



# PURCHASING DEPARTMENT

TWELVE EAST 4<sup>TH</sup> AVENUE, SUITE 106 • ROME, GEORGIA 30161

PHONE: 706.291.5118 • FAX: 706.290.6099 • [www.romefloyd.com](http://www.romefloyd.com)

Date: 25 February 2015

To: To Whom It May Concern

**Request for Quote:** RFQ: 15-0313 Jackhammer and Tamper Rammer

Floyd County is requesting quotes 2 Jackhammers and 2 Tamps per specifications list on the following pages. Award may be split between suppliers.

All quotes will be submitted on the attached quote sheet. Additional information may be submitted with quote. Quotes are to include all costs including shipping and delivery. Quotes submitted will be FOB Destination (Rome Ga. 30161).

Quotes are due no later than **2pm 13 March 2015**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)

Questions regarding this RFQ will be faxed 706 290-6099 or Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)

Quotes are to remain valid for a period of 30 days from the date of quote.

Typically award notification will be by email. Tabulations will be posted to the Floyd County Website and the Georgia Procurement Registry in approximately 24hrs after the due date/time.

## **Payment Options, Invoicing, and Terms and Conditions**

If payment is made by check, Floyd County will pay invoice(s) within 30 days of receipt of a valid invoice. Supplier may be required to send a current W-9 prior to have a Purchase Order issued. The Issued Purchase Order will serve to initiate the order when payment is going to be made by check. If payment is made by credit card this information will be provided at the time of order, however, the successful suppliers must agree that no charge will be run until such time as the products have shipped or the service has been provided. A paid receipt or paid invoice will be provided to the card bearer.

### **BOARD OF COMMISSIONERS**

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GARRY FRICKS, VICE-CHAIRMAN  
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### **ADMINISTRATION**

NANCY LAM, CPPB, CPPO, PURCHASING DIRECTOR  
EVERETT GRAY, CPPB, PURCHASING AGENT

**Floyd County RFQ 15-0313 (page 2)**  
**Jackhammer and Tamper Rammer**  
**Quote Due not later than 2pm 13 March 2015**

Floyd County is seeking quotes for 2 Pneumatic Jack hammers similar in design, operation and power to an Ingersol & Rand MX90. Complete every section below denoting specification of model bidding.

**Specifications: Pneumatic Jackhammer & Accessories (Quantity 2)**

**Make** \_\_\_\_\_

**Model** \_\_\_\_\_

**Year** \_\_\_\_\_

**Required Pressure:** 90 PSI \_\_\_\_\_

**Bushing:** Spring Loaded \_\_\_\_\_

**Weight:** Min. 90 lbs. \_\_\_\_\_

**Shank Size:** 1-1/8 x 6" \_\_\_\_\_

**Overall Length:** Min. 27 1/2" \_\_\_\_\_

**Air Inlet:** 3/4" \_\_\_\_\_

**Retainer Type:** Latch \_\_\_\_\_

**Handle Type:** T-grip \_\_\_\_\_

**Min. Hose Size:** 3/4" \_\_\_\_\_

**Bit:** Spade, Asphalt bit 6" \_\_\_\_\_

	Price per Unit	Extended Price
<b>Pricing</b>	_____	_____

**Days to Delivery (Calendar Days)** \_\_\_\_\_

Supplier Name \_\_\_\_\_

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Floyd County is seeking quotes for 2 Tamper Rammers similar in design, operation and power to an Misaka MT-65H or Wacker Neuson BS-60. Complete every section below denoting specification of model bidding.

**SPECIFICATIONS Tamper Rammer (Quantity 2)**

**Make** \_\_\_\_\_

**Model** \_\_\_\_\_

**Year** \_\_\_\_\_

**Engine:** 4 stroke (Gasoline) Air cooled \_\_\_\_\_

**Height:** Min. 30" Max 40" \_\_\_\_\_

**Plate Dimensions:** 11-1/16 x 13" \_\_\_\_\_

**Blows/Minute:** Min. 500 \_\_\_\_\_

**Tamping Area:** Min. 2,000 per hour \_\_\_\_\_

**Impact Force:** Min. 2,000 lbs./blow \_\_\_\_\_

**Operating Weight:** Min. 125 \_\_\_\_\_

**Engine Starting Method:** Recoil \_\_\_\_\_

**Anti-Vibration Handle:** Yes \_\_\_\_\_

**Package Depth:** 39" \_\_\_\_\_

	Price per Unit	Extended Price
<b>Pricing</b>	_____	_____

**Days to Delivery (Calendar Days)** \_\_\_\_\_

Supplier Name \_\_\_\_\_

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**Supplier Information Page**

Contact Person: \_\_\_\_\_ (Print or Type Name)

Telephone Number(s): \_P\_\_\_\_\_ F\_\_\_\_\_ C\_\_\_\_\_

Email Address \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Specify Preferred Payment Method**

\_\_\_\_\_ **Check** - Paid within 30 days of invoice - Supplier is requested to provide current W-9

\_\_\_\_\_ **Credit Card** – Will be provided at shipment with no transaction fee)