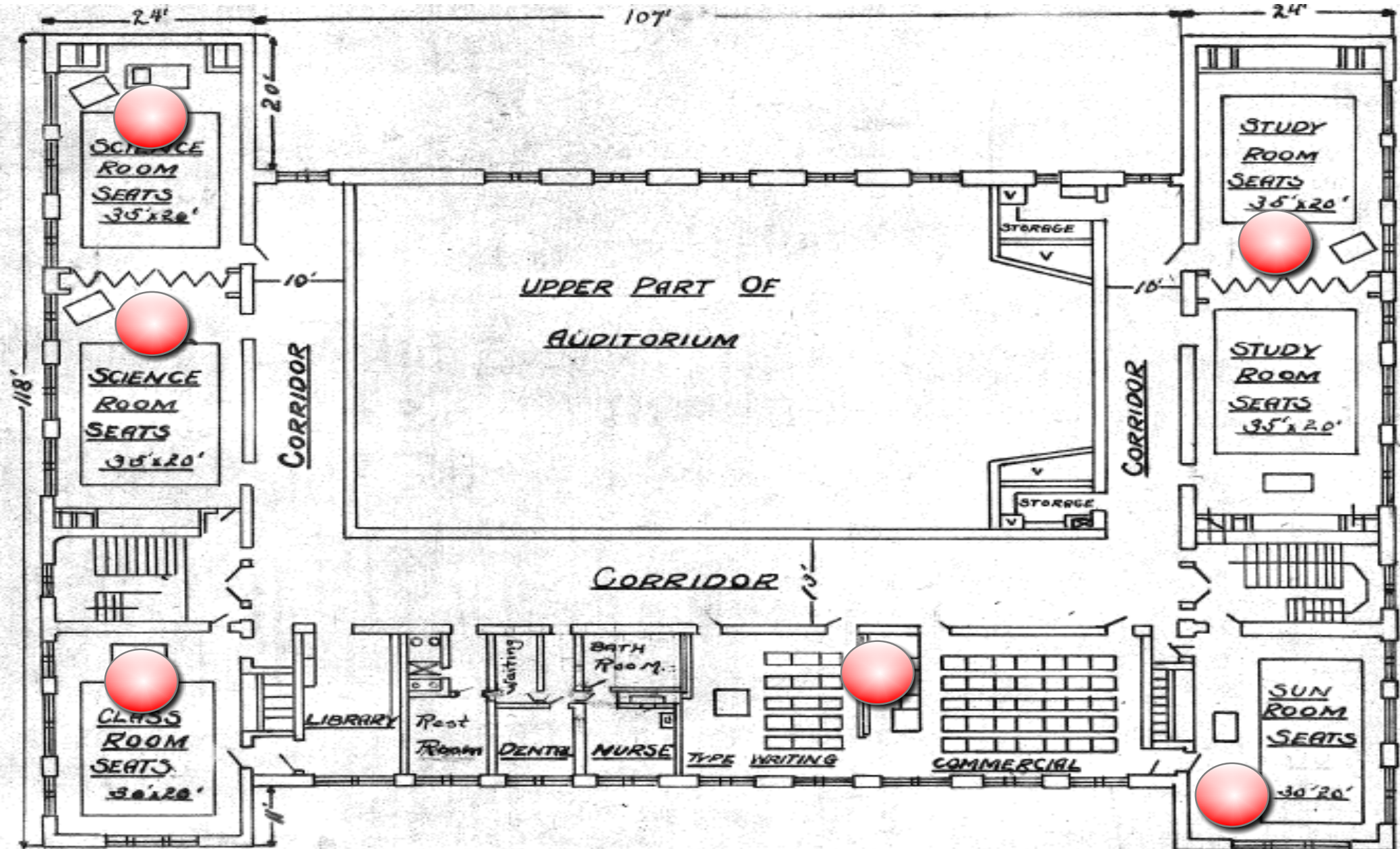
- 11 AP standard
- 1 MDF/IDF
- 1 PoE Switch-24

