



**ADDENDUM I**  
**WILLIAMSON COUNTY SCHOOLS**  
**RFP #1272 AED Automated External Defibrillators**  
**Released: November 9, 2021 at 3:30 pm**

This Addendum I serves as an integral part of the WCS - RFP #1272 AED (Automated External Defibrillators) as certain terms, conditions or specifications have been enhanced or modified. Unless otherwise noted, all previous terms, conditions, and specifications shall remain the same. The proposal opening date and time will remain the same, Tuesday, November 30, 2021 at 10:30 a.m.

**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

**NOTE:** On the ORIGINAL RFP cover sheet under **Item 3 – B. Ancillary Items...** WCS requested a price for child pediatric pads. Per our nursing department WCS no longer uses child pads, and this option should be removed. Therefore, a **new REVISED Proposal Cover Sheet** is attached to this Addendum I.

**PLEASE DISCARD THE PREVIOUS PROPOSAL COVER SHEET**

**Proposers should use the NEW REVISED PROPOSAL COVER SHEET attached to this Addendum I.**

Proposers who fail to use this new proposal cover sheet may have their proposal disqualified.

*A question concerning the maintenance and inspection of the Districts AED units has been asked.*

→ **Question:** On Item 4 of the RFP cover sheet, does the maintenance and inspection of the district AED units include all AED units within the district or only the new ones that will be purchased off this bid?

**Answer:** The maintenance and inspection would be for all the units in the district which is approximately 118 at the present time. WCS in the past outsourced this service. However, currently the district is performing our own maintenance and inspections in house and this service is not being outsourced. The request for this option is for possible future needs if necessary.

→ In the original document WCS requested any manufactures' rebates be included in the bottom-line price of the unit when purchased. To simplify this process and because WCS may purchase growth units in the future without a unit to trade in, pricing on the proposal cover sheet has been changed as follows:

1. The total price of the unit and the accessories. This should be the lowest price possible. (*This is a mandatory option*)
2. The \$ amount of any manufacturers rebate that WCS can apply against the purchase of a new unit (*Optional*)
3. The amount of any trade in offered by the proposer in addition to a manufacturers rebate. (*Optional*)

Purchasing Department  
1320 West Main Street Suite 202  
Franklin, Tennessee 37064-3700  
Phone (615) 472-4010



**NEW REVISED**  
**RFP #1272**  
**AED**  
**Proposal Cover Sheet**

I, \_\_\_\_\_ (print name) \_\_\_\_\_ (title)  
verify that I have carefully read the specifications, terms, conditions, and instructions contained within this document and that I understand, acknowledge, and agree to all the language set forth in this document. I recognize, by signing this document and submitting my proposal in a sealed envelope with Williamson County Schools, that as the proposer I am fully acknowledging and accept the language contained within this RFP document. **Notice to Proposer** – *If you find any of the language, terms, conditions, or specifications unacceptable – then please do not submit a proposal package for this project.*

**Signature:** \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

NOTE: All Unit prices below must include 100% shipping and handling to the WCS location needed. Software must be updated and provided at no additional cost during the life of this bid project. Any updates to software or related items must be furnished at no additional cost to WCS Staff.

**ITEM 1:** Zoll Plus AED Unit complete... which includes, the units black carrying case, 5-year Adult AED CPR-D pads, scissors, gloves, etc.,,with batteries.  
This price is **MANDATORY**..... **Price per each unit \$** \_\_\_\_\_

**OPTIONAL:** *If no option is available then proposer can leave blank.*

1. The \$ amount of any manufacturers rebate WCS can apply against the purchase of a new unit.....\$ \_\_\_\_\_
2. The \$ amount of any trade in offered by the proposer in addition to a manufacturers rebate..... \$ \_\_\_\_\_

**ITEM 2:** Wall Cabinet to enclose / hold the AED Unit and accessories listed above

**Price per cabinet \$** \_\_\_\_\_

**ITEM 3:** Ancillary items:

A. Adult Replacement Pads... number of pads per package \_\_\_\_\_ **Price per package \$** \_\_\_\_\_

B. Replacement Batteries .....**Price per each battery \$** \_\_\_\_\_

**ITEM 4:** ANNUAL MAINTENANCE & INSPECTION (if your company provides this service)

What would the cost be for each AED unit if your company completed an annual inspection /calibration of the unit, replacing batteries if needed, replacing any worn or used pads, ensuring the unit is in perfect working order and giving a detailed report of the findings.

**Price of each unit Annual Inspection \$** \_\_\_\_\_



**ADDITIONAL COMMENTS BELOW:**

**DRUG-FREE WORKPLACE AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer of five (5) or more employees contracting with Williamson County Government or Schools to provide services, hereby states under oath as *follows*:

1. The undersigned is a principal officer of \_\_\_\_\_ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contacts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. § 50-9-113.  
Further affiant saith not.

\_\_\_\_\_

**Principal Officer**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ with whom I am personally acquainted ( or proved to me on the basis of satisfactory evidence ), and who acknowledged that such person executed the forgoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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Franklin, Tennessee 37064-3700  
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\_\_\_\_\_ Notary Public

My commission expires: \_\_\_\_\_

**CRIMINAL BACKGROUND COMPLIANCE AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer contracting with Williamson County Board of Education to provide services having direct contact with children or access to grounds of a Williamson County public school while students are on grounds, hereby states under oath as follows:

1. The undersigned is a principal officer of \_\_\_\_\_ (hereafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 49-5-4 13 as amended effective September 1, 2007 for entities entering into contracts with a local board of education where the company's employees will have direct contact with school children or access to the grounds of a school when children are present. It is the duty of the Company to require applicants supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation prior to permitting the person to have contact with such children or enter school grounds and to take certain other actions based upon the results of the records check.
3. The Company is in compliance with the terms of T.C.A. § 49-5-413.

Further affiant saith naught.

Principal Officer

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ with whom I am personally acquainted (or proved

to me on the basis of satisfactory evidence), and who acknowledged that he/she is the \_\_\_\_\_ of

\_\_\_\_\_ and is authorized to execute this instrument on behalf of the principal for the purposes therein contained.

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Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Notary Public

My commission 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. § 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:**

I, 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. § 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.

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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 \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_