Quote Form

Hillsborough County Aviation Authority

ITQ No. 14-534-805

Security Access Control Software Maintenance

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**I. Respondent’s Information**

Provide information on Respondent as follows:

1. Legal name including any dba.

**<Name>**

1. State of organization or incorporation (if not applicable, enter “Not Applicable”).

**<State>**

1. Ownership:**(identify, if applicable)**
2. Federal Employer Identification Number.**-**

**OR**

 Social Security Number. **-  -**

1. Corporate headquarters.

Address:

|  |  |  |
| --- | --- | --- |
| City:        | State:    | Zip Code:      -     |

Phone:    -   -

1. Primary representative during this Solicitation process.

Name:

Phone:    -   -     Ext.

E-mail:      @     .

Mailing Address:

|  |  |  |
| --- | --- | --- |
| City:        | State:    | Zip Code:      -     |

1. Secondary representative during this Solicitation process.

Name:

Phone:    -   -     Ext.

E-mail:      @     .

Mailing Address:

|  |  |  |
| --- | --- | --- |
| City:        | State:    | Zip Code:      -     |

1. Provide the location and phone number of the primary servicing office(s) designated for the Authority’s account.

|  |  |
| --- | --- |
| **Location** | **Phone** |
| 1.       |       |
| 2.       |       |

1. Attest if the Respondent provides services to anyone related to or employed by the Hillsborough County Aviation Authority (“Authority”), including the Authority’s Board members.

**[ ]** No, the Respondent does not provide services to anyone related to or employed by the Authority, including Authority Board members.

[ ]  Yes, the Respondent provides services to someone related to or employed by the Authority, including Authority Board members.

If yes, identify each individual and explain the relationship.

1. Attest if the Respondent employs anyone related to an employee of the Authority, including Authority Board members.

**[ ]** No, the Respondent does not employ anyone related to an employee of the Authority, including Authority Board members.

[ ]  Yes, the Respondent does employ a relative of an employee of the Authority, including Authority Board members.

If yes, identify each individual and explain the relationship.

1. Provide Respondent’s current W-9. NOTE: W-9 must be dated and signed.

**[ ]  W-9 is included with this Quote Form.**

1. Provide a blank copy of the manufacturer’s standard Software Maintenance Agreement or other Agreement Name (collectively, SMA) for license software maintenance and support for Software House C-Cure 9000 Security Access Control and Genetec Security Center platforms.

[ ]  Manufacturer’s SMA for Software House C-Cure 9000 Security Access Control is attached. [ ]  Manufacturer’s SMA for Genetec Security Center is attached.

1. **Minimum Qualifications Documentation**

Information must be provided to confirm the Respondent meets the minimum qualifications for this Solicitation as stated in Section 4.0 of the Solicitation. Provide the required information or documentation. Failure to provide the required information or documentation will result in rejection of the Respondent’s response.

The Respondent:

1. Is registered with the Florida Department of State, Division of Corporations to do business in the State of Florida. (www.sunbiz.org)

**No documentation from Respondent is required.** The Authority will verify the status.

1. Is registered as a supplier with the Authority prior to the Quote Due date. The registration application is located on the Authority's website at [www.TampaAirport.com](http://www.TampaAirport.com) > Airport Business > Supplier Registration.

**No documentation from Respondent is required.** The Authority will confirm registration.

1. Is NOT listed on the Florida Department of Management Services, Convicted Vendor List as defined in Florida Statute Section 287.133(3)(d).

([www.dms.myflorida.com/business\_operations/state\_purchasing/vendor\_information/convicted\_suspended\_discriminatory\_complaints\_vendor\_lists/convicted\_vendor\_list](http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/convicted_suspended_discriminatory_complaints_vendor_lists/convicted_vendor_list))

**No documentation from Respondent is required.** The Authority will verify the status.

1. Is a designated Genetec Certified Partner.

**No documentation from Respondent is required.** The Authority will verify the status.

1. Is a designated Software House Certified Partner.

**No documentation from Respondent is required.** The Authority will verify the status.

**III. Quote Guaranty**

[x]  **Not Required** – do not complete this Section.

**IV.** **W/MBE Assurance and Participation**

Select one of the following responses:

**[x]**  **No. Respondent is NOT proposing W/MBE participation expectancy.**

No specific expectancy for W/MBE participation has been established for this Solicitation; however, the Respondent will make a good faith effort, in accordance with Authority's W/MBE Policy and Program, throughout the term of the awarded Contract, to subcontract with W/MBE firms certified as a woman-owned or minority-owned business by the City of Tampa, Hillsborough County, the State of Florida Department of Management Services, Office of Supplier Diversity, or as a Disadvantaged Business Enterprise (DBE) under the Florida Unified Certification Program in the performance of the awarded Contract Purchase Agreement.

