

FLORIDA  
DEPARTMENT OF HEALTH (DOH)  
DOH 16-065



10-2016

INVITATION TO BID (ITB)  
FOR  
**Seven Heavy Duty Pickup Trucks**

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## SECTION 1.0: INTRODUCTORY MATERIALS

### 1.1 Statement of Purpose

The purpose of this Invitation to Bid (ITB) is for the Department of Health to obtain competitive prices for leasing seven ½ Ton Heavy Duty Pickup Trucks. These trucks will be used by the Department of Health's, Bureau of Preparedness and Response Regional Emergency Response Advisors (RERAS).

### 1.2 Specifications

Detailed specifications for this solicitation are provided as **Attachment A** in this ITB.

### 1.3 Definitions

**Bid:** The complete written response of the Provider to this ITB, including properly completed forms, supporting documents, and attachments.

**Business days:** Monday through Friday, excluding state holidays.

**Business hours:** 8 a.m. to 5 p.m., Eastern Time on all business days.

**Calendar days:** All days, including weekends and holidays.

**Contract:** The formal agreement or order that will be awarded to the successful Provider under this ITB, unless indicated otherwise.

**Department:** The Department of Health; may be used interchangeably with DOH.

**Minor Irregularity:** As used in the context of this solicitation, indicates a variation from the ITB terms and conditions which does not affect the price of the Bid, or give the Provider an advantage or benefit not enjoyed by other Providers, or does not adversely impact the interests of the Department.

**Order:** As used in the context of this solicitation refers to a Purchase Order or a Direct Order.

**Provider:** The business entity that submits a Bid. This term also may refer to the entity awarded a contract by the Department in accordance with the terms of this ITB.

**Vendor Bid System (VBS):** Refers to the State of Florida internet-based vendor information system at: [http://myflorida.com/apps/vbs/vbs\\_main\\_menu](http://myflorida.com/apps/vbs/vbs_main_menu).

## SECTION 2.0: PROCUREMENT PROCESS, SCHEDULE & CONSTRAINTS

### 2.1 Procurement Officer

The Procurement Officer assigned to this solicitation is:

Florida Department of Health  
Attention: **Tamara Harrington**  
4052 Bald Cypress Way, Bin B07  
Tallahassee, FL 32399-1749  
Email: [Tamara.Harrington@flhealth.gov](mailto:Tamara.Harrington@flhealth.gov)

### 2.2 Restriction on Communications

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response. Section 287.057(23), Florida Statutes.

### 2.3 Term

It is anticipated that the Contract resulting from this ITB will be for three (3) years from July 1, 2017 or the Contract execution date whichever is later, subject to renewal as identified in **Section 4.2**. The Contract resulting from this ITB is contingent upon availability of funds.

### 2.4 Timeline

<u>EVENT</u>	<u>DUE DATE</u>	<u>LOCATION</u>
ITB Advertised / Released	<b>03/30/2017</b>	<b>Posted to the Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
Questions Submitted in Writing	<b>Must be received PRIOR TO:</b> <b>4/5/17 @ 2:30pm</b>	<b>Submit to:</b> Florida Department of Health Central Purchasing Office <b>Attention: Tamara Harrington</b> Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 E-mail: <a href="mailto:Tamara.Harrington@flhealth.gov">Tamara.Harrington@flhealth.gov</a>
Answers to Questions (Anticipated Date)	<b>4/7/17</b>	<b>Posted to Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>

<p align="center"><b>Sealed Bids Due and Opened</b></p>	<p align="center"><b>Must be received PRIOR TO:</b></p> <p align="center"><b>4/14/17 @ 3:00pm</b></p>	<p><b><u>PUBLIC MEETING</u></b></p> <p><b>Submit to:</b> Florida Department of Health Central Purchasing Office <b>Attention: Tamara Harrington</b> Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749</p>
<p align="center">Anticipated Posting of Intent to Award</p>	<p align="center"><b>4/17/17</b></p>	<p><b>Posted to the Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a></p>

**2.5 Addenda**

If the Department finds it necessary to supplement, modify, or interpret any portion of the solicitation during the procurement process, a written addendum will be posted on the MyFlorida.com Vendor Bid System, [http://vbs.dms.state.fl.us/vbs/main\\_menu](http://vbs.dms.state.fl.us/vbs/main_menu). If the addendum alters the scope or specifications of the solicitation, the Provider will be required to sign the addendum acknowledging the changes and return it with the bid submittal. It is the responsibility of the Provider to be aware of any addenda that might affect their Bid.

