



REQUEST FOR TERM CONTRACT QUOTATION

TC 2022-019 Exercise Equipment Maintenance

Date: December 21, 2022

The Sheriff of Hillsborough County, a Constitutional Officer of the State of Florida ("Sheriff"), is soliciting a quote for the services described in the following document for the purpose of entering a Term Contract for their procurement. If you intend to respond with a quote, please fill out and return this document along with a copy of your quote and all the exhibits, appendices, attachments, or amendments by e-mail to the Buyer named below by the date and time indicated. If you were notified of this RFQ due to being on the Hillsborough County Sheriff's Office ("HCSO") approved supplier list, and are declining to provide a quote, please return the included **Statement of No Participation**.

RESPOND TO: Marianne Theen, Buyer
MTheen@TeamHCSO.com
Phone: (813) 247-8053 Fax: (813) 242-1826

RESPOND BY: Thursday, January 5th, 2023 1700 EST

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A. GENERAL TERMS AND CONDITIONS

1. Term Contract Definition: The total annual expense represented by this Request for Term Contract Quotation (RFQ) is estimated to be less than the \$35,000 threshold which would require a public bid process. However, a competitively awarded Term Contract provides advantages of price protection and ordering convenience for those services or products which have either high priority, frequent ordering or multiple quote requirements. The Awarded Supplier will be asked to lock in their rates for a minimum of one (1) year, assuring the HCSO a competitive price or guaranteed schedule under a short-term contract.
2. General Description of Procurement Need/Scope of Work: The HCSO is seeking a qualified Supplier to provide regularly scheduled monthly preventive maintenance and repair as required of fitness equipment in multiple facilities. Any reference to “Work” throughout this RFQ is defined to be inclusive of the Scope of Work and any related performance detailed herein. For further details, refer to *Specifications, Part B*.
3. Service Locations: There are five (5) service locations with fitness equipment which needs to be maintained. Please see **Part B Specifications** for physical locations.
4. Supplier Qualifications: Suppliers may be required to furnish written evidence that they maintain permanent places of business and have sufficient equipment, finances, and personnel to furnish the goods and/or services offered in a satisfactory and expeditious manner and are able to meet the terms and conditions as set forth herein. The HCSO reserves the right to inspect the Supplier’s place(s) of business and equipment prior to award of any contract, for the purpose of making these determinations. Supplier employees who will be working in HCSO facilities or on HCSO property may be required to undergo a background check at HCSO expense.

The Supplier Application, attached as **Appendix I**, must be returned with your RFQ Response along with copies of all requested documents. Referencing documentation HCSO may have on file will not be considered responsive to this requirement.

Suppliers are to employ only qualified operators and workmen who are skilled and licensed as required in the performance of the Work.

5. Conflict of Interest: The Supplier agrees to disclose any organizational conflict of interest, perceived or real, for evaluation of HCSO’s compliance with §112.313, Fla. Stat., regarding standards of conduct for public officers, employees of agencies, and local government attorneys.

No HCSO employee acting in an official capacity, as a purchasing agent, or public officer, shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for HCSO from any business entity of which the officer, partner, director, or proprietor or in which such officer or employee or the officer’s or employee’s spouse or child, or any combination thereof, has a material (>5%) interest. An officer or employee is also prohibited from having an employment or contractual relationship that creates a continuing or recurring conflict between their private interest and the performance of their HCSO public duties

6. Certificates of Insurance: Any Supplier who performs Work or provides a service on HCSO property must provide, prior to commencement of the Work, current Certificates of Insurance for

General Liability and Workers Compensation.

The Supplier understands and agrees that the HCSO does not waive its immunity and nothing herein shall be interpreted as a waiver of the HCSO's rights, including the limitation of waiver of immunity, as set forth in §768.28, Fla. Stat. or any other statutes, and the HCSO expressly reserves these rights to the fullest extent allowed by law.

The Supplier understands and agrees that the stipulated limits of coverage listed herein shall not be construed as a limitation of any potential liability to the HCSO, or to others, and the HCSO's failure to request, receive, or retain, evidence of this insurance coverage shall not be construed as a waiver of the Supplier's obligation to provide and maintain the insurance coverage specified. All insurance policies shall be with insurers qualified to do business in Florida. The HCSO shall be notified within thirty (30) calendar days of cancellation, non-renewal, or change in the insurance coverage.

