Purchasing Department West Main Street Suite 202 Franklin, Tennessee 37064-3700 Phone (615) 472-4014 Fax (615) 472-5609



ADDENDUM I

Williamson County Schools RFP #1214

Walk Thru- (walk-by) Thermal Temperature Scanners
July 29, 2020 at 5:00 pm

IMPORTANT INFORMATION

WCS HAS MODIFIED THE DELIVERY TIME LINES FOR THIS PROJECT.
PLEASE READ THIS ADDENDUM I WHICH INCLUDES TWO DELIVERY SCENARIOS FOR THIS PROJECT.

VERY IMPORTANT - DISCARD THE ORIGINAL PROPOSAL COVER SHEET THAT WAS INCLUDED IN THE ORIGINAL DOCUMENT. ALL PROPOSERS MUST USE THE NEW REVISED RFP COVER SHEET THAT IS ATTACHED TO THIS ADDENDUM I. FAILURE TO USE THE REVISED PROPOSAL COVER SHEET WILL RESULT IN YOUR RFP SUBMITTAL BEING DISCARDED.

WCS Purchasing Department has been instructed by our senior leadership to conduct this RFP opening as an emergency. Under normal circumstances, WCS would wait the customary length of time that procedures and protocol require before awarding and issuing a PO. Because this RFP is considered an emergency, our normal protocol has been amended and this RFP will be immediately awarded the day after the RFP opening to the best, most competitive, responsive proposer.

Delivery Instructions

In order to be considered for this proposal the vendor must be able to comply with these delivery instructions. All units purchased should be delivered at one time to one central location the WCS Maintenance Department at the following address:

Williamson County Schools Maintenance Department 1761 West Main Street Franklin, TN 37064

Awarded Vendor will deliver and assemble at this location, and after the units are ready to use, a complete training session will be provided to train WCS staff on how to properly operate the machines at the same location.

Just a reminder, the specifications used are a benchmark for the type of unit we desire, but any reasonably similar unit that meets the specifications will be considered. Note: List any differences in the type of unit you are proposing on a separate page and include in your submission.

RFP # 1214

Williamson County Schools REVISED PROPOSAL COVER SHEET page 1

This Proposal Cover Sheet must be attached as the SECOND page of the submitted RFP packet.

I,		, (Name)	(Title), verify that I
have read the	specifications,	conditions, and instructions and agree to all the	erein.
	npany Name:		
Add	iress: -		
Phone Numbe	r:	Cell Phone Number:	
E-Mail Addre	ss:		
Signature:		Date:	
		Signature:	
By signing and	d electronically	y submitting your proposal via email with Willic	amson County Schools, proposer
agrees to all o	of the specificat	tions, terms, and conditions of this WCS RFP de	ocument If you find any of these
terms unaccep	otable – please	do not bid. Please include your proposals and a	attach this RFP Proposal Sheet as
the second pag	ge of the Electi	ronic RFP submittal, it will follow the cover she	eet with all the required
information.			
SCENARIO I.	Rush delive	ery: 100% delivery by before August 18,	2020 to WCS.
BASE BID:	year period COST OF ONE INCLUDIN AUGUST 1 that may be	nates that we will purchase between 10 – 5 I. The initial order will be for 10 – 12 uni ONE UNIT, DELIVERING ALL THE UNG SHIPPING, SET-UP AND TRAINING 18, 2020This Unit Cost will be applied to the ordered over 3 years. Single Unit Bid Cost	its. Provide the TOTAL NITS TO ONE LOCATION G FOR EACH UNIT BY
ALT BID:		OST OF LEASE PURCHASECost of a	
	-	d including, shipping, set-up, delivery, and Under this option WCS would own each u	,
	\$	Per	Unit Monthly Lease Cost
Name of Unit	Brand:	Make & Model #	Warranty:

IMPORTANT LIQUIDATED DAMAGES To reiterate under Scenario I, if WCS chooses this option, it is anticipated an award will be made and the order placed within 1 day of the RFP opening. The successful proposer must have the solid ability to deliver, assemble and train for all 10 -12 units at the same time in one location, by August 18, 2020. If the awarded vendor fails to deliver all the units as stated by August 18, 2020, beginning August 19, 2020 WCS will deduct Liquidated Damages of \$250 for each consecutive calendar day until the units are delivered. Liquidated Damages will be deducted from the Awarded Vendors Invoice.