**2.6 Questions**

***This provision takes precedence over General Instruction #5 in PUR1001.***

Questions related to this solicitation must be received, in writing (either via U.S. Mail, courier, e-mail, fax, or hand-delivery), by the Procurement Officer identified in **Section 2.4**, within the time indicated in the Timeline. Verbal questions or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the ITB will be posted on the MyFlorida.com Vendor Bid System web site: [http://vbs.dms.state.fl.us/vbs/main\\_menu](http://vbs.dms.state.fl.us/vbs/main_menu).

**2.7 Basis of Award**

A single award will be made to the responsive, responsible Provider offering the lowest grand total for the items requested in this ITB including delivery, FOB destination.

**2.8 Identical Tie Bids**

Where there is identical pricing from multiple Providers, the Department will determine the order of award in accordance with Florida Administrative Code, Rule 60A-1.011.

## **2.9 Federal Excluded Parties**

In order to comply with Federal grant requirements, and/or determining vendor responsibility in accordance with sections 287.057(1), (2) and (3), Florida Statutes, and Florida Administrative Code Rule 60A-1.006(1), a Provider or subcontractor that, at the time of submitting a Bid for a new Contract or renewal of an existing Contract is on the Federal Excluded Parties List, is ineligible for, may not submit a Bid for, or enter into or renew a Contract with an agency for goods or services, if any federal funds are being utilized.

## **SECTION 3.0: INSTRUCTIONS FOR BID SUBMITTAL**

### **3.1 General Instructions to Respondents (PUR 1001)**

This section explains the General Instructions to Providers (PUR 1001) of the solicitation process, and is a downloadable document incorporated into this solicitation by reference. This document should not be returned with the Bid. <http://dms.myflorida.com/content/download/2934/11780>

**The terms of this solicitation will control over any conflicting terms of the PUR1001.**

### **3.2 Instructions for Submittal**

1. Providers are required to complete, sign, and return the “Price Page” with the Bid submittal. (**Mandatory Requirement**)
2. Providers must submit all technical and pricing data in the formats specified in the ITB.
3. Submit one original Bid and one electronic copy of the Bid on CD or thumb drive. The electronic copy should contain the entire Bid as submitted, including all supporting and signed documents. Refer to **Section 3.4** for information on redacting confidential information, if applicable.
4. Bids may be sent by U.S. Mail, Courier, or Hand Delivered to the location indicated in the Timeline.
5. Bids submitted electronically will **not** be considered.
6. Bids must be submitted in a sealed envelope/package with the solicitation number and the date and time of the Bid opening clearly marked on the outside.
7. The Department is not responsible for improperly marked Bids.
8. It is the Provider’s responsibility to ensure its Bid is submitted at the proper place and time indicated in the ITB Timeline.
9. The Department’s clocks will provide the official time for Bid receipt.

Materials submitted will become the property of the State of Florida and accordingly, the State reserves the right to use any concepts or ideas contained in the response.

### **3.3 Cost of Preparation**

Neither the Department of Health nor the State is liable for any costs incurred by a Provider in responding to this solicitation.

### **3.4 Public Records and Trade Secrets**

Notwithstanding any provisions to the contrary, public records must be made available pursuant to the provisions of the Public Records Act. If the Provider considers any portion of its Bid to this solicitation to be confidential, exempt, trade secret or otherwise not subject

to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, the Provider must segregate and clearly mark the document(s) as “**CONFIDENTIAL**”.

