2017-2018 Ford Interceptor SUV (Unlessotherwise noted) & } Œ ^μuv Œ }μvšÇ ^Z Œ](([• K((]



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This proposation of any alteration of this document and the proposal of the proposation of any subsequent award, or any other legal remedies available to the Summary Board of Education.

Introduction

Summer Count@overnment or herein known asSumner County_is hereby requesting a propostal Items to Equip 2017/2018 Ford InterceptoSUV (inless otherwise noted) ricingto be utilized by the^ μ u v CE } μ v š Ç ^ Z CE] (([• 117 West Smith Street Gallatin, T3N7066In addition, all other Sumner County Government Departments and Agencies and the Sumner County Board of Educationary also purchase of many submitted proposal.

GeneralInformation

I. Proposal Package

All sealed proposal packages must include all of the following, when applice the applice proposals shall be

3. In addition for all vendors with annual purchases in excess of \$50,000 (if a business license is required), a business license must be on file in the finandepartment, or the requisitioner must submit a copy with the purchase order requisition form or the payment requisition form, as applicable.

II. Responses

Proposal must include point responses to the RFP.

Proposal must include a list of aexceptions to the requirements.

Proposal must include the legal name of the vendor and must be signed by a person or persons legally authorized to bind the vendor to a contract.

If applicable, proposal must include a copy of the contract(s) the vendos unimit to be signed.

Any and all proposal requirements must be met prior to submission.

The bidder understands and accepts the rappropriation of funds provision of the Sumner County Government.

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III. Clarification and Interpretation of RFP

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In the event that any interested vendor finds any part of the listed specifications, ter conditions to be discrepant, incomplete, or otherwise questionable in any respect, it shall be the responsibility of the concerned party to notifySumner Count, via email at

VI. Insurance Requirements and Liability

Each bidder or respondent to the RFP who may have employees, contractors, or agents woßkingnen Countyproperties shall provide copies of current certificates for genenal professional ability insurance and for workers' compensation of a minimuof \$250,000. The owner or principal of each respondent must also be insured by workers' compensation if they perform any of the service School System properties. There will be no exceptions the insurance requirement.

VII. Payment Terms

nounted to a flat screen.

Patriot, equivalent to or better

- 475-2010 Dual ZRT AR/870 to include unlock button
- 475-2015 Single ZRT to include unlock button

Setina Jotto Desk, equivalent to or better

- 10 S Front Screen with Bottom shield
- 12 VS Rear Screen
- PB400 Push Bumper
- 475-0978 Flat Partition with High Security visibility window
- 475-0998 Lower Kick Plate
- 475-1109 Back Partition with wire upper (cargo barrier)
- 475-1095 Pushbumper

StreamLight, equivalent to or better

75812DS LED Flashlight with DC Charger

Samlex, equivalent to or better

450 Power Inverter

Fenix, Whelen, Federal, equivalent to or better

- Fusion 180 degree, 6 LED warning lights, single color
- L brackets for above lights
- 3761 or 3765 Federal LED corner lights

inspection and approval*

- **Pricing good for 6 months**
- ***If item is plus frieght, please make a note of it.

SUMNER COUNTY BOARD OF EDUCATION Purchasing Office 1500Airport Road Gallatin, TN 37066

COMPANY NAME	
ADDRESS	
TELEPHONE	
EMAIL	
AUTHORIZED COMPANY REPRESENTATIVE	 SIGNATURE
AUTHORIZED COMPANY REPRESENTATIVE	 <u>PRIN</u> TED

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A CONTRACTOR

ATTACHMENT 1

STATEMENT OF NONOLLUSION

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of thisproposal **a** to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Company					
Address	<u></u>				
Phone					
_					
Fax					
Respondent (Signature)					
	9				
Responden(Print Namænd Title)					
Authorized CompanØfficial(PrintName					

ATTACHMENT 3

CERTIFICATION REGARDING DEBARMENT, SUSPENSION EARNEESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

- 1. Are not presently debarred, suspended, proposed for **defen**, declaredineligibleor voluntarily excluded from participation in transactions under federal none programs by any federal department or agency;
- 2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or defaultand
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or haid jadgment rendered against it
 - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contrader such a public transaction;
 - B. For the violation of federal or state antitrust statutes, includingse proscribing price fixingetween competitors, the allocation of customers between competitors, or bid rigging
 - C. For the commission of embezzlement, theft, forgery, briberly sification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Nameof Participant Agency

Nameand Title of Authorized Representative

Signature of Authorized Representative Date

_____ I am unable to certify to the above statement. Attached is my explanation

ATTACHMENA

CERTIFICATION BY CONTRACTOR

I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.

 Title
 Name
 Date
 Witness