

REQUEST FOR QUOTE

HERNANDO COUNTY BOARD OF
COUNTY COMMISSIONERS
PURCHASING & CONTRACTS DEPARTMENT
352-754-4020, FAX 352-754-4199
15470 Flight Path Dr.,
BROOKSVILLE 34604

**THIS IS NOT
AN ORDER**

Date: February 27, 2023

Quotation No: _____

Project Name: Fire Apparatus Testing

Requesting Department: HCFR

Name: Hernando County Fire & Emergency Services

Address: 15470 Flight Path Drive

Brooksville, FL 34604

Contact Person: Barbara Carter-Lansaw Telephone: 352-754-4829

Quote Due Date: March 3, 2023

Illegible Quotes risk opportunity for award. See reverse side for Terms, Conditions applicable to any Orders resulting from this Quotation.

ITEM	QUAN	DESCRIPTION	PART NO.	Unit PRICE	EXTENDED PRICE
	17	500 GPM - 1500 GPM NFPA ANNUAL PUMP TEST		\$225	\$3825
	2	1750 GPM- 2000 GPM NFPA ANNUAL PUMP TEST		\$275	\$550
	60,000 FT.	TESTING, ANNUAL FIRE HOSE TESTING, (REGARDLESS OF SIZE) PER THE NFPA GUIDELINES AND STANDARDS.		\$.21	\$12,600
	1200 FT.	INSPECTION, ANNUAL GROUND LADDER INSPECTION/CERTIFICATION PER NFPA GUIDELINES AND STANDARDS.		\$1.00	\$1,200
	80	Heat Sensing Labels, Applied Only as Needed		\$1.25	\$100

All Quotes shall be FOB Destination

Delivery Date or Start of Work: As soon as Possible

Create a continuation sheet if necessary.

It is hereby certified and affirmed that the bidder will accept any awards made to him as a result of this quotation.

The award may be all or partial being in the best interest of Hernando County.

Quote validity is 60 days unless noted otherwise.

Contact Person Submitting Quote: Gregory Pohodich

Firm Name: Waterway of Central Florida, LLC

Address: 2582 Maguire Rd, #183

City: Ocoee State: FL Zip: 34761

Telephone/Fax No: _____

Email: gpohodich@waterwayinc.com Date 2/28/2023

PRINT/TYPE NAME: Gregory Pohodich

TITLE: President _____ SIGNATURE: Gregory Pohodich

PURCHASE ORDER TERMS AND CONDITIONS

GENERAL

The condition of this order may not be changed by vendor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a vendor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

QUALITY

All material or services furnished on this order must be as specified and subject to County inspection and approval within a reasonable time after delivery at destination. Variations in materials or services from those specified in this order must not be made without written authority from the Chief Procurement Officer. Materials rejected will be returned at the vendor's risk and expense.

QUANTITY/PRICE

The quantity of materials ordered or the prices specified must not be exceeded without written authority being first obtained from the Chief Procurement Officer.

INDEMNITY AND INSURANCE

The vendor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the vendor under this contract. The vendor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the vendor. The vendor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

PACKING

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

DELIVERY

All materials must be shipped F. O. B. destination. The County will pay no freight or express charges, except by previous agreement. If specific purchase is negotiated on the basis of F. O. B. shipping point. **VENDOR IS TO PREPAY SHIPPING CHARGES AND ADD TO INVOICE.** Delivery must actually be effected within the time stated on purchase made between 8:00 AM and 5:00 PM Monday to Friday inclusive unless otherwise stated. In case of default by the vendor, Hernando County may procure the articles or services covered by this order from other sources and hold the vendor responsible for any excess occasioned thereby.

MATERIAL SAFETY DATA SHEET

The vendor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

OSHA REQUIREMENT

The vendor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

LEGALLY AUTHORIZED WORKFORCE

VENDOR represents and warrants that VENDOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at www.hernandocounty.us/pur/.

INSURANCE

Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below (unless limits have been lowered) and with insurers and under forms of policies satisfactory to COUNTY.

<u>Coverage</u>	<u>Minimum Amounts and Limits</u>
(a) Worker's Compensation Employer's Liability	Statutory requirements at location of work \$100,000 each accident \$100,000 by employee \$500,000 policy limit
(b) Commercial General Liability (County must be listed as additional Insured and must contain a Waiver of Subrogation)	\$2,000,000 General Aggregate \$2,000,000 Products-Comp. Ops Agg. \$1,000,000 Each Occurrence \$ 50,000 Fire Damage
(c) Automobile Liability Option of Split Limits: (1.) Bodily Injury (2.) Property Damage	\$ 5,000 Medical Expense \$1,000,000 Combined Single Limit (owned, hired and non-owned) \$1,000,000 Per Person or \$1,000,000 Per Accident \$1,000,000