



## INVITATION FOR BID

City of Suffolk

**IFB #2014-00033 - IC**

October 22, 2013

Purchasing Division

441 Market Street, Room 105

Suffolk, VA 23434

Phone: (757) 514-7520 Fax: (757) 514-7524

<http://www.suffolkva.us/purchasing>

## ADDENDUM # 2 Janitorial Paper Products – Annual Contract 2013

**Bid Due: 3:00 p.m., October 30, 2013**

Contract Officer: Ivy Crawford

Ivy Crawford, Buyer I, [icrawford@suffolkva.us](mailto:icrawford@suffolkva.us)

Sealed bids subject to the conditions and instructions contained herein, will be received at the office of the Purchasing Agent listed above, until the time and date shown above (local prevailing time), for furnishing the items or services described in the bid.

**\*\* SUBMIT ENTIRE SECTION A\*\***

*The Buyer I, Ivy Crawford, is the Contract Officer for the City of Suffolk with respect to this IFB. All questions and/or comments should be directed to her at this email address: [icrawford@suffolkva.us](mailto:icrawford@suffolkva.us). The respondents to this IFB shall not contact, either directly or indirectly, any other employee or agent of the City regarding this IFB. This prohibition shall also extend to the Suffolk City Council and other elected City officials. Any such unauthorized contact may disqualify the BIDDER from the procurement.*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with this invitation for bids, and subject to all the conditions thereof, the undersigned offers, if this bid is accepted within ninety (90) calendar days from the date of the opening, to furnish any or all of the items and/or services upon which prices are quoted, at the price set opposite each item, to be delivered at the time and place specified herein. The undersigned certifies he has read, understands, and agrees to all terms, conditions, and requirements of this bid, and is authorized to contract on behalf of firm named below.

# Please use Revised Bid Form

The bid is now due: **October 30, 2013 – 3:00 p.m.**

The City of Suffolk will remove the enMotion towel dispensers that are currently located in City buildings in order to put in dispensers that will be without restriction of trade of paper towels.

We will only award towels and dispensers to firms supplying dispensers without tying them to a specific product or brand of paper towels.

# REVISED BID FORM

**2014-00033-IC**

**TO:** City of Suffolk, VA  
 Purchasing Division  
 441 Market Street  
 Suffolk, VA 23434

**BID:** JANITORIAL PAPER PRODUCTS

**DUE:** *October 30, 2013*

**TIME:** 3:00 p.m., Local

Quote firm price, F.O.B. destination, exclusive of all taxes, to furnish and deliver the following paper products. Product substitutions must be identified on the Bid Form.

***The Contractor must include samples of substitutions offered as a part of his bid package; non-submittal of samples may be reason to declare the bidder non-responsive.***

***\*\*\*Bids must be submitted on the City's BID FORM and packaged in an organized manner. Receipt of bids on anything other than the City's BID FORM will be reason for rejection. Bidders must submit one bid only; alternate bids will not be accepted.***

Price shall be evaluated on cost per thousand (\$/M) calculated to the nearest thousandth (.000). Should there be any discrepancy in the bid pricing, the unit case price and manufacturer's case packaging shall be used to determine the cost per thousand.

<u>Item #</u>	<u>Estimated QTY</u>	<u>DESCRIPTION</u>	<u>CASE/UNIT PRICE</u>	<u>AMOUNT</u>
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## Paper Towels and Dispensers

<b>#1</b>	315 CASES	9 1/4 x 9 1/4, multi-fold, Brown/natural 4000/cs(16 packs of 250) Cascade 101759, Advantage 1040, Bay West 480, Atlantic Paper, or approved equal  MFG/Product _____ Case Pack _____ (\$ /M) 200 cs Capital Programs 115 cs Parks and Rec		
<b>#2</b>	300 CASES	<b>Premium White Towels</b> , 10" x 800' a roll, 6 rolls or 4800 ft/CS  MFG/Product _____ Case Pack _____ (\$ /M) 200 cs Capital Programs 100 cs Parks and Rec		

<u>Item #</u>	<u>Estimated QTY</u>	<u>DESCRIPTION</u>	<u>CASE/UNIT PRICE</u>	<u>AMOUNT</u>
#3	200 each	<b>Touchless Premium Towel Dispensers</b> , 10" x 800' a roll, 6 rolls or 4800 ft/CS. MFG/Product _____  150 ea Capital Programs 50 ea Parks and Rec		
#4	160 CASES	<b>Towel Wipes</b> , 15 x 12, Leggett Platt 611BP or Unique Wipers 1560, 900/CS  MFG/Product _____  Case Pack _____ (\$ /M) 100 cs Capital Programs 60 cs Parks & Recreation		

