



# DALLAS COUNTY PURCHASING DEPARTMENT

DATE: May 8, 2017

ADDENDUM NO. 1

SOLICITATION # AQ 2017-101

Annual Quote for Atmospheric, Medical, Industrial, and Specialty Gases

WHEREAS, Bid Due Date, is hereby changed to read as follows:

**Due Date: June 1, 2017 CDT**

WHEREAS, pages 1, 2, 17-25 and Page 27 are hereby replaced with pages 1A, 2A 17A-25A and Page 27A respectively.

All other specifications of the original bid remain the same.

Except as provided herein/above, all other specification requirements of the original solicitation referenced shall remain unchanged and in full force and effect. This addendum should be signed and returned with your solicitation Package on or before Thursday, June 1, 2017 @ 2:00 P.M.CDT

This addendum is hereby acknowledged, understood and considered in our Solicitation

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



<b>PROPOSAL FOR:</b>	Annual Quote for Atmospheric, Medical, Industrial and Specialty Gases	
<b>SOLICITATION NO. 2017- 101</b>	<b>DUE DATE: June 1, 2017</b>	
<b>FOR FURTHER INFORMATION CALL:</b>	PURCHASING CONTACT: <b>James Gay</b>	AT: <b>214-653-7434</b> <b>James.gay@dallascounty.org</b>
<b>PRE-BID CONFERENCE</b>	N/A	

**INSTRUCTIONS TO BIDDERS**

**PLEASE READ THE ENTIRE PACKAGE CAREFULLY**

Bids are solicited for furnishing the merchandise, supplies, services and/or equipment set forth in this Bid Proposal. Completed SEALED Bid Proposals, **ORIGINAL AND ONE (1) COPY**, must be received in the Dallas County Purchasing Department, Renaissance Tower - 1201 Elm Street, 24th Floor, Suite 2400-B, Dallas, TX 75270, **BY 2:00 P.M. ON THE ABOVE "DUE DATE"**. The official time clock will be located in the Purchasing Department. Bids received at 2:01 and thereafter are Late Bids and will not be accepted.

Bids may be withdrawn at any time prior to the official opening. Alterations made before opening time must be initialed by bidder guaranteeing authenticity. After the official opening, bids may not be amended, altered, or withdrawn without the recommendation of the Purchasing Agent and the approval of the Commissioners' Court.

The County is exempt from Federal Excise and State Sales Tax; therefore, tax must not be included in this bid.

The undersigned agrees, if this bid is accepted, to furnish any and all items upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Bid Proposal will be 90 calendar days unless a different period is noted by bidder.

The County reserves the right to accept or reject in part or in whole any bids submitted. The Commissioners Court will award the contract to the responsible bidder who submits the lowest and best bid as determined by Commissioners Court. The Commissioners Court reserves the right to determine compliance and to waive technicalities or irregularities and to make award in the best interest of Dallas County.

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other bidder or to any other person(s) engaged in this type of business prior to the official opening of this bid. And further, that the Manager, Secretary or other agent or officer signing this bid is not and has not been for the past six months directly or indirectly concerned in any pool or agreement or combination to control the price of Supplies, Services or Equipment bid on, or to influence any person to bid or not to bid thereon..

<b>**NAME AND ADDRESS OF COMPANY/BIDDER:</b>	<b><u>ALL BIDS MUST BE SIGNED PRIOR TO AWARD</u></b>	
Company Name (PRINTED):	Name (PRINTED):	
Mailing Address:	Title:	
	Signature:	
City/ State:	ZIP:	E-Mail Address:
***Texas Secretary of State Filing Number, Jurisdiction and Formation Date:	Telephone / Fax No.:	

**HELP US KEEP OUR VENDOR'S LIST CURRENT**

**NO BID is submitted for \_\_\_ this time only; NOT THIS COMMODITY/SERVICE \_\_\_ ONLY.** FAILURE TO RESPOND TO BID SOLICITATIONS FOR TWO (2) BID PERIODS MAY RESULT IN REMOVAL FROM THE VENDOR'S LIST. However, if removed you will be reinstated upon request. If not submitting a bid, please complete the questionnaire on the next page.