**[ ]**  **Yes. Respondent is proposing W/MBE participation expectancy.**

The Respondent assures that it will subcontract with W/MBE firms in an amount equal to at least % of the total dollar amount of the awarded Contract Purchase Agreement. The Respondent is required to submit a Letter of Intent for each W/MBE that is proposed to participate in the awarded Contract Purchase Agreement at the time the Response is submitted to the Authority. The actual W/MBE contractual commitment will be the total amount of participation shown on the validated Letter(s) of Intent submitted by the Respondent. It is understood that the amounts shown on the Letter(s) of Intent are estimates and that actual amounts paid to W/MBE subcontractors may vary depending on the final adjustments of the estimated quantities; however, the W/MBE contractual commitment can only be modified by an amendment or change order.

|  |  |
| --- | --- |
| By: Name of Respondent:        | Date:       |
|  Respondent’s Representative:  Name:       | Title:       |

 (Respondent’s Representative Signature)

**Letter of Intent Instructions Checklist**

Follow this checklist for completing the Letter of Intent.

**[ ]** A separate Letter of Intent has been completed for each proposed W/MBE firm.

[ ]  The Respondent’s name, address, telephone number, FAX number and e-mail address has been entered.

[ ]  The proposed W/MBE firm’s name, address, telephone number, FAX number and e-mail address has been entered.

[ ]  The description of the work to be performed by the W/MBE firm has been entered.

[ ]  The amount of the proposed W/MBE firm’s subcontract has been entered.

[ ]  The Respondent has completed and signed the Commitment section.

[ ]  The W/MBE firm has completed and signed the Affirmation section.

[ ]  A copy of the W/MBE firm’s certification letter by the City of Tampa, Hillsborough County, or State of Florida Department of Management Services Office of Supplier Diversity or DBE certification letter under the FLUCP program is attached to the Letter of Intent.

**Woman and Minority Owned Business Enterprise**

**Letter of Intent**

Name of Respondent’s firm:

Address:

|  |  |  |
| --- | --- | --- |
| City:        |  State:    | Zip Code:      -     |

Phone:    -   -     Fax number.    -   -

E-mail:      @     .

Name of W/MBE firm:

Address:

|  |  |  |
| --- | --- | --- |
| City:        |  State:    | Zip Code:      -     |

Phone:    -   -     Fax number.    -   -

E-mail:      @     .

|  |
| --- |
| Description of work to be performed by the W/MBE firm:       |

Amount of the W/MBE firm’s Subcontract $

**Commitment**

The Respondent is committed to utilizing the above-named W/MBE firm for the work described above.

|  |  |
| --- | --- |
| By: Name of Respondent:        | Date:       |
|  Respondent’s Representative:  Name:       | Title:       |

 (Respondent’s Representative Signature)

**Affirmation**

The above-named W/MBE firm affirms that it will perform the work described above.

|  |  |
| --- | --- |
| By: Name of W/MBE firm:        | Date:       |
|  W/MBE firm’s Representative:  Name:       | Title:       |

 (W/MBE’s firm’s Representative Signature)

**If the Respondent does not receive award of the Contract Purchase Agreement, any and all representations in this Letter of Intent will be null and void.**

**NOTE:** The cost of materials and/or supplies obtained and/or equipment leased by the W/MBE to perform the subcontract work (except supplies and equipment the W/MBE subcontractor purchases or leases from the prime contractor or its affiliate) may be included in the subcontract amount. In addition, the Authority will count 100% of the expenditures on materials and/or supplies obtained from a W/MBE manufacturer or regular dealer. With respect to materials or supplies purchased from a W/MBE which is neither a manufacturer nor a regular dealer, the Authority will count only the amount of fees or commissions charged for assistance with the procurement of the material or supplies, or fees or transportation charges for the delivery of materials or supplies required on a job site.

