



514 Glover Street  
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[www.cobbk12.org](http://www.cobbk12.org)

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*One Team, One Goal: Student Success*  
*PROCUREMENT SERVICES DEPARTMENT*

**Attn:** Bid/Quote Department                      **Date:** 3/2/2021  
**From:** Debbie Mosher                                **Phone:** 770-590-4522  
**Email:** [debbie.mosher@cobbk12.org](mailto:debbie.mosher@cobbk12.org)

## **Request for Quote (RFQ) Q2021031**

For

### **APC Batteries**

**Due Date/Time/Location for Quote Response:** Please email quotation responses to [debbie.mosher@cobbk12.org](mailto:debbie.mosher@cobbk12.org) by 3:00 p.m. EST, Wednesday, March 10, 2021.

**Delivery Location for Product/Service:** Technology Services  
Kennesaw Data Center  
6975 Cobb International Blvd.  
Kennesaw, GA 30152

The CCSD Procurement Services Department General Terms and Conditions are hereby acknowledged, understood, and agreed to by the parties and are hereby fully incorporated into the solicitation document and the resulting contract. Refer to the CCSD Procurement Services website for the complete General Terms and Conditions. Go to [www.cobbk12.org](http://www.cobbk12.org). From this screen, select “Menu”, select “Departments”, choose “Procurement Services” and find the link to “General Terms and Conditions” located in the center of the page.

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**The Special Terms and Conditions are customized specifically to this solicitation. Taking exception to these terms and conditions or submitting conflicting language may be cause for rejection of vendor's response.**

Should these Special Terms and Conditions be in conflict with the General Terms and Conditions, the Special Terms and Conditions will control.

### **1.0 PURPOSE**

The Cobb County School District (CCSD) is seeking quotes from qualified vendors for the purchase and delivery of APC replacement batteries to the CCSD Technology Services Department.

### **2.0 SCOPE OF WORK**

- 2.1** Only APC certified suppliers will be considered for award.
- 2.2** **NO SUBSTITUTIONS.** Only new, OEM (Original Equipment Manufacturer) equipment will be accepted.
- 2.3** Replacement labor will not be needed, therefore **should not** be included in pricing.
- 2.4** Pricing must include disposal of old batteries.
- 2.5** Pricing must include all shipping/freight charges. No extra fees or surcharges, including fuel, will be allowed with this contract.
- 2.6** Item pricing must be submitted on Quote Form (Attachment A).
- 2.7** Inside delivery is required for all goods. At no time should goods be left outside of any building. Vendor is responsible for notifying the contact person listed on the purchase order AT LEAST three (3) business days prior to delivery of equipment. Any deliveries attempted without prior notification may be refused and redelivered at vendor's expense.
- 2.8** Batteries should include standard manufacturer's warranty. Upon request, vendors must provide a copy of product warranty statements.
- 2.9** Phone support must be provided for Emergency Tech Support and Customer Care Center Technical Support.

### **3.0 COMMUNICATIONS WITH CCSD STAFF**

All communications concerning this RFQ must be submitted in writing to the CCSD Procurement Services Department. Email to [debbie.mosher@cobbk12.org](mailto:debbie.mosher@cobbk12.org) is the preferred method of communication. Only written questions submitted via email will be accepted. No response other than written, distributed by the Procurement Services Department, will be binding upon CCSD. The Procurement Services Department, in its discretion, may call upon user departments for

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clarification in their area of expertise. **Questions concerning this solicitation must be received by 3:00 p.m. EST on March 5, 2021. Answers will be posted to the CCSD Current Solicitations website tentatively by March 8, 2021.**

#### **4.0 SUBMISSION OF RESPONSES**

- 4.1** All responses submitted become the property of the CCSD and are subject to the applicable open records policies and laws.
- 4.2** Submit the following documents with your response:
  - 4.2.1** Vendor Questionnaire
  - 4.2.2** IRS W-9 Form
  - 4.2.3** Georgia Security and Immigration Compliance Act Forms
  - 4.2.4** Disclosure of Lobbying Activities Form (if applicable)
  - 4.2.5** Acknowledgement and Agreement Form
  - 4.2.6** Quote Form (Attachment A) – **Excel Format**

