SOLICITATION - OFFER - AWARD

SOLICITATION NO.: 23- TFG00704/AP	PRE-QUALIFACTION FOR CONSTRUCTION PROJECTS UNDER \$500K GRANT PROJECTS		CONTRACT NO.: 23-TFG00704/AP	
BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA Beth Narverud, Chair Brian Hawkins, Vice Chairman Jerry Campbell 2 nd Vice Chairman Steve Champion John Allocco		SUBMIT BID OFFER TO: HERNANDO COUNTY PROCUREMENT DEPARTMENT 15470 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604 Carla Rossiter-Smith Chief Procurement Officer		

SOLICITATION

OFFICE O	FICATION FOR FURNISHING THE SERVICES, SUPPLIES OR EQUI OF HERNANDO COUNTY PROCUREMENT DEPARTMENT, VIA	HERNAND	O COUNTY	Y'S EPROCUREN	MENT PORTAL AT:		
https//secu	ure procurency com/portal/hernandocounty. UNTIL 10:00 A.I	M., LOC	AL TIME	ON FEBRUAL	RY 19, 2024. NO		
PREQUALI	FICATIONS WILL BE ACCEPTED AFTER THE ABOVE STIPULATED	DATE AN	D TIME. TH	IS IS AN ADVER	TISED SOLICITATION		
AND THE RESPONDING BIDDERS WILL BE PUBLICLY READ IN THE PROCUREMENT DEPARTMENT CONFERENCE ROOM, 15470 FLIGHT							
PATH DRIVE, BROOKSVILLE, FL 34604 AT 10:00 A.M. ON FEBRUARY 19, 2024. PURSUANT TO FS 119.071 (Current Edition),							
SEALED BIDS, PROPOSALS, OR REPLIES RECEIVED BY AN AGENCY PURSUANT TO A COMPETITIVE SOLICITATION ARE EXEMPT FROM							
INSPECTION UNTIL SUCH TIME AS THE AGENCY PROVIDES NOTICE OF AN INTENDED DECISION OR UNTIL THIRTY (30) DAYS AFTER							
OPENING THE BIDS, PROPOSALS, OR FINAL REPLIES, WHICHEVER IS EARLIER.							
ITEM NO.	DESCRIPTION OF SERVICE/SUPPLIES/EQUIPMENT	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT		
	FOR PROVIDING CONSTRUCTION PROJECTS UNDER \$500K	NA	NA	NA	\$500,000.00		
1	GRANT PROJECTS	1 7	1	1	MAXIMUM		
		1 /	1 1	1 1	QUOTE		

OFFER

(TERMS, CONDITIONS AND SPECIFICATIONS ARE INCLUDED AS PARTS HEREOF)

DISCOUNT FOR PROMPT PAYMENT: / % 10 CALENDAR DAYS / 20 CALENDAR DAYS

BIDDER'S INFORMATION

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN BID OFFER:

BIDDER'S SIGNATURE

OFFER DATE

7 · 3 · 21

City
Port Richey
FL

State
FL

Fax Number

AWARD

REVIEWED FOR LEGAL SUFFICIENCY:

LR NO.: 24-0// BY:

ACCEPTED AS TO ITEM(S) NO:

AMOUNT:

ACCOUNTING CODE:

SUBMIT INVOICES TO:

HERNANDO COUNTY

REQUESTING DEPARTMENT

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ACCEPTANCE AND AWARD FOR THE COUNTY:

Elizabeth Narverud, Chairperson

SIGNATURE:

AWARD DATE:
7-30-24