**\*\* Legal Name, Address and Tax Payer ID number:** Bidders are to submit the company's "Legal Name" as identified by their Federal Tax Certification certificate. Bidders are to complete the attached Federal Form "W-9" for verification and filing purposes. Dallas County reserves the right to withhold any invoices and/or payments, without penalties, for documents submitted under a different name/billing address than that identified on the proposal document/award court order or contract.

Specification Bid No. 2017-101

Please duplicate the following label and affix to the outside of your sealed submittal envelope/package or cut along the outer border and affix this label to the outside of submittal envelope/package to identify it as a "Sealed Bid/Proposal". Be sure to include the name of the company submitting the response where requested.



**SEALED BID/PROPOSAL • DO NOT OPEN**

**Annual Quote for Atmospheric ,Medical , Industrial and Specialty Gases**

**2017-101**

**Thursday, June 1, 2017@ 2: 00 P.M.**

**Submitted By**

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**For Information Contact**

**James Gay**

**James.gay@dallascounty.org**

**214-653-7434**

**Dallas County Purchasing Department**

**Renaissance Tower**

**1201 Elm Street, 24th Floor, Suite 2400-B**

**Specification Bid No. 2017-101**

The bidders hereby certify that they have read, understand, and agree that acceptance by Dallas County of the bidder’s offer by the issuance of an award court order, purchase order, or a written formal contract will create a binding contract. Bidder further agrees to fully comply with all terms, conditions and requirements, as set forth in the Dallas County bid/solicitation specifications and other documentary forms herewith made a part of this specific contract.

Mail/Deliver Sealed Bid to:

Dallas County Purchasing Department  
 Renaissance Tower  
 1201 Elm Street, 24th Floor, Suite 2400-B  
 Dallas, TX 75270

Dallas County is not responsible for delays in the delivery of mail by the U.S. Postal Services, FedEx, UPS, Private Couriers, or delivery by any other means. It is the sole responsibility of the Bidder to ensure that his/her bid reaches the Dallas County Purchasing Department, Renaissance Tower, 1201 Elm Street, 24th Floor, Suite 2400-B, Dallas, TX 75270, prior to the designated due date and time indicated on the Instructions to Bidders Cover Page and/or addendum (when applicable).

**Bids should be submitted in sealed packaging, marked and addressed as directed. Bids, which are received by fax, email, or any other type electronic transmittal method, will not be accepted for consideration.**

**Note: Please reference the Bid/RFP Number and Company Name on the outside of all sealed envelopes, packaging and/or boxes. The Time-Date Stamp Clock located at the front counter of the Dallas County Purchasing Department will serve as the OFFICIAL CLOCK for the purpose of verifying the date and time of receipt of solicitation.**

Description	Estimated Annual Usage	Unit Cost	Extension
<b>Industrial and Medical Gases</b>			
<b>1. Acetylene - <u>Refill Only</u>                      County Owned Cylinder                      Cylinder Size: 40 cu. ft.</b>	<b>10 _____                      Cylinder refill</b>	<b>\$ _____                      per 40 cf refill</b>	<b>\$ _____</b>
<b>2. Acetylene - <u>Refill Only</u>                      County Owned Cylinder                      Cylinder Size: 10 cu. ft. ft.</b>	<b>10 _____ Cylinder                      refill</b>	<b>\$ _____                      per 10 cf refill</b>	<b>\$ _____</b>
<b>3. Industrial Oxygen - <u>Refill Only</u>                      County Owned Cylinder                      Cylinder Size: 20 cu. ft.</b>	<b>10 _____ Cylinder                      refill</b>	<b>\$ _____                      per 20 cf refill</b>	<b>\$ _____</b>
<b>4. Acetylene                      Cylinder Size: MC (10cu. ft.)</b>  <b>Specify “CF” Per Cylinder or Size Being                      Furnished: _____</b>  <b>Specify Replacement Cost for Cylinder, if                      loss by Dallas County:                      \$ _____</b>  <b>Specify Monthly Rental Rate:                      \$ _____</b>	<b>5 _____                      cylinder</b>	<b>\$ _____/                      per 10cu Cylinder</b>	<b>\$ _____</b>