#### **5.0 COST**

- 5.1** Unless specifically consented to in writing by CCSD, prices must remain firm for a period of one year from the award date, or for any renewal period, under the same terms and conditions as the RFQ. The CCSD reserves the option to renew any contract award at its sole discretion.
- 5.2** Quantities/amounts shown in this RFQ are estimates. Vendors are advised that the actual number purchased/required may vary from those in the RFQ, depending upon the needs of the CCSD and the availability of funds.
- 5.3** Quotes that contain minimum order amounts will not be accepted unless called for in the solicitation document.
- 5.4** Pricing must be submitted on the Quote Form included within this document as requested, without conditions, unless called for in solicitation document.
- 5.5** For Goods: Quotations must include any and all delivery and/or installation charges. Delivery and/or installation requirements will be as specified in the solicitation document.
- 5.6** Prompt payment discounts will be considered for the purposes of quote evaluation and award.
- 5.7** The CCSD does not pay late payment fees, interest or attorneys' fees.

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**5.8 FEE STRUCTURE FOR ADDITIONAL ITEMS**

Within this document, CCSD has attempted to anticipate and identify all items that may be needed under this contract throughout the length of the award period. In the event CCSD has failed to include an item(s), responding vendors are asked to provide a fee structure for additional, related items that may be purchased during the award period. Vendors are to identify the pricing source and the associated fee structure in the space provided on the Quote Form. Some example responses are: X% discount below MSRP; X% discount below published catalog pricing; Cost plus X% mark-up. Upon request, awarded vendor must be able to provide documentation verifying appropriate discounts are granted throughout the contract. CCSD reserves the right to conduct periodic random audits of fair market value, etc. to ensure price granted is reasonable and accurate.

**5.9 HOURLY RATE FOR ADDITIONAL SERVICES**

Within this document, CCSD has attempted to anticipate and identify all services that may be needed under this contract throughout the length of the award period. In the event CCSD has failed to anticipate all service needs, responding vendors are asked to provide a fee structure for additional, related services that may be needed during the award period. Vendors are to provide an hourly rate in the space provided on the Quote Form. If awarded the contract, this fee would then apply to service needs that may be identified at a later date. If there are different rates, please provide any/all rate information.

**6.0 INSURANCE REQUIREMENTS**

- 6.1 Commercial General Liability with limits of at least \$1 million. Coverage must include products and completed operations with reporting of claims on occurrence basis.
- 6.2 Commercial Auto Liability with limits of at least \$1 million
- 6.3 Umbrella Coverage in excess of GL and Auto of at least \$2 million
- 6.4 Statutory Workers' Compensation
- 6.5 Employer's Liability of at least \$100,000
- 6.6 Vendor's insurance carrier must have financial size category of at least V

Cobb County School District must be named as an additional insured on all applicable policies. The insurance carriers should be licensed to do business in the state of Georgia. The carriers must have an AM Best rating of A- or higher.

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**Please Note:**

- Signing of Acknowledgement and Agreement signifies that vendor complies with insurance requirements as specified.
- Proof of Insurance is not required with submission of quote but must be available upon request (including during the evaluation process). CCSD will require proof of insurance before issuance of Award Letter/Contract.
- Vendor may choose to include proof of insurance with submission of quote in order to expedite the evaluation process and issuance of award to the successful vendor.
- After notification of pending award, a vendor not including proof of insurance with their quote will be given not more than five (5) business days (including day of notification) to provide proof or the quote will be deemed non-responsive.

