



Invitation for Quotes

For

Six (6) Toyota Camry LE Sedans

Bid Number: 20156
(REBID #1)

Commodity Code(s): 95841, 99894

Guilford County Purchasing Department
Greene Street Building, Basement-Suite 072
201 South Greene Street
Greensboro, NC 27402

BID SCHEDULE

(Note: The dates below are subject to change)

Invitation for Quotes
for

Six (6) Toyota Camry LE Sedans

Bid Number 20156
(REBID #1)

Advertisement Date	June 6, 2023
Bid Due Date	June 13, 2023, at 2:00 P.M., Eastern Time

I. Introduction

Guilford County Purchasing Department is seeking competitive quotes for the purchase of six (6) new Toyota Camry LE 4 door sedans in grey or white color for the Guilford County Fleet Department.

II. General Terms and Conditions

1. Bid Deposit and Performance Bond

There is NO bid deposit or performance bond required for this bid event.

2. Pre-Bid Meeting

There will NOT be a pre-bid meeting for this event since the specifications herein fully covers our purchase intent.

3. Award and Acceptance or Rejection of Quotes

Any award shall be made to the lowest responsive and responsible bidder whose quote, taking into consideration quality, performance, and the delivery time specified, conforms to the specifications and is deemed to be the best value in the opinion of Guilford County. The County reserves the right to award on a line item or section basis and increase or decrease quantities specified under this contract.

4. Evaluation of Quotes

Quotes shall be evaluated using the Total Quote. The Total Quote shall be the summation of the product of all of the Items' Unit Prices by their Estimated Quantities. In the event of a math error, the Extended Totals and the Total Quote will be corrected based on the Unit Price furnished in the Quote. Quotes with math errors will be compared using the corrected Total Quote (i.e., the math must be correct before a quote is considered for award).

5. Exclusion of Taxes from Quotes

Bidder shall exclude sales tax from your quote. The County pays sales tax and will add this to your quote separately when invoices are paid.

6. Acceptance and Payment

Payment will normally be made by check within thirty (30) days after acceptance by the County of the products as being provided in complete accordance with the specifications and after invoicing, subject to any prompt payment discounts offered by the vendor.

7. Acceptance Period

The quote shall be binding for a period of ninety (90) days.

8. Status of Quotes

All informal quotes will be protected from disclosure to the public or to individuals without a need to know until after award is made, after which they become public records.

9. Attachments

The following attachments are provided under the Information Tab in the automated bidding system and shall be uploaded with your response. Responses submitted through the electronic event indicates full agreement with these terms and conditions. *Failure to return all required supplemental information and attachments may result in a Provider being deemed-non-responsive.*

- W-9
- Non-Collusion Affidavit
- Affidavit of Compliance (E-Verify)
- Product Specifications / Quote Form
- MWBE Affidavits

III. Bid Requirements for Electronic Events

1. All Bidders, who plan to submit a bid must register in the Guilford County's Vendor Self Service (VSS) System. Instructions to register as a Vendor, update registration and submit bids are available at:
<https://www.guilfordcountync.gov/our-county/purchasing/vendor-self-service-vss-program>.
2. Electronic responses should be made through Guilford County's Vendor Self Service automated bidding system at: <https://guilfordcountync.munisselfservice.com> . Click on Vendor Self Service and use the arrow button in the top righthand corner to Login and submit your bid response. Click on the Bid Number to open it, then Click on Create Bid and follow the instructions for each tab. All responses must be submitted electronically by the event date and close time. There will be **NO EXCEPTIONS**. The system cannot accept late submittals.
3. All questions pertaining to this Event must emailed to the Guilford County Purchasing Department at DG_Purchasing@guilfordcountync.gov in accordance with this event schedule. The bid number and title of the project must be referenced in the email. Each question asked will be answered for all Respondents to view by way of an Addendum and posted in the automated bidding system. No question will be considered after the Q&A close date and time. **NO EXCEPTIONS**. Please note it is the Respondent's responsibility to review all questions, answers and attachments prior to submitting their response.
4. Bidders are strongly encouraged to submit their proposal with all required documentation at least twenty-four (24) hours in advance. The County will not be responsible for any technical difficulties that may occur and result in the inability to submit.
5. Bidders are responsible for checking the event for any addendums prior to completion and submission of their response. To complete the items portion of a submittal in Vendor Self Service, open the items tab to enter pricing for each line. Use the provided line description, unit of measure and quantity to complete the entries for each line. Upload all additional documentation required in the IFQ document as an attachment(s) to your response as referenced in Section II, No. 9 – Attachments.
6. To complete an electronic submittal, be **sure to click the "Submit Bid" button**. Your response will not be part of the submitted responses until submitted via the "Submit Bid" button.
7. To receive future notification, you must be registered as a Vendor in the Guilford County's Vendor Self Service System under Commodity Code 95841, 99894. Please note, Vendors registered under the selected commodity code prior to the opening of this event will receive electronic notification(s) of the activity regarding changes made to the event; however, it is your responsibility to view the event for changes and updates.

