

W. A. "Buddy" Storey, Jr.
Director
Purchasing Division



2470 Clower Lane
Bartow, Florida 33830
Phone: (863) 534-5610
Fax: (863) 534-0055

Board of County Commissioners

Q-09-015 NOTICE

Notice is hereby given that quotations will be received in the office of the Polk County Purchasing Division, 2470 Clower Lane, Bartow, Florida, 33830, prior to **10:00 a.m., October 15, 2008**, for the **Oracle eBusiness Suite Support Services for Assets and Inventory** (for complete minimum specifications, see quote package).

NOTE: Quotations received in the Purchasing Division after the time and date stated will not be considered. No Exceptions.

For further information, contact Mary W. Combee, Senior Buyer, Polk County Purchasing Division, email – marycombee@polk-county.net or by fax (863) 534-0055.

The Purchasing Director reserves the right to reject any or all quotations when it is in the best interest of the County to do so.

All quote submittals must be completed and submitted in a sealed parcel. **(DO NOT INCLUDE MORE THAN ONE SUBMITTAL PER ENVELOPE.)** Submittals may be submitted by mail or in person to: Polk County Purchasing Division, 2470 Clower Lane, Bartow, Florida 33830. They must be plainly marked: "Q-09-015, Oracle eBusiness Suite Support Services for Assets and Inventory - October 15, 2008."

Date: October 3, 2008

Total of Pages: 12, including this page

INSTRUCTIONS

1. Polk County, a political subdivision of the State of Florida, requests the submittal of quotes from vendors that are interested in providing **all** labor, equipment, materials and supplies necessary to furnish Oracle eBusiness Suite Support Services for Assets and Inventory. Award will be made based on the total hourly rate of Items #1 and 6. The Purchasing Director reserves the right to reject any or all quotes and/or waive any minor irregularities in the quotes received, whichever would be in the best interest of the County.
2. **ADDITIONS/REVISIONS/DELETIONS:** Additions, revisions or deletions to the general conditions, specifications or quote price sheets that change the intent of the quote will cause the quote to be non-responsive and the quote will not be considered. The Purchasing Director shall be the sole judge as to whether or not any addition, revision, or deletion changes the intent of the quote.
3. The period of performance for this quote is for one (1) year from date of award. It may be extended for two (2) one (1) year periods at the same terms and conditions, with the mutual agreement of all parties.
4. All prices quoted shall remain unchanged during the period of performance, as specified herein.
5. When written quotations are required, and if the lowest price is offered by an entity located outside of Polk County, and the next lowest price is offered by an entity located in Polk County, and is within 5% of the lowest price offered, then the Polk County entity shall be given the opportunity to match the lowest price offered, and if agreement to match the lowest price is reached, the Polk County entity will be awarded the quote if the Polk County entity is otherwise fully qualified and meets all county requirements.
6. For purposes of this provision the term "Polk County entity" means any business having a physical location within the boundaries of Polk County at which employees are located and from which business is regularly transacted.
7. The successful vendor will provide an insurance certificate meeting the County's requirements prior to any on-site work being performed.
8. **SEALED QUOTES:** All quote submittals must be completed and submitted in a sealed parcel. **(DO NOT INCLUDE MORE THAN ONE QUOTE SUBMITTAL PER ENVELOPE. QUOTE SUBMITTAL SHALL INCLUDE ONE (1) ORIGINAL AND ONE (1) COPY OF ORIGINAL.)** The **Original** quote submittal(s) shall be submitted on the forms provided by Polk County. All quotes are subject to the conditions herein; failure to comply will subject quote to rejection.
9. Receiving date is Wednesday, October 15, 2008 prior to 10:00 a.m.

10. If further technical or quote information is required, contact Mary W. Combee, Senior Buyer, by fax at (863) 534-0055 or marycombee@polk-county.net.

SPECIFICATIONS

1. Polk County, Florida is seeking the services of a firm to provide individual module support for the following Oracle eBusiness Suite (V11.5.10.2) modules: Assets and Inventory.
2. **Scope of Work:** An estimated total of five weeks throughout the year will be needed to assist with the functionality and reporting of the Oracle Assets Module and the Oracle Inventory module and provide general assistance with both modules.
3. Support may be provided via one of four possible methods: telephone, virtual private network (VPN), WebEx session or on-site.
4. A resume' of the person(s) you are proposing to provide the support services must be attached to your response. The resume' must include all relevant local government projects he/she has worked on in the past five years. Should the resume' be deemed inadequate to support Polk County's Finance and Accounting Division, then the quote will be deemed non-responsive. Should the person assigned to provide this support become unavailable for any reason the resume' of their replacement must be approved by Polk County prior to the provision of any additional support services. Should the person originally assigned or their replacement be found unacceptable by Polk County, Polk County reserves the right to request that another consultant's resume' be provided for consideration. In the event a suitable consultant cannot be provided Polk County reserves the right to terminate the support agreement.
5. Please include documentation on company history and three local government references (preferably within Florida). The lack of government experience will cause the quote to be non-responsive.
6. Estimated number of support hours for one year from date of quote: **200**
7. Polk County will select one or more companies that best meet the needs as outlined herein.
8. Total amount billable cannot exceed \$50,000 in one calendar year from the date the quote is awarded.