**Specification Bid No. 2017-101**

Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>5. Acetylene</b>            Cylinder Size: Range 21 - 75 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>6. Acetylene</b>            Cylinder Size: Range 120 - 150 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>7. Acetylene</b>            Cylinder Size: Range 281 - 400 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>15</b> _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>8. Argon</b>            Cylinder Size: Range 300 - 336 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

**Specification Bid No. 2017-101**

Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>9. Argon UHP (99.999% Cylinder Size: 300 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>10. Argon/CO2 Mix (75% Argon, 25% CO2) Cylinder Size Range: 300 - 400 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>2</b> _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>11. Carbon Dioxide Cylinder Size Range: 10 - 15 pounds</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>2</b> _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>12. Carbon Dioxide Cylinder Size Range: 50 - 75 pounds</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>120</b> _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

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Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>13. Carbon Dioxide/ Air</b>                      (5-10% CO2, 95-90% Air)                      Cylinder Size Range: 50 pounds</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>2 _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>14. Helium (99.999% Pure)</b>                      Grade 5.0 or above                      Cylinder Size Range: 200 - 305 cu. Ft</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>130 _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>15. Regular Helium</b>                      Cylinder Size Range: 210 - 250 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>5 _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

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Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>16. Industrial Oxygen</b>                      Cylinder Size Range: 20 -100 cu. ft.</p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____                      Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>17. Industrial Oxygen</b>                      Cylinder Size Range: 100 - 125 cu. ft.</p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>5</b> _____                      Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>18. Industrial Oxygen</b>                      Cylinder Size Range: 250 - 300 cu. ft.</p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>48</b> _____                      Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>19. Hydrogen</b>                      Cylinder Size Range: 190 - 225 cu. ft.</p> <p>Specify “CY” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>			



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Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>20. Hydrogen</b>            Cylinder Size Range: 250 - 320 cu. ft.</p> <p>Specify "CY" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>10 _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>21. Nitrogen <u>Refill Only</u></b>            County Owned Cylinder            Cylinder Size: 19 cu. ft.</p>	<p>10 _____            Cylinder refill</p>	<p>\$ _____            per 19 cf refill</p>	<p>\$ _____</p>
<p><b>22. Nitrogen <u>Refill Only</u></b>            County Owned Cylinder            Cylinder Size: 42 cu. ft.</p>	<p>10 _____            Cylinder refill</p>	<p>\$ _____            per 42 cf refill</p>	<p>\$ _____</p>
<p><b>23. Nitrogen</b>            Cylinder Size Range: 40 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>10 _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>24. Nitrogen</b>            Cylinder Size Range: 250 - 320 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>75 _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

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Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>25. Nitrogen UHP (99.999%)</b>  <b>Cylinder Size Range: 300 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>52</b> _____  <b>Cylinders</b></p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>26. Liquid Nitrogen</b>  <b>Cylinder Size Range: 160-205 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>70</b> _____  <b>Cylinders</b></p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>27. Liquid Nitrogen, UN1977</b>  <b>Cylinder Size Range: 230 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>10</b> _____  <b>Cylinders</b></p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>28. Nitrous Oxide - Medical USP</b>  <b>Cylinder Size Range: 20 - 59 pounds 300 cu. ft.</b></p> <p>Specify “CF” Per Cylinder or Size Being Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p><b>15</b> _____  <b>Cylinders</b></p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

