



Department of Purchasing

Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR QUOTE NUMBER:		16RFQ092916-DRR
WILL BE RECEIVED UNTIL	October 13, 2016	3:00 p.m. EST
DESCRIPTION: Fixed Asset Inventory Software System		
Return to:	Donald R. Riley, CPPB, Purchasing Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281	
<p>ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED <u>ONLY</u> TO THE PURCHASING SPECIALIST LISTED BELOW. BIDDERS MAY NOT HAVE CONTACT WITH CITY OFFICERS, ELECTED OFFICIALS OR CITY EMPLOYEES REGARDING THIS BID PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR BID BEING FOUND NON-RESPONSIVE. LAST DAY FOR QUESTIONS October 7, 2016 @ 3:00 P.M. EST.</p>		
CONTACT NAME:	E-Mail Address :	Telephone Number:
Donald R. Riley, CPPB	DRiley@CityofStockbridge-ga.gov	(770) 389-7912 (fax only)
<p>All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate “NO SUBSTITUTE”, items determined by City of Stockbridge to be “EQUAL OR BETTER” will be given full consideration. All prices QUOTED must be “FOB DELIVERED” unless otherwise requested, and must be submitted in the format requested. The City reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the City.</p>		
Company Name:		
Company Address:		
City	State	Zip Code
Telephone Number:	Fax Number:	E-Mail Address:
RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.		
Person submitting QUOTE: (Please Print)		Date
Title		
*Signature of the person submitting QUOTE:		
<p><small>*This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All bidders shall comply with all City of Stockbridge purchasing laws, policies, and procedures, as well as relevant state and federal laws— including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.</small></p>		

NO BID:

REASON: _____



Department of Purchasing
Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR E-QUOTE SPECIFICATIONS
FIXED ASSET INVENTORY SOFTWARE SYSTEM & ACCESSORIES
FINANCE DEPARTMENT

1. DESCRIPTION

The City of Stockbridge Finance Department is soliciting quotes from qualified vendors to provide a Fixed Asset Inventory Software System and all of the necessary accessories for the Finance Department.

2. CONTACT PERSON

Please contact Donald R. Riley, CPPB, Purchasing Specialist, by e-mail at DRiley@cityofstockbridge-ga.gov or fax me at (770) 389-7912 only, with any procedural or technical questions. All questions should be submitted in writing to the Purchasing contact person via email only. No phone calls will be accepted. Any responses made by the City will be provided in writing to all Bidders by addendum. No verbal responses shall be authoritative.

3. TERM OF AGREEMENT

This procurement is from issuance of notice to proceed until project completion.

4. PRODUCT/SERVICE SPECIFICATIONS

The pricing sheets indicate only probable items intended for procurement. The City of Stockbridge reserves the right to limit the procurement only to the items actually required during the award period.

All materials and supplies requested by the Department must be of professional-grade, commercial quality/support along with all warranty information.

Software system must include(s) but not limited to the following:

- 4.1. [Software System \(which interfaces with Tyler Technologies Incode 10.0\)](#)
- 4.2. [Hand held mobile scanning device](#)
- 4.3. [Installation and Set-up on-site](#)
- 4.4. [User License](#)
- 4.5. [16 GB Micro SD Memory Card with applications & settings installed](#)
- 4.6. [One \(1\) year software support via phone with software upgrades](#)
- 4.7. [Remote Installation Assistance](#)
- 4.8. [2200 MA Lithium Ion Battery, with charging cradle and cables](#)

5. PRICING SHEETS

LINE	DESCRIPTION	UNIT	ESTIMATED QTY	UNIT PRICE
1	Fixed Asset Inventory	Each	1	
	<u>Itemized Pricing for the Above System Kit:</u>	Each	1	\$ _____
2	Software Application, System for Incode	Each	1	\$ _____
3	Hand-held Mobile Scanning Device	Each	3	\$ _____
4	Service - Setup Mobile Scanning Device with correct operational settings	Each	3	\$ _____
5	Service - Installation	Each	3	\$ _____
6	Users License	Each	6	\$ _____
7	8 GB Micro SD Memory Card with application & settings installed	Each	3	\$ _____
8	One (1) year software support via phone w/software upgrades	Each	1	\$ _____
9	Remote Installation Assistance	Hour	1	\$ _____
10	2200 MA Lithium Ion Battery, Charging/USB cable with PS	Each	1	\$ _____
11	Training – four (4) hours	Hour	4	\$ _____
12	USB Charging Cradle & Cable	Each	1	\$ _____
13	Extended Warranty	Years		\$ _____
14	Manufacturer's Warranty Included	Years		\$ _____
15	Installation and Set-Up (All Equipment)		One time fee	\$ _____
16	Freight			\$ _____
	Total Cost of All items (including installation, set up fees & freight)			\$ _____

Note: Any quantities shown are estimates. By giving these quantities as estimates, the City of Stockbridge does not obligate itself to purchase any quantity whatsoever. Vendor agrees to sell to the City at the unit price bid regardless of actual quantity ordered. All substitutions has to be equal or greater in grade, and/or quality. Please include the warranty information for each of the products bidding upon.

