**PART 3 – FORM OF QUOTATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRACTOR INFORMATION:** | | | | |
| Full Legal Name: |  | | | |
| Address: |  | | | |
| GST Registration No: | |  | PST Registration No. |  |
| Business License No. | |  | Jurisdiction: |  |
| *(Note: If the scope of Work results in services being performed in the City of Surrey, the terms of the City’s Business License By-law apply and the Contractor will be required to provide proof of compliance prior to the contract start date)* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUTHORIZED REPRESENTATIVE DETAILS:** | | | | |
| Name and title: | |  | | |
| Phone: |  | | Email: |  |

**TO: SURREY POLICE SERVICE (“SPS”) -** via email: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

**RE: REQUEST FOR QUOTATIONS 1220-041-2021-002 (“RFQ”)**

In furtherance of the RFQ issued on behalf of SPS, we, the above-named Contractor, hereby certify we have read and fully understand the RFQ documents and hereby submit our offer for the supply of Goods.

We certify we are an authorized reseller, distributor and/or supplier of the Goods and will provide proof upon request.

SPS may, at its option, accept our quotation for the supply of all or any portion of the Goods.

|  |  |
| --- | --- |
| Signed on on behalf of the Contractor by its authorized signatory(ies):  *(date)* | |
| *Signature*  *Name (please print):*  *Title (please print):* | *Signature*  *Name (please print):*  *Title (please print):* |

|  |
| --- |
| ***Note:***  *This Form of Quotation should be signed by a person authorized to sign on behalf of the Contractor as follows:* *(a) For a corporation - the authorized signatory(ies) of the corporation;**(b) For a partnership or joint venture - each partner or joint venturer (or their authorized signatories as applicable)**\*\*For joint ventures, one joint venturer must assume overall responsibility for the RFQ and the RFQ process and be identified accordingly in the quotation; or**(c) For an individual (including a sole proprietorship) - the individual.* |

|  |
| --- |
| Attachments:   * Attachment 1 - Quotation Details * Attachment 2 – Contractor Questionnaire * *[if applicable]* Attachment 3 – Catalogue/Goods List/Detailed Specifications, etc. (see Attachment 1 – Quotation Details, Section E) * *[if applicable]* Attachment 4 – Proof of authority to supply the Goods (see Attachment 2– Contractor Questionnaire, Section C) * [*identify additional Contractor added attachments]* |

**Attachment 1 – QUOTATION DETAILS**

(Note: This Attachment, subject to negotiations between SPS and the successful Contractor(s), will be incorporated into the Contract)

|  |
| --- |
| ***Note:*** *Other than entering data in the spaces provided, or including attachments as necessary, making changes to this form or submitting an alternate format is discouraged. If space is insufficient, additional pages may be added as necessary.* |

1. **PRICING AND PAYMENT TERMS:**
2. Currency. All prices are expressed in Canadian dollars.
3. Pricing. Prices are FOB Destination, all-inclusive (including packing, delivery, duty, brokerage, tariffs, environmental fees (if applicable) and fixed and firm. Federal goods and services tax (“**GST**”) and Province of British Columbia provincial sales tax (“**PST**”) is not included in pricing. SPS may increase or decrease quantities without affecting the unit prices shown.
4. Effect of Changes to Laws. Changes after the Effective Date to customs duties or value added taxes will result in a corresponding price adjustment.
5. Rebates and Discounts.SPS shall be entitled to the benefit of any rebates or discounts offered by the Contractor, manufacturers, suppliers and others with respect to the Goods. The Contractor will apply any rebates or discounts as a credit on the applicable invoice; provided that if there are procedures for claiming rebates or discounts, the Contractor will co-operate with, and support SPS, in submitting the claims.

## Holdbacks

## SPS may hold back up to 150% of the price of any Good, without interest, on account of any non-conforming Good until replaced or remedied.

## Pursuant to the Income Tax Act (Canada), if the Contractor is a non-resident of Canada, SPS will withhold the prescribed amount of tax from each payment and remit it to Canada Revenue Agency.

