

Jefferson County Health Department



IFB 2026 - 02

Invitation for Bid:

**Fire and Security Alarm
System Upgrade**

**JCHD Arnold Satellite location
1818 Lonedell Road,
Arnold MO 63010**

INVITATION FOR BID:

The Jefferson County Health Department (JCHD) is soliciting sealed bids for proposals for the upgrade of its existing fire and security alarm system at its satellite facility at 1818 Lonedell Road, Arnold Mo 63010.

Bid Packets are available online at the Jefferson County Health Department website at www.jeffcohealth.org. Bid packets are also available Monday through Thursday between the hours of 8:00 a.m. and 5:30 p.m. at the Jefferson County Health Department, 1515 Peach Tree Plaza Ct, Hillsboro, MO 63050.

Sealed bids with proposals must be delivered to:

***Jefferson County Health Department, 1515 Peach Tree Plaza Ct.
Hillsboro Mo 63050 in a Sealed envelope marked "Fire and Security Alarm System Upgrade IFB 2026 - 02".***

Bid Package Available: between the hours of 8:00 a.m. and 5:30 p.m. Monday – Thursday.	From: June 1, 2026	To: July 29, 2026
Sealed Bids accepted between the hours of 8:00 a.m. – 5:30 p.m. Monday – Thursday.	From: June 1, 2026	To: July 29, 2026
Sealed Bids must be received no later than:	Time: 2:00 p.m. CST	On: July 29, 2026
Site can be viewed Monday – Thursday by appointment only: Contact Steve Crawford, (636) 797-3737,	By Appointment Only	By Appointment Only

Bids with proposals received after 2:00 p.m. CST, on July 29, 2026, will not be considered. Bids will be opened on July 30, 2026, at the JCHD Board Meeting.

SCOPE OF WORK

Failure to provide the details requested in this scope of work can result in the bid not being considered.

Scope of work includes:

- Provide, install and program One (1) Firelite Endurance 50 PT Addressable Fire Control Communicator
- Provide, install and program One (1) Napco Starlink Commercial Fire Radio Dual SIM for both Verizon and At&t Networks
 - Supplied with properly installed, sized, and number of back up batteries
- Compatible Mini Module for fire radio
- Compatible Addressable Photoelectric Smoke Detectors for LiteSpeed Protocol
 - Equivalent to number of smoke detectors currently within facility
 - Any required mounting, equipment or wiring necessary to properly install
 - If additional detectors are required - Justify
- Compatible Low profile Addressable Heat Detectors with low profile Fixed Thermal Sensor
 - Equivalent to number of heat detectors currently within facility
 - Any required mounting equipment or wiring necessary to properly install
 - If additional detectors are required - Justify
- Compatible Addressable Photoelectric Duct Smoke Detectors
 - Equivalent to the number of duct smoke detectors currently within facility
 - If additional detectors are required - Justify
- Compatible Addressable Relay modules
 - Equivalent to the number of relay modules currently within facility
 - If additional relay modules are required – Justify
- Compatible Addressable pull stations
 - Equivalent to the number of pull stations currently within the facility
 - If additional pull stations are required - Justify

- Provide, install and program One (1) Main Security Control Panel with DSC NEO 2064
 - Include one battery
 - Include one transformer
 - Must be programmable with a minimum of 70 users
- Replacement of three (3) keypads with keypads compatible with DSC NEO Panel
- Installation of one Alarm.com LTE wireless Communicator
 - Necessary power supplies
 - Necessary battery back ups
 - Necessary Transformers
 - Tie into existing Hardware devices such as burglar alarm panics, temperature monitoring or other supervisory alarm devices
 - Ensure proper operation
 - If existing devices need replacement
 - Justify
 - Provide cost
- Schedule work to coordinate with elevator maintenance personnel for access to devices restricted to elevator if required
- Schedule work to coordinate transfer to Jefferson County Health Departments existing alarm service provider to permit seamless transfer of system to current provider for monitoring and maintenance.
 - Seamless transfer of system to current provider is required before final payment is made.
- Schedule work to reduce impact on delivery of Jefferson County Health Department Services
- Miscellaneous equipment, materials, and parts needed for installation are to be provided by the winning bidder.
- Winning bidder to obtain all necessary city, county and state permits and inspections if applicable.
- Minimum of 5 - year warranty parts material and labor
- Prevailing wages are required.
- Unless approved by JCHD, the work must be completed, approved, and functional by **October 15, 2026**.
- Must pass regulatory authority inspections.
- Provide training regarding programming, use and maintenance
- Damage to building/facilities must be repaired.
- Cleanup of jobsite and removal of all debris generated during work is

required daily until work is complete.

