



REQUEST FOR TERM CONTRACT QUOTATION
#TC 5-20 FLASHLIGHTS & ACCESSORIES

AUGUST 27, 2020

The Hillsborough County Sheriff's Office (HCSO) is soliciting a quote for the items described in the following document for the purpose of entering a Term Contract for their procurement. If you care to respond, please submit your quote by e-mail or fax to the Buyer named below by the date and time indicated. If you decline to respond, please return the STATEMENT OF NO QUOTE on page 11 of this document.

RESPOND TO: Donna Farnham, Buyer
DFarnham@HCSO.Tampa.FL.US
☎: (813) 247-8191 ☒ Fax: (813) 242-1851

RESPOND BY: 📅 September 9, 2020 at ⌚ 3:00 PM

A. GENERAL TERMS AND CONDITIONS

1. Term Contract Definition

The total annual expense represented by this Request for Quote (RFQ) is estimated to be less than the \$25,000 threshold which would require a public bid process. However, a competitively awarded Term Contract provides advantages of price protection and ordering convenience for those services or products which have either high priority, frequent ordering or multiple quote requirements. The Awarded Vendor will be asked to lock in their rates for a minimum of one (1) year, assuring the HCSO a competitive price or guaranteed schedule under a short-term contract.

2. General Description of Procurement Need/Scope of Work

The HCSO is seeking qualified vendors to provide flashlights and accessories to the HCSO for our law enforcement officers. Inventory quantities of these items will be maintained by the HCSO Orient Road Supply Warehouse and will be ordered on an as-needed basis.

Any reference to the "Work" throughout this RFQ is defined to be inclusive of the Scope of Work and any related performance detailed herein.

3. Vendor Qualifications

Vendors may be required to furnish written evidence that they maintain permanent places of business and have sufficient equipment, finances, and personnel to furnish the goods and/or services offered in a satisfactory and expeditious manner and are able to meet the terms and conditions as set forth herein. The HCSO reserves the right to inspect the Vendor's place(s) of business and equipment prior to award of any contract, for the purpose of making these determinations.

The Vendor Packet, attached as APPENDIX I, must be returned with your RFQ Response along with copies of your Hillsborough County Business Tax Receipt or other local government license permitting you to conduct business.

4. Prices

All quotes submitted must show the net price after any and all discounts allowable have been deducted. The HCSO is exempt from all state sales, use, transportation, and excise taxes. The HCSO will issue tax exemption certificates to the Awarded Vendor.

The Vendor's attention is directed to the laws of the State of Florida, including but not limited to, Chapter 212, Florida Statutes, which applies to all transactions resulting from this RFQ.

All applicable taxes and fees shall be deemed to have been included in the Net Unit Price quotes in APPENDIX II – PRICING MATRIX as required by REQUEST FOR QUOTE RESPONSE (PART B), Paragraph 2 Pricing Matrix.

5. Estimated Quantities, Freight, and Delivery

Estimated annual quantities, if provided, are furnished as a guide for preparing the quote and should not be construed as representing actual quantities to be purchased under this contract.

All shipments are to be F.O.B Destination. All prices shall include freight (to include manufacturer to distributor), packaging, and any other similar fees. The Awarded Vendor will be responsible for missing or damaged items and will be responsible for making any and all claims against carriers.

Item(s) ordered shall be delivered within 30 calendar days After the Receipt of the Order (ARO). Failure to do so shall be considered default and the HCSO shall utilize its options as stated herein.

Any backordered items shall be delivered within 30 days of the original order. If the backorder cannot meet these requirements, then the ordering party is to be notified, in writing, thus providing the HCSO an opportunity to obtain the items and/or exercise its options as stated herein.

Deliveries resulting from this contract are to be made during the normal working hours of the HCSO. It is the Vendor's responsibility to confirm this information.

Items are to be delivered to: HCSO – Orient Road Supply Warehouse
1201 Orient Road
Tampa, Florida 33619

6. Brand Names


Manufacturer name, trade name, and brand name information and/or catalog numbers used herein are for purposes of description and reference, and for establishing general quality levels. The HCSO will not accept alternates to the items requested.

7. Warranties/Guarantees

Unless otherwise agreed, all items provided will be new and of first-class condition or first-quality.

