

REQUEST FOR QUOTATION
****THIS IS NOT AN ORDER****

Return Quotes To:

The University of Tennessee
 Purchasing Department
 5723 Middlebrook Pike
 Knoxville, TN 37921

Information	
Date:	11/04/2009
RFQ No:	6000037595
Collective No:	10033308
Return Quote By:	11-6-09 4:00 PM
Promised Ship Date: (Furnish)	_____
Payment Terms: (Furnish)	_____
FOB UT Dest Unless Otherwise Specified Below	
Buyer:	Lisa Pate
Phone:	865-974-3101
Fax:	865-974-2973

Vendor Address
Bidder # D99999
University of T
PARENT RFQ
UT TN

Item	Quantity	UM	Material/Description	Price Per Unit	Net Amount
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This is Rebid No. 1 to Collective RFQ 10033308

Please note this requirement is to be performed at the UT Space Institute in Tullahoma, Tennessee.

Reason: To add location of service

NOTE: Any potential bidder not otherwise notified by the University for this requirement must register at: <http://purchasing.tennessee.edu>. Scroll to "Bid & Proposal Advertisements" under Quick Links, and follow the instructions. Failure to do so will result in rejection of your bid.

THIS IS AN EMERGENCY REQUEST FOR QUOTATIONS. BIDDERS ARE REQUESTED TO FAX THEIR QUOTATIONS PRIOR TO AND NOT LATER THAN 4:00 PM, FRIDAY, NOVEMBER 6, 2009

FAX NUMBER: 865/974-2973 ATTN: LISA PATE

00001 12 MON Monthly inspection of 188 extinguishers _____

188 fire extinguishers: \$ _____/ea x 188 =

\$ _____/monthly charge

Recharge:

2.5 lb ABC: \$ _____

5 lb. ABC: \$ _____

10 lb. ABC: \$ _____

20 lb, ABC: \$ _____

5 lb CO2: \$ _____

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10 lb. CO2: \$ _____
 15 lb. CO2: \$ _____
 20 lb. CO2: \$ _____
 50 lb. CO2: \$ _____
 Hydrostatic test CO2 26 lb. & under: \$ _____
 Hydrostatic test CO2 50 lb.: \$ _____

Manufacturer _____ # _____
 Warranty _____

00002 12 MON Monthly inspection of 20 extinguishers _____
 in dormitory on a monthly basis:
 \$ _____/ea x 20 + \$ _____/per month
 Manufacturer _____ # _____
 Warranty _____

00003 2 EA Auto Hood service in kitchen - 2 units _____
 Auto Hood System service on a 6 month basis:
 \$ _____/ea x 2 x 6 months: \$ _____
 Manufacturer _____ # _____
 Warranty _____

00004 2 EA Fuse links in kitchen - 4 each _____

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on a 6 month basis:

\$ _____ /ea x 4 x 6 months = \$ _____

Manufacturer _____ # _____

Warranty _____

00005	1	EA	ABC hydro test 10 lb. - 13 each	_____	_____
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ABC hydro test of 10 lb extinguishers - 13 each:

\$ _____ /ea x 13 = \$ _____

Manufacturer _____ # _____

Warranty _____

00006	1	EA	6 year maintenance 10 lb. - 14 each	_____	_____
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ABC 10 lb extinguishers on 6 year maintenance - 13 each:

\$ _____ /ea x 13 = \$ _____

Manufacturer _____ # _____

Warranty _____

GENERAL BID CONDITIONS: All University of Tennessee general bid conditions apply to this bid. To view these conditions, which include protest procedures, please visit website http://purchasing.tennessee.edu/General_Bid_Conditions.htm. If for some reason you are unable to access this website you may telephone (865) 974-3311 for a hard copy of these conditions.

