

**Willacy County, Texas**  
**MICRO / SMALL PURCHASE VENDOR QUOTE FORM**  
**ARP #2404**

<b>Return Quote To:</b>		<b>From Company:</b>	
Contact Name:	Lydia Moreno	Contact Name:	
Entity Name:	City of Lyford City's Assistant Secretary	Company Name:	
Address:	13550 Main Ave.	Address:	
City, State, & Zip:	Lyford, Texas 78569	City, State, & Zip:	
Phone:	956-347-3512	Phone:	
Fax:	N/A	Fax:	
E-mail:	Lyf.asst@gmail.com	E-mail:	

**Quotes per the Specifications Must Be Received By: September 10, 2024, by 4:00 pm**

The brand names, or manufacturer's references are descriptive only and indicate the type and quality desired. Bids on brands of like nature and quality will be considered If proposing other than the referenced brands/model number, Bidder must provide the manufacturer, brand, or trade name, and product number and provide complete descriptive information of the product offered and include it with the bid. The evaluation of "or equivalent" offers shall be given full consideration and offers meeting the specification shall not be rejected for minor differences in design, construction, or features from the reference models that do not affect the suitability of the product for its intended use.

	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	<p><b>Equal or Equivalent to:</b>  <b>Provide the equipment and to be installed:</b></p> <p><u>Floating Brush Aerator to includes:</u></p> <p>15hp</p> <p>TGIC Powder Coated Rotor Assembly, Main Frame, *Anchoring/Mooring System &amp; Brushes</p> <p>304L Stainless Steel, Foam-Filled Floats, Flootation Band Attachments, Drive Enclosure, Non-Drive</p> <p>End Bearing Cover, Motor Cover, and Splash Shields</p> <p>TEFC, 15hp, Severe-Duty, Premium Efficient Motor, 230/460 Volt, 3 Phase, 60 Hz/50hz</p>			

<p>Drive End and Non Drive End Shafts made out of 316L stainless steel</p> <p>Anchoring system will need to be an anchor to existing bridges at WWTP or utilize a girder anchoring system</p> <p>Total with Installation:</p>			
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Vendor agrees to have the Goods/Services completed and delivered on or before this date: (*Any adjustments to the agreed-upon delivery dates/times must be provided in writing.)	Date:	
Is your company currently involved in any active litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company registered with the System for Award Management (SAM.gov)? If no, not eligible to send a quote form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your SAM Unique Entity I.D Number and send a document with the form	Number:	
Is your company planning or in the process of registering with the System for Award Management (SAM.gov) If yes, send documentation with the form If no, not eligible to send a quote form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submit a signed Form 1295	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign Non-Debarment Self-Certification, attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company a Historically Underutilized Business (HUB) vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company currently involved in any mergers or acquisitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Vendor agrees that the quote provided will be valid for at least thirty (30) days unless otherwise indicated in the quote specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Representative Printed Name:	Signature:
Title:	Date:

**NOTE: THE VENDOR QUOTE FORM MUST BE SIGNED BY A COMPANY OFFICER OR AN AUTHORIZED AGENT FOR THIS QUOTE TO BE CONSIDERED VALID BY The City of Lyford. ALL DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES) WITH THIS FORM.**

## FEDERAL DEBARMENT/SUSPENSION STATUS CERTIFICATION

ENTITY NAME:

Date:

CONTACT NAME:

CONTACT EMAIL & PHONE:

Applicable Regulations:

**As stated in the ARPA / SLFRF Terms & Conditions:**

*"OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19."*

**Also, Federal Executive Order (E.O.) 12549 "Debarment"** requires that contractors, beneficiaries or subrecipient organizations and their principals – who are receiving awards, using federal funds, are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify you from receiving or retaining funds. Information on debarment is available at the following website: [www.sam.gov](http://www.sam.gov)

**Be advised that we may pursue available remedies per 2 CFR 180.360 as an ARPA Recipient entity:** *"If a Federal agency later determines that you failed to tell the [awarding agency] that you were excluded or disqualified at the time you entered into the covered transaction with that person/[awarding agency], the agency may pursue any available remedies, including suspension and debarment."*

(Initial)

Certification & Signature

**We hereby certify that we are not excluded, disqualified or debarred from receiving federally-funded awards.**

**We hereby confirm that if that status should change within the course of this agreement, we will provide notification immediately. Failure to do so may result in the termination of this agreement and/or the repayment of funds.**

*Your signature certifies that neither you nor your principal(s) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.*

Printed Name & Title

Date

**CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295**

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

**5 Check only if there is no interested party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

**ADD ADDITIONAL PAGES AS NECESSARY**