**V. Equal Opportunity Report Statement**

Each Respondent must complete, sign and include in Respondent's Quote the Equal Opportunity Report Statement. A Quote will be considered non-responsive and shall be rejected if it fails to furnish the required data. When a determination has been made to award the Contract Purchase Agreement to the successful Respondent, such Respondent will, prior to award, furnish such other pertinent information regarding compliance with Federal regulations and successful Respondent's own employment policies and practices as the Federal Aviation Administration, the Authority or the Secretary of Labor may require. The successful Respondent will require similar compliance by its subcontractors. Where the awarded price is $10,000.00 or greater, the successful Respondent shall comply with Part 152 of the Federal Aviation Regulations (FAR), as amended, and specifically FAR parts 152.411 (c) and (d).

The Respondent will complete the following statement by checking the appropriate boxes:

The Respondent has [ ]  has not [ ]  participated in a previous contract subject to the non-discrimination clause prescribed by Executive Order 11246, as amended.

The Respondent has [ ]  has not [ ]  submitted compliance reports in connection with any such contract as required by applicable instructions.

If the Respondent has participated in a previous contract subject to the non-discrimination clause and has not submitted compliance reports as required by applicable instructions, the Respondent shall submit written evidence of required compliance within ten (10) days after the Quotes Due date.

|  |  |
| --- | --- |
|  Respondent |  |
| By: |  |
| Title |  |
| Date: |  |

## **VI. Drug Free Workplace Certification**

**DRUG-FREE WORKPLACE FORM**

The undersigned, in accordance with Section 287.087, Florida Statutes, hereby certifies that       (name of business) does:

1. Publish a statement (“Published Statement”) notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibited acts.
2. Inform employees about the dangers of drug abuse in the workplace, the business’ policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under Quote a copy of the Published Statement specified in section 1 above.
4. In the Published Statement, notify employees that, as a condition of working on the commodities or contractual services that are under Quote, the employee will aQuotee by the terms of the Published Statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace, no later than five days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this certification.

As the person authorized to sign the statement, I certify that this firm complies fully with the requirements of Section 287.087, Florida Statutes, including the above requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Signature

Date

**VII.**  **ePayable Payment Solution**

The Authority offers suppliers the option of receiving payments using an ePayables solution. ePayables is an electronic payment solution that replaces check payments with a VISA credit card payment. ePayables offers suppliers a method for obtaining funds quickly and securely. The ePayables solution works as follows:

1. The Authority provides a dedicated VISA credit card number, expiration date and 3 digit CVV2 value to the supplier to keep on file.
2. The supplier sends invoice to the Authority.
3. The Authority approves invoice and orders payment.
4. The supplier’s card account number is funded with the payment amount.
5. The supplier receives notification via e-mail. Suppliers can opt to have notification sent to one or more e-mail address or alternately, to a single fax number.
6. The supplier processes payment on the card account number for the exact amount.

The cost of accepting a card account or merchant fees is offset, in many cases, by the advantages of accepting a VISA credit card account such as:

* Expedited receipt of cash, improving Days Sales Outstanding
* Avoids mail delays
* Elimination of check processing costs
* Elimination of collection costs associated with lost or misplaced checks
* More efficient handling of exception items
* Elimination of exposure to check fraud
* Better control by eliminating the need to give out bank information for ACH payments
* Remittance data transmitted with payment for more efficient back-end reconciliation
* Going green — paperless, electronic payments are more secure, save money and also help conserve the environment by eliminating printing and mailing paper checks

Please select one of the following responses:

[ ]  Respondent is currently enrolled in the Authority’s ePayables program.

[ ]  Respondent is willing to participate in the Authority’s ePayables program during the term of the Contract Purchase Agreement.

[ ]  Respondent would like to learn more about the Authority’s ePayables program.

[ ]  Respondent does not plan on accepting credit card payments during the term of the Contract Purchase Agreement.

**VIII. Pricing**

The Respondent must state the price(s) both in words and numerals where indicated. The words, unless obviously incorrect, will govern. In case of errors in the extension of Quote prices, the unit price will govern. All corrections in the Solicitation documents must be initialed in ink by the Respondent. The successful Respondent will make available to all governmental agencies, authorities, departments, and municipalities the submitted prices as stated in Section 8.07 of the Solicitation.

Having carefully reviewed the scope of work, specifications and any issued addenda for this Solicitation, the Respondent, being fully familiar with exact and specific requirements, hereby offers the following pricing in full consideration for the performance of all duties and obligations under this Solicitation:

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Est Qty | Annual Fee |
| 1 | Software House System Software Maintenance Agreement (SMA) | 1 each | $       |
| 2 | Genetec Software Maintenance Agreement (SMA) | 1 each | $       |
|  | Total Annual Fee |  | $       |

Annual software maintenance fee for the Software House C-Cure 9000 Security Access Control software and for the Genetec CCTV Security Center software.