- General Liability Insurance in the minimum amount of \$300,000 per occurrence, as per State of Florida certification requirements.
 - Worker's Compensation Insurance is to be maintained during the life of this Contract for all employees connected with the Work and in full compliance with the Florida Worker's Compensation Statute Chapter 440. Equipment is not protected under the Worker's Compensation statute. The Awarded Supplier shall provide adequate insurance, satisfactory to the HCSO, for the protection of its employees not otherwise protected.
7. Prices: All quotes submitted must show the new price after any and all discounts allowable have been deducted. The HCSO is exempt from all state sales, use, transportation, and excise taxes. The HCSO will issue tax exemption certificates to the Awarded Supplier.

The Supplier's attention is directed to the laws of the State of Florida, including but not limited to Chapter 212, *Florida Statutes*, which applies to all transactions resulting from this RFQ. All applicable taxes and fees will be deemed to have been included in the *Request for Quote Response Part C* as part of the materials cost, when applicable.

8. Brand Names: Manufacturer name, trade name, and brand name information and/or catalog numbers used herein are for purposes of description and reference, and for establishing general quality levels. Such references are not intended to be restrictive and items from any manufacturer may be offered if they are deemed by the HCSO to be equivalent. The determination as to whether an alternate product or service is or is not equivalent shall be made exclusively by the HCSO and such determination shall be final and binding upon all.
9. Warranties/Guarantees: Unless otherwise agreed, all product(s) provided will be new and of first-class condition or first quality.

All materials or equipment shall be guaranteed to be free of defect for a period of at least six (6) months from the date of acceptance. Any materials or equipment found with defect will be rejected and returned to the Supplier at their expense for immediate replacement. Replacements shall be finalized within two (2) weeks of reporting the defect. The Supplier agrees that it shall observe and obey all the laws, ordinances, regulations, and rules of the Federal, State, County and

City which may be applicable to its services and will warrant all Work completed to be in direct compliance.

10. Communication Between Parties: All questions regarding this RFQ are to be directed in writing to the Buyer, Marianne Theen, at MTheen@TeamHCSO.com, or by fax at (813) 242-1826. No communication is allowed, either directly or indirectly, with any other HCSO employee regarding this RFQ prior to the Award Date.
11. Award: Contract award shall be made to the most responsive Quote and responsible Supplier meeting the specifications, price and other factors considered. The HCSO reserves the right to award by line item or by overall total, whichever is deemed in the best interest of the HCSO. In the event two (2) or more Suppliers have submitted the lowest and best quotes, preference may be given in the award in the following order. First, to the Supplier who has their principal place of business in Hillsborough County; second, to the Supplier who has a place of business in Hillsborough County; and third, if the Suppliers involved in the tie situation are all located inside/outside Hillsborough County, the toss of a coin will be used to break the tie.
12. Contract Period and Renewal: The Contract shall be effective for one (1) year from the date of award with optional renewals for up to three (3) additional one (1) year periods. The Term of this contract and each renewal thereof shall automatically be renewed for successive periods of one (1) year each, unless either the HCSO or the supplier shall give notice of his or its intention not to renew not less than three (3) months before the end of the then-current Term.
13. Addition/Deletion: The HCSO reserves the right to add or delete any items or services from this RFQ or resulting Contract(s) when deemed to be in the best interest of the HCSO. Any additions or deletions to the RFQ will be considered amendments. Any additions or deletions to the Contract will constitute a Change Order and must be executed in writing and approved by the CFO. The Change Order will consist of a memo to the CFO describing the justification for the change accompanied by the Supplier's written, fixed price quote for each change to be added. If approved by the CFO, the item or service description and price change will be added to the Contract and recorded on the original tabulation/price sheet. Purchase Orders and billing will be adjusted accordingly, pro-rated if necessary to the agreed start date.
14. Escalation/De-Escalation: The HCSO will allow an escalation/de-escalation provision in this Bid. The prices set herein shall have the opportunity to be adjusted during the renewal period for each term of the contract. The Awarded supplier(s) must notify the HCSO's Financial Services Division of the price escalation/de-escalation request a minimum of 30, but no more than 60, calendar days prior to the end of each one (1) year period for which the Bid was awarded for it to be considered. The price escalation request must be due to a factor beyond the control of the bidder and can be no more than the percentage of increase passed through to the vendor by the manufacturer. At the time of request, Bidder must furnish written substantiation of increase by its supplier/manufacturer to the HCSO. Said substantiation shall be in the form of invoices, receipts and/or other appropriate documentation showing costs in effect at the time of the bid proposal versus cost in effect at the time of the request for price escalation. Any price increase must be substantiated to the satisfaction of the HCSO and shall only be effective upon acceptance by HCSO in writing.