6. INSURANCE & RISK MANAGEMENT PROVISIONS

INSURANCE & RISK MANAGEMENT PROVISIONS

- 6.1.1. **INSURANCE REQUIREMENTS:** Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia and acceptable to the City of Stockbridge. Insurance coverage must be current from time of award through the period of final acceptance from City of Stockbridge. The following requirements shall apply.
- 6.1.2. Policies and/or certificates certifying policies are to contain an agreement that the policies will not be changed and/or canceled without a ten (10) day prior notice to City of Stockbridge, as evidenced by return receipts of registered or certified letters.
- 6.1.3. Each respondent shall submit with the quote, evidence of insurability satisfactory to the City as to form and content. Either of the following forms of evidence are acceptable:
- 6.1.4. A letter from an insurance company stating that upon your firm/company being the successful bidder/respondent that a Certificate of Insurance shall be issued in compliance with the Insurance Requirements outlined below.
- 6.1.5. A Certificate of Insurance complying with the Insurance Requirements outlined below.
- 6.1.6. Upon award, the Contractor must maintain, at their expense, insurance in at least the following amounts and types outlined below. Any and all Insurance and Bonds required by this contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of the City.
- 6.1.7. The Contractor shall insure that the Request for Bid/Proposal number and Project Description appear on the Certificate of Insurance.
- 6.1.8. The Certificate of Insurance shall identify the Certificate Holder as:

City of Stockbridge – Finance Department
 Attn: Purchasing Specialist
 4640 North Henry Boulevard
 Stockbridge, GA 30281

6.2. WORKERS COMPENSATION – STATUTORY (In compliance with the Georgia Workers Compensation Act)

EMPLOYER'S LIABILITY	BY ACCIDENT - EACH ACCIDENT	-	\$500,000.
INSURANCE	BY DISEASE - POLICY LIMIT	-	\$500,000
(Aggregate)	BY DISEASE - EACH EMPLOYEE	-	\$500,000

6.3. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	-	\$1,000,000
(Other than Products/Completed Operations)	General Aggregate	-	\$2,000,000
Products\Completed Operation	Aggregate Limit	-	\$1,000,000
Personal and Advertising Injury	Limits	-	\$1,000,000
Fire Damage	Limits	-	\$ 100,000

6.4. BUSINESS AUTOMOBILE LIABILITY INSURANCE

Combined Single Limits	Each Occurrence	-	\$1,000,000
(Including operation of non-owned, owned, and hired automobiles).			

- 6.5. **UMBRELLA LIABILITY**
(In excess of above noted coverage's) Each Occurrence - \$3,000,000
- 6.6. **PROFESSIONAL LIABILITY** Each Occurrence - \$5,000,000
(Required if respondent providing quotation for professional services).
- 6.7. **FIDELITY BOND**
(Employee Dishonesty) Each Occurrence - \$ 100,000

Insurance in no way Limits the Liability of the Respondent.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The successful contractor will agree to indemnify, save harmless and defend the City, its agents, servants, and employees from all lawsuits, claims, demands, liabilities, losses and expenses for or on account of any injury or loss in connection with the work performed under this contractor: Provided, however the contractor shall not be liable for any damages resulting from the sole negligent or intentional acts or omission of the City and its employees, agents or representatives.

THE RESPONDENT ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREES TO COMPLY WITH THE ABOVE STATEMENTS, AND IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING COMPANY.

COMPANY: _____ **SIGNATURE:** _____

NAME: _____ **TITLE:** _____ **DATE:** _____

7. STATE OF GEORGIA

CITY OF STOCKBRIDGE

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Stockbridge and has registered with, is authorized to use, and uses, the federal work authorization program commonly known as EVerify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 2016 in Stockbridge, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY of _____,
2016.

My Commission Expires: _____
NOTARY PUBLIC