



PURCHASING DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 106 • ROME, GEORGIA 30161

PHONE: 706.291.5118 • FAX: 706.290.6099 • www.romefloyd.com

Date: 29 Jan 2016

To: To Whom It May Concern

Request for Quote: 16-0212 E-911 Office Chairs

Floyd County is requesting quotes for Office Chairs. Supplier will assemble and install chairs at the Floyd County 911 Center located at 5 Government Plaza, Rome Ga. 30161

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, delivery and installation. Quotes submitted will be FOB Destination (Rome Ga. 30161).

Submissions must include a completed E-Verify Form (Contract Affidavit and Agreement). This form is provided in this RFQ. Companies that do not provide this will not be considered.

Quotes are due no later than **2pm, 12 Feb 2016**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: 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

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 supplier 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. A Tax Exemption Certificate is available upon request.

BOARD OF COMMISSIONERS

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EVERETT GRAY, CPPB, PURCHASING AGENT

Floyd County Georgia
RFQ 16-0212 - E-911 Office Chairs
Quote Due not later than 2pm 12 Feb 2016

QUOTE PAGE and SPECIFICATIONS
Alternates are not allowed

QTY	Description	Unit Price	Extended Price
6	Office Master OM-5 gray frame/white poly back, UPHCFT – e xtra seat foam, RP65 arm, fabric GR4, rocket-sage 4508	_____	_____
2	Seating Inc. – Pearl II, 550 series, with extra wide seat; Item #PE510-Q51XWTH, fabric, green	_____	_____
4	Maxwell Big & Tall 24/7 Chair – multi-function w slide, height and width adjust arms, tall back and deep seat, model # MX-88IU-KR300 – Grade 2 fabric – Black	_____	_____
		Total Installed Price	_____

Delivery and Installation from ARO _____ Calendar Days

We the undersigned, agree to furnish, assemble and install Office Chairs in accordance with the specifications, terms and conditions issued for the same.

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 W-9 Tax Form

_____ **Credit Card** – Will be provided at shipment - no transaction fees are allowed

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

Floyd County Ga E-911 Office Chairs

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)