

#1 Submit your Quote on attached Requisition (Details Pages 2 and 3)

Questions should be submitted to the contact on the attached tgs wkukq.

#2 Please....

1) Complete SAM form (Page 4) and

2) SIGN EXHIBITS A, B & C (Pages 5, 6 & 7)

Forms can be completed and signed electronically or by hand.

Suzanne Ulloa

Purchasing & Grants Coordinator

Okaloosa County

Purchasing Department

5479A Old Bethel Road

Crestview, FL 32536

Phone: (850) 689-5960

Email: sulloa@myokaloosa.com



Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure

REQUISITION

VENDOR NOTE: 1. This form DOES NOT constitute an order.
2. Please quote unit and extended price.
3. Indicate availability.
4. Print or stamp company name, address and phone number on each page.

PAGE 1
REQUISITION 2400217

REQUESTED 01/03/24	REQUIRED 02/15/24	APPROVAL ENGINEERING	ENG	BUYER SUZANNE ULLOA
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SHIP TO RD-N VENDOR
OKALOOSA COUNTY ROAD DEPARTMEN
1759-A S FERDON BLVD
CRESTVIEW FL 32539
ATTN: MICHAEL MANLEY/ ROBERT HALSELL

WORK ORDER: 1034 FREIGHT
PROJECT NAME: FOY SHAW POND B DESTINATION

***Contact Name: Ben Brethauer
Contact Number: 850-423-4872

*** No Friday Deliveries ***

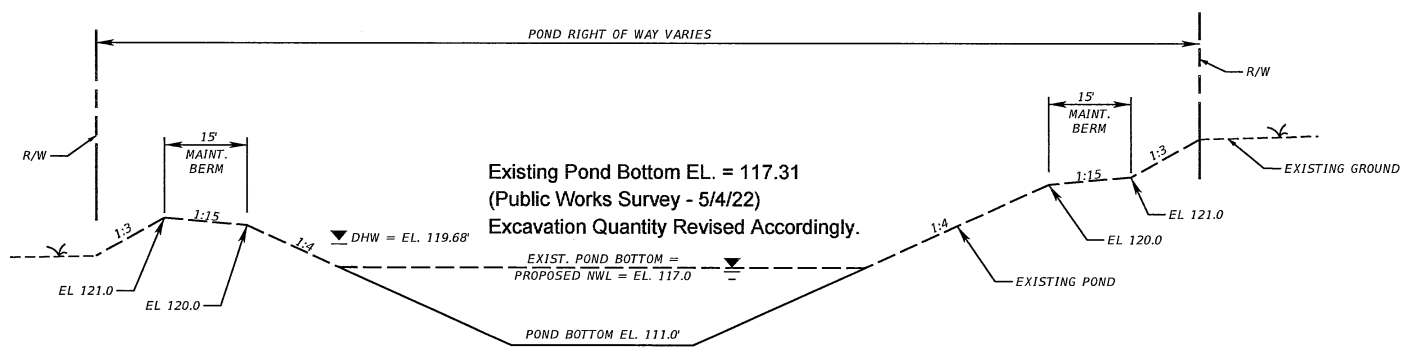
Please call: North Supply Shop prior to delivery
850-423-4866

Because this procurement is grant funded, vendors must be registered with SAM.gov and have an active SAM UEI number when quoting on this requisition. Please place your active SAM UEI number on your quote.

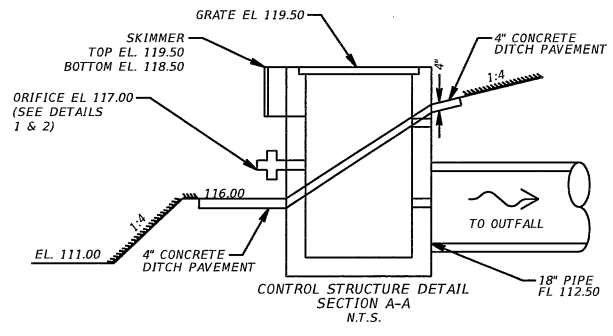
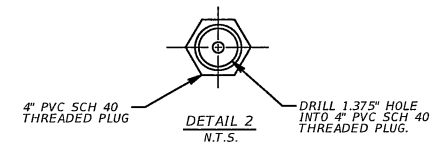
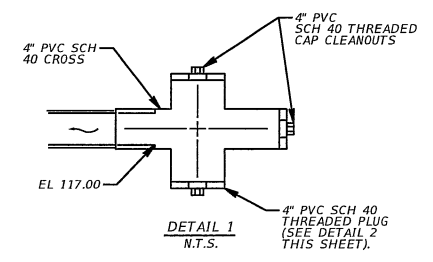
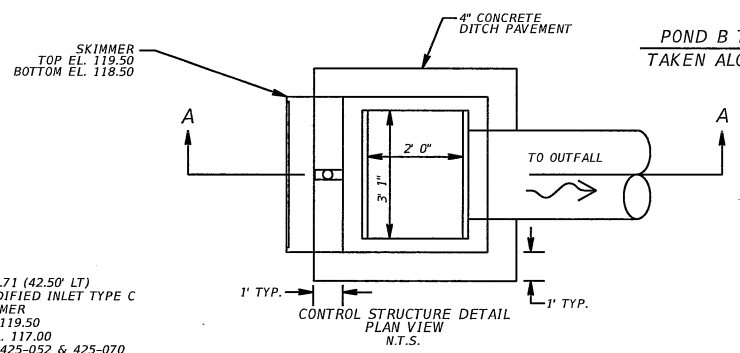
Quotes must include items in stock and ready for delivery on or before FEBRUARY 15, 2024. Once Okaloosa County issues your Payment Order, it is considered a contract. Failure to deliver, as outlined here, may result suspension or debarment.

