

Town of Laguna Vista, Texas
MICRO / SMALL PURCHASE VENDOR QUOTE FORM*
Project Name ARP #2310

Return Quote To:		From Company:	
Contact Name:	Rendie Gonzales	Contact Name:	
Entity Name:	Town of Laguna Vista C/O City Manager	Company Name:	
Address:	122 Fernandez Street	Address:	
City, State, & Zip:	Laguna Vista, TX 78	City, State, & Zip:	
Phone:	956.943.1793	Phone:	
Fax:	N/A	Fax:	
E-mail:	cm@lvtexas.us	E-mail:	

Quotes per the Specifications Must Be Received By:	08.22.2023
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ITEM	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	Equal or Equivalent to equipment: Computers			
3	Dell OptiPlex 3000 – SFF-Corei5 12500 / 3 GHz-RAM 16 GB – SSD 256 GB – NVMe, Ckass 35 – UHD Graphics 770 – GigE – Win 10 Pro (must include Win 11 Pro License – monitor: none – BTS with 3 years Hardware Service with Onsite – Sisli SNS			
3	Acer V247Y – LED monitor – 23.8” viewable – 1920 x 1080 Full HD (1080p) @ 75 Hz – IPS – 250 cd/m – 1000:1-4 ms – HDMI, VGA – black			
3	StarTech.com DisplayPort to HDMI Adapter – 1920x1200 – HDMI Video Converter – Latching DP Connector – Monitor to HDMI (DP2HDMI2) – Video Adapter – DisplayPort (M) to HDMI (F) – 26.5 cm – for P/N: Dk30CH2DEP, DK30CH2DEPUE, DK30CH2DPPDU, DK30CHDDPP			
	Total of Equipment			

Vendor agrees to have the Goods/Services completed and delivered on or before: (*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
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 Town of Laguna Vista, Texas ALSO, BEFORE PAYMENT IS ISSUED IF SELECTED SAM.GOV DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES)

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

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