

PROPOSAL  
PASCO SHERIFF'S OFFICE

**PROJECT NAME: CYBER LAB WORKSTATIONS FOR THE F1RST  
CYBERSECURITY/SAR BUILDING**

By signing this Proposal, the undersigned affirms that said Proposal is made without any understanding, agreement, or connection with any other person, firm or corporation providing a Proposal for the same purpose, and that this Proposal is in all respects fair, and without collusion or fraud. The undersigned understands that this Proposal must be signed to avoid rejection by the Pasco Sheriff's Office (hereinafter the "PSO").

IN EXECUTING THIS DOCUMENT, THE UNDERSIGNED REPRESENTS THAT THE PROPOSER ACCEPTS THE TERMS, CONDITIONS, MANDATES, AND OTHER PROVISIONS OF THE ASSOCIATED **INSTRUCTIONS TO PROPOSERS (PART I)**, THE **CONDITIONS OF CONTRACT (PART II)**, AND THE **AGREEMENT (PART IV)**, SAID DOCUMENTS AND THEIR RESPECTIVE EXHIBITS AND ATTACHMENTS BEING THE SOLE BASIS UPON WHICH THE PROPOSER MAKES THIS PROPOSAL.

**\*\*\* MUST BE SIGNED IN BLUE OR BLACK INK \*\*\***

ALL THE FOLLOWING REQUESTED INFORMATION MUST BE GIVEN  
FOR THIS PROPOSAL TO BE CONSIDERED BY PSO:

Item No.	Description	Qty	Manual Adjustable Price	Power Adjustable Price (Alternate)
1.	Workstation Style A	3		
2.	Workstation Style B	4		
3.	Workstation Style C	1		
4.	Workstation Style D	1		

Item No.	Description	Qty	Manual Adjustable Price	Power Adjustable Price (Alternate)
5.	Delivery and Installation	ALL		
<b>TOTAL PRICE INSTALLED:</b>				
<b>Warranty (Specify what is warranted, length, and terms)</b>				
<b>Earliest Installation Date:</b>				
<b>PLEASE PROVIDE LIST OF OPTIONAL ACCESSORIES FOR WORKSTATIONS FOR CONSIDERATION AS ALTERNATES</b>				

\* The dollar amounts shown herein are to be utilized by PSO as a guide to selecting the *best qualified* PROPOSER. The actual total compensation paid PROPOSER for the Project described in these Contract Documents may vary from the amount stated herein due to adjustments in pay quantity/quantities resulting from changes in item quantity/quantities, and/or adjustments in pay quantity/quantities as otherwise permitted by these Contract Documents.

2. Receipt of Addendum No. \_\_\_\_\_ through No. \_\_\_\_\_ is acknowledged.
3. Legal name of the Proposer: \_\_\_\_\_  
\_\_\_\_\_.

**(This name must match the name on your current W9 Form. The W9 will be requested at the time of award. Designate with name, in typed or printed form, whether corporation, limited liability company, partnership, individual, or other type of legally recognized entity or person; if not a natural person, designate also the state or country of incorporation or other legal establishment, as applicable)**

All fictitious names or aliases: \_\_\_\_\_

4. Local (Pasco County, Florida) business and mailing address of the Proposer: \_\_\_\_\_  
\_\_\_\_\_

5. Primary business and mailing address of the Proposer: \_\_\_\_\_  
\_\_\_\_\_
6. Contractor License No. \_\_\_\_\_
7. Federal Employer Identification Number (FEIN): \_\_\_\_\_.
8. Business phone number of the Proposer: (\_\_\_\_)\_\_\_\_\_; Fax: (\_\_\_\_)\_\_\_\_\_
9. The Proposer has been operating under the present trade name continuously since: \_\_\_\_\_.
10. The Proposer represents by execution of this document below that the Proposer will comply fully with all the stipulations included in the Proposal Package.
11. The above-named Proposer affirms and declares:
- A. That the Proposer, if an individual, is of lawful age, and that no other person, firm or corporation has any interest in this Proposal, or in the contract proposed hereby, except as expressly stated below (if none, so state):  
\_\_\_\_\_  
\_\_\_\_\_
- B. That this Proposal is made without any understanding, agreement, or connection with any other person, firm or corporation making a Proposal for the same purpose, and is in all respects fair and without collusion or fraud except as expressly stated below:
- C. That the Proposer is not in arrears to PSO upon debt or contract and is not a defaulter, as surety or otherwise, upon any obligation to PSO except as expressly stated below:
- D. That no officer or employee or person whose salary is payable in whole or in part from the PSO is, shall be or shall become interested, directly or indirectly, as surety or otherwise in this Proposal, in the performance of this Contract, in the supplies, materials, equipment, and work or labor to which they relate, or in any portion of the profits thereof.
- E. That the Proposer or any officer of the Proposer has not been found guilty of a public entity crime or is on the convicted vendor list as set forth in Sections 287.132 and 287.133, F.S.
- F. If claiming to be a local contractor, the Proposer certifies that they satisfy each of the following criteria at the time of their submission of a response to the solicitation necessary to qualify as a "Local Business": a) a vendor, supplier, or contractor who does business in Pasco County by providing goods, services, or installation; and b) maintains a physical business address located within the jurisdictional limits of Pasco County in an area zoned for the conduct of such business; and c) which the vendor, supplier or contractor operates or performs