A price escalation request outside of the renewal process may be accepted. These requests must reference/cite any source materials used to form the basis of the proposed justification but must not include historical information prior to the initial contract term. The HCSO will research Bureau of

Labor Statistics (BLS) Producer Price Index (PPI) and/or other related indicators, or sources and conduct an analysis to determine 1) if the submitted justification and evidence are sufficient, 2) the requested price escalation is fair and reasonable, and 3) if approving the request is in the HCSO's best interest. The HCSO reserves the right to negotiate, accept or reject the request, or terminate and re-solicit the contract.

15. Emergency: If and when an emergency requirement should occur, the HCSO reserves the right to deviate from this contract and procure the services or products from the most available source.
16. Default: The contract may be canceled or nullified by the CFO in whole, or in part, by written notice of default to the Supplier upon non-performance or violation of Contract terms. An award may be made to the next best responsive Quote and responsible Supplier based on evaluation, or articles specified may be purchased on the open market. Failure of the Supplier to deliver products within the time stipulated in this RFQ, unless extended in writing by the Financial Services Division, shall constitute default. Suppliers who default on contracts may be removed from the HCSO Supplier List and determined ineligible for future contracts at the discretion of the CFO.
17. Cancellation: When deemed to be in the best interest of the HCSO, any contract(s) resulting from this RFQ may be canceled by the following means:
 - a) 10 calendar days' written notice with cause, or
 - b) 30 calendar days' written notice without cause.

If it becomes necessary to terminate the Contract without cause, all services and/or materials provided through the date of receipt of written notice of cancellation may be invoiced to the HCSO and will be considered for payment providing documentation of said expenses are forwarded with the request for payment.

18. Invoicing and Payment: The Supplier(s) may invoice the HCSO for item(s) orders as delivered. All invoices must have a unique invoice number and include the following: date of purchase, shipping locations, item description, item quantity shipped, item/stock number, unit price, and the HCSO Purchase Order number (unless payment is to be made by HCSO Purchasing Card). Payment shall be made in accordance with Chapter 218, Part VII, *Florida Statutes* which states the Supplier's rights and the HCSO's responsibilities concerning interest penalties and time limits for payment of invoices.

Timely payment of invoices is incumbent upon the HCSO and in no case shall payment exceed 45 calendar days from date of receipt of a properly approved application/invoice.

Invoices shall be e-mailed to: AccountsPayable@TeamHCSO.com.

Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at (813) 247-8276 or AccountsPayable@TeamHCSO.com.

19. Indemnification: The Awarded Supplier will indemnify and hold harmless the HCSO and its employees and agents from and against all liabilities, claims, damages, losses, and expenses, including attorney's fees arising out of or resulting from the performance of its Work, provided that any such liability, claim, damage, loss, or expense is (a) attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself), including the loss of use resulting there from and (b) is cause in whole, or in part, by the act or

omission of the Awarded Supplier, any Subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, whether or not it is caused in whole, or in part, by a party indemnified hereunder.

In any and all claims against the HCSO or any of its agents or employees by any employee of the Supplier, any Subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation under the previous paragraph shall not be limited in any way as to the amount or type of damages, compensation or benefits payable by or for the Supplier or any Subcontractor under worker's compensation acts, disability benefit acts, or other employee benefit acts.

20. E-Verify Requirement: Pursuant to §448.095, *Fla. Stat.*, the Sheriff requires the Awarded Supplier, and any and all subcontractors, if permitted by agreement, to register with and use the E-Verify system to verify the work authorization status of all newly hired employees. If the Awarded Supplier enters into a contract with a subcontractor, the subcontractor must provide the Awarded Supplier with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Awarded Supplier shall maintain a copy of such affidavit for the duration of the contract. If the Sheriff has a good faith belief that the Awarded Supplier has knowingly violated §448.09(1), *Fla. Stat.*, the contract will be terminated. If the Sheriff has a good faith belief that a subcontractor knowingly violated this subsection, but the Awarded Supplier otherwise complied with this subsection, the Sheriff will promptly notify the Awarded Supplier and order the Awarded Supplier to immediately terminate the contract with the subcontractor. Termination of any and all contracts and/or sub-contracts as provided above, does not constitute a breach of contract and may not be considered as such. If the Sheriff terminates a contract with an Awarded Supplier as provided above, the Awarded Supplier may not be awarded a contract for at least one (1) year after the date on which the contract was terminated. The Awarded Supplier is liable for any additional costs incurred by the Sheriff as a result of the termination of a contract.
21. Protests: Any prospective Supplier who disputes the reasonableness or appropriateness of the notice of award, or notice of rejection, for any or all term contracts must submit a notice of protest in writing within 72 hours (excluding HCSO holidays, Saturdays, and Sundays) of the notice of award or notice of rejection to the HCSO Purchasing Section by registered mail or hand-delivered for which a receipt must be provided.