Simultaneously, the Provider will provide the Department with a separate redacted paper and electronic copy of its Bid and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy must contain the solicitation name, number, and the name of the Provider on the cover, and must be clearly titled “**REDACTED COPY**”.

The redacted copy must be provided to the Department at the same time the Provider submits its Bid and must only exclude or obliterate those exact portions which are claimed confidential, proprietary, or trade secret. The Provider will be responsible for defending its determination that the redacted portions of its Bid are confidential, trade secret or otherwise not subject to disclosure. Further, the Provider must protect, defend, and indemnify the Department for any and all claims arising from or relating to the determination that the redacted portions of its Bid are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Provider fails to submit a redacted copy with its Bid, the Department is authorized to produce the entire documents, data or records submitted by the Provider in answer to a public records request for these records.

### **3.5 Price Page (Mandatory Requirement)**

The Price Page is **Attachment B** of this ITB. Providers must fill out the Price Page as indicated, sign it, and return it with their Bid.

### **3.6 Documentation**

Providers must complete and submit the following information or documentation as part of their Bid:

#### **3.6.1 Statement of Non-Collusion**

Providers must sign and return with their Bid the **Statement of Non-Collusion** form, **Attachment C**.

### **3.7 Special Accommodations**

Any person requiring special accommodations at DOH Purchasing because of a disability should call DOH Purchasing at (850) 245-4199 at least five (5) work days prior to any pre-Bid conference, Bid opening, or meeting. If hearing or speech impaired, please contact Purchasing by using the Florida Relay Service, at 1-800-955-8771 (TDD).



### **3.8 Responsive and Responsible (Mandatory Requirements)**

Providers must complete and submit the following mandatory information or documentation as part of their Bid. Any Bid which does not contain the information below will be deemed non-responsive.

- Bids must be received by the time specified (**Section 2.4**).
- **Attachment B**: Price Page (as specified in **Section 3.5**).
- **Detailed Specifications, if a Provider submits an “or equivalent” Bid (Section B of Attachment A)**.

### **3.9 Late Bids**

The Procurement Officer must receive Bids pursuant to this ITB no later than the date and time shown in the Timeline (Refer to **Section 3.9**). Bids that are not received by the time specified will not be considered.

## SECTION 4.0: SPECIAL CONDITIONS

### 4.1 General Contract Conditions (PUR 1000)

The General Contract Conditions (PUR 1000) form is a downloadable document incorporated in this solicitation by reference, that contains general Contract terms and conditions that will apply to any Contract resulting from this ITB, to the extent they are not otherwise modified. This document should not be returned with the Bid. <http://dms.myflorida.com/content/download/2933/11777>

**The terms of this solicitation will control over any conflicting terms of the PUR1000. Paragraph 31 of PUR 1000 does NOT apply to this solicitation or any resulting contract.**

### 4.2. Renewal

The Contract resulting from this solicitation may be renewed. Renewals may be made on a yearly basis or for a period that may not exceed three years or the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

### 4.3 Conflict of Interest

Section 287.057(17)(c), Florida Statutes, provides "A person who receives a Contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent Contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to Contract with the agency for any other contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such Contract. However, this prohibition does not prevent a vendor who responds to a request for information from being eligible to Contract with an agency."

The Department of Health considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or any other advisory capacity to constitute participation in drafting of the solicitation.

Refer to Statement of Non-Collusion, **Section 3.6.1.**

### 4.4 Certificate of Authority

All limited liability companies, corporations, corporations not for profit, and partnerships seeking to do business with the State must be registered with the Florida Department of State in accordance with the provisions of Chapters 605, 607, 617, and 620, Florida Statutes, respectively prior to Contract execution. The Department retains the right to ask for verification of compliance before Contract execution. Failure of the selected contractor to have appropriate registration may result in withdrawal of Contract award.

#### **4.5 Provider Registration**

Each Provider doing business with the State of Florida for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes must register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code Rule 60A-1.030. State agencies must not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, with any Provider not registered in the MyFloridaMarketPlace system, unless exempted by rule. The successful Provider must be registered in the MyFloridaMarketPlace system within 5 days after posting of intent to award.