SPECIAL BID CONDITIONS

SBC-1 SCOPE

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The University of Tennessee proposes to purchase fire extinguisher inspection services as shown on the bid form for the period as stated in SBC-Period of Contract. Bidders are to note that the items listed on the bid form will not be needed at one time but over the life of the order

SBC-2 CONFLICT OF CONDITIONS

In the event that there are any conflicts between the General Bid Conditions and these Special Bid Conditions the Special Bid Conditions shall take precedence.

SBC-3 BID IN ACCORDANCE WITH SPECIFICATIONS

Bidders are cautioned that unless otherwise stipulated in their bids, it will be assumed that they are bidding in strict accordance with the specifications and will be required to strictly comply therewith. Any deviations whatsoever from the specifications must be fully set forth and itemized in detail in a letter accompanying the bid. Generalized statements submitted with your bid in order to avoid complying with this requirement in full detail will not be accepted.

SBC-4 INTERPRETATIONS & ADDENDA

Any questions concerning conditions and specifications should be directed to the Purchasing Department in writing no later than five (5) days prior to the bid opening. Inquiries must reference the date of bid opening and RFQ Number.

SBC-5 AWARD

Award of all items will be made on an "all or none" basis.

SBC-6 FIRM PRICES:

Price increases will be entertained annually at the end of the initial contract period and at the end of any subsequent annual periods. Evidence of cost increase must be provided to substantiate any request for increase. In any event, the cost increase may not exceed either the Cost of Living or Consumer Price Index (CPI), whichever is less

SBC-7 QUANTITIES

The University of Tennessee does not guaranteed that the quantities stated on the bid from will be purchased. The figure shown is an estimate only.

SBC-8 PERIOD OF CONTRACT

The contract when awarded shall cover the period of one (1) year from date of award with a provision to extend by mutual agreement for four (4) additional periods of one (1) year each.

SBC-9 PRICE REDUCTION

The successful bidder will be required to give the University the benefit of all general price reduction to

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the seller's other customers occurring at any time during the effective period of the order. Written notice shall be made to the Purchasing Department of the University in the event of a decrease in the quoted price. Price decreases shall become effective immediately and shall be identical in amount to the general decrease extended to the successful bidder's other customers.

SBC-10 CANCELLATION OF CONTRACT

The University of Tennessee is required by state law to purchase its requirements from state contractors if their prices are less than those prices obtained by the University of Tennessee. If during the term of this contract, a state contract is received which has lower prices, the University reserves the right to cancel all or part of current contract.

SBC-11 CONTRACTED SERV. INS.

Certificate of Insurance

The successful bidder shall file with the Purchasing department of The University of Tennessee, prior to commencing work, an appropriate certificate of insurance, in duplicate, evidencing compliance with the insurance requirements contained in the bid specifications.

Additional Insured

The certificate of insurance shall name The University of Tennessee as an additional insured under the required policies of liability insurance set forth in the insurance requirements of these specifications.

The insurance required hereunder naming the University of Tennessee as an additional insured shall be primary insurance to any and all insurance that might be in force for the benefit of The University of Tennessee.

Insurance Requirement

The successful bidder who provides products and services to The University of Tennessee will provide the University with satisfactory evidence of the following insurance coverage:

Workers compensation and industrial diseases insurance in the statutory amounts, and employers liability in the amount of \$500,000

General liability insurance or comprehensive general liability insurance, including contractual liability, products/completed operation, and contractors broad form liability in an amount equal to \$1,000,000 combined single limits of liability.

Automobile liability insurance, including non-owned and hired automobiles, in an amount equal to \$500,000 combined single limits of liability.

Such insurance shall be written by insurers acceptable to The University of Tennessee. The certificate of

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insurance shall indicate whether the policy or policies of insurance are written on a claims-made or occurrence basis.

