## SIGN AND RETURN THIS FORM WITH YOUR BIDS\*\*

# SOLICITATION, OFFER AND AWARD FORM SUBMIT OFFERS TO: ESCAMBIA COUNTY FLORIDA Invitation to Bid

**CLAUDIA SIMMONS** 

Chief, Purchasing

Office of Purchasing, 2nd Floor, Room 11.101 213 Palafox Place, Pensacola, FL 32502 Post Office Box 1591, Pensacola, FL 32597-1591 Phone No: (850)595-4980 Fax No: (850) 595-4805

Request for Proposal Request for Qualifications Request for Letters of Interest Request for Quotation

**{INSERT SOLICITATION TITLE} SOLICITATION NUMBER: PD** 

{NOTE: Select one from above, bold it and delete remainder}

Revised (7/18/06)

## **SOLICITATION**

MAILING DATE:

PRE-BID/PROPOSAL CONFERENCE

OFFERS WILL BE RECEIVED UNTIL:

Witness  $H:\PR\MAST\_DOC\UniformContractVolI\SolOfferAwardPurA.doc$  and may not be withdrawn within \_\_90\_ days after such date and time.

### POSTING OF SOLICITATION TABULATIONS

with the

OF	ER (SHALL BE COMPLETED BY OFFER	OR)	
FEDERAL EMPLOYER IDENTIFICATION NUMBER OR S.S. NUMBER:	TERMS OF PAYMENT:		
DELIVERY DATE WILL BEDAYS AFTER RECIEPT OF PURCHAS	ORDER.		
VENDOR NAME:	REASON FOR NO O	FFER:	
ADDRESS:			
CITY, ST. & ZIP:			
PHONE NO.: ()		ED \$	
TOLL FREE NO.: ()			
FAX NO.: ()			
I certify that this offer is made without prior understanding, agreement, or connection, with any Corpor person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to so for the offeror and that the offeror is in compliance with all requirements of the solicitation, including by to certification requirements. In submitting an offer to Escambia County Florida, the offeror agrees the sacepted, the offeror will convey, sell, assign or transfer to Escambia County Florida all rights title and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United State of Florida for price fixing relating to the particular commodities or services purchased or acquired	d without NAME AND TITLE OF PERSON AUTHOR this offer too limited (TYPED OR PRINTE of the offer interest in as and the **	D)	
County Florida. At the County's discretion such assignment shall be made and become effective at County tenders final payment to the offeror.		SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER (MANUAL)	
** Failure to execute this Form binding the bidder/proposer's offer sho	result in this bid/proposal being rejected as nor	responsive.	
Upon certification of award the contract shall be signed by the President or Vice-President. behalf of the company. Awarded contractor shall submit a copy of the resolution together w the bid response of the awarded contractor is incorporated by reference herein and made a	the executed contract to the Office of Purchasing. The term		
CONTRACTOR	TOOLS FOR A CONTINUE OF COMME		
	ESCAMBIA COUNTY FLORIDA		
Name and Title of Signer (Type or Print)	Name and Title of Signer (Type or Print)		
Name of Contractor	Name and Title of Signer (Type or Print)		
	Name and Title of Signer (Type or Print)  By  County Administrator	Date	
Name of Contractor	Name and Title of Signer (Type or Print)		
Name of Contractor  By Signature of Person Authorized to Sign Date	Name and Title of Signer (Type or Print)  By  County Administrator  WITNESS	Date	
Name of Contractor  By Signature of Person Authorized to Sign Date	Name and Title of Signer (Type or Print)  By  County Administrator	Date	
Name of Contractor  By Signature of Person Authorized to Sign Date  ATTEST:	Name and Title of Signer (Type or Print)  By  County Administrator  WITNESS	Date	
Name of Contractor  BySignature of Person Authorized to Sign	Name and Title of Signer (Type or Print)  By County Administrator  WITNESS  WITNESS	Date	
BySignature of Person Authorized to Sign	Name and Title of Signer (Type or Print)  By  County Administrator  WITNESS	Date	