



**THIS IS NOT AN ORDER**

**REQUEST FOR QUOTATION: #15-1112GE**  
**FUEL DISPENSER SUPPLIES**

**MANATEE COUNTY**  
**PURCHASING OFFICE**  
**1112 MANATEE AVENUE WEST, SUITE 803, BRADENTON, FL 34205**  
**ATTENTION: George Earnest CPPB, Buyer**  
**PHONE (941) 749-3044**  
**FAX (941) 749-3034**

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**Please Respond to Quote Via FAX, 941-749-3034, Attention: George Earnest or  
Email to: [george.earnest@mymanatee.org](mailto:george.earnest@mymanatee.org)**

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**DESCRIPTION**

Manatee County invites your participation in the following quotation. The specifications stated herein are minimum requirements. All quotes submitted must be in accordance with the General Conditions and Specifications.

**DATE DUE: TUESDAY, MARCH 4, 2015 by 3:00 P.M.**

(five pages total)

Authorization to Release: 

## **GENERAL CONDITIONS AND SPECIFICATIONS**

### **PURPOSE**

It is the intent of Manatee County to purchase fuel dispenser supplies on an "as required" basis. It is the specific purpose of this quote to establish a Blanket Purchase Order to secure the cost and availability of the items as specified herein. Release Orders shall be issued from the Blanket Purchase Order for individual orders of supplies.

### **SPECIFICATIONS**

Brand names as listed on the Quote Response Form are required. **No substitutions will be accepted.**

### **CLARIFICATION**

It shall be the responsibility of all vendors to request via fax or email any additional clarification of the contents herein. Clarification will be furnished by written addendum from George Earnest of the Purchasing Office. Vendors shall not accept any verbal or telecommunication explanation as authorized clarification of the contents herein.

### **TAXES**

Manatee County is exempt from Federal and State Sales Taxes.

### **QUALITY GUARANTEE AND REMEDIAL CLAUSE**

If any product does not meet specifications or does not produce the results required of the product, the contractor will be required to replace, at no extra cost to the County, any and all products involved.

### **PRICING**

Prices shall be firm for one year. Prices quoted shall include shipping FOB Destination to Manatee County Public Works Department, Fuel Services Division, 2908 12<sup>th</sup> Street Court East, Bradenton FL 34208, and shall include all costs associated with supplying the products as ordered and specified. If the County requires special shipping methods (such as overnight), the County will only pay the direct shipping costs without any supplier markup. A receipt for that shipping shall be supplied to the County with the invoice for that delivery. If supplies are delivered on the supplier's truck, there will be no extra charges applied. The County prohibits the use of fuel surcharges.

### **TERM**

The term of this quote will be for a one-year period with an automatic extension of the agreement for three additional one-year periods. Pricing shall be firm for the first year. Price adjustments will only be considered within 90 days of any one-year period renewal date after the first year. Written notice of intention not to renew must be submitted by the County or Vendor choosing not to exercise this automatic renewal ninety (90) days prior to the end of any contract period. Any extensions of this agreement beyond the three year term shall be with mutual consent only and adhere to the terms and conditions of this RFQ.

**INVOICES & PAYMENTS**

Each delivery must have a written delivery ticket detailing the items, Blanket Purchase Order number, Release Order Number and date of delivery to be left with the County. All invoices shall be itemized to match the delivery ticket and match the pricing per the RFQ.

**RESERVED RIGHTS**

The County reserves the right to accept or reject any or all quotes, to waive irregularities and technicalities, and to request resubmission. Also, the County reserves the right to accept all or any part of the quote and to increase or decrease quantities or add related items to meet additional or reduced requirements of the County. Any sole response received by the first submission date may or not be rejected by the County depending on available competition and current needs of the County. A sole response under these circumstances may be negotiated toward acceptance by the County.

**AWARD**

Award shall be made to the responsive and responsible quoter having submitted the lowest total extended price for each group. Suppliers must quote a price for each item within a group to be eligible for that group. The County reserves the right to make multiple awards.