business on a daily basis; and d) has for at least twelve (12) months prior to the proposal opening date; and (e) provides a copy of their local business tax receipt or evidence of qualification as a business in a neighboring county as listed in the County's Purchasing Ordinance at the time of submittal. Post office boxes shall not be used for the purpose of establishing said physical address.

\_\_\_\_\_ **Local Business located in Pasco County** (Please put an "X" in the box or mark N/A)

**Please provide a copy of your local business tax receipt with your response to this proposal.**

12. The individual executing this document, under penalty of perjury, represents that he or she is either the Proposer, or that he or she is of lawful age and has been duly AUTHORIZED to execute this document on behalf of the Proposer. A copy of the document authorizing the signer to sign is included with this Proposal.

IN WITNESS WHEREOF, this Proposal has been signed and sealed as of the date indicated below by the Proposer.

ATTEST:

PROPOSER:

\_\_\_\_\_  
(SEAL)  
Witness

BY: \_\_\_\_\_  
(Authorized signature in ink)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Printed name of signer)

\_\_\_\_\_  
(Printed title of signer)

CORPORATE SEAL  
(where appropriate)

\_\_\_\_\_  
(Date signed)

**THIS PROPOSAL MUST BE SWORN TO OR  
AFFIRMED BELOW BY THE PERSON SIGNING IT**  
(see following pages)

**NOTARY ACKNOWLEDGMENT**

**STATE OF** }  
 } **ss**  
**COUNTY OF** }

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by [as applicable, complete one of the choices below]:

**FOR A CORPORATION OR LIMITED LIABILITY COMPANY:**

[Name] , who executed the foregoing instrument as [Title] of [Corporation or Company Name] , a [check one] [ ] corporation [ ] limited liability company, organized under the laws of [State] , and who severally and duly acknowledged the execution of such instrument as aforesaid on behalf of the corporation or limited liability company.

**FOR AN INDIVIDUAL ACTING IN HIS OR HER OWN RIGHT:**

[Name]

**FOR PARTNERSHIP:**

[Name] Partner (or Agent), on behalf of [Name of Partnership] , a [State] partnership.

Said person is personally known to me or has produced \_\_\_\_\_ as identification on behalf of [Name, or Name of Corporation, Company, Partnership, Principal, as applicable]:

acknowledgment

\_\_\_\_\_  
Signature of person taking

\_\_\_\_\_  
Name typed, printed or stamped

\_\_\_\_\_  
Title or rank

\_\_\_\_\_  
Serial number (if any)

**-OR-**

\_\_\_\_\_  
\_\_\_\_\_(SEAL)

Witness

\_\_\_\_\_

Witness

BY: \_\_\_\_\_

As Attorney in Fact (Attach Power)

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Business Address

( ) \_\_\_\_\_

Business Telephone



Said person is personally known to me or has produced \_\_\_\_\_ as identification on behalf of [Name, or Name of Corporation, Company, Partnership, Principal, as applicable]:

\_\_\_\_\_

Signature of person taking acknowledgment

\_\_\_\_\_

Name typed, printed or stamped

\_\_\_\_\_

Title or rank

\_\_\_\_\_

Serial number (if any)

ATTEST:

SURETY: \_\_\_\_\_

Printed Name

\_\_\_\_\_

Business Address

\_\_\_\_\_  
(SEAL)

Witness

BY: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Printed Name

**-OR-**



\_\_\_\_\_  
(SEAL)

Witness

BY: \_\_\_\_\_

As Attorney in Fact (Attach Power)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License Number of Agent

COUNTERSIGNED (if applicable):

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
( )  
Agent's License No Telephone

\_\_\_\_\_  
Agency Mailing Address

( ) \_\_\_\_\_  
Agency Telephone No.

( ) \_\_\_\_\_  
Agency Fax No.



**FOR AN INDIVIDUAL ACTING AS PRINCIPAL BY AN ATTORNEY IN FACT:**

[Name] \_\_\_\_\_, as attorney in fact.

Said person is personally known to me or has produced \_\_\_\_\_ as identification on behalf of [Name, or Name of Corporation, Company, Partnership, Principal, as applicable]:

acknowledgment

\_\_\_\_\_  
Signature of person taking

\_\_\_\_\_  
Name typed, printed or stamped

\_\_\_\_\_  
Title or rank

\_\_\_\_\_  
Serial number (if any)