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IF THE BIDDER TAKES EXCEPTION TO ANYTHING IN THE SPECIFICATIONS OR TERMS AND CONDITIONS. THE EXCEPTION MUST BE LISTED BELOW. IF NECESSARY YOU MAY SUPPLEMENT YOUR COMMENTS WITH AN ATTACHEMENT LISTING YOUR EXCEPTIONS. IF NO EXCEPTIONS ARE TAKEN WRITE 'NONE' IN THE AREA FURNISHED BELOW. IF NO COMMENTS ARE FURNISHED IT WILL BE ASSUMED THAT NO EXCEPTIONS ARE BEING TAKEN

CERTIFICATION: MY COMPANY IS CLASSIFIED AS A:

NOTE: It will be assumed that business category is large if no response is furnished

LARGE BUSINESS _____ SMALL BUSINESS _____ WOMAN OWNED _____

PLEASE INDICATE BELOW ONLY IF YOUR FIRM IS AT LEAST 51 PERCENT OWNED BY A MEMBER(S) OF THE FOLLOWING GROUPS

BLACK AMERICAN _____ HISPANIC AMERICAN _____ ASIAN PACIFIC AMERICAN _____ NATIVE AMERICAN _____ ASIAN INDIAN AMERICAN _____

IT IS UNDERSTOOD AND AGREED THAT THIS BID WHEN CERTIFIED BY AN AUTHORIZED SIGNATURE SHALL CONSTITUTE AN OFFER WHICH WHEN ACCEPTED IN WRITING BY THE UNIVERSITY'S PURCHASING DEPARTMENT AND SUBJECT TO THE TERMS AND CONDITIONS OF SUCH ACCEPTANCE WILL CONSTITUTE A VALID AND BINDING CONTRACT BETWEEN THE UNIVERSITY OF TENNESSEE AND THE BIDDER/CONTRACTOR SUBMITTING SUCH OFFERING

WE OFFER TO SELL TO YOU THE ABOVE MATERIAL(S) OR SERVICES AT THE PRICE AND TERMS SPECIFIED HEREON AND IN ACCORDANCE WITH THE UNIVERSITY'S GENERAL AND ANY SPECIAL BID CONDITIONS FURNISHED AND INCORPORATED INTO THIS DOCUMENT. ALL EXCEPTIONS, ALTERNATIVE MATERIALS, OR SPECIFICATIONS IF ANY HAVE BEEN CLEARLY INDICATED. IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST FOR QUOTATION, CONTACT THE BUYER AT THE ADDRESS OR TELEPHONE NUMBER SHOWN ABOVE.

WHEN OFFERING A 'NO BID', PLEASE INDICATE YOUR REASON(S) BELOW AND RETURN THIS INFORMATION WITH YOUR RESPONSE

_____ DO NOT HANDLE THIS TYPE EQUIPMENT _____ CANNOT MEET SPECIFICATIONS
 _____ CANNOT MEET REQUIRED DELIVERY _____ MATERIALS NOT AVAILABLE
 _____ OTHER (SPECIFY) _____

IN COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 878 PUBLIC ACTS OF 2006, THE CONTRACTOR HEREBY ATTESTS THAT THE CONTRACTOR SHALL NOT KNOWINGLY UTILIZE THE SERVICES OF AN ILLEGAL IMMIGRANT IN THE PERFORMANCE OF THIS CONTRACT AND SHALL NOT KNOWINGLY UTILIZE THE SERVICES OF ANY SUBCONTRACTOR WHO WILL UTILIZE THE SERVICES OF AN ILLEGAL IMMIGRANT IN THE PERFORMANCE OF THIS CONTRACT

ALL FIRMS WISHING TO DO BUSINESS WITH THE UNIVERSITY MUST LIST THEIR FEDERAL TAX ID NO. OR SOCIAL SECURITY NO. (IF INDIVIDUAL) IN THE SPACE PROVIDED:

TAX ID OR SSN: _____

 (Signature)

 (Printed Name and Company Name)

 (Telephone #, Toll free if available)

 (E-Mail Address)

 (Date)

 (Title)

 (FAX #)

 (WEB Site Address)