All items shall be guaranteed to be free of defect for a minimum period of one (1) year from the date of acceptance. Any items found with defect will be rejected and returned to the Vendor at the Vendor's expense for immediate replacement. Replacements shall be finalized within two (2) weeks of reporting the defect. The Vendor agrees that it shall observe and obey all the laws, ordinances, regulations and rules of the federal, state, county, and city which may be applicable to its services, and will warrant all Work completed to be in direct compliance.

8. Communication Between Parties

All questions in regard to this RFQ are to be directed, in writing, to the Buyer, Donna Farnham, at [✉ DFarnham@HCSO.Tampa.FL.US](mailto:DFarnham@HCSO.Tampa.FL.US), or by fax  at (813) 242-1851. No communication is allowed, either directly or indirectly, with any other HCSO employee in regard to this RFQ prior to the Award Date.

9. Conflict of Interest

The Vendor agrees to disclose any organizational conflict of interest, perceived or real, for evaluation of HCSO's compliance with §112.313, *Fla. Stat.*, regarding standards of conduct for public officers, employees of agencies, and local government attorneys.

No HCSO employee acting in an official capacity, as a purchasing agent, or public officer, shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for HCSO from any business entity of which the officer, partner, director, or proprietor or in which such officer or employee or the officer's or employee's spouse or child, or any combination thereof, has a material (>5%) interest. An officer or employee is also prohibited from having an employment or contractual relationship that creates a continuing or recurring conflict between their private interest and the performance of their HCSO public duties.

10. Award

Contract award shall be made to the most responsive Quote and responsible Vendor offering the meeting specifications, price and other factors considered. The HCSO reserves the right to award by line item or by overall total, whichever is deemed in the best interest of the HCSO.

In the event two (2) or more Vendors have submitted the lowest and best quotes, preference may be given in the award in the following order. First, to the Vendor who has their principal place of business in Hillsborough County; second, to the Vendor who has a place of business in Hillsborough County; and, third, if the Vendors involved in the tie situation are all located inside/outside Hillsborough County, the toss of a coin will be used to break the tie.

11. Contract Period and Renewal

The contract shall be effective for one (1) year from the date of award. By written mutual consent between the HCSO and the Awarded Vendor, the contract may be extended on an annual basis for up to three (3) additional one (1) year periods.

Prior to each annual renewal date, the HCSO will inquire by written notice as to the Vendor's Intent to Renew. The Vendor's response will be forwarded to the appropriate Division Commander who will accept or decline the renewal terms. The HCSO's Chief Financial Officer (CFO) will then acknowledge and extend or cancel the contract as determined.

12. Substitution

The Vendor shall not substitute items for like items except in the case of an unforeseen event in shipping or manufacturing causing a shortage of said items. Such measures may only be enacted after verifying that it will be allowed by the HCSO. Any violation of such procedure will be considered cause for cancelation. All substitutes will be annotated as such on the shipping documents.

13. Addition/Deletion

The HCSO reserves the right to add or delete any items or services from this RFQ or resulting Contract(s) when deemed to be in the best interest of the HCSO. Any additions or deletions to the RFQ will be considered amendments. Any additions or deletions to the Contract will constitute a Change Order and must be executed in writing and approved by the CFO. The Change Order will consist of a memo to the CFO describing the justification for the change accompanied by the Vendor's written, fixed price quote for each change to be added. If approved by the CFO, the item or service description and price change will be added to the Contract and recorded on the original tabulation/price sheet. Purchase Orders and billing will be adjusted accordingly, pro-rated if necessary to the agreed start date.

14. Escalation/De-Escalation

The HCSO will allow an escalation/de-escalation provision in this Contract. The escalation/de-escalation will be allowed provided the Vendor(s) notify the HCSO-Financial Services Division of the pending increase or decrease a minimum of 60 calendar days prior to the end of each one (1) year period for which the Contract was awarded. Said notification shall consist of manufacturer's proof of increase and shall include each individual item, the amount of increase/decrease and the applicable Contract Item Number. Failure to comply with these instructions shall be grounds for disallowance of the escalation/de-escalation clause as stated herein.

15. Emergency

If and when an emergency requirement should occur, the HCSO reserves the right to deviate from this contract and procure the services or products from the most available source.