Bids totaling over \$75,000:

- Not less than the prevailing hourly rate of wages, as set out in the wage order attached to and made part of the specification for work under the contract, shall be paid to all workers performing work under the contract.
- The contractor will forfeit a penalty to the contracting public body of \$100 per day (or portion of a day) for each worker that is paid less than the prevailing rate for any work done under the contract by the contractor or any subcontractor.
- The contractor and all subcontractors to the contract must require all on-site employees to complete the ten-hour construction safety training program required under section 292.675, RSMo, unless they have previously completed the program and have documentation of having done so.
- The contractor will forfeit a penalty to the contracting public body of \$2500 plus an additional \$100 for each employee employed by the contractor or subcontractor, for each calendar day, or portion thereof, such employee is employed without the required training.
- While work is being performed, the contractor will provide records to the contracting public body of proper payment of employee wages.
- A legible list of all prevailing wage rates must remain posted in a prominent and easily accessible place at the worksite by each contractor or subcontractor on the project the entire time that any worker is employed on the job.

Before the final payment can be made, the contractor and any subcontractor must file an Affidavit of Compliance form PW-4 with the contracting public body. The affidavit must state the party has fully complied with the Missouri Prevailing Wage Law and provide verification to the contracting public body that the correct wages were paid. No payment can be legally made by the public body to the contractor(s) until the affidavit is filed in proper form and order with the public body.

Special Equipment:

If necessary, the installer will need to provide any special equipment needed to conduct the installation.

Insurance:

Proof of liability insurance must be provided at the time of bid and maintained throughout completion of the project. Failure to provide proof of insurance as described in this IFB can result in the bid not being considered.

Liability insurance must provide the following minimum coverage:

- Comprehensive General Liability Bodily Injury 1,000,000 per claim 1,000,000 aggregate all claims
- Property Damage 1,000,000 per claim 1,000,000 aggregate all claims
- Worker's Compensation 500,000 per claim 500,000 aggregate all claims
- Professional Liability Insurance 500,000 per claim 500,000 aggregate all claims,

Lien Release:

Lien releases must be provided.

Compliance:

Compliance is required for all construction, JCHD agency security and public health provisions. If subcontractors are to be used, they must comply with the provisions of this bid and the scope of work. A listing of subcontractors must be provided with this bid.

GENERAL INFORMATION:

Jefferson County Health Department, JCHD, reserves the right to evaluate each bid to select the bid which, in the Department's sole judgment, best meets its requirements.

This request for bid creates no obligation on the part of the Department to award a contract or to compensate any applicant for any costs incurred during proposal presentation, response, submission, or oral interviews (if held). The Department reserves the right to award a contract based upon proposals received without further discussion or negotiation or to cancel, in part or in its entirety, this request for bid, if the Department determines that it would be in its best interests to do so. The JCHD reserves the right to accept or reject any or all bids, to waive variations, irregularities, or formalities in the bidding process, and to negotiate charges, additions, or deletions and to award the contract to the bidder that best meets its requirements.

The Jefferson County Health Department hereby notifies all bidders that it will affirmatively ensure that any contract entered pursuant to this advertisement. Minority business entities will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against based on race, color, or national origin in consideration of award.

If additional information is needed, contact Steve Crawford at 636-797-3737. Such contact shall be for

clarification purposes only.

Electronic or faxed proposals will not be accepted.

PAGE 8 and 9 OF THIS IFB MUST BE COMPLETED and RETURNED WITH BID:

PLEASE COMPLETE:
(The following information is required)

NAME OF DEALER: _____

SIGNATURE OF AGENT: _____

PRINT AGENT NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

1. PRICE FOR Fire and Security Alarm upgrade installation:
\$ _____

Estimated Date for delivery/installation of equipment:

REMARKS: _____

SUBCONTRACTOR LISTING:

1. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____

2. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____

3. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____

REFERENCES FOR COMPARABLE PREVIOUS INSTALLATION:

1. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____

2. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____

3. BUSINESS OR ENTITY NAME: _____
BUSINESS OR ENTITY ADDRESS: _____
BUSINESS OR ENTITY PHONE NUMBER: _____
DATE INSTALLED: _____