

NOTICE TO BIDDERS
½ TON EXTENDED CAB SWB 4X4 PICKUP TRUCK

Notice is hereby given that the Board of County Commissioners of Santa Rosa County, Florida, will receive sealed bids for a 1/2 ton Extended Cab SWB 4x4 pickup truck.

All bids must be original and delivered by hand, Fed Ex, or mail to the Office of the Santa Rosa County Procurement Department, 6495 Caroline Street Suite G, Milton, Florida, 32570; and must be received by 10:00 a.m., June 7, 2016, at which time bids will be opened and read aloud. Bids are to be sealed and clearly labeled **“BID #16-037 – ½ Ton Pickup”**. Bids received after the time set for the bid opening will be rejected and returned unopened to the bidder. All interested parties are invited to attend.

Specifications and bid form may be secured from Santa Rosa County Website (www.santarosa.fl.gov/bids) or at the Santa Rosa County Procurement Department at the above address. Telephone (850) 983-1870

Questions should be directed to Dave King at dking@santarosa.fl.gov.

The Board of County Commissioners reserves the right to waive irregularities in bids, to reject any or all bids with or without cause, and to award the bid that it determines to be in the best interest of Santa Rosa County.

Santa Rosa County Board of County Commissioners encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Board does not discriminate on the basis of race, color, national origin, sex, religion, age, or handicapped status in employment or provision of service.

By order of the Board of County Commissioners of Santa Rosa County, Florida

LEGAL NOTICE

One issue – Press Gazette - May 7, 2016; Navarre Press - May 5, 2016; Gulf Breeze News - May 5, 2016; and South Santa Rosa News – May 8, 2016

Bill and proof to Santa Rosa County Procurement Department, 6495 Caroline Street, Suite G, Milton, Florida, 32570, Attn.: David King.

MINIMUM SPECIFICATIONS
½ TON EXTENDED CAB SWB 4X4 PICKUP TRUCK

ENGINE:

1. Manufacturer's standard 6 Cylinder Gas.
2. Standard duty alternator, standard duty battery.

TRANSMISSION:

1. Manufacturer's standard Automatic transmission.

AXLES:

1. Manufacturer's standard ratio rear axle for specified engine, transmission combination.

PERFORMANCE:

1. Manufacturer's standard power steering.

COMFORT ITEMS:

1. Manufacturer's standard air conditioning with 134A system.
2. Manufacturer's standard tinted glass all around.
3. Power Windows & power door locks
4. Manufacturer's standard AM-FM stereo.
5. Heavy duty rubber floor covering in lieu of carpet.
6. Manufacturer's standard production seats.
7. Keys: two (2) per vehicle, single key locking system.

SAFETY ITEMS:

1. Standard mirrors RH and LH side; inside day/night mirror.
2. Interior dome lights with left and right door activated switches.

TIRES:

1. Manufacturer's standard tires and wheels.
2. Conventional full size spare tire mounted underbody.

BRAKES:

1. Four wheel anti-lock brake ABS system.

FRAME, CAB, CHASIS:

1. Manufacturer's standard fuel tank.
2. Manufacturer's standard front and rear bumpers.
3. Extended Cab.
4. Manufacturer's short wheelbase, standard bed.

COLOR:

1. Silver, Green, White, Blue, Red, Tan, Black or Grey.

CONDITIONS:

1. Unit will be a new, currently advertised model, in addition to equipment specified; vehicle shall be equipped with all standard equipment as specified by manufacturer for this model, and shall comply with all EPA emission standards and all motor vehicles safety standards as established by the U.S. Department of Transportation regarding the manufacturer of motor vehicles.

YEAR:

1. 2016 model.

MANUALS:

1. One (1) Owners Manual and one (1) Service Shop Repair Manual on complete vehicle.

DELIVERY:

1. As delivery time may be a factor in determining the low bid, state delivery time.

WARRANTY:

1. Manufacturer's standard warranty. Warranty work must be performed within a 50 mile radius of Milton, Florida and must be performed in the State of Florida.

BID FORM

Santa Rosa County Procurement Department
6495 Caroline Street, Suite G
Milton, Florida 32570

Date _____

Dear Sir:

The undersigned agrees to furnish the equipment as requested by you for Santa Rosa County in your invitation to bid and certifies that the equipment bid meets or exceeds the specifications called for, except as set out in "Exceptions to Bid Conditions" and attached to this form.

Make and Model of Equipment _____

Name & Address of Bidder _____

Cash Bid Price FOB – Milton, Florida

½ TON EXTENDED CAB SWB 4X4 PICKUP TRUCK \$ _____

Specify Warranty Information _____

Delivery Date Must Be Specified _____

Company Representative Signature

Telephone

NOTE: Please return this bid form to the above address. NO OTHER BID FORM WILL BE ACCEPTED.

COMMENTS: _____

**SWORN STATEMENT UNDER SECTION 287.133 (3) (A),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
by _____
(print individual's name and title)
for _____
(print name of entity submitting sworn statement)
whose business address is _____

_____ and (if applicable) its Federal Employer
Identification Number (FEIN) is _____. If the entity has no FEIN, include the
Social Security Number of the individual signing this Sworn Statement: _____.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of public entity crime.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or appeals to bid on contracts for the provision of goods and services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)
_____ Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officers determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (ATTACH A COPY OF THE FINAL ORDER.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature) _____

Sworn to and subscribed before me this _____ day of _____, 2_____.

Personally known _____

or Produced identification _____ Notary Public – State of _____

_____ My commission expires _____
(Type of identification)

_____ (Printed, typed, or stamped commissioned name of notary public.)