**7.0 AWARDS**

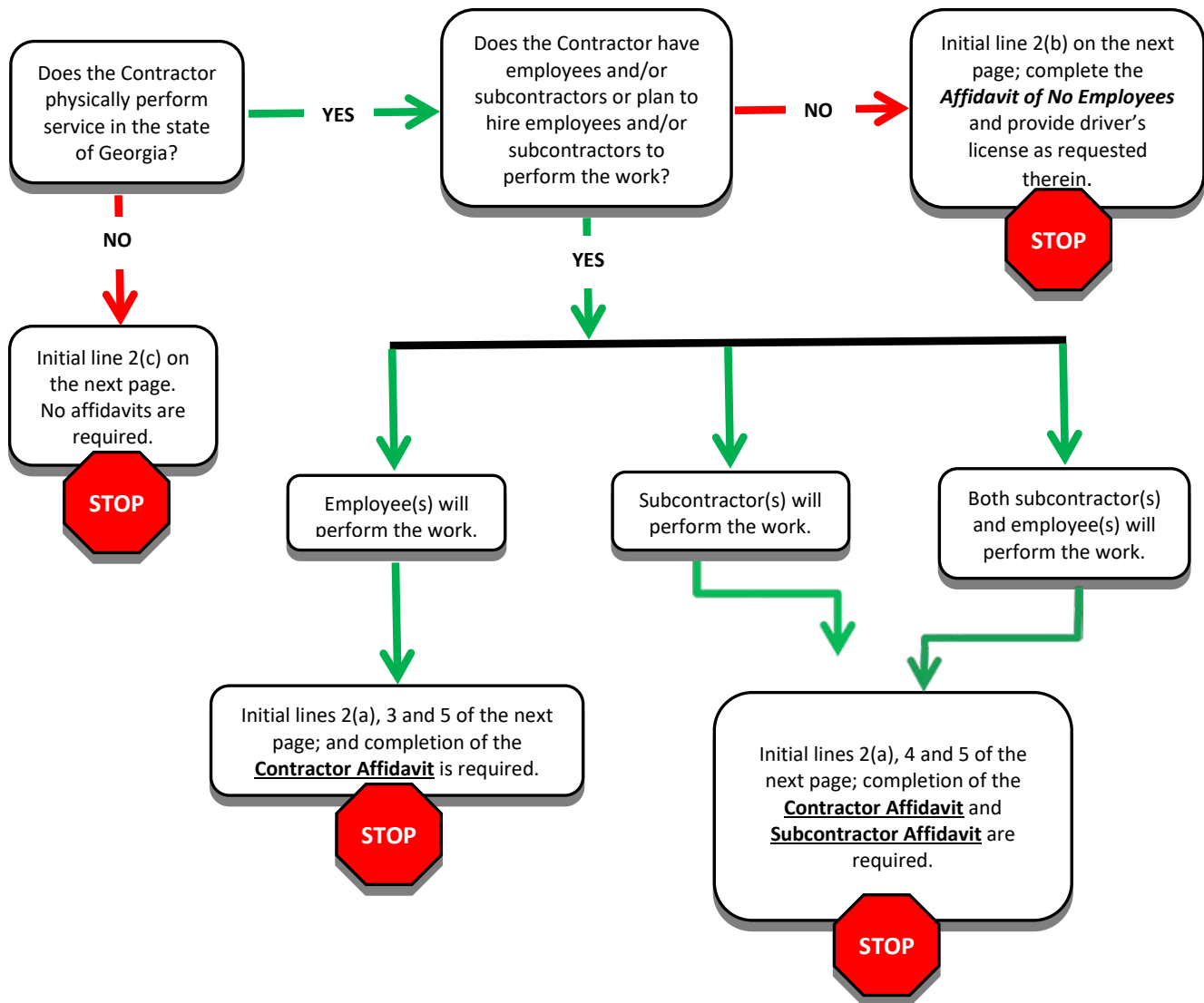
- 7.1** Award will be made to the lowest responsive and responsible vendor meeting specifications and requirements. This is the vendor who submits the lowest price, whose quote meets the specifications, terms, and conditions set forth in the RFQ, and who is clearly capable of delivering the products or services specified. Therefore, the lowest responsible vendor will not always be the vendor who has submitted the lowest monetary quote.
- 7.2** The CCSD reserves the right to accept or reject any part of a submitted quotation, to accept the entire quote from one vendor, to accept portions of the quote from several vendors, or to reject all quotations submitted or waive any minor irregularity. The CCSD reserves the right to consider current and past experience with a vendor and to award in the best interest of the CCSD. The CCSD reserves the right to award by line item, to more than one vendor and/or to award by group or any combination thereof.

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**Determine how to comply with the GA Security & Immigration Compliance Act**

This section of the Agreement is related to the Georgia Security and Immigration Compliance Act, O.C.G.A. § 13-10-90 *et seq.* The chart below may assist the Contractor in determining which affidavit(s) must be provided as a provision of entering into this Agreement. If in doubt as to whether a document should be completed and submitted, it is recommended that the Contractor submit the information.