### Toilet Tissue

#4	290 CASES	2 ply, 500 sheets, wrapped,  Georgia Pacific #6120, Ft. Howard #198, Cascade G550, or approved equal  MFG/Product _____  Case Pack _____ (\$ /M) 250 cs Capital Programs 20 cs Parks & Recreation 20 cs Fire Department		
#5	195 CASES	2 ply, white economy, 3 7/8" x 1000"  12 rolls/case, JRT 9" or approved equal  MFG/Product _____  Case Pack _____ (\$ /M) 150 cs Parks & Recreation 45 cs Capital Programs		

### Can Liners

#6	75 CASES	23 x 17 x 46, gray, super  heavy duty, 1.45 mil, 125 count Bolt, Amcel T4047XH, Altuf, Beta ST4046HG, UPC, or approved equal  MFG/Product _____  Case Pack _____ (\$ /M) 75 cs Parks & Recreation		
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<u>Item #</u>	<u>Estimated QTY</u>	<u>DESCRIPTION</u>	<u>CASE/UNIT PRICE</u>	<u>AMOUNT</u>
#7	80 CASES	15 x 9 x 32, 12-16 gal., .32 mill,		
		500 count, Capital, Amcel #LB33, Platinum, 32mcl, Tyco LSF2333Lb, or approved equal		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		80 cs Capital Programs		
#8	110 CASES	22 x 16 x 58, heavy duty, 1 mil, 125/cs, Heritage H76558SH, Tyco PG6, CO2-385815, Republic S601B, or approved equal		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		55 cs Capital Programs 55 cs Parks & Recreation		
#9	110 CASES	40-45 gallon, heavy duty, 16 microns, (250/cs), black, UPC 40 x 46 or approved equal.		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		60 cs Capital Programs 50 cs Parks & Recreation		
#10	60 CASES	24 X 24, 7-10 gallon, small liners in black or brown		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		60 cs Parks and Recreation		
<b>TABLE COVERINGS &amp; PLASTIC UTINSILS</b>				
#11	30 CASES	<b>Table Covering</b> , 40" x 300', Ft. Howard TA11420-#810, Graham 91-1000, Irving, Vintage, or approved equal		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		30 cs Parks and Recreation		
#12	10 CASES	<b>Plastic Cups – 8-10oz</b>		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		10 cs Parks and Recreation		

<u>Item #</u>	<u>Estimated QTY</u>	<u>DESCRIPTION</u>	<u>CASE/UNIT PRICE</u>	<u>AMOUNT</u>
<b>#13</b>	5 CASES	<b>Plastic Cups – 16oz</b>		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		5 cs Parks and Recreation		
<b>#14</b>	15 CASES	<b>Plastic Plates 9" – Blue, Green, Yellow, Red, Burgandy, Orange, White</b>		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		15 cs Parks and Recreation		
<b>#15</b>	12 CASES	<b>Table Napkins, White</b>		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		12 cs Parks and Recreation		
<b>#16</b>	10 CASES	<b>Plastic Ware - Utensils, Sets, Clear</b> (Spoons, forks, knives)		
	MFG/Product	_____		
		Case Pack _____ (\$ /M)		
		10 cs Parks and Recreation		

**Contractor is required to submit samples of any substitutions offered as a part of his bid package. Only one sample shall be provided for each substitution offered (For example-- one can liner, one towel wipe, one toilet paper roll, etc.) A 2' x 2' section of table covering is acceptable as a sample. Each sample shall be appropriately labeled with item number, manufacturer/product, and vendor name.**

**Total Bid Amount: \$ \_\_\_\_\_**

## **REFERENCES**

Indicate below a listing of at least three (3) recent references for whom you have provided similar services. Include the date that services were furnished and the name, address, and phone number of the person we have your permission to contact.

	<b><u>Client/Address</u></b>	<b><u>Date</u></b>	<b><u>Contact Person</u></b>	<b><u>Phone No.</u></b>
1)	_____	_____	_____	_____
	_____			
	_____			
2)	_____	_____	_____	_____
	_____			
	_____			
3)	_____	_____	_____	_____
	_____			
	_____			

**Payment Terms/Discounts** \_\_\_\_\_ (Suffolk's payment schedule: items accepted and invoiced by 10th of month will be paid month end. Cash discounts offered for less than 30 days from receipt of proper invoice will not be considered in award.)