The Purchasing Section will have five (5) business days upon receipt of this notice to meet and consider the protest as written. The Buyer will coordinate the review process with the parties involved and may request additional information from the Supplier or request a meeting to gain further clarification of the issues. Upon completion of this review process, the Buyer will make a recommendation to the CFO.

The CFO may concur with the recommendation or arrive at a separate decision. The decision of the CFO will be communicated to the Supplier in writing. This decision of the CFO and the basis upon which it was made will be communicated to the Supplier within five (5) business days following the receipt of the recommendation from the Purchasing Section.

22. GOVERNMENTAL PURCHASING COUNCILS: All responses received shall be considered as submittal packages to all members of the Hillsborough County and Tampa Bay Area Purchasing Cooperative, as listed below. Said members may, at their discretion, utilize this RFQ as required.

| | |
|--|---|
| Children's Board of Hillsborough County | Hillsborough County Board of County Commissioners |
| City of Belleair Beach | |
| City of Clearwater | Hillsborough County Clerk of Courts |
| City of Dunedin | Hillsborough County School Board |
| City of Gulfport | Kenneth City |
| City of Indian Rocks Beach | Manatee County Board of County Commissioners |
| City of Largo | |
| City of Oldsmar | Pasco County Schools |
| City of Pinellas Park | Pinellas County Clerk of the Court |
| City of Plant City | Pinellas County Government |
| City of Safety Harbor | Pinellas County School Board |
| City of St. Pete Beach | Pinellas County Sheriff |
| City of St. Petersburg | Pinellas Suncoast Transit Authority |
| City of Tampa | Property Appraiser |
| City of Tampa Housing Authority | St. Petersburg College |
| City of Tarpon Springs | State Attorney's Office |
| City of Temple Terrace | Supervisor of Elections |
| City of Treasure Island | Tampa Airport |
| Clerk of the Circuit Court | Tampa Bay Water |
| Expressway Authority | Tampa Palms Community Development District |
| Hernando County | Tampa Port Authority |
| Hillsborough Area Regional Transit Authority | Tampa Sports Authority |
| Hillsborough Community College | Tax Collector |
| Hillsborough County Aviation Authority | Town of Indian Shores |

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23. Public Records: Any material submitted in response to this RFQ will become a public document pursuant to §119.07, *Fla. Stat.* This includes material which the respondent might consider to be confidential or a trade secret. Any claim of confidentiality is waived upon submission, effective after opening pursuant to §119.07, *Fla. Stat.* The Supplier agrees to comply with §119.0701, *Fla. Stat.* regarding maintenance and provision of access to all public records generated by this Contract with the HCSO.

If the Supplier has questions regarding the application of Chapter 119, Florida Statutes, to the Supplier's duty to provide public records relating to this Contract, contact the custodian of public records via: HCSORecords@TeamHCSO.com.

Chad Chronister,
Sheriff of Hillsborough County,
A Constitutional Officer of the State of Florida

By: 

Andrea Hartman
A/Chief Financial Officer

B. SPECIFICATIONS

1. Preventative Maintenance: Maintenance on the fitness equipment as described in these specifications will include:
 - a. Servicing of the listed or equivalent equipment at the five (5) facilities indicated herein on a monthly basis. At a minimum, the service will include standard maintenance consisting of: visual and operational inspection, lubrication, wipe-down to remove of excess lubricants from equipment, calibration and adjustment in accordance with manufacturer's specifications. Written service history is to be provided to HCSO Training Specialist for all equipment.
 - b. The Awarded Supplier will keep the exterior of the machinery and any other part of the equipment properly maintained and presentable.
 - c. Materials necessary for fulfillment of the terms of this contract will be supplied by the Awarded Supplier and will be included in the standard maintenance.
2. Repair Work As Needed: In addition to ongoing scheduled standard maintenance as described herein, the Awarded Supplier is responsible for the repair to the referenced equipment as needed. Repair parts and materials not covered by warranty shall be offered to the HCSO at a discounted price.

