

EXHIBIT A BID FORM (Cont'd)

HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE, AASHTO DESIGNATION M330 & ASTM F2881 – MITERED END SECTIONS 4:1 SLOPE				
DESCRIPTION		EST QTY	UNIT PRICE	
15" DIA,		12	\$ 270.50	EA
18" DIA,		12	\$ 405.70	EA
34" DIA,		12	\$ NA	EA
36" DIA,		6	\$ 842.00	EA
48" DIA,		6	\$ 1547.00	EA

Acknowledge Receipt of Addendum(s) (if applicable circle): ^{NA} #1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Craig Pearce Company: Ferguson Waterworks

Address: 3501 SW 13th St.
Ocala, FL 34474

Authorized Signature: [Signature] Title: Outside Sales

Clearly Print Signature: Craig Pearce Title: Outside Sales

PHONE: 352-237-0273 FAX: 352-237-3326 DATE: 6/3/19

Email Address: Craig.pearce@ferguson.com

BID FORM

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

BID OPENING DATE: 2:00 pm, Wednesday, June 5, 2019

PLACE OF BID OPENING: Alachua County Division of Purchasing, 3rd Floor
County Administration Building
12 SE 1st Street
Gainesville, Florida, 32601-6983

VENDOR: Ferguson Waterworks **LOCATION:** 3501 SW 13th St Ocala, FL
34474

I.) CORRUGATED METAL PIPE

CORRUGATED METAL PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16	4	\$ 237.00	EA
18" DIA, GAUGE 16	4	\$ 282.00	EA
24" DIA, GAUGE 16	4	\$ 390.00	EA
36" DIA, GAUGE 14	4	\$ 780.00	EA
48" DIA, GAUGE 14	4	\$ 1025.00	EA

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA x13", GAUGE 16	4	\$ No Bid	EA
21" DIA x15", GAUGE 16	4	\$	EA
28" DIA x20", GAUGE 16	4	\$	EA
42" DIA x29", GAUGE 14	4	\$	EA
57" DIA x38", GAUGE 12	4	\$	EA

EXHIBIT A BID FORM (Cont'd)

CORRUGATED METAL ROUND PIPE ALUMINIZED TYPE II			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16,	300	\$ 16.05	LF
18" DIA, GAUGE 16,	300	\$ 19.00	LF
24" DIA, GAUGE 16,	180	\$ 25.65	LF
36" DIA, GAUGE 14,	60	\$ 49.60	LF
48" DIA, GAUGE 12,	60	\$ 64.00	LF

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIAx13",GAUGE 16,	300	\$ 17.80	LF
21" DIAx15",GAUGE 16,	300	\$ 21.00	LF
28" DIAx20",GAUGE 16,	180	\$ 28.05	LF
42" DIAx29",GAUGE 14,	60	\$ 54.30	LF
57" DIAx38",GAUGE 12,	60	\$ 70.00	LF

CORRUGATED METAL ROUND PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 18	3	\$ 71.80	EA
18" DIA, GAUGE 18	3	\$ 85.80	EA
24" DIA, GAUGE 18	3	\$ 114.35	EA
36" DIA, GAUGE 16	3	\$ 208.20	EA
48" DIA, GAUGE 16	3	\$ 277.65	EA

CORRUGATED METAL ARCH PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA X 13", GAUGE 18	3	\$ 71.80	EA
21" DIA X 15", GAUGE 18	3	\$ 85.80	EA
28" DIA X 20",GAUGE 18	3	\$ 114.35	EA
42" DIA X 29", GAUGE 16	3	\$ 208.20	EA
57" DIA X 38", GAUGE 16	3	\$ 277.65	EA

EXHIBIT A BID FORM (Cont'd)

NEOPRENE GASKETS			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, 3/8" x 7" NEOPRENE GASKETS	3	\$ 23.40	EA
18" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 28.00	EA
24" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 37.25	EA
36" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 67.85	EA
48" DIA, 3/8"x 12" NEOPRENE GASKETS	3	\$ 90.35	EA

II.) REINFORCED CONCRETE PIPE

REINFORCED CONCRETE CULVERT PIPE, ASTM DESIGNATION C76, CLASS III.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	80	\$ 16.10	LF
18" DIA,	80	\$ 19.55	LF
24" DIA,	80	\$ 27.85	LF
36" DIA,	48	\$ 54.65	LF
48" DIA,	16	\$ 82.10	LF