**Bidder has included the following with his BID FORM (please check  $\checkmark$ ):**

- \_\_\_\_\_ "Anti-collusion/Nondiscrimination/Drug Free Workplace" clause
- \_\_\_\_\_ Proof of Authority to Transact Business in Virginia form
- \_\_\_\_\_ Acknowledgement of all issued Addenda
- \_\_\_\_\_ All of Section 'A' filled out and returned
- \_\_\_\_\_ Digital Copy included

**I will accept payment by means of the City's Purchasing Card.** \_\_\_\_\_ Yes \_\_\_\_\_ No

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Person Quoting \_\_\_\_\_

Title \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone # : \_\_\_\_\_

Social Security Number or FIN Number \_\_\_\_\_

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same equipment/materials/ service and is in all respects fair and without collusion or fraud. I understand that collusive bidding is a violation of State and Federal law and can result in fines, prison sentences and civil damage awards. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.

I certify by my signature below that I have received the documents associated with this bid and understand that the review for completeness of these bid documents and the understanding and comprehension of the bid specifications is solely my responsibility; based on this, by my signature below I waive all rights to further claims against the City of Suffolk that the document were incomplete or not understandable.

I certify that the bidder represented herein is eligible to bid with respect to all applicable sections of State and Local Government Conflict of Interest Act, Code of Virginia, Section 2.1-639.1 et. seq.

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

**Date** \_\_\_\_\_



**ANTICOLLUSION/NONDISCRIMINATION/DRUG FREE WORKPLACE CLAUSES**

**ANTICOLLUSION CLAUSE:**

IN THE PREPARATION AND SUBMISSION OF THIS BID, SAID BIDDER DID NOT EITHER DIRECTLY OR INDIRECTLY ENTER INTO ANY COMBINATION OR ARRANGEMENT WITH ANY PERSON, FIRM OR CORPORATION, OR ENTER INTO ANY AGREEMENT, PARTICIPATE IN ANY COLLUSION, OR OTHERWISE TAKE ANY ACTION IN THE RESTRAINT OF FREE, COMPETITIVE BIDDING IN VIOLATION OF THE SHERMAN ACT (15 U.S.C. SECTION 1), SECTIONS 59.1-9.1 THROUGH 59.1-9.17 OR SECTIONS 59.1-68.6 THROUGH 59.1-68.8 OF THE CODE OF VIRGINIA.

THE UNDERSIGNED BIDDER HEREBY CERTIFIES THAT THIS AGREEMENT, OR ANY CLAIMS RESULTING THEREFROM, IS NOT THE RESULT OF, OR AFFECTED BY, ANY ACT OF COLLUSION WITH, OR ANY ACT OF, ANOTHER PERSON OR PERSONS, FIRM OR CORPORATION ENGAGED IN THE SAME LINE OF BUSINESS OR COMMERCE; AND, THAT NO PERSON ACTING FOR, OR EMPLOYED BY, THE CITY OF SUFFOLK HAS AN INTEREST IN, OR IS CONCERNED WITH, THIS BID; AND, THAT NO PERSON OR PERSONS, FIRM OR CORPORATION OTHER THAN THE UNDERSIGNED, HAVE, OR ARE, INTERESTED IN THIS BID.

**DRUG-FREE WORKPLACE:**

DURING THE PERFORMANCE OF THIS CONTRACT, THE CONTRACTOR AGREES TO (I) PROVIDE A DRUG-FREE WORKPLACE FOR THE CONTRACTOR'S EMPLOYEES; (II) POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, A STATEMENT NOTIFYING EMPLOYEES THAT THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE OR MARIJUANA IS PROHIBITED IN THE CONTRACTOR'S WORKPLACE AND SPECIFYING THE ACTIONS THAT WILL BE TAKEN AGAINST EMPLOYEES FOR VIOLATIONS OF SUCH PROHIBITION; (III) STATE IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE CONTRACTOR THAT THE CONTRACTOR MAINTAINS A DRUG-FREE WORKPLACE; AND (IV) INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS I, II, AND III IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

FOR THE PURPOSE OF THIS SECTION, "DRUG-FREE WORKPLACE" MEANS A SITE FOR THE PERFORMANCE OR WORK DONE IN CONNECTION WITH A SPECIFIC CONTRACT AWARDED TO A CONTRACTOR IN ACCORDANCE WITH THIS CHAPTER, THE EMPLOYEES OF WHOM ARE PROHIBITED FROM ENGAGING IN THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF ANY CONTROLLED SUBSTANCE OR MARIJUANA DURING THE PERFORMANCE OF THE CONTRACT.