Written quotes for equipment repair will be submitted to the Training Specialist for acceptance. No repairs are to be completed without prior approval from the Training Specialist. Repairs should be completed within forty-eight (48) regular business hours from approval notice.
3. Replacement Parts: All replacement parts must be genuine or as recommended by the manufacturer. The Awarded Supplier must have adequate supplies of parts stocked in the local area or be able to obtain all necessary parts within a reasonable time.
4. Warranty: Purchase dates, if provided, may indicate some equipment will be under warranty. Claims for repairs qualified under warranty will be handled by HCSO through the Training Specialist.
5. Hours: All Work is to be performed during regular working hours as eight (8:00) a.m. to five (5:00) p.m., Monday through Friday, unless otherwise requested by the HCSO.

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C. REQUEST FOR QUOTE RESPONSE

Provide a response to the following pages. If not applicable, input N/A. The Suppliers attention is directed to the fact some pages may require signature, or further direction. Any Response missing requested attachment(s), Appendix(cies), or Exhibits, completed in full, may be rejected without further consideration.

1. Exceptions: The following represents every deviation (itemized by Location listed herein) to the foregoing General Terms and Conditions (Part A) and Specifications (Part B) upon which this RFQ is based, to wit (Additional pages may be submitted):

2. Pricing Matrix: Review the included Equipment List and complete the following on the next page:

- a. Service location's monthly standard maintenance per month for locations 1-5
- b. Labor cost for repairs
- c. Parts Cost: MSRP less % discount
- d. Additional foreseeable charges
- e. Number of Technicians Employed

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PRICING MATRIX

Please complete the green highlighted sections.

REFER TO THE EQUIPMENT LIST ON THE FOLLOWING PAGE FOR A REPRESENTATION OF EQUIPMENT BY LOCATION



| | | |
|--|---|--|
| | [Company Name] [Address 1] [Address 2] [Phone] | |
| | | |
| | [Point of Contact] [E-Mail] [Phone] | |
| | | |
| Standard Maintenance Service Locations: | Expected Format | |
| 1. Carrollwood Gym 13061 Delwood Road Tampa, Florida 33624 | _____ / month | |
| 2. District 4 Gym 508 33rd Street SE Ruskin, FL 33570 | _____ / month | |
| 3. ORJ Gym 1201 Orient Road Tampa, Florida 33619 | _____ / month | |
| 4. Pinebrooke Gym 10113 Windhorst Road Tampa, Florida 33619 | _____ / month | |
| 5. SOC Gym 2102 East 8th Avenue Tampa, Florida 33626 | _____ / month | |
| Repair Work As Needed: | Expected Format | |
| 6. Labor Cost for Repairs | _____ / month | |
| 7. Parts Cost: MSRP less % Discount | _____ % Discount | |
| Additional Information: | | |
| 8. Additional Charges | Use additional pages if necessary | |
| 9. Number of Technicians Employed | # _____ | |

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EQUIPMENT LIST*EQUIPMENT MAY INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING REPRESENTATION-***CARROLLWOOD GYM**

13061 Delwood Road, Tampa, Florida 33624

| Unit Number | Make | Model | Equipment |
|-------------|--------------|------------|----------------------------|
| 68070 | NAUTILUS | S3OP | OVERHEAD PRESS |
| 68071 | NAUTILUS | S3VC | VERTICAL CHEST |
| 97495 | LIFE FITNESS | OSX-000-01 | CROSS TRAINER |
| 103037 | MUSCLE D | MDM-D95 | DUAL ADJ PULLEY 95 |
| 103038 | MUSCLE D | MDD-1007 | LEG EXTENSION/CURL COMBO |
| 103039 | MUSCLE D | MDD-1007 | LEG EXTENSION/CURL COMBO |
| 103197 | MUSCLE D | MDD-1003 | PEC FLY/REAR DELT COMBO |
| 103198 | MUSCLE D | MDD-1004 | LAT PULLDOWN/LOW ROW COMBO |
| 103199 | MUSCLE D | MD-SM95 | SMITH MACHINE |
| 103200 | MUSCLE D | MDC-1002 | SIDE LATERAL RAISE MACHINE |
| 103201 | MUSCLE D | MDD-1009 | LEG PRESS CALF RAISE COMBO |
| 103202 | LIFE FITNESS | CST-0100 | TREADMILL |
| 72773 | LIFE FITNESS | | STATIONARY BIKE |
| 105418 | LIFE FITNESS | | TREADMILL |