QUOTE SHEET

Quote #: **Q-09-015**

Class Item #(s): **920...45**

Requisition #:

Date: **October 2, 2008**

Date Due: **10/15/08**

Time Due: **10:00 am**

Employee: **Mary Combee**

Contact: **(863) 534-5613**

Fax: **(863) 534-0055**

Quotation on: **Oracle eBusiness Suite Support Services for Assets and Inventory**

Item #	Support Method	Minimum billable increment	Hourly Rate
1	Telephone Support	15 minutes	
2	VPN Support	15 minutes	
3	WebEx Session	15 minutes	
4	On-site Support – first eight hours (per incident). Must include travel and expenses	8 hours	
5	On-site Support – each subsequent day (per incident). Must include expenses	One hour	
6	On-site Support – full week (normal business hours). Must include travel and expenses	40 hours	
	Grand Total of Items # 1 & 6		

REMARKS: _____

Vendor Name

**SIGNATURE ACKNOWLEDGEMENT
(SUBMITTAL PAGE)**

To Polk County, a Political Subdivision of the State of Florida

Date: _____

I certify that this quote is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same construction, service or material and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this quote and certify that I have read and understand the quoting documents. I have completed and submitted all quote submittal forms, and I am authorized to sign this quote for the vendor. In submitting a quote to the County, the vendor offers and agrees that if the quote is accepted, the vendor will convey, sell, assign or transfer to the County all rights, titles and interests in and to all causes of action it may now or hereafter acquire under the Anti-Trust Laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the County. At the County's discretion, such assignment shall be made and become effective at the time the County tenders final payment to the vendor.

VENDOR NAME

AUTHORIZED SIGNATURE (MANUAL)

MAILING ADDRESS

NAME (TYPED OR PRINTED)

CITY, STATE AND ZIP CODE

TITLE (TYPED OR PRINTED)

(AREA CODE) TELEPHONE NUMBER

TOLL FREE NUMBER

(AREA CODE) FAX NUMBER

E-MAIL ADDRESS

This bid may be used by any other Government Agency. [] YES [] NO [] N/A

A Polk County Purchasing Card will be accepted as method of payment. [] YES [] NO

NOTE: If Vendor checks "yes" above, Vendor agrees that the County will use a County issued Visa card for the payment of any and all invoices submitted as a result of the performance of this quote.

DRUG-FREE WORKPLACE FORM (SUBMITTAL PAGE)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies

that _____ does:
(Name of Business)

1. Publish a 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 prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation programs, 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 statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) 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 section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Vendor's Signature

Date

**NON-COLLUSION AFFIDAVIT OF PRIME VENDOR
(SUBMITTAL PAGE)**

State of _____)

County of _____)

_____, being first duly
sworn, deposes and says that:

1. He/She is _____ of _____, the Vendor that has submitted the attached Quote;
2. He/She is fully informed respecting the preparation and contents of the attached Quote and of all pertinent circumstance respecting such Quote;
3. Such Quote is genuine and is not a collusive or sham Quote;
4. Neither the said Vendor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Vendor, firm or person to submit a collusive or sham Quote in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion of communication or conference with any other Vendor, firm or person to fix the price or prices in the attached quote of any other Vendor, or to fix any overhead, profit or cost element of the Quote Price or the Quote Price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the County or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Quote are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Vendor or any of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Title)

My Commission Expires _____

INSURANCE REQUIREMENTS

The successful vendor shall purchase and maintain in force during the contract period the insurance as specified with an insurer licensed to do business in the State of Florida; rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Polk County, a political subdivision of the State of Florida, must be named as an additional insured with respect to liability arising from the work as described in Quote 09-015, Oracle eBusiness Suite Support Services for Assets and Inventory, for Automobile and General Liability policies of insurance. A 30-day prior written notice of cancellation and a 10-day prior written notice of non-payment are required and must be stated on the insurance form. The certificate holder must be Polk County, a political subdivision of the State of Florida, 2470 Clower Lane, Bartow, Florida 33830. Workers' Compensation Insurance providing statutory benefits, including those that may be required by any applicable federal statute. Any sole proprietor or partner actively engaged in the construction industry, and any corporate officer of a construction or non-construction industry corporation who elects to be exempt from the provisions of the workers' compensation law must provide either a workers' compensation exemption certificate (construction industry) or a letter stating the exemption status and number of employees (non-construction industry). Commercial General Liability Insurance \$500,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages: Completed Operations: \$500,000, Broad Form CG&L \$500,000. Comprehensive Automobile Liability Insurance \$500,000; combined single limit of liability for bodily injuries, death and property damage resulting from any one occurrence, including all owned, hired and non-owned vehicles. The policies shall contain a waiver of subrogation in favor of Polk County. An original certificate of insurance must be on file in the Purchasing Division before a purchase order will be issued. Any questions regarding insurance requirements may be directed to Mary W. Combee, (863) 534-5610, Polk County Purchasing Division, at (863) 534-5610.