1. Payment Terms.30 days following receipt of the Goods to which the payment relates, or receipt of an invoice by Accounts Payable, whichever is later.
2. **PRICING:** *(Note: if insufficient space, add additional lines or tables as required)*

**TABLE 1 – CORE GOODS**

| **Description** | **Catalogue Number** | **# of Rounds**  **Per Box/Case** | | **Unit Price**  **Per Box/Case** |
| --- | --- | --- | --- | --- |
| 1. **Ammunition – Training:** |  |  |  |  |
| **Option 1: Federal Frangible 9MM Lead Free** | #BC9P1 |  | **Per Box** | **$** |
|  | **Per Case** | **$** |
| **Option 2: Clean-Fire TMJ 9mm Lead Free** |  |  | **Per Box** | **$** |
|  | **Per Case** | **$** |

| **Description** | **Catalogue Number** | **# of Rounds**  **Per Box/Case** | | **Unit Price**  **Per Box/Case** |
| --- | --- | --- | --- | --- |
| 1. **Ammunition – Duty:**   Speer Gold Dot 147 Gr. |  |  | **Per Box** | **$** |
|  | **Per Case** | **$** |

**TABLE 2 – VALUE ADDED GOODS OR SERVICES *(optional)***

| **Description** | **Price** |
| --- | --- |
|  | $ |
|  | $ |

1. **DISCOUNT(S):**

**Early Payment Discount**: A cash discount of \_\_\_\_\_\_% will be allowed if invoices are paid within \_\_\_\_ days.

**Other Discounts:** *(Note: Identity any currently available discounts, including for bulk purchases, manufacturer discounts, etc.)*

|  |
| --- |
|  |
|  |
|  |

1. **SUBSTITUTIONS:** *(Note: If substitutions are permitted, or if Goods have been discontinued or are not available, alternatives may be considered – provide reasons justifying the alternative (including associated advantages, benefits and risks), full descriptive data on the alternative, evidence substantiating its equivalency, and any schedule and/or price impact (if none identified, it will be deemed to have no impact). SPS will determine, in its sole discretion, whether the alternatives are acceptable).*

|  |
| --- |
|  |
|  |
|  |

1. **DETAILED** **SPECIFICATIONS:** *(Note: Attach catalogues, goods listings, detailed specifications, etc. for the Goods, any optional accessories and any substitutions for the Goods (if substitutions are permitted or applicable))*
2. **DELIVERY SCHEDULE / LEAD TIMES**

*(Note: State firm delivery, in calendar days, after receipt of requisition)*

1. Initial Order, from date of requisition (in days):

(*Note:* It is anticipated a Requisition for an initial order will be issued promptly after contract award.)

1. Subsequent Orders, if any, from date of requisition (in days):
2. Optional Accessories, if any, from date of requisition (in days):
3. Spare Parts, if any, from date of requisition (in days):

*(Note: Describe any known or potential ordering, delivery or availability issues that may impact your ability to promptly supply the Goods (including any caps on order quantities, long lead times, business environment/law enforcement industry factors), how these issues will affect SPS and any potential mitigation factors).*

|  |
| --- |
|  |
|  |
|  |

1. **WARRANTIES:** *(Note: Identity any warranties offered (by Contractor, suppliers, manufacturers, etc.) and how your warranty meets the requirements of the Contract Terms)*

|  |
| --- |
|  |
|  |
|  |

1. **TRAINING:** *(Note: Describe training you will provide re: maintenance, repair or use of the Goods - if not applicable, insert “N/A”)*

|  |
| --- |
|  |
|  |
|  |

1. **QUALITY ASSURANCE:** *(Note: Describe your quality assurance program)*

|  |
| --- |
|  |
|  |
|  |

1. **CUSTOMER SERVICE:**

**Customer Service Approach:** *(Note: Describe your customer service approach, including issues management, reporting, etc.)*

|  |
| --- |
|  |
|  |
|  |

**Response and Performance:** *(Note: Describe your ability to repair/replace defective Goods so there is always a 100% level of service or zero downtime for warranty/service work. If not applicable, insert “N/A”)*

|  |
| --- |
|  |
|  |
|  |

1. **AFTER PURCHASE SUPPORT:** *(Note: Describe after-purchase support, including location of these services, service desk phone number and hours of operation, and how SPS’s needs will be addressed in critical times. Include depth and breadth of support. If not applicable, insert “N/A”)*