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**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OF 2006, AS AMENDED BY  
THE ILLEGAL IMMIGRATION REFORM ACT OF 2011, OCGA 13-10-90, ET SEQ.**

**TO ALL PROSPECTIVE CONTRACTORS:**

**If you are providing services to the Cobb County School District, this completed document, as well as the applicable Georgia Security and Immigration Compliance forms and affidavits referenced herein must be completed, signed, notarized and submitted with your bid, proposal or contract.**

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- 1) The Cobb County School District shall comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A. § 13-10-90 *et seq.*
- 2) In order to ensure compliance with the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603 and the Georgia Security and Immigration Compliance Act of 2006, as amended by the Illegal Immigration Reform Act of 2011, O.C.G.A. § 13-10-90 *et seq.* (collectively the "Act") the contractor ("Contractor") **MUST INITIAL** the statement applicable to Contractor below:
  - (a) \_\_\_\_\_ **(Initial here)** Contractor represents and warrants that Contractor has registered at <https://e-verify.uscis.gov/enroll/> to verify information of all new employees in order to comply with the Act; is authorized to use and uses the federal authorization program; and will continue to use the authorization program throughout the contract period. Contractor further represents, warrants and agrees that it shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.* in accordance with the terms thereof; **(Complete and submit the Contractor Affidavit and Agreement); OR**
  - (b) \_\_\_\_\_ **(Initial here)** Contractor represents and warrants that it has **no employees** and does not intend to hire employees to perform contractual services, and that Contractor has therefore provided a **U.S. state-issued driver's license or ID card** in lieu of an affidavit and that such license or ID card was issued by a State that **verifies lawful immigration status before issuing the license of ID card**. If my status changes I will, before hiring any employees, immediately notify the School District in writing and provide all affidavits required under the Act. **(Complete and submit the Affidavit of No Employees); OR**
  - (c) \_\_\_\_\_ **(Initial here)** Contractor represents and warrants that it **does not physically perform any service within the State of Georgia** as defined in the Act and thus does not have to comply with the foregoing Georgia law.
- 3) \_\_\_\_\_ **(Initial here) Contractor will not employ or contract with any subcontractor** in connection with a covered contract unless the subcontractor is registered, is authorized to use, and uses the federal work authorization program and provides Contractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.*
- 4) \_\_\_\_\_ **(Initial here)** Contractor covenants and agrees that, **if Contractor employs or contracts with any subcontractor** in connection with the covered contract under the Act and DOL Rule 300-10-1-.02, then in such event Contractor will secure from each subcontractor at the time of the subcontract, the subcontractor's name and address, the employer identification number/taxpayer identification number applicable to the subcontractor; the date the authorization to use the federal work authorization program was granted to subcontractor; the subcontractor's attestation of the subcontractor's compliance with the Act and Georgia Department of Labor Rule 300-10-1-.2.; and the subcontractor's agreement not to contract with subcontractors unless the subcontractor is registered, authorized to use, and uses the federal work authorization program; and provides subcontractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.* **(Complete and submit the Subcontractor Affidavit and Agreement)**
- 5) \_\_\_\_\_ **(Initial here)** Contractor agrees to provide the Cobb County School District with all affidavits of compliance as required by the Act and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08 within five (5) business days of its receipt of any such documents.
- 6) \_\_\_\_\_ **(Initial here)** Contractor is a foreign company and therefore not required to provide the affidavit as required by the Act. Contractor must comply with any other laws required to perform services in the United States, including but not limited to having an appropriate visa.

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

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**CONTRACTOR AFFIDAVIT PROVIDED PURSUANT TO O.C.G.A. § 13-10-91(b) (2)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91 stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with the Cobb County School District, has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned contractor will contract for the physical performance of services in the performance of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b), and that the contractor shall forward any subcontractor's affidavit to the School District within five (5) days of its receipt of the same.

