# PROPOSAL REQUEST

20170523CO01

VEHICLE MAINTENANCE SUPPLIES

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# SUMNER COUNTY OF EDUCATION SUMNER COUNTY, TENNESSEE

Purchasing Staff Contact:
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This proposal solicitatiodocument is available in an Adobe Acrobat (pdf) format. Any alterations to this document made by the proposer may be grounds for rejection of proposal, cancellation of any subsequent award, or any other legal remedies available to the Sumner County Book Education.

## <u>Introduction</u>

#### GeneralInformation

I. Proposal Package

All sealed proposal packages must include all of the following, when applice and proposals shall be rejected as a non

VI. Insurance Requie 25T /FkE(u)tuccuaniee

26935/6935 Explorer MAC 8700 Carb Cleaner
22484 Explorer(older) MAC 7000 Windshield Decer
22793

#### **ATTACHMENT 1**

#### STATEMENT OF NOODLLUSION

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of thisproposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the offici opening of this proposal.

Company	·	 	
Address			
•			
Phone			
Fax			
Doopondont (Ci	ianatura)		
Respondent (Si	ignatur <u>e)</u>		
Responden(Prir	nt Namænd Title)		
Authorized Com	npanØfficial(PrintName_	 	

#### **ATTACHMENZ**

#### **DRUGFREWORKPLACE**

The Sumner Count Government of committed to maintaining a safe and productive work environment for its employees and to providing high quality service to its citizens. The goal of this policy is for Sumner Coun employees and contractors to to to to to to the common of the countractors and dependency on alcohol and/or drugs can seriously affect the health of employees, contractors and citizens, jeopardize personal safety impact the safety of others and impair job performance.

<u>DrugFreeWorkplace Act of 1988</u> Sumner Count@overnmentis governed by the Drugree Workplace Act of 1988 (Pub. L. 19690, Title V, Subtitle D).

Omnibus Transportation Employee Testing Act of 1994mner Count Government

DRUGFREE WORKPLACE AFFID(ANGE 2)	
STATIOF	
COUNTY OF	
The undersigned, principal officer of contracting with Sumner Count@overnment	, an employer of five (5) or more emplo

#### **ATTACHMENT 3**

#### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

- 1. Are not presently debarred, suspended, proposed for **defea**nt, declaredineligibleor voluntarily excluded from participation in transactions under federal normocurement programs byney federal department or agency;
- 2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local)terminated for cause or defaultand
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or haid jacoby ment rendered against it
  - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement continader such a public transaction;
  - B. For the violation of federal or state antitrust statutes, includings proscribing price fixing tween competitors, the allocation of customers between competitors, or bid rigging
  - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection **of the properties** or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Nameof Participant Agency
Nameand Title of Authorized Representative
Signature of Authorized Representative Date
I am unable to certify to the above statement. Attached is my explanation

### ATTACHMEN#

## CERTIFICATION BY CONTRACTOR

I, the undersigned, certify that on behalf of Contractor to legally bind Contractor to these terms, conditions	or, I am authorized to attest and obligate the above certification a and obligations.
	_ Title
	_Name
	_ Date
	_Witness