**By Contractor:**

|  |
| --- |
|  |
|  |
|  |

**By Manufacturer:**

|  |
| --- |
|  |
|  |
|  |

1. **REPLACEMENT PARTS SUPPORT:** (*If not applicable, insert “N/A”)*

**Parts Supplied/Supplier:** *(Note: Identify the OEM parts provider(s) of major components within North America, including location and hours of operation)*

|  |
| --- |
|  |
|  |
|  |

**Parts Supplier Details:** *(Note: Describe how you will meet SPS’s expectation of high level of support)*

|  |
| --- |
|  |
|  |
|  |

**Performance Details:** *(Note: Identify parts you will carry directly, or through a North American supply chain by other parties or OEMs)*

|  |
| --- |
|  |
|  |
|  |

1. **PREVENTATIVE MAINTENANCE SUPPORT:** (*If not applicable, insert “N/A”)*

**Maintenance Provider Details:** *(Note: Identify location and hours of operation of authorized service centre)*

|  |
| --- |
|  |
|  |
|  |

**Access to Manuals:** *(Note: Identify how you will provide electronic access to user/service manuals, and updates, for the Goods)*

|  |
| --- |
|  |
|  |
|  |

**Preventative Maintenance:** *(Note: Provide preventative maintenance information and scheduling (mandatory and recommended) for the Goods and components)*

|  |
| --- |
|  |
|  |
|  |

**Maintenance Tools:** *(Note: List any specialized equipment or special tools required for maintenance, and related cost)*

|  |
| --- |
|  |
|  |
|  |

**Recommended Parts:** *(Note: List any mandatory or recommended replacement parts, frequency of replacement, and cost)*

|  |
| --- |
|  |
|  |
|  |

1. **SECURITY PROCEDURES AND PROTOCOLS:** *(Note: Describe your processes and procedures for maintaining the security of the Goods (including during storage, warehousing and delivery) and maintaining confidentiality of the orders, order details, and other confidential or personal information)***:**

|  |
| --- |
|  |
|  |
|  |

1. **CONTRACT TERMS:** *Check one.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | We accept Part 2 (Contract Terms) of the RFQ in its entirety. | | |
|  | We accept Part 2 (Contract Terms) of the RFQ with exceptions. *(Note: Identify and describe any proposed exceptions/changes.) (SPS will not be bound by any changes requested unless those changes are incorporated into the Contract Terms and agreed to in writing by the parties).* | | |
|  |  | | |
|  | **Section** | **Change Proposed** | **Reason for Change** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **EXTENSION OF OFFER:** *(Note: To promote cooperative purchasing efforts within the public sector, and to provide additional value to the Contractor, additional law enforcement agencies may desire to opt into a contract with the successful Contractor(s) based on the prices, discounts, terms and/or conditions offered to SPS. Identify your willingness to extend your offer under this RFQ to other public agencies with similar needs within British Columbia. Your response will not affect the evaluation of your Quotation)*

*Check one.*

|  |  |
| --- | --- |
|  | We agree to extend its offer under this RFQ to other public agencies within BC under separate agreement to be negotiated with such agency. |
|  | We do not agree to extend its offer under this RFQ to other public agencies within BC. |

1. **OTHER:** *(Note: Identity any additional information you feel may be of interest or benefit to SPS)*

|  |
| --- |
|  |
|  |
|  |

**Attachment 2 – CONTRACTOR QUESTIONNAIRE**

|  |
| --- |
| ***Note:*** *Other than entering data in the spaces provided, or including attachments as necessary, making changes to this form or submitting an alternate format is discouraged. If space is insufficient, additional lines or pages may be added as necessary.* |

