



PINAL COUNTY  
wide open opportunity

## Offer & Acceptance Form

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

#### TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

Wayne Willbanks President  
 Authorized Signature Title  
WAYNE WILLBANKS 5-21-12  
 Printed Name Date  
NEWT FOGAL SALES (602) 275-9634  
 Company Name Telephone  
PHOENIX, ARIZONA 85034  
 Address City, State, Zip

For clarification of this offer, contact:

Name: Wayne Willbanks Phone: (602) 275-9634 Fax: (602) - 275-9635

#### ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for:

This contract shall henceforth be referenced to as Contract No. PC-112217. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 20th day of June 2012.  
David Snider Chairman David Snider  
 Name (Print) Title Signature

Approved as to form:

6/1/12  
 Pinal County Attorney's Office



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### OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

**F. Intergovernmental Cooperative Purchasing**

The County has entered into various cooperative purchasing agreements with other Arizona government entities in order to conserve resources, reduce overhead and purchase costs and improve delivery time. The contract resulting from this Solicitation may be extended for use by other municipalities, school districts and government agencies in the State of Arizona with the approval of the Contractor. Orders placed by other agencies and payment thereof will be the sole responsibility of that agency. The County shall not be responsible for any disputes arising out of transactions made by others.

Pursuant to PC-112217 Special Terms and Conditions, paragraph 5, titled Eligible Agencies (Cooperative Usage), Responder shall designate whether other governmental entities will be allowed to purchase from this contract:

Yes

No

Nourt Fogal Sales  
Firm

Wayne Wilbanks  
Authorized Signature

**NEWT FOGAL SALES COMPANY**

**30 South 41<sup>st</sup> Place**

**Phoenix, Arizona 85034-3036**

**602-275-9634 (Phone)**

**602-275-9635 (Fax)**

**E-Mail - [cwayneo@earthlink.net](mailto:cwayneo@earthlink.net)**

**ORIGINAL**

**May 24, 2012 By 2:PM Arizona Time**

RFP PC-112217

Vehicles & Equipment

Parts, Repairs & Services

Pinal County

Finance Department

31 N. Pinal St.

Bldg. A

P.O. Box 1348

Florence,AZ. 85132

Contact Person- Wayne Willbanks,President



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# Addendum Acknowledgement Form

Pinal County  
Finance Department  
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Florence, AZ 85132

## ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:

<http://pinalcountyaz.gov/Departments/Finance/Pages/BidsProposals.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement \_\_\_\_\_  
Signature Date

ADDENDUM NO. 2 Acknowledgement \_\_\_\_\_  
Signature Date

ADDENDUM NO. 3 Acknowledgement \_\_\_\_\_  
Signature Date

If no addendums were issued, indicate below, sign the form and return with your response.

Newt Fogal Sales  
Firm

Wayne Willbanks  
Authorized Signature



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# Non-Collusion Statement

Pinal County  
Finance Department  
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P.O. Box 1348  
Florence, AZ 85132

## NON-COLLUSION STATEMENT

State of Arizona )

County of )

ss.

\_\_\_\_\_ WAYNE WILLBANKS \_\_\_\_\_, affiant,  
(Name)  
the \_\_\_\_\_ PRESIDENT \_\_\_\_\_  
(Title)  
\_\_\_\_\_ NEW FOGAL SALES \_\_\_\_\_  
(Contractor/Offeror)

the persons, corporation, or company who makes the accompanying Offer, having first been duly sworn, deposes and says:

That such Offer is genuine and not sham or collusive, nor made in the interest of, or behalf of, any persons not herein named, and that the Responder has not directly or indirectly induced or solicited any other Responder to put in a sham Offer, or any other person, firm or corporation to refrain from offering, and that the Responder has not in any manner sought by collusion to secure for itself an advantage over any other Responder.

Wayne Willbanks  
(Name)  
President  
(Title)

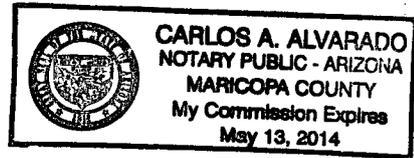
Subscribed and sworn to before me

this 17<sup>th</sup> day of MAY, 2012

Carlos A. Alvarado  
Signature of Notary Public in and for the

State of ARIZONA

County of MARICOPA



NAME AND ADDRESS OF CERTIFICATE HOLDER:	DATE ISSUED _____  AUTHORIZED REPRESENTATIVE _____
---	--

## 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) <b>Newt Fogal Sales</b>	
	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 checked="" 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"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>30 S. 41st Place</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Phoenix, AZ 85034</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																					
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 <i>How to get a TIN</i> on page 3.																					
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;"><b>Social security number</b></td></tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																			
<b>Social security number</b>																					
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;"><b>Employer identification number</b></td></tr> <tr> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table>	<b>Employer identification number</b>									8	6		-	0	9	6	7	1	9	0
<b>Employer identification number</b>																					
8	6		-	0	9	6	7	1	9	0											