**Specification Bid No. 2017-101**

Description	Estimated Annual Usage	Unit Cost	Extension
<p><b>29. Nitrous Oxide - Medical USP</b>            Cylinder Size Range: 60 - 90 pounds            (300 cu. ft.)</p> <p>Specify "CF" Per Cylinder or Size Being            Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss            by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>10 _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>30. Compressed Air for Breathing</b>            Cylinder Size Range: 200- 310cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being            Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss            by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>_20_____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>31. Medical Oxygen</b>            Cylinder Size Range: 20- 40 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being            Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss            by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>3 _____ Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>32. Medical Oxygen (99.2% Purity)</b>            Cylinder Size Range: 200- 282 cu. ft.</p> <p>Specify "CF" Per Cylinder or Size Being            Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss            by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>25 _____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>
<p><b>33. USP Hospital Type Oxygen</b>            (Refill Units on Fire Truck &amp; Emergency            Vehicles)            Cylinder Size Range: 15 cu. ft. or smaller</p> <p>Specify "CF" Per Cylinder or Size Being            Furnished: _____</p> <p>Specify Replacement Cost for Cylinder, if loss            by Dallas County: \$ _____</p> <p>Specify Monthly Rental Rate: \$ _____</p>	<p>_5_____            Cylinders</p>	<p>\$ _____/Cylinder</p>	<p>\$ _____</p>

**Specification Bid No. 2017-101**

Description	Estimated Annual Usage	Unit Cost	Extension
<b>34. Propane</b> Cylinder Size Range: 20-50 pounds  Specify "CF" Per Cylinder or Size Being Furnished: _____  Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____  Specify Monthly Rental Rate: \$ _____	5 _____ Cylinders	\$ _____/Cylinder	\$ _____
<b>35. Propane</b> Cylinder Size Range: 100-150 pounds  Specify "CF" Per Cylinder or Size Being Furnished: _____  Specify Replacement Cost for Cylinder, if loss by Dallas County: \$ _____  Specify Monthly Rental Rate: \$ _____	5 _____ Cylinders	\$ _____/Cylinder	\$ _____

**Total:**

Specify Cost to Perform Pressure Test on County-Owned Cylinders # \_\_\_\_\_/cylinder

Specify any additional comments/cost/etc.(e.g., hazardous material charges, emergency services) included with your bid proposal, if applicable:

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\*Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County.

Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out:

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\*Leaving this area blank will mean the vendor will perform ALL portions of the contract with their own in-house staff.

I will NOT use any subcontractors in the performance of this contract agreement.

Specify Prompt/Early Payment Discount Terms (if any): \_\_\_\_\_ % \_\_\_\_ Days. If no prompt/early payment discount is offered, enter 0 in the % space. Payment terms with no discount are 30 days, upon receipt of proper invoice and verification that the services and/or products have been completed or delivered in accordance with specification requirements in the Dallas County Auditor's Office.

Specification Bid No. 2017-101

**Please answer the questions listed below:**

Did your company check Dallas County website (<http://www.dallascounty.org/department/purchasing/currentbids.html>) for any addendums, updates, and/or changes to the bid solicitation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are all the required M/WBE/DBE/HUB forms completed in its entirety? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the required Conflict of Interest Questionnaire (CIQ) form completed in its entirety? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the required Title VI been fully completed and included with your bid proposal response? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your firm/company have the required insurance coverage stated under SECTION 3 – INSURANCE REQUIREMENTS and agree to comply with these requirements during the duration of this contract? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, will your firm be able to acquire the required coverage within ten (10) days upon notification of contract award? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Any vendor that conducts business with Dallas County, whether it is for goods and/or services, must maintain lawful worker's compensation/self-insured employee coverage requirements and adequate liability limitations. SEE Page 3, Paragraph 3**

**Information on Provision of Health Insurance Coverage for Employees**

**Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process see page 8, paragraph 6. Please complete the information below to assist in this evaluation.**

a) Does your company provide health insurance coverage to its employees? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of:

95% for employee only coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

85% for employee + children coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

73% for employee + spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

71% for employee + family coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

c) If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment A)  
Yes \_\_\_\_\_ No \_\_\_\_\_

d) If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost? Yes \_\_\_\_\_ No \_\_\_\_\_

**In the event Dallas County elects to give a preference to a bidder, who provides comparable health insurance, that bidder and any subcontractors will be required to provide additional documentation of the declared health insurance coverage.**

**For Statistical Gathering Purposes Only:**

Please indicate whether the principal company owner is a: (Please Check One)

[ ] Dallas County Tax Payer

[ ] Other County Tax Payer (Specify): \_\_\_\_\_

Please indicate whether the principal place of business or headquarter is physically located within Dallas County: