



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: March 14, 2014
Subj: Sheriff Vehicles
Lights, sirens, and misc. equipment for 2014 Dodge Charger
And 2014 Ford Expeditions

Floyd County is requesting quotes for lights and misc. equipment for Three (3) 2014 Dodge Charger Pursuit Vehicles and Three (3) 2014 Ford Expeditions 4X4. 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 **March 21, 2014@ 2:00PM.**

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.

**(1) SHERIFF OFFICE
2014 FORD EXPEDITION Undercover Package**

Qty.	Model #	Description	Make & Model quoted if different from description listed	Unit Price	Amount
1	EPL8000WS	Sound Off Signal Full Front Windshield All Blue Custom Fit Light Bar			
2	ST6-B	Brooking Ultra Slim 6 Diode Surface Lights Mounted in Grille (Blue)			
2	ST6-LB	Brooking L Bracket For ST6 Surface Mount Grille Light			
2	ENFSWP2B	Soundoff Single Nforce Light Blue Mounted on Rear Deck			
2	ENFSWP2B	Soundoff Single Nforce Light Blue Mounted on Side Cargo Windows			
1	3892L6S	Code 3 MasterCom Siren & Light Controller w/ AUX buttons			
1	C3100U	Code 3100w Siren Speaker w/ Universal Bracket			
2	HAL06A-B	Brooking Corner 6 LED Kits (Pair) Blue Mounted in Headlights & Reverse Lights			
1	425-6206	Jotto Desk Expedition 03+ (28" FLP Front/Rear legs included)			
2	425-6012	Jotto Desk Large Universal Console (15" FP)			
1	425-3704	Jotto Desk Dual ABS Cup Holder			
1	425-6260	Jotto Desk Arm Rest - Upper Structure (7.75" x 8" x 8")			
3	425-2273	Jotto Desk 12V Lighter Replacement			
1	425-6368	Jotto Desk XG-25 Face Plate (Or Other)			
1	425-6103	Jotto Desk MasterCom (Square Buttons)			
1	425-6054	Jotto Desk 2" - Three 7/8" Hole Power Mounting Plate			
1	LABOR	Installation of Above Expedition Equipment			
1	SHOP PARTS	Wire, Loom, Silicone, Screws, Bolts, Connectors, Etc			
TOTAL PRICE - TO INCLUDE ALL MATERIAL, LABOR, SUPPLIES AND SHIPPING CHARGES			\$		
VENDOR NAME _____					
CONTACT PERSON _____					

**(2) SHERIFF OFFICE
2014 FORD EXPEDITIONS Marked Package**

Qty.	Model #	Description	Make & Model quoted if different from description listed	Unit Price	Amount
1	TORRENT54-B	Brooking (Torrent) LED Light Bar All Blue w/ TD & Alley LED's w/ Dodge Charger Strap Kits			
1		Setina Lighted Push Bumper			
2	ST6-B	Brooking Ultra Slim 6 Diode Surface Lights Mounted in Grille (Blue)			
2	ST6-LB	Brooking L Bracket For ST6 Surface Mount Grille Light			
2	ENFSWP2B	Soundoff Signal Nforce Light Blue Mounted on Rear Deck			
1	3892L6S	Code 3 MasterCom Siren & Light Controller w/ AUX buttons			
1	C3100U	Code 3 100w Siren Speaker w/ Universal Bracket			
2	HAL06A-B	Brooking Corner 6 LED Kits (Pair) Blue Mounted in Headlights & Reverse Lights			
1	425-6206	Jotto Desk Expedition 03+ (28" FLP Front/Rear legs included)			
1	425-6012	Jotto Desk Large Universal Console (15" FP)			
1	425-3704	Jotto Desk Dual ABS Cup Holder			
1	425-6260	Jotto Desk Arm Rest - Upper Structure (7.75" x 8" x 8")			
3	425-2273	Jotto Desk 12V Lighter Replacement			
1	425-6368	Jotto Desk XG-25 Face Plate (Or Other)			
1	425-6103	Jotto Desk MasterCom (Square Buttons)			
1	425-6054	Jotto Desk 2" - Three 7/8" Hole Power Mounting Plate			
1	LABOR	Installation of Above Expedition 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 _____					

**(3) SHERIFF OFFICE
2014 Dodge Chargers Marked Package**

Qty.	Model #	Description	Make & Model quoted if different from description listed	Unit Price	Amount
1	TORRENT49-B	Brooking (Torrent) LED Light Bar All Blue w/ TD & Alley LED's w/ Dodge Charger Strap Kits			
2	ST6-B	Brooking Ultra Slim 6 Diode Surface Lights Mounted in Grille (Blue)			
2	ST6-LB	Brooking L Bracket For ST6 Surface Mount Grille Light			
2	ENFSWP2B	Soundoff Single Nforce Light Blue Mounted on Rear Deck			
1	PB450-L2	Setina Lighted Push Bumper			
1	PB-8	Setina Wrap			
1	P5604C11A, SP56C11FW	Roll Cage and Partition with kick plate			
1	W856NPC11, 2TIR3W/BRKT	Rear Window Guards			
1	ENFDWP2BB	Soundoff Dual Nforce Light Blue Mounted Above Rear View Mirror			
1	425-6175	Jotto Desk Charger 12+ CC/CD Console (10" FP)			
1	425-6384	Jotto Desk Charger 12+ CC/CD Accessory Adapter Plate			
1	425-3704	Jotto Desk Dual ABS Cup Holder			
1	425-6260	Jotto Desk Arm Rest - Upper Structure (7.75" x 8" x 8")			
3	425-2273	Jotto Desk 12V Lighter Replacement			
1	425-6368	Jotto Desk XG-25 Face Plate (Or Other)			
1	425-6103	Jotto Desk MasterCom (Square Buttons)			
1	425-6054	Jotto Desk 2" - Three 7/8" Hole Power Mounting Plate			
1	3892L6S	Code 3 MasterCom Siren & Light Controller w/ AUX buttons			
1	C3100CH11	Code 3 100w Speaker w/2011-2013 Charger Bracket & Grill light extension bracket			
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 _____					

FLOYD COUNTY SHERIFF
RFQ Quote Page
Pursuit Vehicle Lighting and Equipment
RFQ 14-0321
Quotes Due March 21, 2014 @ 2:00PM

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: _____

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 Numer

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