



**Marshall County Government**  
**Bid Form**

**Item: New Emergency Medical Vehicle – Type III, Gasoline,  
160” x 94” Module**

**Department: Ambulance Service**

Tuesday, August 3, 2021

2:00 PM Local Prevailing Time

**1. The undersigned BIDDER proposes and agrees, if this bid is accepted and successful, to enter into an agreement with Marshall County, Tennessee to perform and/or furnish the goods and/or services at the prices indicated below in accordance with the terms and conditions detailed in the Invitation to Bid.**

2. This bid is genuine and not made in the interest or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other bidder or over Marshall County, Tennessee.

3. *Title VI of the Civil Rights Act of 1964.* All interested parties, without regard to race, color or national origin, shall be afforded the opportunity to bid and shall receive equal consideration. Please assist us with our compliance efforts by completing the optional statistical information requested below.

Item	Item Price	Comments (if any)
Emergency Medical Vehicle, Type III, Gas, 160” x 94” Module		
Delivery Cost		
Warranty		
Estimated Delivery Date		

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Submitted On \_\_\_\_\_

Optional Title VI Information for Bidder:			
<b>Sex:</b>	Male _____	Female _____	Other _____
<b>Race:</b>	White Non-Hispanic _____	Hispanic _____	Black Non-Hispanic _____
	Asian _____	American Indian _____	Other _____