DISTRICT 4 GYM

508 33rd Street SE, Ruskin, FL 33570

| Unit Number | Make | Model | Equipment |
|-------------|-----------------|-------|------------------------------|
| 51367 | NAUTILUS | | LAT PULLDOWN |
| 51378 | NAUTILUS | | FREE WEIGHT CHIN DIP |
| 72768 | LIFE FITNESS | | STAIRCLIMBER |
| 72772 | LIFE FITNESS | | TREADMILL |
| 97492 | LIFE FITNESS | | RECUMBENT BIKE |
| 100605 | CYBEX | | SELECTORIZED BACK ROW |
| 110622 | HAMMER STRENGTH | | SMITH MACHINE |
| 110623 | LIFE FITNESS | | CABLE CROSSOVER |
| 110625 | LIFE FITNESS | | SELECTORIZED LEG PRESS |
| 113657 | LIFE FITNESS | | LEG EXT. / LEG CURL COMBO |
| N/A | LIFE FITNESS | | ELLIPTICAL CROSS TRAINER |
| N/A | HOIST | | PEC FLY/ REAR DELTOIOD COMBO |

ORJ GYM

1201 Orient Road, Tampa, FL 33619

| Unit Number | Make | Model | Equipment |
|-------------|--------------|------------|----------------------------|
| 72767 | LIFE FITNESS | 9100 | STAIRCLIMBER |
| 51362 | NAUTILUS | S3BC | BICEP CURL MACHINE |
| 62562 | NAUTILUS | F2SM | SMITH MACHINE |
| 62876 | NAUTILUS | F2CC | CABLE CROSSOVER |
| 73349 | TRUE | CS-6.0 | TREADMILL COMMERCIAL |
| 80246 | LIFE FITNESS | CLSX | CLASSIC CROSS TRAINER |
| 97497 | LIFE FITNESS | CLST | TREADMILL |
| 97498 | LIFE FITNESS | OSLEC-0502 | LAT PULLDOWN/LOW ROW |
| 97499 | LIFE FITNESS | OSLEC | LEG EXTENSION/CURL MACHINE |
| 73356 | PARAMOUNT | | ADJUSTABLE BENCH |
| 68082 | NAUTILUS | | OLYMPIC FLAT BENCH |
| 68083 | NAUTILUS | | OLYMPIC INCLINE BENCH |
| ORJ | NAUTILUS | | OLYMPIC DECLINE BENCH |

PINEBROOKE GYM

10113 Windhorst Road, Tampa, FL 33619

| Unit Number | Make | Model | Equipment |
|-------------|-----------------|--------------|----------------------------------|
| 68067 | NAUTILUS | S3LE | LEG EXTENSION |
| 68073 | NAUTILUS | S3PC | PREACHER CURL MACHINE |
| 68077 | NAUTILUS | S3AB | ABDOMINAL MACHINE |
| 68078 | NAUTILUS | S3LR | LATERAL RAISE MACHINE |
| 68084 | NAUTILUS | | ADJUSTABLE BENCH |
| 68085 | NAUTILUS | | ADJUSTABLE BENCH |
| 68093 | NAUTILUS | F2LATP | LAT PULLDOWN |
| 68095 | NAUTILUS | F2AT | ADJUSTABLE TOWER |
| 68100 | NAUTILUS | P3LATP | ISO LAT PULLDOWN |
| 72769 | LIFE FITNESS | CLST | TREADMILL |
| 73355 | PARAMOUNT | | ADJUSTABLE BENCH |
| 80245 | LIFE FITNESS | CLSC | UPRIGHT BIKE |
| 101566 | LIFE FITNESS | CLST | TREADMILL |
| 101568 | HAMMER STRENGTH | O-FB & O-BWS | OLYMPIC FLAT BENCH W/ STORAGE |
| 101569 | HAMMER STRENGTH | O-DB & O-BWS | OLYMPIC DECLINE BENCH W/ STORAGE |
| 101570 | HAMMER STRENGTH | O-IB & O-BWS | OLYMPIC INCLINE BENCH W/ STORAGE |
| 101571 | HAMMER STRENGTH | HSLLP | LINEAR LEG PRESS |
| 101572 | HAMMER STRENGTH | HSSM | SMITH MACHINE |