Registration may be completed at:

<https://vendor.myfloridamarketplace.com/vms-web/spring/login?execution=e2s1>

Providers lacking internet access may request assistance from MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, FL 32399.

#### **4.6 Minority and Service-Disabled Veteran Business-Participation**

The Department encourages Minority, Women, Service-Disabled Veteran, and Veteran-Owned Business Enterprise participation in all its solicitations.

#### **4.7 Subcontractors**

The Department will not authorize the use of subcontractors in Contract resulting from this ITB.

#### **4.8 Order**

Providers must become familiar with the Department's Order which contains administrative, financial and non-programmatic terms and conditions mandated by federal laws, state statutes, administrative code rules, and directive of the Chief Financial Officer.

Use of the Order is mandatory for Department Direct Orders issued in MFMP as they contain the basic clauses required by law. The terms and conditions contained in the Order Terms and Conditions are non-negotiable. The State of Florida, Department of Health, Order Terms and Conditions are located at:

<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/documents/DOH-Terms-and-Conditions.pdf>

#### **4.9 Conflict of Law and Controlling Provisions**

Any Contract resulting from this ITB, and any conflict of law issue, will be governed by the laws of the state of Florida. Venue must be Leon County, Florida.

#### **4.10 Agency Inspectors General**

It is the duty of every state officer, employee, agency, special district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055, Florida Statutes.

#### **4.11 Records and Documentation**

To the extent that information is used in the performance of the resulting Contract or generated as a result of it, and to the extent that information meets the definition of “public record” as defined in Section 119.011(12), Florida Statutes, said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, Provider must make the public records available for inspection or copying upon request of the Department’s custodian of public records at cost that does not exceed the costs provided in Chapter 119, Florida Statutes, or otherwise, and must comply with Chapter 119 at all times as specified therein. It is expressly understood that the Provider’s refusal to comply with Chapter 119, Florida Statutes, will constitute an immediate breach of the Contract resulting from this ITB and entitles the Department to unilaterally cancel the Contract agreement.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITB must be retained by the Provider for a period of six years after the termination of the resulting Contract or longer as may be required by any renewal or extension of the Contract. During the records retention period, the Provider agrees to furnish, when requested to do so, all documents required to be retained. Submission of such documents must be in the Department’s standard word processing format. If this standard should change, it will be at no cost incurred to the Department. Data files will be provided in a format readable by the Department.

The Provider must maintain all records required to be maintained pursuant to the resulting Contract in such manner as to be accessible by the Department upon demand. Where permitted under applicable law, access by the public must be permitted without delay.

#### 4.12 **Protests**

Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post a bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Only documents delivered by the U.S. Postal Service, a private delivery service, in person, or by facsimile during Business hours (Monday-Friday, 8:00 a.m. - 5:00 p.m., Eastern Standard Time) will be accepted. Documents received after hours will be filed the following business day.

**No filings may be made by email or any other electronic means.** All filings must be made with the Agency Clerk ONLY and are only considered "filed" when stamped by the official stamp of the Agency Clerk. It is the responsibility of the filing party to meet all filing deadlines.

**Do not send Bids to the Agency Clerk's Office. Send all Bids to the Procurement Officer and address listed in the Timeline.**

**The Agency Clerk's mailing address is:**

Agency Clerk  
Florida Department of Health  
4052 Bald Cypress Way, BIN A-02  
Tallahassee, Florida 32399-1703  
Telephone No. (850) 245-4005

**The Agency Clerk's physical address for hand deliveries is:**

Agency Clerk, Department of Health  
2585 Merchants Row Blvd.  
Tallahassee, Florida 32399  
Fax No. (850) 410-1448

# ATTACHMENT A

## Specifications

### A. Specifications

The Contractor will provide the following described vehicles:

1/2 Ton Heavy Duty Pickup Truck, Crew Cab, 4x4

REPRESENTATIVE MODELS:

