TERMS & CONDITIONS

SCS IS LOOKING TO PURCHASE A TOTAL QUANTITY OF <u>138</u> DETACHABLE INDOOR AIR QUALITY DEVICES THAT WILL SERVE TO IMPROVE THE AIR QUALITY IN CLASSROOMS TO PROTECT THE HEALTH AND SAFETY OF OUR CHILDREN AND STAFF IN SUPPORT OF PREVENTING THE TRANSMISSION OF AIRBORNE PATHOGENS.

- ➤ BID AS SPECIFIED. THIS IS AN ALL OR NONE BID.
- 1) PRICING SHOULD INCLUDE F.O.B. SHIPPING/DELIVERY FEES. PLEASE DELIVER TO 3030 JACKSON AVE, EARLY CHILDHOOD WAREHOUSE, MEMPHIS TN 38112
- 2) SHELBY COUNTY BOARD OF EDUCATION (SCBE) HAS THE OPTION TO PURCHASE ADDITIONAL AIR QUALITY DEVICES WITHIN THE NEXT TWELVE (12) MONTHS AT THE SAME PRICE.
- 3) YOU MUST FILL OUT THE ATTACHED VENDOR BID / QUOTE FORMS DOCUMENTATION:
 - ➤ PROMISE OF NON-DISCRIMINATION STATEMENT; SECOND-TIER PURCHASING STATEMENT; AND THE
 - ➤ DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS STATEMENT AND ATTACH WITH YOUR BID SUBMISSION.
- 4) FOR QUESTIONS REGARDING THIS BID, PLEASE CONTACT KIM CARPENTER, BUYER, AT BRAXTONL@SCSK12.ORG.

NOTE: PLEASE SAVE THE VENDOR BID / QUOTE FORMS DOCUMENTS TO YOUR COMPUTER BEFORE FILLING THEM OUT. PLEASE SAVE THE COMPLETED FORMS AND ATTACH TO YOUR BID RESPONSE.

SCBE PROCUREMENT SERVICES RESERVES THE RIGHT TO REVIEW ALL VENDOR, SUPPLIER OR

CONTRACTOR RECORDS IN ORDER TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

SHELBY COUNTY BOARD OF EDUCATION RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS,

OR ANY PART THEREOF, AND TO WAIVE ANY INFORMALITIES AND / OR TECHNICALITIES THAT ARE

DEEMED TO BE IN THE BEST INTEREST OF SHELBY COUNTY BOARD OF EDUCATION.

THE SUCCESSFUL VENDOR IS TO BE PAID ONLY WHEN DELIVERY IS COMPLETE, ACCORDING TO ALL

TERMS AND CONDITIONS OF THIS BID.

FOR THE APPROPRIATE PURCHASES, ALL MATERIAL SAFETY DATA SHEETS (MSDS) MUST ACCOMPANY

ALL SHIPMENTS COVERED UNDER	TENNESSEE HAZARDOUS CHEMICAL RIGHT TO KNOW
LAWTENNESSEE PUBLIC CHAPTER	2 #417-HOUSE BILL #731.

SHELBY COUNTY BOARD OF EDUCATION DOES NOT DISCRIMINATE IN ITS PROGRAMS OR EMPLOYMENT

ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, HANDICAP / DISABILITY, SEX OR AGE.

The Authorized Representative, submits this Bid Proposal Form:

Print Name & Title	
Signature & Date	