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

**EEV User Identification Number**

*(4 to 7 Digit Number)*

\_\_\_\_\_

**Date of Authorization**

\_\_\_\_\_

**Contractor/Company Name**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Title of Authorized Officer or Agent

**NOTARY INFORMATION**

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Affix Notarial Seal Here



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**SUBCONTRACTOR AFFIDAVIT PURSUANT TO O.C.G.A. § 13-10-91(b) (3)**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91 stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ (name of contractor), which has a contract with the Cobb County School District, has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned subcontractor will contract for the physical performance of services in the performance of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b), and that the subcontractor shall forward any sub-subcontractor’s affidavit to the contractor and School District within five (5) days of its receipt of the same.

Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

**EEV User Identification Number**

*(4 to 7 Digit Number)*

\_\_\_\_\_

**Date of Authorization**

\_\_\_\_\_

**Subcontractor/Company Name**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Title of Authorized Officer or Agent

**NOTARY INFORMATION**

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Affix Notarial Seal Here

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**AFFIDAVIT OF NO EMPLOYEES PURSUANT TO O.C.G.A. § 13-10-91(b) (5)**

The undersigned, in connection with a proposed contract or subcontract with the Cobb County School District (the "School District") for the physical performance of service in the State of Georgia (the "Contract"), hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver's license is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract, then before hiring any employees, I will:
  - (i.) Immediately notify the School District and all higher tier contractors (if any) in writing; and
  - (ii.) Register with, participate in and use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986, P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-90; and
  - (iii.) Provide the School District with all affidavits required by O.C.G.A. § 13-10-90 *et seq.* and Georgia Department of Labor Rule 300-10-1-.01 *et seq.*

\_\_\_\_\_  
Print Company Name / Name of Sole Proprietor

\_\_\_\_\_  
BY: Signature of Authorized Officer/Agent

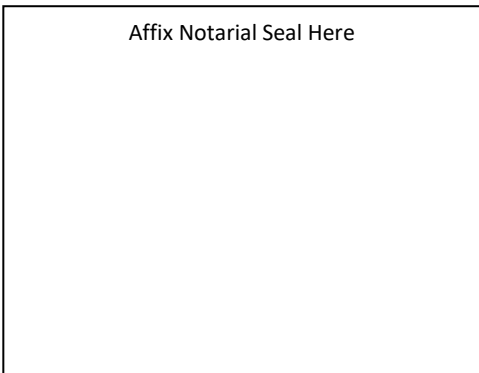
\_\_\_\_\_  
Date

**NOTARY INFORMATION**

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_



***[Attach copy of driver's license]***

COBB COUNTY SCHOOL DISTRICT  
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DISCLOSURE OF LOBBYING ACTIVITIES

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with a covered federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "subawardee", then enter the full name, addressee, city, state and zip code of the prime federal recipient. Include congressional district, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grant, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name, and middle initial.
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or member(s) of Congress that were contacted.
15. Check whether or not a Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

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DISCLOSURE OF LOBBYING ACTIVITIES

FORM (Rev. 5/17)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See bottom for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: a. Contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance
2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award
3. Report Type: a. initial filing b. material change
For Material Change Only: year quarter date of last report
4. Name and Address of Reporting Entity: Prime Subawardee Tier if known: Congressional District if known:
5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District if known:
6. Federal Department/Agency:
7. Federal Program Name/Description: NSLP SBP SFSP SMP CACFP Code of Federal Domestic Assistance (CFDA) Number, if applicable:
8. Federal Action Number, if known:
9. Award Amount, if known: \$
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, Middle initial): b. Individuals Performing Services (including address if different from No. 10.a.) (last name, first name, middle initial):
(Attach Continuation Sheet(s) SF-LLL-A if necessary)
11. Amount of Payment (check all that apply): \$ actual planned
12. Form of Payment (check all that apply): a. cash b. in-kind; specify: nature value
13. Type of Payment (check all that apply): a. retainer b. one-time fee c. commission d. contingent fee e. deferred f. other, specify:
14. Brief description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in 11:
(attach Continuation Sheet(s) SF-LLL-A, if necessary)
15. Continuation sheet(s) attached: Yes No
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
Signature:
Print Name:
Title:
Telephone No.: Date:
Federal Use Only: Authorized for Local Reproduction Standard Form - LLL

FORM (Rev. 5/17)

COBB COUNTY SCHOOL DISTRICT  
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**Vendor Questionnaire**

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

- 1. Are any goods, excluding instructional materials or beverages for immediate consumption, purchased under this solicitation made in the State of Georgia? YES\_\_\_ NO\_\_\_ N/A\_\_\_  
If yes, please identify by product name and provide written verification as required by School District.
- 2. Can CCSD employees purchase from this quote at the same price? YES\_\_\_ NO\_\_\_ N/A\_\_\_
- 3. Provide complete contact information for each of the following. If no information is provided below, the information on the Acknowledgement and Agreement Form will be used.

