

NOTICE TO PROPOSERS

There may be one or more amendments to ~~this~~ ~~ITB~~. In order to receive communication for any such amendments issued specifically to ~~this~~ ~~ITB~~ the proposer must provide the information requested below to the Sumner County Board of Education (SCS) Purchasing Department. The information may be sent by email to ~~Chris~~, Purchasing Supervisor, chris.harrison@sumnerschools.org. SCS will send amendments only to those proposers which complete and return this information in a timely manner.

ITBNumber: **2018041003-BOE Uniform Purchase**

Company Name: _____

Mailing Address: _____

Phone Number: _____

Contact Person: _____

Em9(____)P8.02O7 To .00000912 0 612 79_____ may be sent by email to: C EMC6 TJ ET 0 61-3(____)9(____)-3

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1. Specification

SCS is soliciting this ITB to secure pricing for the purchase

2. Source Selection and Contract Award

- x Award, if made, will be made to the proposer submitting the lowest cost proposal and whom is also determined to be Responsive.
 - o Does the proposal include all required information?
 - f Does the proposal include completed attachment forms?
 - f Was the proposal delivered on or before the stated deadline?

- x SCS reserves the right to reject any proposal that takes exception to the specifications unless prior approval is requested and granted by SCS.

- x Upon mutual agreement by both parties, SCS shall have the right to extend the terms, conditions and prices of contract(s) awarded from this to other Institutions (such as State, Local and/or Public Agencies)

7.A Bid Form

Attn: Purchasing Supervisor
1500 Airport Road
Gallatin, TN 37066

Date _____

Description	Brand	Stock No.	Cost S t XL	Cost XXL- UP	Percent Discount for Bulk Orders
[REDACTED] k Pant	[REDACTED]				

7.B IRS Form W-9

Request for Taxpayer **Give Form to the** **Form W-9**

1- Enter the name of the person or entity to whom you are providing this form. If the name is not printed on this form, you must print it. If the name is printed on this form, you may check the appropriate box to indicate whether the name is correct as shown. If the name is not correct, you must print the correct name. If the name is correct as shown, you may check the appropriate box to indicate whether the name is correct as shown. If the name is not correct, you must print the correct name.

2- Enter the address of the person or entity to whom you are providing this form. If the address is not printed on this form, you must print it. If the address is printed on this form, you may check the appropriate box to indicate whether the address is correct as shown. If the address is not correct, you must print the correct address. If the address is correct as shown, you may check the appropriate box to indicate whether the address is correct as shown.

3- Enter the city, state, and ZIP code of the person or entity to whom you are providing this form. If the city, state, and ZIP code is not printed on this form, you must print it. If the city, state, and ZIP code is printed on this form, you may check the appropriate box to indicate whether the city, state, and ZIP code is correct as shown. If the city, state, and ZIP code is not correct, you must print the correct city, state, and ZIP code. If the city, state, and ZIP code is correct as shown, you may check the appropriate box to indicate whether the city, state, and ZIP code is correct as shown.

4- Enter the taxpayer identification number (TIN) of the person or entity to whom you are providing this form. If the TIN is not printed on this form, you must print it. If the TIN is printed on this form, you may check the appropriate box to indicate whether the TIN is correct as shown. If the TIN is not correct, you must print the correct TIN. If the TIN is correct as shown, you may check the appropriate box to indicate whether the TIN is correct as shown.

5- Enter the social security number (SSN) of the person or entity to whom you are providing this form. If the SSN is not printed on this form, you must print it. If the SSN is printed on this form, you may check the appropriate box to indicate whether the SSN is correct as shown. If the SSN is not correct, you must print the correct SSN. If the SSN is correct as shown, you may check the appropriate box to indicate whether the SSN is correct as shown.

6- Enter the city, state, and ZIP code of the person or entity to whom you are providing this form. If the city, state, and ZIP code is not printed on this form, you must print it. If the city, state, and ZIP code is printed on this form, you may check the appropriate box to indicate whether the city, state, and ZIP code is correct as shown. If the city, state, and ZIP code is not correct, you must print the correct city, state, and ZIP code. If the city, state, and ZIP code is correct as shown, you may check the appropriate box to indicate whether the city, state, and ZIP code is correct as shown.

7- Enter the account number of the person or entity to whom you are providing this form. If the account number is not printed on this form, you must print it. If the account number is printed on this form, you may check the appropriate box to indicate whether the account number is correct as shown. If the account number is not correct, you must print the correct account number. If the account number is correct as shown, you may check the appropriate box to indicate whether the account number is correct as shown.

Part II Certification

8- I am a U.S. citizen or other U.S. person (defined below) and

ATTACHMENT 7.0 Attestation Re Personnel

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

CONTRACTOR LEGAL ENTITY NAME:	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (or Social Security Number)	

The Contractor identified above, does hereby attest, certify, warrant and assure 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, T.C.A. § 12-3-309.

SIGNATURE & DATE: _____

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor.

ATTACHMENT 7.D Standard Terms & Conditions
SUMNER COUNTY BOARD OF EDUCATION (SCS)

9. PROHIBITIONS/NO VENDOR CONTRACT FORM. Acceptance of gifts from vendors is prohibited. CA §12-4-106. The contract documents for purchase under this shall consist of the successful proposer's proposal and SCS's purchase order. The proposer