Total Quote Price in words:       dollars

NOTES:

1. The Authority does not pay State of Florida sales tax.
2. The Quote Unit Prices are fixed prices unless otherwise specified in the Pricing Section of this Solicitation.
3. The Quote Unit Prices must include freight costs (F.O.B. destination), if applicable.

**IX. Acknowledgement of Addenda**

Complete the Acknowledgement of Addenda form below and include with Respondent’s Quote. It is the responsibility of the Respondent to ensure that all addenda have been downloaded from the Authority’s website at [www.TampaAirport.com](http://www.TampaAirport.com) > Airport Business > Procurement Department > Current Opportunities and receipt of each has been acknowledged. Failure to submit acknowledgement of each addendum issued may result in the Respondent being deemed non-responsive. Use of any other form may render the Respondent’s Quote void.

Hillsborough County Aviation Authority

Acknowledgement of Addenda

|  |  |
| --- | --- |
| Addenda Number | Addenda Date |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| [ ]  No addenda were posted. |

The submittal of this acknowledgement is a duly authorized, official act of the Respondent and the undersigned officer of the Respondent is duly authorized and designated by resolution of the Respondent to execute this acknowledgement on behalf of and as the official act of the Respondent, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

I, < signee name>, as a representative of <company name>, certify and affirm that by submitting this acknowledgement and signing below, I confirm and acknowledge receipt of the addenda as shown above and that the addenda have been reviewed and considered prior to submitting a Quote.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Title |       |
| Printed Name |       |  | Date |       |
|  |  |   |
| Company: |       | FID or EIN No.: |       |
| Address: |       | City/State/Zip: |       |

**X.** **Acknowledgement of Quote**

Complete the Acknowledgement of Quote Form below and include with the Quote. Use of any other form may render the Respondent’s Quote void.

Hillsborough County Aviation Authority

ITQ No. 14-534-805

Security Access Control Software Maintenance

The undersigned declares that Respondent or Respondent's representative has examined the site of work and is informed fully in regard to all conditions pertaining thereto; that Respondent has examined the ITQ No. 14-534-805 documents pertaining thereto; that Respondent has read all addenda furnished prior to the opening of Quotes; and that Respondent understands the scope of the work to be performed or goods to be provided.

The undersigned Respondent also agrees that if a Contract Purchase Agreement is awarded to Respondent, the Respondent will furnish the prescribed Insurance Certificates and any other required documents; and accept as full compensation the fees submitted with Respondent’s Quote.

The submittal of this Quote is a duly authorized, official act of the Respondent and the undersigned officer of the Respondent is duly authorized and designated by resolution of the Respondent to execute this Quote on behalf of and as the official act of the Respondent, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_. By submitting this Response and signing below, the Respondent agrees to all terms and conditions in Quote No. 14-534-805, which incorporates all addenda, appendices, exhibits, and attachments, in its entirety. The Respondent understands that if it submits exceptions to the Solicitation in its Quote, the Respondent’s Quote may be determined non-responsive.

|  |  |  |
| --- | --- | --- |
|  |  | **< RESPONDENT>**: |
| ATTESTED BY: |  | BY: |
|  |  | Signature of Authorized Official |
| Signature |  | Printed Name |
| Printed Name |  | Title |
| Title |  | Date |

**XI. Signature Authority**

Indicate below the Respondent’s type of organization and provide the required documentation as applicable to demonstrate that the officer of the Respondent is duly authorized to execute this Quote Form on behalf of and as the official act of the Respondent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Select** | **Type of Organization** | **Officer** | **Required Authorizing Documentation** |
| [ ]  | Corporation | President or Chief Executive Officer | None  |
| Vice President, Director, Manager, or other title | Corporate resolution |
| [ ]  | Limited Liability Company (LLC) – Member-Managed | Member | Articles of Organization or Operating Agreement |
| [ ]  | Limited Liability Company (LLC) – Manager-Managed | Manager | Articles of Organization or Operating Agreement |
| [ ]  | Limited Partnership | General Partner | Document demonstrating the legal authority to bind the Limited Partnership |
| [ ]  | Partnership | Partner | None |
| CEO, Director, Manager or other title | Authorizing documentation |
| [ ]  | Individual | Individual | None |

**[ ]  Documentation is not required.**

**[ ]  The required authorizing documentation is included with this Quote Form.**

**END OF QUOTE FORM**