16. Default

The contract may be canceled or annulled by the CFO in whole, or in part, by written notice of default to the Vendor upon non-performance or violation of Contract terms. An award may be made to the next best responsive Quote and responsible Vendor based on evaluation, or articles specified may be purchased on the open market. Failure of the Vendor to deliver products within the time stipulated in this RFQ, unless extended in writing by the Financial Services Division, shall constitute default. Vendors who default on contracts may be removed from the HCSO Vendor List and determined ineligible for future contracts at the discretion of the CFO.

17. Cancelation

When deemed to be in the best interest of the HCSO, any contract(s) resulting from this RFQ may be canceled by the following means:

- a) 10 calendar days' written notice with cause, or
- b) 30 calendar days' written notice without cause.



If it becomes necessary to terminate the Contract without cause, all services and/or materials provided through the date or receipt of written notice of cancelation may be invoiced to the HCSO and will be considered for payment providing documentation of said expenses are forwarded with the request for payment.

18. Invoicing and Payment

The Vendor(s) may invoice the HCSO for item(s) orders as delivered. All invoices must have a unique invoice number and include: date of purchase, shipping location, item description, item quantity shipped, item/stock number, unit price, and the HCSO Purchase Order number (unless payment is to be made by HCSO Purchasing Card). Payment shall be made in accordance with §215.422, *Fla. Stat.* which states the Vendor's rights and the HCSO's responsibilities concerning interest penalties and time limits for payment of invoices.

Timely payment of invoices is incumbent upon the HCSO and in no case shall payment exceed 45 calendar days from date of receipt of a properly approved application/invoice.

Invoices shall be e-mailed to: AccountsPayable@HCSO.Tampa.FL.US.

ACH and HCSO Purchasing Card are the accepted methods of payment; please inquire at  (813) 247-8276 or  AccountsPayable@HCSO.Tampa.FL.US.

19. Exceptions

All submittals must clearly state with specific detail all deviations to the requirements imposed upon the Vendor by the GENERAL TERMS AND CONDITIONS (PART A). Such deviations should be stated in the REQUEST FOR QUOTE RESPONSE (PART B) or appended thereto. Vendors who make any exceptions to the terms and conditions of this quotation may be subject to rejection. Vendors requesting clarification should contact the Buyer listed above.

20. Protests

Any prospective Vendor who disputes the reasonableness or appropriateness of the notice of award, or notice of rejection, for any or all term contracts must submit a notice of protest in writing within 72 hours (excluding HCSO holidays, Saturdays, and Sundays) of the notice of award or notice of rejection to the HCSO Purchasing Section by registered mail or hand-delivered for which a receipt must be provided.

The Purchasing Section will have five (5) business days upon receipt of this notice to meet and consider the protest as written. The Buyer will coordinate the review process with the parties involved and may request additional information from the Vendor or request a meeting to gain further clarification of the issues. Upon completion of this review process, the Buyer will make a recommendation to the CFO.

The CFO may concur with the recommendation or arrive at a separate decision. The decision of the CFO will be communicated to the Vendor in writing. This decision of the CFO and the basis upon which it was made will be communicated to the Vendor within five (5) business days following the receipt of the recommendation from the Purchasing Section.

21. Indemnification

The Vendor will indemnify and hold harmless the HCSO and its employees and agents from and against all liabilities, claims, damages, losses, and expenses, including attorney's fees arising out of or resulting from the performance of its Work, provided that any such liability, claim, damage, loss, or expense is (a) attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself), including the loss of use resulting there from and (b) is cause in whole, or in part, by the act or omission of the Awarded Vendor, any sub-contractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, whether or not it is caused in whole, or in part, by a party indemnified hereunder.


In any and all claims against the HCSO or any of its agents or employees by any employee of the Vendor, any sub-contractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation under the previous paragraph shall not be limited in any way as to the amount or type of damages, compensation or benefits payable by or for the vendor or any sub-contractor under worker's compensation acts, disability benefit acts, or other employee benefit acts.

22. Public Records

Any material submitted in response to this RFQ will become a public document pursuant to §119.07, *Fla. Stat.* This includes material which the respondent might consider to be confidential or a trade secret. Any claim of confidentiality is waived upon submission, effective after opening pursuant to §119.07, *Fla. Stat.* The Vendor agrees to comply with §119.0701, *Fla. Stat.* regarding maintenance and provision of access to all public records generated by this Contract with the HCSO.

If the Vendor has questions regarding the application of Chapter 119, Florida Statutes, to the Vendor's duty to provide public records relating to this Contract, contact the custodian of public records via : HCSORecords@HCSO.Tampa.FL.US.