PINEBROOKE GYM (continued)

| | | | |
|--------|-----------------|-----------|---------------------------------|
| 101573 | HAMMER STRENGTH | IL-BP | ISO LATERAL VERTICAL PRESS |
| 101574 | HAMMER STRENGTH | | ISO LATERAL DECLINE PRESS |
| 101575 | HAMMER STRENGTH | IL-FMP | ISO LATERAL SUPER INCLINE PRESS |
| 101576 | HAMMER STRENGTH | IL-SP | ISO LATERAL SHOULDER PRESS |
| 101577 | HAMMER STRENGTH | PL-SH | SEATED/STANDING SHRUG |
| 101578 | HAMMER STRENGTH | HS-FLY | PEC FLY/REAR DELT COMBO |
| 101579 | HAMMER STRENGTH | HS-LC | PRONE HAMSTRING CURL |
| 101580 | HAMMER STRENGTH | IL-ROW | ISO LATERAL ROWING |
| 101978 | LIFE FITNESS | HS-ADC | ASSIST DIP CHIN |
| 101979 | LIFE FITNESS | OSTWR4-LR | LAT PULLDOWN/LOW ROW COMBO |
| 102012 | LIFE FITNESS | CMACO | CABLE CROSSOVER |
| 105416 | LIFE FITNESS | CLSX | CLASSIC CROSS TRAINER |
| 105417 | LIFE FITNESS | | TREADMILL |
| 110621 | HAMMER STRENGTH | HSSM | SMITH MACHINE |
| 113656 | LEGEND FITNESS | | SQUAT MACHINE |
| 097493 | LIFE FITNESS | | STAIRCLIMBER |
| N/A | CONCEPT 2 | Model D | ROWING MACHINE |

SOC GYM

2008 East 8th Avenue, Tampa, Florida 33605

| Unit Number | Make | Model | Equipment |
|-------------|-----------------|-----------|--------------------------|
| 51363 | NAUTILUS | S3AB | ABDOMINAL CRUNCH MACHINE |
| 51364 | NAUTILUS | S3VC | VERTICAL CHEST MACHINE |
| 51365 | NAUTILUS | S3OP | OVERHEAD PRESS MACHINE |
| 51366 | NAUTILUS | S3LB | LOWER BACK MACHINE |
| 51368 | NAUTILUS | S3LCP | PRONE LEG CURL MACHINE |
| 51369 | NAUTILUS | S3LE | LEG EXTENSION MACHINE |
| 51370 | NAUTILUS | S3LP | LEG PRESS MACHINE |
| 52771 | NITRO | S3LR | LATERAL RAISE MACHINE |
| 72770 | LIFE FITNESS | CLST | TREADMILL |
| 72774 | LIFE FITNESS | CLSC | UPRIGHT BIKE |
| 80247 | LIFE FITNESS | CLSX | CLASSIC CROSS TRAINER |
| 95013 | MUSCLE D | MDD-1003 | PEC FLY/REAR DELT COMBO |
| 95014 | MUSCLE D | MDD-1008A | CHIN DIP ASSIST |
| 95015 | MUSCLE D | MDM-CCS | CABLE CROSSOVER |
| 95016 | MUSCLE D | MDD-1004 | LAT PULL DOWN LOW ROW |
| 95017 | MUSCLE D | MDD-1002 | BICEP TRICEPS COMBO |
| 95018 | HAMMER STRENGTH | IL-ROW | ISO LATERAL ROWING |

| <u>SOC GYM</u> (continued) | | | |
|-----------------------------------|----------------|------|-----------------------|
| 95020 | MUSCLE D | | PREACHER CURL BENCH |
| 95021 | MUSCLE D | | OLYMPIC FLAT BENCH |
| 97494 | LIFE FITNESS | | TREADMILL |
| 101560 | MUSCLE D | | OLYMPIC DECLINE BENCH |
| 101561 | MUSCLE D | | OLYMPIC INCLINE BENCH |
| 101563 | MUSCLE D | | ADJUSTABLE BENCH |
| 101564 | MUSCLE D | | ADJUSTABLE BENCH |
| 101565 | CYBEX | | FULL BODY TRAINER |
| 105419 | LIFE FITNESS | | CLASSIC CROSS TRAINER |
| 105420 | LIFE FITNESS | | TREADMILL |
| | LEGEND FITNESS | F2SM | SMITH MACHINE |

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3. Supplier Service/Order Instruction: Describe the preferred method of contact to request service.