**NONDISCRIMINATION CLAUSE:**

1. EMPLOYMENT DISCRIMINATION BY BIDDER SHALL BE PROHIBITED.
2. DURING THE PERFORMANCE OF THIS CONTRACT, THE SUCCESSFUL BIDDER SHALL AGREE AS FOLLOWS:
  - A. THE BIDDER, WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER BASIS PROHIBITED BY STATE LAW RELATING TO DISCRIMINATION IN EMPLOYMENT, EXCEPT WHERE THERE IS A BONA FIDE OCCUPATIONAL QUALIFICATION/CONSIDERATION REASONABLY NECESSARY TO THE NORMAL OPERATION OF THE BIDDER. THE BIDDER AGREES TO POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE.
  - B. THE BIDDER, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED ON BEHALF OF THE BIDDER, WILL STATE THAT SUCH BIDDER IS AN EQUAL OPPORTUNITY EMPLOYER. NOTICES, ADVERTISEMENTS, AND SOLICITATIONS PLACED IN ACCORDANCE WITH FEDERAL LAW, RULE OR REGULATION SHALL BE DEEMED SUFFICIENT FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF THIS SECTION.
  - C. BIDDER WILL INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS A, B, AND C IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

<b>Name and Address of Bidder:</b>	Date:
	By:
	Signature In Ink
	Printed Name
Telephone Number: (     )	
Fax Phone Number: (     )	Title
FIN/SSN#:	

Is your firm a "minority" business?  Yes  No      If yes, please indicate the "minority" classification below:  
 African American     Hispanic American     American Indian     Eskimo     Asian American     Aleut  
 Other; Please Explain: \_\_\_\_\_  
 Is your firm Woman Owned?  Yes  No      Is your firm a Small Business?  Yes  No

**PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA**

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL/BID, FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR PROPOSAL/BID

Pursuant to Virginia Code §2.2-4311.2 an Offeror/Bidder organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its proposal/bid the identification number issued to it by the State Corporation Commission ("SCC"). Any Offeror/Bidder that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its proposal/bid a statement describing why the Offeror/Bidder is not required to be so authorized. Any Offeror/Bidder described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures establish to implement this section is granted by the City Manager, as applicable.

If this quote for goods or services is accepted by the City of Suffolk, Virginia the undersigned agrees that the requirements of the Code of Virginia Section §2.2-4311.2 have been met.

Please complete the following by checking the appropriate line that applies and providing the requested information.

A. \_\_\_\_\_ Offeror/Bidder is a Virginia business entity organized and authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is

\_\_\_\_\_.

B. \_\_\_\_\_ Offeror/Bidder is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such vendor's identification Number issued to it by the SCC is

\_\_\_\_\_.

C. \_\_\_\_\_ Offeror/Bidder does not have an Identification Number issued to it by the SCC such vendor is not required to be authorized to transact business in Virginia by the SCC for the following reason(s):

**Please attach additional sheets if you need to explain why such Offeror/Bidder is not required to be authorized to transact business in Virginia.**

\_\_\_\_\_  
Legal Name of Company (as listed on W-9)

\_\_\_\_\_  
Legal Name of Offeror/Bidder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print or Type Name and Title

**RETURN THIS PAGE WITH COPIES OF DOCUMENTATION**

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

## EXCEPTION PAGE

EXCEPTIONS:

Provider must sign the appropriate statement below, as applicable:

- ( ) Provider understands and agrees to all terms, conditions, requirements, and specifications stated herein.

Firm: \_\_\_\_\_

Date: \_\_\_\_\_

- ( ) Provider takes exception to terms, conditions, requirements, or specifications stated herein (Provider must itemize all exceptions below, and return with this bid):

Firm: \_\_\_\_\_

Date: \_\_\_\_\_

Exceptions: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Providers should note that any exceptions taken from the stated terms and/or specifications may be cause for their submittal to be deemed "non-responsive", risking the rejection of their submittal.

**Bid Results**

For a complete written tally sheet, please go to our website:

[http://www.suffolkva.us/bids/bid\\_search\\_all.jsp](http://www.suffolkva.us/bids/bid_search_all.jsp)