

OFFICE OF THE SULLIVAN COUNTY PURCHASING AGENT

3411 HIGHWAY 126 – SUITE 201
BLOUNTVILLE, TN 37617-0569

PHONE 423/323-6400

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REQUEST FOR PROPOSAL #G32228(CL) (MUST INCLUDE RFP# ON OUTSIDE OF ENVELOPE) COMMODITY/SERVICE DESCRIPTION: OPENING DAY <u>TUESDAY, NOVEMBER 3, 2015</u> TIME 2:00PM SULLIVAN COUNTY USER DEPARTMENT JAIL MEDICAL
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THIS REQUEST FOR PROPOSAL (RFP) MUST BE RETURNED IN A SEALED ENVELOPE VIA MAIL, COURIER, IN PERSON OR ELECTRONIC BID SUBMITTAL VIA <https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=37b55d57-2b40-462f-bd8e-5b80ab095ddd> PHONE, FAX, OR EMAIL RESPONSES ARE NOT ACCEPTABLE! RESPONSES WILL BE ACCEPTED BY THE PURCHASING AGENT ONLY UNTIL THE DAY/TIME DESIGNATED ABOVE, AT WHICH TIME THEY WILL BE PUBLICLY OPENED. RESPONSES MUST CLEARLY IDENTIFY THE RFP # ON THE OUTSIDE OF THE ENVELOPE, BE PRESENTED IN ORIGINAL FORMAT, BE COMPLETED IN TOTALITY AND BEAR THE HANDWRITTEN SIGNATURE OF A DULY AUTHORIZED COMPANY REPRESENTATIVE. LATE RESPONSES WILL NOT BE ACCEPTABLE!

SUBMISSION OF THIS RFP VERIFIES VENDOR'S ACCEPTANCE OF THE RFPs LANGUAGE, REQUIREMENTS AND THE GENERAL PROCUREMENT TERMS AND CONDITIONS FORM #GPTC1004-14.

NOTE: IF FORM #GPTC1004-14 IS OMITTED FROM THIS RFP SOLICITATION, WE HAVE THE APPROPRIATE SIGNED DOCUMENTS FROM YOUR COMPANY. IF FORM #GPTC1004-14 IS ENCLOSED WITH THIS RFP SOLICITATION, PLEASE SIGN AND RETURN THE APPROPRIATE PAGES WITH YOUR RFP REPOSE. By submission of this RFP/RFQ, the responding firm certifies compliance with Title VI and Title VII of the Civil Rights of 1964, as amended, and all regulations promulgated thereof.

ALL RFPs MUST BE OFFERED IN STRICT CONFORMANCE TO ALL LANGUAGE, REQUIREMENTS, TERMS AND CONDITIONS AND SPECIFICATIONS AS SOLICITED. FAILURE TO COMPLY WITH THE RFP PREREQUISITE WILL BE CAUSE TO DISQUALIFY SAME.

UNLESS OTHERWISE DESIGNATED, ALL PRICES OFFERED SHALL BE GUARANTEED FOR A MINIMUM OF SIXTY (60) DAYS FROM OPENING DATE. UNIT PRICES FOR GOODS/SERVICES SHALL BE QUOTED **"NET 30 DAYS". EACH LINE ITEM PRICE MUST INCLUDE ALL CHARGES, INCLUDING SHIPPING, HANDLING, FREIGHT OR ANY OTHER COSTS ASSOCIATED TO THE DELIVERY** TO THE DESIGNATED SULLIVAN COUNTY LOCATION. SULLIVAN COUNTY **WILL NOT ACCEPT** ADDITIONAL DELIVERY CHARGES AS A SEPARATE LINE ITEM. AWARDS MAY BE DETERMINED PER UNIT (LINE ITEM) AND/OR AS A TOTAL (WHOLE) AWARD; WHICHEVER IS IN THE BEST INTEREST OF SULLIVAN COUNTY. ALL GOODS PROVIDED TO SULLIVAN COUNTY SHALL BE FREE FROM DAMAGE/DEFECTS. GOODS DAMAGED IN TRANSIT BY COMMON CARRIER ARE THE SOLE RESPONSIBILITY OF THE VENDOR, INCLUDING ALL COMMUNICATIONS AND REPLACEMENT ARRANGEMENTS.

IF INFORMATION (SPECIFICATIONS, DATA SHEETS, ANALYSIS, DRAWINGS, ETC.) OR PRODUCT SAMPLES ARE REQUESTED IN THIS RFP, RESPONDING VENDOR MUST ENCLOSE/SUPPLY SAME. FAILURE TO COMPLY WILL BE CAUSE TO DISQUALIFY THE VENDOR FROM AWARD CONSIDERATION.

THE SULLIVAN COUNTY PURCHASING AGENT HAS THE RIGHT TO ACCEPT, REJECT, AWARD OR CANCEL ANY/ALL QUOTES AND TO WAIVE ANY INFORMALITIES OR IRREGULARITIES, IF SAME IS DEEMED IN THE BEST INTEREST OF SULLIVAN COUNTY. SULLIVAN COUNTY DOES NOT OBLIGATE ITSELF TO ACCEPT THE LOWEST AND/OR ANY QUOTE OFFERED.

DELIVERY DATE _____	TERMS: NET 30 DAYS
<small>(NOTE: DELIVERY TIME (DAYS/WEEKS/MONTHS) MUST BE INDICATED ... ASAP IS NOT ACCEPTABLE)</small>	

VENDOR: _____	REPRESENTATIVE: _____
<small>PLEASE PRINT</small>	
PHONE: _____	FAX: _____
E-MAIL: _____	
SIGNATURE: _____	DATE: _____

ATTACHMENT TO REQ. G32228(CL) FOR JAIL MEDICAL

ITEM NO.	QTY.	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	5	EA	Powerheart G5 Fully Auto Dual Language Quick Repsonse Pkg Mfg# G5A-80A-P		
2	4	EA	Powerheart G5 AED Trainer Mfg# 90-5020-0001		
			Shipping		
			Total		
			QUOTE F.O.B. SULLIVAN COUNTY CENTRAL RECEIVING 3411 HIGHWAY 126 BLOUNTVILLE, TN 37617		
			QUOTE MUST INCLUDE <u>ALL</u> CHARGES: SHIPPING, HANDLING, FREIGHT, ETC.		
			PLEASE QUOTE THE ABOVE ITEMS AS SPECIFIED. **NO SUBSTITUTIONS**		