CHAD CHRONISTER, SHERIFF
HILLSBOROUGH COUNTY, FLORIDA

By: 
Christina R. Porter, CPA
Chief Financial Officer

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B. REQUEST FOR QUOTE RESPONSE

1. Exceptions: The following represents every deviation (itemized by number) to the foregoing GENERAL TERMS AND CONDITIONS (PART A) and REQUEST FOR QUOTE RESPONSE (PART B) upon which this RFQ is based, to wit. Additional pages may be submitted, if necessary.

2. Pricing Matrix: Proposers must download and complete APPENDIX II – PRICING MATRIX, a Microsoft Excel file posted to the HCSO website in conjunction with this RFQ, to include the following:
 - a) Vendor Item Number.
 - b) Quantities:
 - i. Per Case Quantity;
 - ii. Minimum Order Quantity.
 - c) DELIVERY ARO: Estimated delivery time shall be defined as the total number of business days for delivery after receipt of order.
 - d) Net Unit Prices (per PART A, Paragraph 4 Prices).

A printed copy shall be submitted with the RFQ Response and the file shall be sent to the Buyer, Donna Farnham, via e-mail at  DFarnham@HCSO.Tampa.FL.US.




3. Samples: Samples are not required at this time, but may be requested for evaluation and approval prior to award.
4. All items shall be of commercial grade.
5. Alternates will not be accepted.
6. Vendor Order Instructions

Describe the preferred method of contact to request order. (Please print the information below)

Contact Name & Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

: (____) _____ : (____) _____ : (____) _____

@: _____

Company Web Address : _____

CUSTOMER REFERENCE LIST

Provide a minimum of three (3) references from customers to whom your company supplied similar products. Do not include Hillsborough County Sheriff's Office as one of your references.



Company Name: _____

Contact Name: _____ Title: _____

☎: (____) _____ ✉@: _____

Commodity(ies) provided:



Company Name: _____

Contact Name: _____ Title: _____

☎: (____) _____ ✉@: _____

Commodity(ies) provided:



Company Name: _____

Contact Name: _____ Title: _____

☎: (____) _____ ✉@: _____

Commodity(ies) provided:

ACCEPTANCE

The undersigned understands that this Quotation Response **must be signed in ink** and that the **unsigned** Quotation Response will be considered incomplete and subject to rejection by the Hillsborough County Sheriff's Office (HCSO).

The undersigned must be an officer of the company or a designated agent empowered to bind the company in contract.

The undersigned has carefully examined the Term Contract requirements and all conditions affecting the cost of the product/service required by the HCSO. At this present time we understand all requirements and warrant compliance with all the stipulations included in the RFQ.




We propose to furnish the products at the prices stated herein and further confirm that all costs regarding these products are indicated herein. If awarded the contract, we agree to complete services within the time stated, such time commencing from the notice to proceed.


Company Name: _____

Officer Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

: (____) _____ : (____) _____ : (____) _____

@: _____

Signature of Officer: _____ Date: _____

Describe the preferred method of contact for questions regarding this Quotation Response, below:

Upon completion, please return this entire document, and any required or other attachments and/or exhibits, to Donna Farnham, Buyer, at DFarnham@HCSO.Tampa.FL.US or by fax at (813) 242-1851.

⌚ SUBMISSION DEADLINE – 3:00PM ON SEPTEMBER 9, 2020 ⌚

STATEMENT OF NO QUOTE

If, for any reason, you are unable or unwilling to quote at this time, please complete the following and return by e-mail to Purchasing@HCSO.Tampa.FL.US or by fax at (813) 242-1851. Your choices or comments below will assist us in properly notifying you of future opportunities.

We, the undersigned, have declined to respond to TC 5-20 for the following reason(s):

SPECIFICATIONS

NATURE OF AWARD

(Please provide explanations below)

_____ Specifications are too "tight" (i.e., limited to one brand or manufacturer)

_____ Insufficient time was provided for response

_____ Unable to meet specifications

_____ Product or an equivalent is not offered

_____ Specifications are unclear

_____ Other

We request to –

_____ remain on

_____ be removed from

– HCSO’s list for future solicitations in this product or service category.

Company Name: _____

Officer Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

: (____) _____ : (____) _____ : (____) _____

@: _____

Signature of Officer: _____ Date: _____