MDF/IDF

DC20

From Gov-Center DC19

GOVERNMENT CENTER 2ND FLOOR



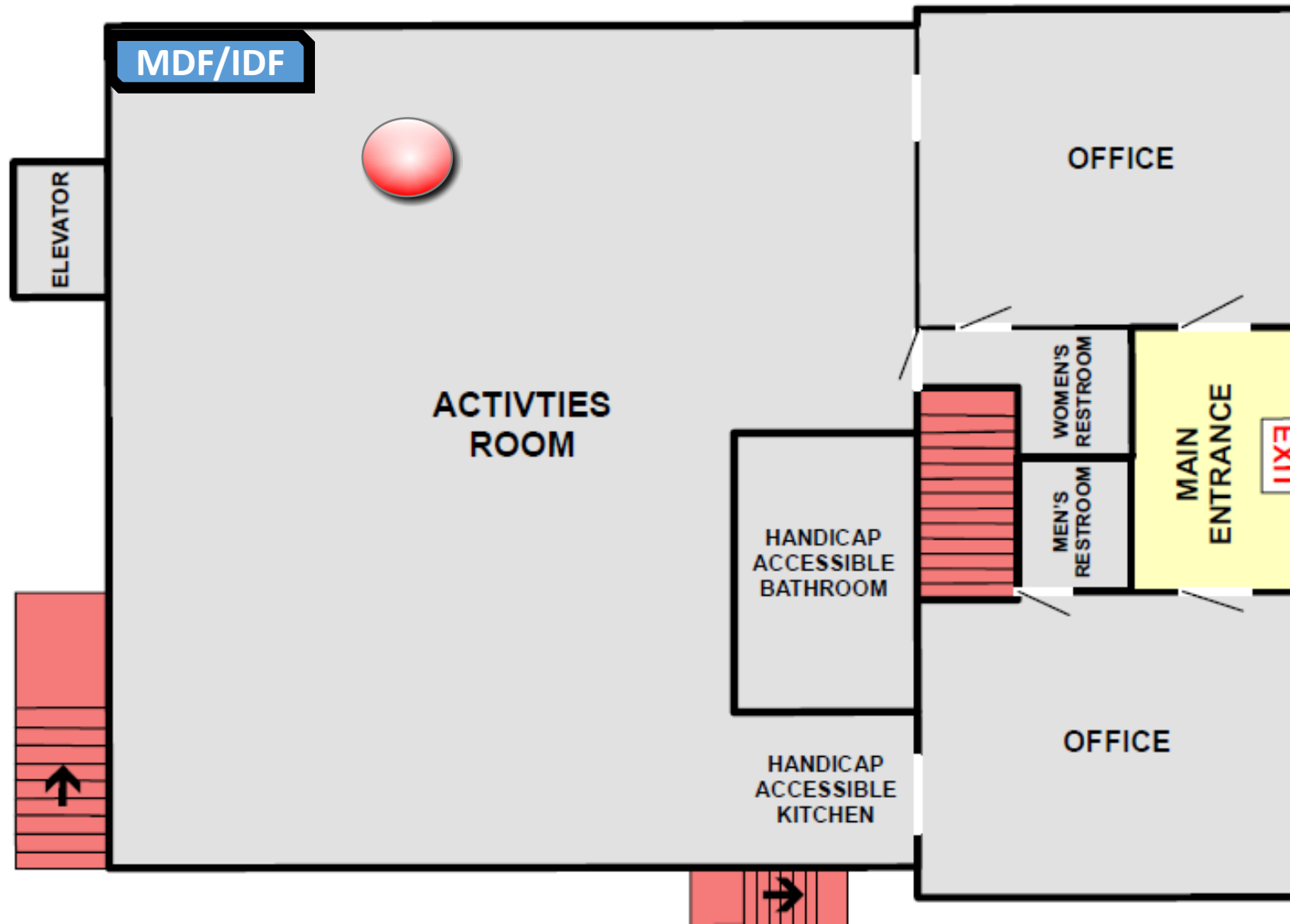
6 AP standard

Teen Center – 1st Floor

SATTELITE site similar to: (Engine X, Cemetery, Carter St, Paine.....)