REINFORCED CONCRETE CULVERT PIPE, HORIZONTAL ELLIPTICAL ASTM DESIGNATION C507, CLASS III.			
DESCRIPTION	EST QTY	UNIT PRICE	
12" X 18",	80	\$ 29.95	LF
14" X 23",	80	\$ 32.65	LF
19" X 30",	80	\$ 34.90	LF
29" X 45",	48	\$ 117.15	LF
38" X 60",	16	\$ 195.00	LF

EXHIBIT A BID FORM (Cont'd)

REINFORCED CONCRETE CULVERT PIPE, HORIZONTAL ELLIPTICAL ASTM DESIGNATION C507, CLASS III MITERED END SECTIONS 4:1 SLOPE.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" X 18",	10	\$ 158.30	EA
14" X 23",	10	\$ 185.70	EA
19" X 30",	8	\$ 242.85	EA
29" X 45",	6	\$ 999.50	EA
38" X 60",	2	\$ 1494.00	EA

REINFORCED CONCRETE CULVERT PIPE, ASTM DESIGNATION C76, CLASS III. MITERED END SECTIONS 4:1 SLOPE.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	10	\$ 271.40	EA
18" DIA,	10	\$ 291.60	EA
24" DIA,	8	\$ 308.30	EA
36" DIA,	6	\$ 2048.20	EA
48" DIA,	2	\$ 3136.00	EA

III.) HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE

HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE, AASHTO DESIGNATION M330 & ASTM F2881			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	120	\$ 9.71	LF
18" DIA,	120	\$ 12.81	LF
34" DIA,	120	\$ N/A	LF
36" DIA,	60	\$ 36.81	LF
48" DIA,	60	\$ 61.96	LF

ATTENTION:

**VENDOR
SHOULD
COMPLETE AND
SIGN EXHIBIT B
TO BE
CONSIDERED
RESPONSIVE**

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

OPTION 1

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

Circle One: Yes (If yes, complete and sign the last page of this Exhibit)

☒ No (If No, proceed to *Option 2.*)

OPTION 2

I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

Circle One: ☒ Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to *Option 3.*)

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

OPTION 3

SBE Participation. I certify that our Company has contacted the **Alachua County's Certified SBEs** listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory, available at:

<http://smallbusdir.alachuacounty.us/>.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for **the total dollar value and percentage of the bid** set forth below.

If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to *Option 4* and document your Good Faith Effort.

SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

OPTION 4

SBE Good Faith Effort. To be considered responsive all Vendors **must have** SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen the Vendor must complete the section below substantiating compliance with good faith effort requirements.**

In accordance with Section 22.36, of the Alachua County Purchasing Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response **MUST** be recorded in the section below.)

1	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
2	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
3	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
4	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
5	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
6	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		
7	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: Phone:		/ /
Must be completed by. SBE Response when contacted:		

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

I as the undersigned Vendor certify that I have completed one of the option(s) below (*Circle One*):

OPTION 1

OPTION 2

OPTION 3

OPTION 4

If you are unable to certify that, you have completed to the best of your knowledge and belief **OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name:

Ferguson Watersworks

Date

6/3/19

Signature



Title

Outside Sales

Printed Name:

Craig Peters

Title

Outside Sales

DRUG FREE WORKPLACE

Section 22.09 Competitive Sealed Bidding of the Alachua County Purchasing Code states that in the evaluation of bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given, first, to those vendors certifying a drug-free workplace, secondly, to certified Small Business Enterprise (SBE) bidders.

The undersigned vendor in accordance with §287.087, Florida Statute and Section 22.09 of the Alachua County Purchasing Code hereby certifies that

 Name of Business *Ferguson Watersworks*

Does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

 Bidder's Signature

 Date *6/3/19*

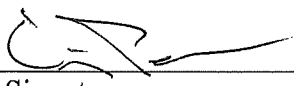
PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records' are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.


Bidder's Signature

Date

6/3/19

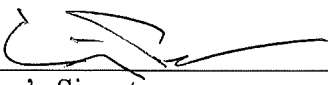
--- OR ---

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

NA

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.