<b>Part II Certification</b>	
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).	
<b>Certification instructions.</b> 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 ▶ <i>Wayne Willbanks</i>	Date ▶ <i>5-21-12</i>
------------------	---	-----------------------

**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.



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## Responders Checklist

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### RESPONDERS CHECKLIST

	Yes/No
Did you <b>sign</b> your Offer sheet?	yes
Did you sign and notarize the Non-collusion statement?	yes
Did you acknowledge all addendums, if any?	yes
Did you complete all required Response Forms?	yes
Did you include your W-9 Form?	yes
Did you include any necessary attachments?	yes
Is the outside of your submittal marked with the Solicitation #, Due Date and Time?	yes
Did you include one original and the required number of copies?	yes
Did you follow the order for submissions of documents?	yes
Did you include proof of insurance(s) if requested?	yes



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/12

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 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).

<b>PRODUCER</b> Brown and Brown Metro Inc P.O. Box 679 Florham Park, NJ 07932-0679 Robert MacMahon	973-549-1900 973-549-1000	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>PRODUCER CUSTOMER ID #:</b> KEYST-1	<b>FAX (A/C, No):</b> _____
	<b>INSURED</b> Keystone Plastics Inc. 3451 South Clinton Ave. S. Plainfield, NJ 07080		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American States Insurance Co* <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:****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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		01CH3446415	12/27/11	12/27/12	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		01SU38890350	12/27/11	12/27/12	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Evidence of Insurance.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>NEWTFOG</b>  Newt Fogal Sales Co. 30 South 41st Place Phoenix, AZ 85034-3036	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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**PINAL COUNTY**  
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**RFP PC-112217  
Vehicles & Equipment: Parts,  
Repairs & Services  
Response Form**

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**Responder Name:** *Responder Response* **Newt Fogal**

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Please note: Any exception and the total number of exceptions taken will negatively affect your evaluation score. Compliance to Terms & Conditions has been identified as an evaluation criteria for this Solicitation.

Any exception not contained within this section of the Solicitation will be deemed invalid and will not be considered.

**Acceptability of Responses**

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

**1 Price**

Responders shall complete the following pricing tables below.

**1.1 Parts (per Section 2.1.1 of the Statement of Work)**

Responder shall state the offered discount for parts in the table below. Pricing shall be a discount from list or published price. Using blank spaces in the tables below, Responder shall state additional discounts offered on other parts provided that could benefit Pinal County.

*Responder Response*

Manufacturer	% Discount from List Price or Published Price	Source for Manufacturer's pricing (website, etc.)
Allis Chalmers		
Allmand		
Artic Cat		
Bear Cat		
Big Tex		
Blue Bird		
Broce	5 %	<i>We must call Mfg. with the machine Serial for pricing.</i>
Carson		
Case		
Caterpillar		



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Chevrolet		
Crafc		
Dodge		
EZ-Go		
Fleming		
Ford		
Freightliner-Broom Bear	10-20% off list	Per your Price List from Mfg or Dealer
GMC		
Gorman Rupp		
Gravely		
Haul Mark		
Honda		
Hummer		
Hyster		
Ingersoll Rand		
International		
Interstate		
Isuzu		
Jeep		
John Deere		
Kenworth		
Kodiak		
Kubota		
Landa		
Mega		



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Nissan		
Oldsmobile		
Pace		
Polaris		
Peterbilt		
Pontiac		
Porter		
Ranco		
Rosco		
Solar Tech		
Suzuki		
Towmaster		
Trail King		
Trail-Eze		
United Truck Equipment		
Vermeer		
Water Buffalo		
Western Star		
White/GMC		
Yale		
Other Wear Parts & Brushes for Broce Brooms & Broom Bear		
Other		
Other		
Other		
Expedited parts delivery fee (Fixed		



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fee, not discount from list price)		
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**1.2 Scheduled maintenance and Minor service (per Section 2.1.2 of the Statement of Work)**

Responder shall state the price for scheduled maintenance and minor service in the table below. **Prices for services listed below shall be all inclusive of parts, labor and fees.** Using blank spaces in the tables below, Responder shall state additional discounts offered on other services provided that could benefit Pinal County

Service	Price	Includes
Lube, oil & filter	n/a	
Tire rotation		
Scheduled maintenance (Include interval or number of miles)		
Wheel alignment – 2 wheel drive		
Wheel alignment – 4 wheel drive		
Wheel balance		
Transmission service		
Air conditioning/Heating service		
Brake inspection		
Brakes – Front pads only		
Power steering service		
Vehicle washing services		
Vehicle detailing services		
Windshield repair		
Window tinting		
Other	n/a	



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**1.3 Other services or major services (other than listed above in section 1.2)**

Responder shall provide labor rates and fees listed below. Note: Any fees or rates not included will not be considered part of the final contract. Parts as needed for repairs may be charged in excess of labor rates/shop fees/etc. Parts shall be a discount from list price. Responders shall include such parts in section 1.1 pricing table above.

