



# 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: 17 August 2015

To: To Whom It May Concern

## **Request for Quote: 15-0824 Body Armor**

Floyd County is requesting quotes for Body Armor. Quotes will be valid for the remainder of 2015.

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).

**Because this is a service and the value is expected to be \$2500.00 or more suppliers will submit a completed E-Verify form attached.**

Quotes are due no later than **2pm, 24 Aug 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)  
Quotes are to remain valid for a period of 30 days from the date of quote.

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

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. Floyd County is Tax Exempt.**

#### **BOARD OF COMMISSIONERS**

LARRY MAXEY, CHAIRMAN  
GARRY FRICKS, VICE-CHAIRMAN  
IRWIN BAGWELL  
RHONDA S. WALLACE  
SCOTTY HANCOCK

#### **ADMINISTRATION**

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

**Floyd County Georgia**  
**RFQ 15-0824 Body Armor**  
**Quote Due not later than 2pm 24 August 2015**

**REQUIREMENTS:**

Floyd County Police Department has a current requirement for 15 (fifteen) Bullet Proof vests (BPV). The initial order will be for following Qty's/Sizes: 8(eight) Standard, 4(four) 2X, 3(three) 3X+.

- Each vest will include 2(two) carriers.
- Additional vests with 2 carriers each will be ordered on an as needed basis through 2015.

**SPECIFICATIONS:**

Vests must meet or exceed **NIJ 0101.06 Type II Classification**: The following 3 vests have been found to meet these specifications and are used for reference only:

- **Point Blank SE Body Armor Threat Level II NIJ Number CII**
- **ABA XT02 Level II Vest, item #ABA-BA-2000S-XT02**
- **KLX-2, Style CES 4**

NOTE: Alternate vests will accept provided they meet or exceed the classification above

**FITTINGS:**

- All Police Officers will be measured for fit.
- A qualified company representative will perform the measurement
- All fittings will be done at the Floyd County Law Enforcement Center (LEC)
- Address: 5 Government Plaza, Rome Ga 30161.
- Contact will be Captain Greg Dobbins 706 314-0727 Email [dobbinsg@floudcountyga.org](mailto:dobbinsg@floudcountyga.org)

**SIZES:**

Suppliers will provide pricing for all sizes should there be a price difference

**Floyd County Georgia  
RFQ 15-0824 Body Armor  
Quote Due not later than 2pm 24 August 2015**

**QUOTE PAGE**

**We the undersigned, agree to fit and furnish BPV's in accordance the specifications, terms and conditions issued for the same.**

<b>Sizes and Models (Includes Fitting)</b>	<b>Vest Price (Each)</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Notice to perform the fitting \_\_\_\_\_ Calendar days**

**Fitting to Delivery \_\_\_\_\_ Calendar Days**

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)

**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

BULLET PROOF VESTS (FCPD)  
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)