

Event Details

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
33912-0000013413	Sell	RFx	1
Event Round	Version		
1	1		
Event Name			
33912 - Installation of Security Film			
Start Time		Finish Time	
07/26/2024 09:57:41 CDT		08/26/2024 09:57:00 CDT	

Bidder: PUBLIC EVENT DETAILS

Submit To: Western Mental Health Inst.
Call for Shipping Information
United States

Contact: Judy Moorman
Phone: 731/228-0648
Email: Judy.L.Moorman@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Event Description

The purpose of this invitation to Bid Event/Source of Supply Event is to establish a onetime purchase to provide: The state of Tennessee, with products and/or services as described in the attached terms, conditions, specifications and price sheet. A onetime purchase means a contract in which a source or sources for supply is established for a onetime purchase. If the review and bid on this event link included in the e-mail notification does not work, please go to <https://supplier.edison.tn.gov/psp/suprd/SUPPLIER/ERP/h/?tab=DEFAULT>. Click on the link that says Bid Opportunities and log in with your supplier ID and password.

General Questions

Question	UOM	Best	Worst	Response
I (we) agree to strictly abide by all the statutes and terms contained in the rules of the Department of General Services, Central Procurement Office, which are by reference made a part hereof, in addition to the special terms, conditions and specifications embodied in the invitation to bid.				
IMPORTANT: By Selecting YES, the bidder certifies compliance with the above and further certifies that this bid is made without collusion or fraud.		Yes		<input type="text"/>

Required: Yes Mandatory Response:Yes

Response Comments

Please complete the attached form, included with the Terms and Conditions document, and attach all pertinent documentation regarding your company's efforts to achieve diversity business participation. This information must be submitted with the bid document and monthly thereafter until a reasonable level of diversity business participation is achieved. Confirm below that you have completed this attached form by choosing, "Yes."

Required: Yes Mandatory Response:No

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
33912-0000013413	Sell	RFx	2
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1	1		
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Question	UOM	Best	Worst	Response
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The Respondent affirms the following statement, as required by the Iran Divestment Act Tenn. Code Ann. § 12-12-111: "By submission of this response, each Respondent and each person signing on behalf of any Respondent certifies, and in the case of a joint response each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Respondent is not on the list created pursuant to Tenn. Code Ann. § 12-12-106." For reference purposes, the list is currently available online at:
<https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-public-information-library.html>

Required: Yes Mandatory ResponseNo

Response Comments

Respondent shall list their company's Contact Person. The Contact Person shall be the contact person for all questions regarding the Purchase Order. Note: respondent may attach a list of alternate contact personnel to the bid comments.

Please enter the supplier contact person's information for this purchase order:

Contact Name
Address
Phone Number
Toll-Free Number
Mobile Phone Number
Email Address
Website URL

Required: Yes Mandatory ResponseNo

Response Comments

Event Details (cont.)

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33912-0000013413	Sell	RFx	3
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1	1		
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Question	UOM	Best	Worst	Response
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Please attach documentation that reflects you are registered with the Department of Revenue for sales and use tax, as stated in the Terms and Conditions. If you are exempt, please provide a copy of the communication from the Department of Revenue supporting this exemption.

Required: Yes Mandatory ResponseNo

Response Comments

Please answer yes or no to the following. If YES, describe using additional pages and attach to the Response including any relevant details:

(a) is the Respondent presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;

(b) has the Respondent within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) is the Respondent presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and

(d) has the Respondent within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default.

Required: Yes Mandatory ResponseNo

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

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33912-0000013413	Sell	RFx	4
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1	1		
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Question	UOM	Best	Worst	Response
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The respondent shall indicate whether or not they plan to sub-contract:

No: The respondent does not anticipate using a sub-contractor at this time and agrees to submit a request to subcontract during the contract period prior to using a subcontractor.

Yes: The bidder shall list the subcontractor(s):

Attach list of additional subcontractors to the bid, including the following for each subcontractor.

- List the Sub-Contractor's Name
- List the Sub-Contractor's Address
- List the Sub-Contractor's Contact Person
- List the Sub-Contractor's Phone Number

Required: Yes Mandatory ResponseNo

Response Comments

Associated Terms:

The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without obtaining the prior written approval of the Central Procurement Office. Notwithstanding any use of approved subcontractors, the Contractor shall be the prime contractor and shall be responsible for all work provided.

The respondent shall indicate the standard warranty period.

List the Standard Warranty Period:

Required: Yes Mandatory ResponseNo

Response Comments

Event Details (cont.)

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Line Details

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Each **Bid Qty:**

Required: Yes **Reserve Price:** No

Description: Firm quote for Anti-intrusion Safety and Security film installation in multiple area of Western Mental Health Institute

Comments: -

Question	UOM	Best	Worst	Response
What is the unit price of this item?				<input type="text"/>

Required: No **Mandatory Response:** No

Response Comments

Event Details (cont.)

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Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		

Event Details (cont.)

PeopleSoft Strategic Sourcing

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33912-0000013413	Sell	RFx	7
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1	1		
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Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Each
Description: Firm quote for Anti-intrusion Safety and Security film installation in multiple area of Western Mental Health Institute

Item Specifications

Manufacturer:		Item Height:	0
Mfg Item ID:		Dimension UOM:	
Item Length:	0	Volume UOM:	
Item Width:	0	Weight UOM:	
Item Volume:	0	Item Color:	
Item Weight:	0		
Item Size:			

Shipping Information

Schedule:	1	Ship To:	WESTERN MHI
Quantity:	1		11100 HIGHWAY 64
Due Date:	07/31/2024		BOLIVAR TN 38008
Freight Terms:			United States
Ship Via:	Best Option Available		

Event Details (cont.)

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33912-0000013413	Sell	RFx	8
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1	1		
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Appendix B - Terms & Conditions

1. The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that the information given above is true, accurate, and includes pertinent information necessary to identify and explain the operation of this organization to the best of my knowledge and is in no way misleading.
2. Should any data change in the future, the Supplier agrees to immediately submit the correct information electronically through the State's Supplier Portal.

If the information will be submitted in writing please mail to the following address:

Department of Finance and Administration
312 Rosa L. Parks Ave.
21st Floor Tennessee Tower
ATTN: Supplier Maintenance
Nashville, TN 37243

3. No person on the grounds of handicap or disability, age, race, color, religion, sex, national origin, creed, or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of the Contract or in the employment practices of the Contractor. The Contractor shall, upon request, show proof of such non-discrimination, and shall post in conspicuous places, available to employees and applicants, notices of non-discrimination.

Last Updated: 08/30/2016