



FLOYD COUNTY, GEORGIA

PURCHASING OFFICE

NANCY LAM
PURCHASING DIRECTOR
706 291-5109

EVERETT GRAY
PURCHASING AGENT
706 291-5118

Fax 706 290-6099

To: Emergency vehicle up-fitters for lights, sirens....

From: Nancy Lam

Date: April 3, 2014

Subj: Floyd County Police Vehicles
Lights, sirens, and misc. equipment for 2014 Dodge Charger

Floyd County is requesting quotes for lights and misc. equipment for six (6) 2014 Dodge Charger Pursuit Vehicles. Pricing is to include installation on vehicles.

SUBSTITUTIONS AND/OR ALTERNATES ARE TO BE CLEARLY STATED AND LITERATURE PROVIDE.

Equipment is to be installed at vendor's location or by other pre-approved arrangement. All pricing is to be on attached forms. Vendor completion time may be considered in the award, and vendor will be held to this time frame. All forms are to be completed and returned with bid.

Direct all questions to lamn@floydcountyga.org

Please return written quotes no later than **April 14, 2014@ 10:00AM.**

Quotes accepted by; Email - lamn@floydcountyga.org

Mail – Floyd County Purchasing Dept, Suite 106, 12E 4th Ave, Rome Ga. 30161

Fax – 706 290-6099

Hand delivered to this office.

FLOYD COUNTY POLICE
RFQ Quote Page
Pursuit Vehicle Lighting and Equipment
RFQ 14-0402
Quotes Due April 2, 2014 @ 10:00AM

Company _____ Ph _____

Contact _____ Fax _____

Company Address _____

City _____ State _____ Zip _____

Email _____

- Vendor will pick up and return vehicles to Floyd County Public Works in Rome, Ga. _____
- Installation may be performed onsite by arrangement with Floyd County _____
- Calendar days to complete after receipt of order _____ days
- Does your company accept Credit Cards for payment _____

Authorized Signature: _____ **Date:** _____

(4) FLOYD COUNTY POLICE 2014 Dodge Chargers Marked Package						
Qty.		Model #	Description	Make & Model quoted if different from description listed	Unit Price	Amount
1	Lights	Torrent 49B	Brooking Torrent LED light bar all blue w/take downs, alley and directional (or equivalent Whelen)			
1		Whelen 295SLSA6	siren w/light controller (or equivalent)			
1		SA315P	100 watt speaker w/ mounting bracket (or equivalent)			
1	Roll cage partition	RP	Setina Recessed Panel w/lower extensions and center slide window (or equivalent)			
1	Push Bumper	PB450L w/PB6 wrap	PB450 L w/blue lights and PB6 wrap			
1	Console	425-6636	Jotto Desk Console w/ cup holders and arm rests (or equivalent Havis)Face plates to be supplied for Harris Radio, Mobile Vision Camera and above siren controller			
1	LABOR		Installation of Above Charger Equipment			
1	SHOP PARTS		Wire, Loom, Silicone, Screws, Bolts, Connectors, Etc			
			TOTAL PRICE PER VEHICLE - TO INCLUDE ALL MATERIAL, LABOR, SUPPLIES AND SHIPPING CHARGES	\$		
		VENDOR NAME _____				
		CONTACT PERSON _____				

(2) FLOYD COUNTY POLICE 2014 Dodge Chargers Umarked Package						
Qty.		Model #	Description	Make & Model quoted if different from description listed	Unit Price	Amount
2	Lights	Brooking	TDXL6(or equilavent) for Rear Deck with mounting hardware			
1	Lights	Brooking	TDSE4 (or equivalent) for dash			
2	Lights	Brooking	MS3BH(or equivalent) for rear door side windows with mounting hardware			
2	Lights	Brooking	MS3BS(or equivalent) for Front Grill with mounting hardware			
1		Whelen 295SLSA6	siren w/light controller (or equivalent)			
1		SA315P	100 watt speaker w/ mounting bracket (or equivalent)			
1	Console	425-6636	Jotto Desk Console w/ cup holders and arm rests (or equivalent Havis)Face plates to be supplied for Harris Radio, Mobile Vision Camera and above siren controller			
1	LABOR		Installation of Above Charger Equipment			
1	SHOP PARTS		Wire, Loom, Silicone, Screws, Bolts, Connectors, Etc			
			TOTAL PRICE PER VEHICLE - TO INCLUDE ALL MATERIAL, LABOR, SUPPLIES AND SHIPPING CHARGES	\$		
		VENDOR NAME _____				
		CONTACT PERSON _____				

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Floyd County Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Address of Contractor

Name of Project

FLOYD COUNTY GEORGIA
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____ in 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

(Notary Seal or Stamp Required)

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt or suite no)	Requester's name and address (optional)
City, state, and ZIP code	Floyd County Board of Commissioners P.O. Box 946 Rome, GA 30161
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 Line 1 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	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

FLOYD COUNTY BOARD OF COMMISSIONERS
PURCHASING DEPARTMENT
12 EAST 4TH AVE. SUITE 106
ROME, GA 30161

(706) 291-5118

FAX (706) 290-6099

BIDDERS INFORMATION

Date of Bid: _____

Bid Name: _____

The undersigned agrees, if this bid is accepted within Sixty (60) calendar days after date of opening, to furnish all supplies and/or services in strict accordance with provisions of this Invitation for Bid at the price in the **BID SCHEDULE**

Time Discounts Discounts allowed for prompt payment as follows Discounts of less than Fifteen (15) days will not be used in determining the award of a bid but may be used when paying invoices

_____ % Discount _____ Calendar Days net _____ (discounts will apply if Procurement Card is accepted)

Procurement Card: Will you accept the VISA Procurement Card for this order? _____

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud I understand that collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and Civil Damage Awards I agree to abide by all Conditions of this bid and certify that I am authorized to sign this bid for the bidder.

This _____ Day of _____, 201____

Prices to remain firm for Sixty (60) calendar days or _____ calendar days after date of opening Vendor MUST initial here _____

Bidder Information
(Type or Print)

Name and Mailing Address
of where to send payments

Name of Company

Name of Company

Address

Address

City, State Zip Code

City, State Zip Code

(_____) _____
Phone Number

(_____) _____
Phone Number

(_____) _____
Fax Number

Federal ID #

Email _____

Name and Title of Person
authorized to Sign

Name

Title

Signature