Bidder's Signature

Date

6/3/19



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)

04/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C, No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
INSURED Ferguson Enterprises, LLC and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602	E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Liberty Mutual Fire Insurance Company	NAIC # 23035
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Liberty Insurance Corporation	42404
	INSURER D: Indemnity Insurance Company of North America	43575
	INSURER E: ACE Fire Underwriters Insurance Company	20702
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** W11006236**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		TB2-691-468654-019	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:	PERSONAL & ADV INJURY \$ 2,000,000				
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					GENERAL AGGREGATE \$ 5,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY		ISAH25281093	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Self-Insured <input checked="" type="checkbox"/> Physical Damage					\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		TH7-691-468654-029	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 5,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLRC65894075	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> No				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
						E.L. DISEASE - POLICY LIMIT \$ 2,000,000
B	Workers' Compensation & Employers Liability - CA/MA		WLRC65894038	05/01/2019	05/01/2020	E.L. EACH ACCIDENT \$2,000,000
	Per Statute	E.L. DISEASE-EACH EMP \$2,000,000				
		E.L. DISEASE-POL LMT \$2,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Compensation Policy WLR C65894075 provides coverage for AL, AK, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WV.

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Original

**ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS
INVITATION TO BID**

PART A - GENERAL TERMS AND CONDITIONS

SPECIFICATION FOR: Firm Fixed Bid Prices for **Annual Purchase of Drainage Infrastructure** for the benefit of the **Public Works Department** on an as needed basis.

BID NUMBER: 20-42

BID OPENING DATE: 2:00 pm, Wednesday, June 5, 2019

**PLACE OF BID OPENING and
MAILING ADDRESS:** Alachua County Division of Purchasing, 3rd Floor
County Administration Building
12 SE 1st Street
Gainesville Florida 32601-6983

1.0 SCOPE

- 1.1 The instructions to bidders and general conditions described herein apply to transactions on material, supplies or services with an estimated aggregate cost of \$500.00 or more.
- 1.2 The herein included General Terms and Conditions (Part A); Specifications (Part B); and the Bidder's Check List (Part C); together with all attached documents herein identified, constitute the entire bid package. Specifications and supplementary documents are essential parts of the contract and requirements occurring in one are as binding as though occurring in all.

2.0 DEFINITIONS

- 2.1 The term "Invitation to Bid" means a solicitation of formal sealed bids. The acronym "ITB" means "Invitation to Bid".
- 2.2 The term "bid" means the offer as a price by the bidder.
- 2.3 The term "bidder" means the offeror.
- 2.4 The term "Change Order" means a written order signed by the Purchasing Manager or authorized representative directing the vendor to make changes to a contract or purchase order resulting from the ITB.
- 2.5 The term "County" means Alachua County Board of County Commissioners, Alachua County, Florida.
- 2.6 The term "Board" means the County.

3.0 PREPARATION OF BIDS

- 3.1 Bidders are expected to examine the specifications, drawings, and all special and general conditions. Failure to do so will be at the bidder's risk.

PART D – BIDDERS CHECK LIST

Bidders may use the boxes to the left to check off items when completed.

The checklist is intended as a reminder for certain important items and is not necessarily a complete list of what must be included in your BID submission.

- ☒ Bid Form (Remember to fill this form out completely) **THIS FORM MUST BE SIGNED.**
- ☒ Acknowledge all Addendum(s) issued with this solicitation. A place to check off acknowledgement is on the bid form.
- ☒ Submit the appropriate number of copies.
- ☒ Fill out **all of the exhibits** as required, especially **Exhibit C, Small Business Enterprise (SBE) Program Participation Form.**
- ☐ Include any insurance requirements.
- ☒ ~~NA~~ Include any bid bonds that may be applicable.
- ☒ Remember to submit your Bid prior to the submittal deadline. It is the vendor's responsibility when using courier services, such as Fed Ex, UPS, etc., to make sure that the bid arrives on time. Please be aware that it may be difficult at times to find parking around the County Administration Building.
LATE BIDS WILL NOT BE CONSIDERED.
- ☒ Make sure that your bid package has been clearly marked and sealed. The bid number and name along with the vendor's company name should be clearly marked on the outside of the envelope.

If you have questions concerning these items or other sections of the bid solicitation please contact the Division of Purchasing for clarification prior to submitting your bid.



a WOLSELEY company

FERGUSON®

8008 EAST SLIGH AVENUE
TAMPA, FL 33610

JUN 5 '19 AM 11:18
JUN 5 '19 AM 11:18

Sealed Bid

Bid Number 20-42

Annual Purchase of Drinking Infrastructure

Due: 6/5/19 @ 2:00 P.M.

1/2 SE 1st St

3rd Floor