1. **Form of Business Organization**

|  |  |  |
| --- | --- | --- |
|  | Sole Proprietorship |  |
|  | Partnership – jurisdiction and date of establishment: |  |
|  | Corporation – jurisdiction and date of incorporation: |  |
|  | Joint Venture – identify all joint venturers, and who has primary responsibility for this RFQ[[1]](#footnote-2) |  |

1. **Contractor Summary** *(Note: Provide background information (brief history, size, services offered, etc.))*

|  |
| --- |
|  |
|  |
|  |

1. **Experience, Capacity and Authority**

**Experience:** *(Note: Describe your relevant experience delivering goods the same/similar to the Goods*):

|  |
| --- |
|  |
|  |
|  |

**Capacity:** *(Note: Describe your capacity to take on this project within the timeline expectations of SPS):*

|  |
| --- |
|  |
|  |
|  |

**Authority:** *(Note: Demonstrate your ability and legal authorizations to sell and supply the Goods. Provide proof (ie. manufacturer’s letter or similar document))*

|  |
| --- |
|  |
|  |
|  |

1. **Financial References** (*Note: Attach financial statements and/or bank references to demonstrate financial stability).*

We hereby consent to SPS contacting our financial institution to obtain financial references:

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Contact Name and Title** | **Contact Telephone Number** |
|  |  |  |
|  |  |  |

1. **Customer References** (*Note: List 3 customer references (excluding SPS, Surrey Police Board or the City of Surrey), preferably from police/law enforcement organizations, and preferably in Canada or North America).*

We hereby consent to SPS contacting references for the purposes of evaluating our Quotation.

|  |  |  |
| --- | --- | --- |
| **Company and Contact Name** | **Phone / Email** | **Work Description** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Key Personnel** *(Note: List key personnel who would be the primary SPS contact(s), including key account executive and sales, administration, training and after-purchase support. Include a brief description of their knowledge of the subject matter and experience with law enforcement agencies. By completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to SPS in accordance with privacy laws.)*

| **Name and Title** | **Email & Phone Number** | **Area of Responsibility** | **Experience** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Sub-contractors** *(Note: List all proposed subcontractors/suppliers and the Goods, or parts of Goods they will supply or work they will undertake. Where final selection has not been made, identify the potential subcontractors/suppliers from which the selection will be made. If none, indicate “Not Applicable”. If any are individuals, by completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to SPS in accordance with privacy laws.).)*

| **Name and Address** | **Contact Name & Phone Number** | **Area of Responsibility** | **Experience** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Conflict of Interest** – *check as applicable*

|  |  |
| --- | --- |
|  | To the best of our knowledge, upon undertaking appropriate investigation and due diligence, we are not aware of any employees or persons who may be involved in this project, being “Associates”[[2]](#footnote-3) of SPS or Surrey Police Board members, employees, officers or directors. |
|  | We are aware of conflict(s) of interest or potential conflict(s) of interest, as follows:  *(Note: Identify parties and their role in the project, confirm their relationship based on the definition of “Associate”, and described the proposed solution to manage, minimize or eliminate any perceived or actual conflict(s))*: |
|  |  |
|  |  |

1. If Contractor is a joint-venture or limited partnership, all information requested in sections A – C of this Attachment shall be submitted for each participant in the joint-venture or limited partnership. A separate page may be attached for this purpose. The primary representative who shall assume all responsibilities for the Work, if successful, shall be identified. [↑](#footnote-ref-2)
2. "Associate" means (a) a spouse, (b) a parent, sibling, son or daughter, or the spouse of any one of them, (c) a relative who lives in the person’s home, (d) a company in which a person owns shares carrying more than 10% of the voting rights attached to all shares of the corporation, (e) a person’s business partner, or (f) a trust or estate of which a person is one of the main beneficiaries or for which the person serves as a trustee. [↑](#footnote-ref-3)