**QUOTATION RESPONSE FORM (2 pages)**

RFQ #15-1112GE, FUEL DISPENSER SUPPLIES

DATE DUE: TUESDAY, MARCH 4, 2014 by 3:00 P.M.

**FAX your quote to (941) 749-3034 or email to [george.earnest@mymanatee.org](mailto:george.earnest@mymanatee.org).**

We, the undersigned declare that we have reviewed the quote documents and with full knowledge and understanding of the, herewith submit our quote.

| ITEM  | DESCRIPTION   | UNIT PRICE | ESTIMATED QUANTITY | EXTENDED PRICE |
|---|---|------------|--------------------|----------------|
| <b>GROUP A: SPIN-ON FUEL PUMP FILTERS</b>                     |   |            |                    |                |
| 1   | Cim-Tek 300HS-10, Part #70059                                 | \$         | X 12 EA =          | \$             |
| 2   | Cim-Tek 400HS-10, Part #70060                                 | \$         | X 24 EA =          | \$             |
| 3   | Cim-Tek 300BMG-10,<br>Part #70058                             | \$         | X 48 EA =          | \$             |
| 4   | Cim-Tek 400MB-10,<br>Part #70120                              | \$         | X 24 EA =          | \$             |
| 5   | Cim-Tek 300MB-10,<br>Part #70122                              | \$         | X 36 EA =          | \$             |
| <b>TOTAL GROUP A</b> (sum of extended price for items 1 – 5)  |   |            |                    | \$             |
| <b>GROUP B: FUEL DISPENSER NOZZELS</b>                        |   |            |                    |                |
| 6   | Husky VIII, green, diesel, Part<br>#503010-03                 | \$         | X 6 EA =           | \$             |
| 7   | Husky X Mate, red, unleaded,<br>Part #E159404-02              | \$         | X 4 EA =           | \$             |
| 8   | Husky X Mate, green, lead, Part<br>#E159403-03                | \$         | X 2 EA =           | \$             |
| 9   | Husky 1 HS, green, diesel, Part<br>#026310-03                 | \$         | X 6 EA =           | \$             |
| 10  | OPW # 7H-5100 green, diesel                                   | \$         | X 2 EA =           | \$             |
| 11  | Splash guards for OPW, Part<br>#RIC 500R-G                    | \$         | X 2 EA =           | \$             |
| 12  | Splash guards for Husky Part #HUS<br>1808-03 and #HUS 1807-02 | \$         | X 12 EA =          | \$             |
| <b>TOTAL GROUP B</b> (sum of extended price for items 6 – 12) |   |            |                    | \$             |

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| GROUP C: SWIVELS AND BREAKAWAYS                                |   |    |           |    |
|--|---|----|-----------|----|
| 13   | OPW #66V-1300, 1" single use breakaway            | \$ | X 20 EA = | \$ |
| 14   | OPW #241TPS-1000, 1" swivel                       | \$ | X 10 EA = | \$ |
| 15   | OPW #66V-0300, 3/4" single use breakaway          | \$ | X 10 EA = | \$ |
| 16   | OPW #241TPS-0241, 3/4" two plane swivel           | \$ | X 10 EA = | \$ |
| 17   | Catlow swivel/breakaway combination, Part #SBS1X1 | \$ | X 10 EA = | \$ |
| 18   | OPW swivel/breakaway combination, Part #66SB-1010 | \$ | X 4 EA =  | \$ |
| <b>TOTAL GROUP C</b> (sum of extended price for items 13 – 18) |   |    |           | \$ |
| GROUP D: MISCELLANEOUS PARTS                                   |   |    |           |    |
| 19   | 16"x20" Heavy Weight (100 per bundle)             | \$ | X 6 EA =  | \$ |
| 20   | Morrison overfill alarm (alarm only), Part #9181  | \$ | X 3 EA =  | \$ |
| <b>TOTAL GROUP D</b> (sum of extended price for items 19 & 20) |   |    |           | \$ |

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name Above

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