**NOTE: An IRS W-9 form should be submitted with response.**

<b>Service Representative</b>		This person will be responsible for answering CCSD questions related to products, billing issues, etc. during term of contract.			
Company Name:					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:			Fax:		
Contact Email:					
<b>Purchase Order Address</b>					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:			Fax:		
Contact Email:					
Indicate whether purchase orders are to be sent via fax or email.				<input type="checkbox"/> Fax or <input type="checkbox"/> Email (preferred)	
PO Fax:		PO Email Address:			

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Payment (Remit) Address					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:		Fax:			
Contact Email:					
Checks should be made payable to:					

COBB COUNTY SCHOOL DISTRICT  
MARIETTA, GEORGIA  
PROCUREMENT SERVICES DEPARTMENT

**ACKNOWLEDGEMENT AND AGREEMENT**

**This Acknowledgement and Agreement must be properly signed and firmly attached to your quote response. The acknowledgement becomes a part of your quote response and without it your quote response is not complete and will be subject to rejection.**

I, the undersigned, have carefully examined and fully understand the CCSD General Terms and Conditions and this solicitation in its entirety and agree to conform to every requirement. I certify that I am authorized to sign this quote for the vendor. I further acknowledge that failure to prepare, submit, or execute this quote in the exact manner requested will be just cause to reject any or all of my quote submission.

Withdrawals, cancellations, etc., will not be accepted unless authorization is given by the Director of Procurement Services. In the event vendor fails to comply, they may be removed from the vendors' list.

Failure to respond using the most recent forms/information posted to the CCSD Current Solicitations website may be cause for rejection. It is the vendor's responsibility to check the CCSD Current Solicitations website for any addenda, responses to vendor questions, or other communications, which may be necessary during the solicitation period. Vendor acknowledges and incorporates each applicable Addendum number listed below in their response:

Check all that apply: Addendum No. 1 \_\_\_\_\_, Addendum No. 2 \_\_\_\_\_, Addendum No. 3 \_\_\_\_\_, Addendum No. 4 \_\_\_\_\_, No Addenda\_\_\_\_\_

**Prices must remain firm as specified on the award notification letter**

_____	_____
Company Name	Representative's Name (type or print)
_____	_____
Address	Representative's Signature (must be signed in ink)
_____	_____
City, State, and Zip Code	E-Mail Address
_____	_____
Date	Telephone Number and Extension
_____	_____
Terms (Net 30 days unless early payment discount is submitted and accepted by the CCSD.)	Fax Number

**Signing the Agreement affirms that the original Request for Quote document has not been altered in any way.**

COBB COUNTY SCHOOL DISTRICT  
MARIETTA, GEORGIA  
PROCUREMENT SERVICES DEPARTMENT

**"NO QUOTE" REPLY FORM**

It is CCSD’s desire to notify all potential vendors; however, we do not want to send notifications to those vendors who may no longer be interested in participating in the CCSD solicitation process.

If you choose not to respond to this RFQ, please complete this form and return via:

Email: [debbie.mosher@cobbk12.org](mailto:debbie.mosher@cobbk12.org)

Thank you for your cooperation.

**"NO RESPONSE" REPLY FORM: RFQ Q2021031, APC Batteries**

I hereby submit a “NO RESPONSE” to this RFQ for the reason(s) checked below:

	1. Specifications were unclear or restrictive.		7. Do not offer the goods or services requested.
	2. Could not meet bonding requirements.		8. Cannot supply at this time.
	3. Our schedule will not permit us to respond.		9. Cannot meet delivery schedule.
	4. Terms & Conditions were unclear or restrictive.		10. Other/Remarks:
	5. Could not meet specifications.		
	6. Could not meet insurance requirements.		

I wish to remain on CCSD’s vendor list for these goods/services: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Vendor*

\_\_\_\_\_  
*Representative*