LN/ST	COMMODITY	STOCK NO	QUANTITY	UOM	UNIT PRICE	EXTENSION/ TAX/TRADE-IN
01			1.00	EA	.0000	0.00
0	PRE-CAST DRAINAGE BOX WITH GRATE AS SPECIFIED ON SHEET NO. 5					0.00
					TOTAL PRICE	0.00
	DEPARTMENT	ACCOUNT	PROJECT	ACCOUNT	CHARGE AMOUNT	
	742341	563490			.00	
				REQUISITION TOTAL		.00

PAGE TOTAL .00




POND B TYPICAL (N.T.S.)
TAKEN ALONG SECTION A-A



(5-10)
STA. 11+63.71 (42.50' LT)
CONST. MODIFIED INLET TYPE C
WITH SKIMMER
GRATE EL. 119.50
ORIFICE EL. 117.00
INDEX NO. 425-052 & 425-070
FL. 112.50

NOTE: COST OF PAVEMENT,
SKIMMERS AND WEIR TO BE
PAID FOR IN COST OF INLET.

POND B

REVISIONS				PHILIP J. WALKER, P.E. P.E. LICENSE NUMBER 87701 HDR Engineering, Inc. 25 West Cedar Street, Suite 200 Pensacola, FL 32502-5945	 OKALOOSA COUNTY	POND DETAILS	SHEET NO. 5
DATE	DESCRIPTION	DATE	DESCRIPTION				

NOTICE: THE OFFICIAL RECORD OF THIS SHEET IS THE ELECTRONIC FILE SIGNED AND SEALED UNDER RULE 61G15-23.003, F.A.C.

SYSTEM FOR AWARD MANAGEMENT (SAM)

Please fill out information below.

If grant funded, all vendors must be registered in SAM in order to do business with the County. In order to be considered for the project, the vendor must be registered prior to submitting a bid/proposal/quote to the County. Failure to show proof of active SAM.gov registration at time of submitting a bid/proposal/quote may deem the vendor's bid/proposal/quote unresponsive. You can register for SAM at this link: <https://sam.gov/content/home>. Please Note: It can take some time for a vendor to get registered for the System of Award Management and, as such, it is important to start the process as soon as possible to qualify as a responsive vendor.

Entity Name: _____

Entity Address: _____

DUNS Number: _____

SAM UEI #: _____

EXHIBIT A

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all bidders/proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES: _____ NO: _____

NAME(S)

POSITION(S)

FIRM NAME: _____

BY (PRINTED): _____

BY (SIGNATURE): _____

TITLE: _____

ADDRESS: _____

PHONE NO.: _____

E-MAIL: _____

DATE: _____

EXHIBIT B

VENDORS ON SCRUTINIZED COMPANIES LISTS

By executing this Certificate _____, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: _____

SIGNATURE: _____

COMPANY: _____

NAME: _____

(Typed or Printed)

ADDRESS: _____

TITLE: _____

E-MAIL: _____

PHONE NO.: _____

EXHIBIT C

FDOT Required Clause

FDOT Indemnification

To the fullest extent permitted by law, the COUNTY'S contractor/consultant shall indemnify and hold harmless the COUNTY and the State of Florida, Department of Transportation, including the DEPARTMENT'S officers and employees, from liabilities, damages, losses and costs, including, but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness or intentional wrongful misconduct of the contractor or consultant and persons employed or utilized by the contractor or consultant in the performance of this Agreement.

This indemnification shall survive the termination of this Agreement. Nothing contained in this paragraph is intended to nor shall it constitute a waiver of the State of Florida or the COUNTY'S sovereign immunity.

Company Name

Authorized Signature

Street Address

Printed Name

Suite

Title

City, State, Zip

Phone Number

Date