



Public Works Department

WAREHOUSE

337 BLACKS BLUFF RD • ROME, GEORGIA 30161
PHONE: 706.236.2488 • FAX: 706.291.5283 • www.romefloyd.com

Date: 28 August 2017

To: Who It May Concern

Request for Quote: 17-0905 SHOP EQUIPMENT

Floyd County is requesting quotes for miscellaneous shop equipment and tools as identified in the specification on quote pages herein.

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 5 September 2017**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 291-5283 – Email: graye@floydcountyga.org
Quotes are to remain valid for a period of 30 days from the date of quote.

Questions regarding this RFQ can be faxed 706 291-5283 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.

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VICKI HAMILTON, *FUEL CLERK*, 706 236-2484

SHOP EQUIPMENT
RFQ # 17-0905
2pm 5 September 2017

Suppliers may quote individual items and do not have to quote all items. Award may be to multiple suppliers depending on pricing and budget constraints. The specifications below are meant to provide the level of quality, capacity and operation for our needs. If you quote an alternative item, that is not the exact specification below then provide additional documentation denoting it meets the minimum requirement. I. E. Brochure, pictures, and specification of Make and Model quoting.

SPECIFICATIONS

Qty	Description	Unit Price	Extended Price
2	42" Shop Fan, Belt Drive 13,300 CFM	_____	_____

Delivery from ARO_____Calendar days

Qty	Description	Unit Price	Extended Price
1	Welder, Bobcat 224 w/GFCI #907-498	_____	_____
70ft	1/0 Cable Weld #CABLE10S	_____	_____
1	Tweco Style Ground Clamp #GCT200AMP	_____	_____
1	Electrode Holder 200AMP	_____	_____

Delivery from ARO_____Calendar days

Qty	Description	Unit Price	Extended Price
2	20V Cordless Driver & Drill Kit #DCK277C2_____	_____	_____
1	3/4" Drive Impact Ingersoll Rand #2145QI Max_____	_____	_____

Delivery from ARO_____Calendar days

Qty	Description	Unit Price	Extended Price
1	A/C Recovery/Recharge Robinair Model 34788NI Fully automatic function that include recovery, vacuum, leak test and charge without manual operation. Automatic oil injection, Visual and audible alarms when service is complete. Vacuum Leak Test, Automatic Air Purge. Refrigerant management system that displays refrigerant use and monitor filter life. Meets all SAE Certifications. 1.5 CFM Dual Stage Vacuum Pump. 3/8 HP or larger pressure protected oiled compressor	_____	_____

Delivery from ARO_____Calendar days

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<u>Qty</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extended Price</u>
2	3 1/2 Ton Floor Jacks, 4"-19" lift American Forge Model 350SS	_____	_____
1	22 Ton Air/Hydraulic Jack American Forge Model 565	_____	_____

Delivery from ARO_____Calendar days

<u>Qty</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extended Price</u>
1	OTC 6539 Ball Joint Service Set	_____	_____

Delivery from ARO_____Calendar days

We the undersigned, agree to furnish shop equipment in accordance with the specifications, terms and conditions issued for the same.

Contact Person: _____

Telephone Number(s): _____

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.