- 2017 Chevrolet Silverado 1500 4WD Crew Cab 143.5-inch Work Truck (CK10543)
- 2017 FORD F-150 4WD Supercrew 145-INCH XL (W1E),
- or an approved equivalent

The vehicle required and covered by this specification must be new and equipped with all standard equipment in accordance with the manufacturer's literature. All options required to meet the below specifications must be installed as Original Equipment Manufacturer (OEM) options, unless not available from the manufacturer for the representative models listed or approved equivalent(s). Vehicle must either meet or exceed each of the following specifications:

1. ENGINE: Flex Fuel V6 or V8 engine that meets minimum towing requirements.
2. TRANSMISSION: 6-speed Automatic transmission; minimum two-speed transfer case with electronic shift, if available.
3. AXLES: limited slip locking differential on rear axle: 7,000 lb. towing capacity, minimum. Front drive system must include automatic locking hubs fully activated from the inside of the vehicle for 4WD operation.
4. PERFORMANCE ITEMS: Standard instrumentation; power steering.
5. COMFORT ITEMS: Air conditioning; all glass tinted (As specified below in Accessories 10a); AM-FM radio; OEM cruise control, tilt steering wheel, outside heated power adjustable mirrors, Remote keyless entry with one additional key FOB for a total of three key FOBs, power windows/door locks, Front seat: Cloth 40/20/40 split bench or bucket seats with head restraints. Note: Bucket seats preferred, if available as Original Equipment Manufacturer (OEM) option for representative models or approved equivalent. Rear cloth bench seat if available. Black rubberized-vinyl floor covering. Compatible front and rear floor mats, factory or dealer installed. Inside rearview mirror, manual day/night; Dual outside mirrors (As specified below in Accessories 10c).
6. SAFETY ITEMS: Original Equipment Manufacturers (OEM's) standard brake system; power windows and door locks; remote keyless entry; daytime running lights; air bags, driver and passenger, factory installed rear mounted backup camera to provide wide angle field of vision at rear of vehicle.
7. TIRES & WHEELS: Five (5) Manufacturer all terrain or on/off road tread tires; matching full size spare tire and wheel, frame mounted; jack and lug wrench.

## ATTACHMENT A Specifications

8. CHASSIS & CAB: Minimum 7000 lbs. GVWR; wheelbase, 143.0 inches minimum; inside box length, 66.0 inches minimum; step-type rear bumper with pads; factory installed skid plates; tow hooks, five passenger, four door, crew cab; exterior color white. Tow package to include external transmission cooler, 7,000 lb. tow capacity minimum. Heavy duty cooling package and trailer hitch platform with seven (7) lead wire harness (harness includes wires for: park lamps, eight turn, left turn, electric break lead, battery and ground) with independent fused trailer circuits mated to a seven (7) way sealed connector, and one-way sealed connector for center high-mounted stop/break lamp. Minimum Class III "weight carrying/dead weight receiver, 8,000 lbs. capacity minimum, installed. Payload minimum 1500 lbs.
  
9. CONDITIONS: Contractor shall provide a Manufacturer's printout (Ford "DORA", "GM AutoBook", or approved equivalent) to verify the Vehicle bid meets all the requirements of this specification. Also, any dealer installed aftermarket components, if specified, must be noted on the Manufacturer's printout.
  