PRIMARY CONTACT NAME/TITLE

ADDRESS

| | | |
|-----------|----------------|-----------|
| CITY | STATE | ZIP CODE |
| () | () | () |
| TELEPHONE | CELLULAR PHONE | FACSIMILE |

E-MAIL ADDRESS

COMPANY WEBSITE

4. References: The following page titled **REFERENCES** is to have yellow areas completed by your company and then sent it to a minimum of three (3) entities. The recipients of your reference request(s) are responsible for returning the completed form to MThen@TeamHCSO.com within 5 business days from the response date and time on page one (1). Delayed receipt may cause reference to not be reviewed.

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REFERENCES

To: _____ From: Marianne Theen, Buyer

Attn: _____ Ph: 813-247-8053

Ph: _____ Fx: 813-242-1826

EM: _____ EM: MTheen@TeamHCSO.com

You are being contacted on behalf of the Hillsborough County Sheriff's Office (HCSO) Purchasing.
 TC# **2022-019 Exercise Equipment Maintenance**
 The Contractor indicated below has given your name as a reference for work completed. We would appreciate your reply to the following questions regarding your experience with this company. Please return this form at your earliest convenience to the HCSO email listed above. Thank you.

Contractor: _____ **Work Referenced:** _____

| * | Please provide brief explanation where necessary. Additional pages may be used. | YES | NO | EXPLANATION |
|---|---|--------------------------|--------------------------|-------------|
| 1 | Has the Contractor's work been satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Is the Contractor the sole provider of the service? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Were problems resolved in good faith? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Were there financial problems or billing issues? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | What was the approximate agreement amount? | X | X | |
| 6 | Would you work with this Contractor again? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | How would rate the vendor's overall performance to quality? | | | |
| 8 | How would rate the vendor's overall performance to timeliness? | | | |
| 9 | Use the space below to elaborate on any strengths or weaknesses of this Contractor. | | | |
| | | | | |

Please return to Buyer listed herein at your earliest convenience.

STATEMENT OF ACCEPTANCE

The undersigned understands that this Quotation Response **must be signed in ink** and that the **unsigned** Quotation Response will be considered incomplete and subject to rejection by the HCSO.

The undersigned must be an officer of the company, or a designated agent empowered to bind the company in contract.

The undersigned has carefully examined the Term Contract requirements and all conditions affecting the cost of the product/service required by the HCSO. At this present time, we understand all requirements and warrant compliance with all the stipulations included in the RFQ.

We propose to furnish the products at the prices stated herein and further confirm that all costs regarding these products are indicated herein. If awarded the contract, we agree to complete services within the time stated, such time commencing from the notice to proceed.

Company Name: _____

Officer Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cellular: (____) _____ Fax: (____) _____

E-Mail: _____

Signature of Officer: _____ Date: _____

Describe the preferred method of contact for questions regarding this Quotation Response, below:

Upon completion, return this entire document to the Buyer listed herein, or FAX to (813) 242-1826 prior to the deadline listed.

STATEMENT OF NO PARTICIPATION

If, for any reason, you are unable or unwilling to respond at this time, please complete the following and return by e-mail to the Buyer listed herein or by fax at (813) 242-1826. Your choices or comments below will assist us in properly notifying you of future opportunities.

We, the undersigned, have declined to respond to RFQ 2022-019 for the following reason(s):

SPECIFICATIONS

NATURE OF AWARD

(Please provide explanations below)

☐ Specifications are too 'tight' (i.e., limited to one brand or manufacturer)

☐ Insufficient time was provided for response

☐ Unable to meet specifications

☐ Product or an equivalent is not offered

☐ Specifications are unclear

☐ Other

We request to:

_____ remain on HCSO's list for future solicitations in this service category.

_____ be removed from HCSO's list for future solicitations in this service category.

Company Name: _____

Officer Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cellular: (____) _____ Fax: (____) _____

E-Mail: _____

Signature of Officer: _____ Date: _____

Appendix I – Supplier Application Packet

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