**INSURANCE
(SUBMITTAL PAGE)**

Vendor fully understands the insurance requirements for the project and can meet the County's insurance requirements.

Company Name

Vendor (signature)

By signing below I hereby verify that the company named above has insurance coverage that meets all of the requirements as stated in Quote # 09-015 and summarized in the following bullet points.

- Insurer licensed to do business in the State of Florida
- Rated A VIII or better by A.M. Best Rating Company (Workers Compensation, General and Automobile policies)
- Polk County will be named as an additional insured for general and automobile liability
- 30-day written notice of cancellation and a 10-day written notice of non-payment
- General Liability and Workers' Compensation policies will contain waiver of subrogation in favor of Polk County

Insurance Agent (signature)

Printed Name

Telephone Number

STATEMENT OF NO QUOTE

If submitting a “No Quote”, Bidder shall return this form to The Polk County Board of County Commissioners Purchasing Division, ATTN: Mary W. Combee, 2470 Clower Lane, Bartow, Florida 33830; or fax it to (863) 534-0055.

We have declined to bid on the above-mentioned quote for the following reasons:

- ☐ Specifications too restrictive.

☐ Do not offer this product/service.

☐ Unable to meet specifications.

☐ Specifications unclear.
- ☐ Insufficient time to respond.

☐ Our schedule would not permit us to perform.

☐ Unable to meet insurance requirements.

☐ Other (please specify below).

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We understand that if the “No Quote” form is not executed and returned, our name may be deleted from the list of qualified bidders for the County for further projects.

|                                           |                                               |
|-------------------------------------------|-----------------------------------------------|
| <div>_____<br/>Typed Name and Title</div> | <div>_____<br/>Address</div>                  |
| <div>_____<br/>Signature</div>            | <div>_____</div>                              |
| <div>_____<br/>Company</div>              | <div>_____<br/>Telephone and Fax Number</div> |
| <div>_____<br/>Date</div>                 | <div>_____<br/>Email Address</div>            |

## VENDOR APPLICATION (SUBMITTAL PAGE)

| <i>Please type or print</i>                                                                                                                                                                                                                                                 |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Date:</b>                                                                                                                                                                                                                                                                | <b>Federal Employer ID#/Social Security #</b> |
| <b>Company Name:</b>                                                                                                                                                                                                                                                        |                                               |
| <b>Pay to Address:</b>                                                                                                                                                                                                                                                      | <b>Business Tax Receipt #</b>                 |
| <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____                                                                                                                                                                                                                    |                                               |
| <b>Phone:</b> (     )                                                                                                                                                                                                                                                       | <b>Fax:</b> (     )                           |
| <b>Physical Address:</b>                                                                                                                                                                                                                                                    |                                               |
| <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____                                                                                                                                                                                                                    | <b>Contractor's License # (If Applicable)</b> |
| <b>Phone:</b> (     )                                                                                                                                                                                                                                                       | <b>Fax:</b> (     )                           |
| <b>Organization: (check one)</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation (Incorporated under the laws of the state of _____)                                                                       |                                               |
| <b>Person to contact for Quotes or Bids:</b><br><br><b>E-Mail Address (must be completed in order to receive bid/quote solicitations):</b>                                                                                                                                  |                                               |
| <b>Contacts Phone #:</b>                                                                                                                                                                                                                                                    |                                               |
| <b>Type of Business:</b><br><br><b>List the commodity code number(s) for your business - A complete list of codes can be found at <a href="http://www.polk-county.net">http://www.polk-county.net</a>, Purchasing &amp; Bids, Vendor Registration</b><br><br>_____<br>_____ |                                               |

**COMPANY CLASSIFICATION**  
**MUST CHECK ONE**

☐ Caucasian  
☐ African American  
☐ Hispanic American  
☐ Asian-Pacific American  
☐ Native American  
☐ Asian-Indian American

**If one of the above is checked please indicate whether ☐ Female ☐ Male**

☐ Publicly Traded Corporation  
☐ Employee Owned Company

**Companies that are not classified will NOT be added to the County's Vendor Database**

I have previously completed an application and there have been no changes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You will be registered for the following commodity code(s).

| <u>Code</u> | <u>Description</u>                    |
|-------------|---------------------------------------|
| 920...45    | Computer Software Maintenance/Support |

To be solicited for other types of work, go to the Purchasing website at [www.polk-county.net](http://www.polk-county.net), Purchasing & Bids, Vendor Registration. Review the commodity codes listed and email any additional codes to [purchasing@polk-county.net](mailto:purchasing@polk-county.net) along with your company name and contact information.