10. ACCESSORIES LISTED BELOW WHICH ARE NOT PROVIDED AS STANDARD EQUIPMENT OR AVAILABLE AS ORIGINAL EQUIPMENT MANUFACTURER (OEM) OPTION(S) ON REPRESENTATIVE MODELS OR APPROVED EQUIPMENT MUST BE INSTALLED BY THE DEALER.
  - a. Glass: Solar-Ray deep tinted (all windows except light tinted glass on windshield). Rear sliding window.
  - b. Bed Liner: Spray-on bed liner. Minimum thickness: 1/8" on front and sides up to the bottom of the bed rail; 3/16" on floor, wheel housings and tailgate. OEM's, Bullhide, Line-X, Rhino Tuff Stuff or approved equivalent.
  - c. Mirrors: Outside rearview, power adjusted, fold-away, manual, camper-style, black, high visibility, extendable, includes dual segment mirror on driver's side that provides enhanced wide angle capacity.
  - d. Running Boards: Assist Steps, black coated tubular.
  - e. Tri-fold locking, low profile tonneau cover, color black.
  - f. EMERGENCY LIGHTING AND ALERTING SYSTEMS: Mounted and fully functioning low profile Federal Signal Legend 45" or equivalent all LED Light bar with Alley Lights (light colors, red & white), Mounted and fully functioning emergency vehicle headlight and tail light flasher system (Whelen or equivalent), Mounted and fully functional 100 watt power siren speaker system mounted in the vehicles grill (Federal Signal or equivalent), Mounted radio/emergency light switch console or floor mounting bracket (Federal Signal or equivalent), Mounted and fully functioning siren control unit for the siren speaker (Federal Signal or equivalent), Mounted and fully functional light switch controllers for the light bar and headlight/tail light flasher system (Federal Signal or equivalent), Mounted and fully functional back-up alarm. Mounted Pro-Series PSI-1500 DC to AC inverter.
  
11. These vehicles must have Gross Combined Weight Rating (GCWR) between 9000 (4082.3 kg) and 13000 (5896.70 kg) pounds.

These vehicles are intended for emergency response. Additionally, these vehicles will require consistent use that will lead to high mileage (100,000+ miles per contract duration). The Florida Department of Health will not be held at harm for these modifications with all modifications repairs to be the responsibility of the bid awardee.

**ATTACHMENT A**  
**Specifications**

12. The Manufacturer's Certificate of Origin (MCO) must be provided with each vehicle upon the date of delivery (section E) pursuant to section 319.21(1), Florida Statutes.

**B. Approved Equivalents**

Providers may submit "or equivalent" specifications that meet or exceed the specifications provided herein. All Bids with "or equivalent" specifications must include detailed specifications so the Department can make an accurate comparison. The Department, or its designee, at its sole discretion will determine if the submitted specifications meet or exceed the required specifications.

**C. Manuals**

The Provider must furnish equipment operation manuals upon delivery at no additional cost to the Department.

**D. Warranty**

The Provider must furnish at a minimum a Standard Factory Warranty that covers bumper to bumper or 36,000 miles and the powertrain for 5 years or 60,000 miles.

**E. Delivery**

Delivery Schedule: All items requested in this ITB must be delivered, FOB destination to the address listed below no later than Friday, September 1, 2017.

4052 Bald Cypress Way  
Tallahassee, Florida 32399

**F. End of Lease Buy Back**

The Department will buy back the vehicles at the end of the lease contract for a fixed fee price of \$1.00 each for \$7.00 total.



**ATTACHMENT B  
PRICE PAGE**

A single award will be made to the responsive, responsible Provider offering the lowest grand total for the items requested in this ITB including delivery, FOB destination.

Description	Annual Lease Amount	Quantity	Total	Years	Buy Back Price	Grand Total
½ Ton Heavy Duty Pickup Trucks	\$ _____ per truck	x 7 =	\$ _____	x 3 years	+ <b>\$7.00</b>	= \$ _____

**Provider Name:** \_\_\_\_\_

**Provider Mailing Address:** \_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Federal Employer Identification Number (FEID):** \_\_\_\_\_

BY AFFIXING MY SIGNATURE ON THIS BID, I HEREBY STATE THAT I HAVE READ THE ENTIRE ITB TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting Contract including those contained in the Order.

**Signature of Authorized Representative\*:** \_\_\_\_\_

**Printed (Typed) Name and Title:** \_\_\_\_\_

\*An authorized representative is an officer of the Provider's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**ATTACHMENT C  
STATEMENT OF NON-COLLUSION**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject Contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant Bid, proposal or reply. This Bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Provider, Respondent, or Vendor to the provisions of this Bid, proposal or reply.

\_\_\_\_\_  
Signature of Authorized Representative\*

\_\_\_\_\_  
Date

\*An authorized representative is an officer of the Provider's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.