Description	Rate	Comment
Shop labor rate		
Shop labor rate – after hours		
Field service call rate		
Field service call rate – after hours		
Mileage		
Hazardous Waste Fee		
Environmental Fee		
Shop supplies		
Other		



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**2 Capacity of Offeror**

**2.1. Responder shall provide:**

**2.1.1 Name, Title and email address of Primary Responder**

*Responder Response*

**2.1.2 Address, phone, fax and email address of Primary Servicing Office**

*Responder Response*

**2.1.3 Address, phone, fax and email address of additional Servicing Offices (if different than 2.1.2)**

*Responder Response*

**2.1.4 Name, Title and email address of Key Personnel assigned to Pinal County. Responders shall include a description of their responsibilities under the contract (Ordering, Billing, Customer Service, etc).**

*Responder Response*

**2.2 Responder shall provide general background information regarding their company. Responder shall describe in detail their overall experience in the industry relative to the Products and/or Services offered. Responders shall include at least three (3) references in this regard.**

*Responder Response*

**2.3 Responder shall describe the services or materials offered in response to Section 2 - General Requirements in the Statement of Work on page 11 of the Request for Proposal (Section 2.1.2).**

*Responder Response*

**2.3.1 Responder will indicate which flat rate manual will be used that is compatible with the vehicle or equipment being serviced. Include Name, Date and Volume.**

*Responder Response (if applicable)*

**2.4 Responder shall describe their compliance with Section 3 – Specific Requirements in the Statement of Work on page 11 of the Request for Proposal.**

**2.4.1 Certified as a manufacturer's authorized service facility – indicate which manufacturers. Responders shall include a copy of the certification or include a letter from the manufacturer.**

*Responder Response*

**2.4.2 Certification of technicians – indicate which certifications (ASE, etc). Responders shall include a copy of the certifications as applicable.**

*Responder Response*

**2.4.3 Service hours of operation**

*Responder Response*

**2.4.4 Responder shall describe how service trucks are generally equipped in order to comply with the Scope of Work.**

*Responder Response (as applicable)*

**2.5 Responder shall indicate which County locations (cities) they will provide on-site services and repairs per**

**Section 3.1.3 of the Statement of Work (for example, a Coolidge vendor may want to provide services to Coolidge and Florence only).**

*Responder Response (if applicable)*



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2.6 Responders shall indicate the types of vehicles your facility can repair:

- 2.6.1 Light Duty Vehicles (1 ton and below): [ n/a ]
- 2.6.2 Medium Duty Vehicles (1-1/2 ton to 26,000 GVW): [ n/a ]
- 2.6.3 Heavy Duty Vehicles (26,000 GVW and Heavier): [ n/a ]
- 2.6.4 Heavy Equipment (Off Road): [ n/a ]

2.7 Responder shall specify which of the Fleet Maintenance yards to which they would provide expedited parts delivery service. See Exhibit 1 for a list of locations. Include any fees associated with expedited delivery on price list in Section 1.1.

- 2.7.1 Location  
*Responder Response (if applicable)*
- 2.7.2 Frequency  
*Responder Response (if applicable)*
- 2.7.3 Same day delivery  
*Responder Response (if applicable)*

**3 Method of Approach**

3.1 Responder shall describe in detail their methodology in providing any inventory replacement program, scheduled maintenance program, etc. (if offered), to assist and improve the scheduling of general maintenance and upkeep of vehicles and equipment in accordance with Statement of Work paragraph 3.3.

*Responder Response*

**4 Conformance to Terms and Conditions and Statement of Work**

**Response Form Responses**

       *Newt Fogal Sales* have read, understand, and shall comply with all Terms and Conditions and Scope of Work. Responders that accept the County's Terms and Conditions and Instructions shall check **YES** or **NO** to clearly indicate their acceptance. Responders who take exception to the County's Terms and Conditions and Scope of Work shall likewise clearly indicate their exception and provide Responder's suggested language.

**YES**, I acknowledge that I have read and understand all Terms and Conditions and the Scope of Work and will comply in any resultant contract.

**NO**, I acknowledge that I have read, understand all Terms and Conditions and the Scope of Work and will comply in any resultant contract with the exceptions listed below.

**Exceptions (If checked NO)**



PINAL COUNTY  
*wide open opportunity*

RFP PC-112217  
Vehicles & Equipment: Parts,  
Repairs & Services  
Response Form

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

Responders that take exception to any Terms and Conditions or Scope of Work shall justify their exception as well as proposing any changes to the County's language with the Responder's suggested changes clearly indicated. Additional pages may be added so long as they are clearly referenced in the spaces provided. Please note that taking exception to any Terms and Conditions or Scope of Work may affect your evaluation score. Both the number of exceptions and the severity of the exceptions can affect your score and may have you deemed non-responsive for this solicitation.

Cite the specific Term and Condition for which an exception is taken: *Responder Response*

Responder's justification for the exception: *Responder Response*

Responder's suggested changes: *Responder Response*