RFP # 1214 Williamson County Schools REVISED PROPOSAL COVER SHEET page 2

This Prop	osal Cover Sheet must	be attached as the SECOND page of the submitted RFP packet.			
Company	Name:				
SCENARIO II.	Regular order and de	elivery time frame:			
BASE BID:	WCS Estimates that we will purchase between 10 – 50 individual units within a 3 year period. Our initial order would be, between 10-12 units and we would request delivery on or before October 5, 2020. Provide the TOTAL COST OF ONE UNIT, DELIVERING ALL UNITS TO ONE LOCATION INCLUDING SHIPPING, SET-UP AND TRAINING FOR EACH UNIT by Oct. 5, 2020.				
	\$	EACH			
ALT BID:	TOTAL COST OF LEASE PURCHASECost of a lease purchase for a 3-year lease period using the delivery time frame listed above including, shipping, set-up, and training at 1 location, same as aboveUnder this option WCS would own each unit after lease expires in 3 yrs.				
	\$	Per Unit Monthly Lease Cost			
Name of Ur Make & Mo		Warranty			

IMPORTANT LIQUIDATED DAMAGES To reiterate under Scenario II, if WCS chooses this option, it is anticipated an award will be made and the order placed within 10 days of the RFP opening. The successful proposer must have the solid ability to deliver, assemble and train for all 10 -12 units at the same time in one location, by October 5, 2020. If the awarded vendor fails to deliver all the product units as stated by October 5, 2020, beginning October 6, 2020 WCS will deduct Liquidated Damages of \$250 for each consecutive calendar day until the units are delivered. Liquidated Damages will be deducted from the Awarded Vendors Invoice.

DRUG FREE- WORKPLACE AFFIDAVIT

STATE OF	
COUNTY OF	
The undersigned, principal officer of	, an
employer of five (5) or more employees contracting w	vith Williamson County government
to provide construction services, hereby states under o	oath as follows:
 The under signed is a principal officer of (hereinafter referred to as the "Company"), and is Affidavit on behalf of the Company. The Company submits this Affidavit pursuant to T with no less than five (5) employees receiving pay who provide construction services to submit an affidavit staprogram that complies with Title 50, Chapter 9, of the 3. The Company is in compliance with T.C.A. § 50-Further affiant saith not. 	C.C.A. § 50-9-113, which requires each employer o contacts with the state or any local government to ating that such employer has a drug-free workplace a Tennessee Code Annotated.
Principal Officer	
STATE OF	
COUNTY OF	
Before me personally appearedacquainted (or proved to me on the basis of satisfactor person executed the forgoing affidavit for the purpose. Witness my hand and seal at office this da	ry evidence), and who acknowledged that such s therein contained.
Notary Public My commission expires: Comm. No.2018-0100210.3	

CRIMINAL BACKGROUND COMPLIANCE AFFIDAVIT

STATE OF				
COUNTY OF				
contracting with children or access	d, principal officer of Williamson County Board of E ss to grounds of a Williamson C der oath as follows:	Education to pro	vide services havir	ng direct contact with
2. 3. 3. Further affiant sa	The undersigned is a principal or referred to as the "Company"), of the Company. The Company submits this Affi September 1, 2007 for entities ewhere the company's employee to the grounds of a school when require applicants supply a fing check to be conducted by the Te of Investigation prior to permitt school grounds and to take certacheck. The Company is in compliance aith naught.	davit pursuant and is duly authorized and is duly authorized and contain the person of the terms.	to T.C.A. § 49-5-4 ntracts with a local act contact with sch resent. It is the duty and submit to a cria u of Investigation a to have contact with	this Affidavit on behalf 13 as amended effective board of education ool children or access of the Company to minal history records and the Federal Bureau h such children or enter esults of the records
Principal Officer	r			
STATE OF		COUNTY OF_		
(or proved to me	onally appearede on the basis of satisfactory evid	dence), and who	o acknowledged that	at he/she is the
	principal for the purposes therei			
Witness my hand	d and seal at office this	day of	, 20	Notary Public
My commission	n expires:			

CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT

Effective July 1, 2016, this form must be submitted for any contract that is subject to the Iran Divestment Act, Tenn. Code Ann. 5 12-12-101, et seq., ("Act"). This form must be submitted with any bid or proposal regardless of where the principal place of business is located.

Pursuant to the Act, this certification must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization, or other business organization that is contracting with a political subdivision of the State of Tennessee.

Certification Requirements.

No state agency or local government shall enter into any contract subject to the Act, or amend or renew any such contract with any bidder/contractor who is found ineligible under the Act.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

l, the undersigned, certify that by submission of this bid, each bidder and each person signing on behalf of any Respondent certifies, and in the case of a joint bid or contract each party thereto certifies, as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to Tenn. Code Ann. 5 12-12-106.

Respondent represents it has the full power, knowledge, and authority to make this Certification and that the signatory signing this Certification on behalf of bidder/contractor has been duly authorized to do so on behalf of the bidder/contractor.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Respondent Name Printed Name of Authorized Official	al
Signature of Authorized Official	
Date	