14 CHURCH STREET

1st FLOOR



- 1 AP standard
- 1 MDF/IDF
- 1 POE injector
- 1 TZ300 SonicWall

DELETE AND REPLACE

ITEM #5

- **Building Location**
- **Equipment Distribution**
- **Price Sheet**

BUILDING LOCATIONS

SITES	ADDRESS	CONNECTION TYPE
Sites-1 (ITG)		
City Hall	610 Main St	Gateway Site
Government Center	119 School St	Fiber
Museum Building	21 Lexington St	Fiber
Community Center	510 Moody St	Gateway Site
Council On Aging	488 Main St	Fiber
Satellite offices (ITG)		
ICE Rink	295 Totten pond Rd	Gateway Site
Prospect Hill Park	314 Totten Pond Rd	Copper
Teen Center	14 Church St	Fiber
Engine 3	67 Willow St	Remote
Engine 4	35 Prospect St	Remote
Engine 7	104 Lake St	Remote
Engine 8	699 Trapelo Rd	Remote
Cemetery	203 Prospect St	Remote
Carter St Substation	11 Carter St	Fiber
Library	735 Main St	Fiber
Paine	100 Robert Treat Paine Dr	Fiber
Primary-Sites-2 (MUNI)		
MUNI-PD/911 Ops Center	155 Lexington St	Gateway Site
Management System	City-Wide	CLOUD management

Equipment Distribution

SITES	AP-Indoor	AP-Indoor-HP	AP-Outdoor-HP	CABLING	PoE SWITCH-24	PoE SWITCH-8	PoE Injector	FIBER RUNS	TRANSCEIVERS*	SonicWall TZ300P
Primary-Sites-1 (ITG)										
City Hall	18		2	20	1					1
Government Center	21			21	2			1	2	
Museum Building	10			10	2			1	2	
Community Center	10	1		11	1	1		1	1	1
Council On Aging	8			8	1				1	
Satellite offices (ITG)										
ICE Rink		1	5	6		2		1	1	1
Prospect Hill Park	2			2		1				1
Teen Center	1			AP-mounting			1			1
Engine 3	1			AP-mounting			1			1
Engine 4	1			AP-mounting			1			1
Engine 7	1			AP-mounting			1			1
Engine 8	1			AP-mounting			1			1
Cemetery	1			AP-mounting			1			1
Carter St Substation	1			AP-mounting			1			1
Library	3			3		2		1	2	
Paine Estate	4			AP-mounting		1				1
Primary-Sites-2 (MUNI)										
MUNI-PD/911 Ops Center	21	2	2	25	5	1		3	6	1
Management System										
	104	4	9	106	12	8	7	8	15	13

SITES COST SUMMARY FORM

	Sites	Equipment	Professional Services	Cabling	TOTAL
	Sites-1 (ITG)				
	City Hall				
	Government Center				
	Museum Building				
	Community Center				
	Council On Aging				
	Satellite offices (ITG)				
	ICE Rink				
	Prospect Hill Park				
	Teen Center				
	Engine 3				
	Engine 4				
	Engine 7				
	Engine 8				
	Cemetary				
	Carter St Substation				
	Library				
	Paine Estate				
	Sites-2 (MUNI)				
	MUNI-PD/911 Ops Center				
	Management System				
	TOTAL	\$ -	\$ -	\$ -	\$ -
				GRAND TOTAL	

In your price, provide breakdown of the annual cost for maintenance and support for year 2, 3, 4, and up to 5 years.