[The remainder of this page has been intentionally left blank]



PRODUCT SPECIFICATIONS / QUOTE FORM

Include all requirements from the specifications in the net price. Any reference to a particular product or brand name is intended to be establish the quality level. Such language is not intended to restrict competition among bidders. However, for other options and alternates to be considered they are to be priced separately.

QTY	PRODUCT SPECIFICATIONS	UNIT PRICE	EXTENDED PRICE
6	Base Vehicle Price for 2023 white or grey Toyota Camry LE 4-door sedan (Guilford County will process all required documents for tile, tags, and pay road use tax directly to the NCDMC upon delivery)	25,000	150 000

Delivery:

What is the number of 2023 Toyota Camry Vehicles available within 60 days?
(Delivery Address: 1203 Maple Street, Greensboro, NC 27405)

6

What is Bidder's Guaranteed Delivery Date for vehicles?

7/28/2023

Warranty: What is the Bidder's warranty for the 2023 Toyota Camry LE sedan:

3 YEAR 36K mile
Bumper to bumper
Lifetime Powertrain

OPTIONS: Bidders may propose options or alternates. Describe any features or options the bidder would propose to enhance the safety or functionality of the basic item specified. Give the unit cost of each. The County may consider but is not obligated to purchase any options and or alternates.

Description	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

AUTHENTICATION:

The undersigned hereby declares that he/she has examined and understands the Terms and Conditions, Instructions to Bidders, and the Product Specifications, and further declares that he agrees to the terms and conditions set forth therein and offers to sell the item(s) identified above, deducts and exceptions as noted, for the price shown, by the guaranteed delivery date indicated.

BY (signed): [Signature] DATE: 6/12/2023
PRINTED NAME: Andy Slaughter TITLE: General Manager
COMPANY NAME: Togata of Greensboro
ADDRESS: 2630 Battleground Ave
Greensboro NC 27408
PHONE: 336 288 1190 FAX: _____
336 583 5846 (cell)

PROVIDER RESPONSE CHECKLIST

Failure to return all required supplemental information and attachments may result in a Provider being deemed-non-responsive.

<u>✓</u>	W-9
<u>✓</u>	Non-Collusion Affidavit
<u>✓</u>	Affidavit of Compliance (E-Verify)
<u>✓</u>	Product Specifications / Quote Form
<u>✓</u>	MWBE Affidavits

NON-COLLUSION AFFIDAVIT

STATE OF (North Carolina)

() SS.
COUNTY OF ()

I, _____, of the Municipality of _____, In the County of _____ and the State of _____, of full age, being duly sworn according to law on my oath depose and say that:

I am _____, of the firm of _____, making the Proposal for the above- named authority.

My submission of a response to this event certifies that I agree to the non-collusion agreement contained below:

1. The submitter of this document is acting as an agent for their company who is the respondent that has submitted the attached bid response.
2. The undersigned person is fully informed concerning the preparation and contents of the attached response and of all pertinent circumstances related to it, and is authorized to sign this affidavit. This affidavit is given under penalty of perjury as provided by law.
3. Such bid response is genuine and is not collusive or sham in anyway whatsoever.
4. Neither the person responding nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including the signer of this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm or person to submit collusive or sham response in connection with the contract for which the attached response has been submitted or to refrain from responding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other responder, firm or person to fix the price, or cost to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the Board of County Commissioners, Guilford County or any person interested in the proposed contract.
5. The price or prices quoted in the attached response are fair and proper and are not derived by any collusion, conspiracy, connivance or lawful agreement and on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest.

RICE MOTOR COMPANY LLC
(Name of Contractor)

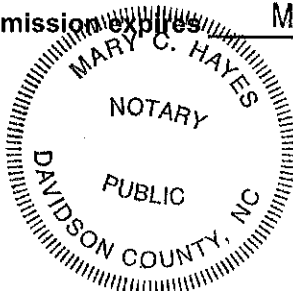
Signature [Signature] Audrey Slaughter GM 5-26-23
(Type or Print Name) Title Date

Subscribed and sworn to before me on this 26 day of May, 2023.

Signature [Signature] Mary C Slaughter
(Type or Print Name)

Notary Public of the State of NC My

Commission expires My Commission Expires August 19, 2024.



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Rice Motor Company LLC	
2 Business name/disregarded entity name, if different from above Toyota of Greensboro	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 2630 Battleground Ave	Requester's name and address (optional)
6 City, state, and ZIP code Greensboro, NC 27408	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

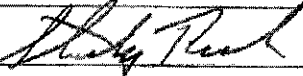
Social security number								
			-				-	
or								
Employer identification number								
5	6		-	2	0	3	4	0 5 6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 1-30-2023
-----------	--	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF GUILFORD

I, Amy Slaughter (the individual attesting below), being duly authorized by and on behalf of
Town of Greensboro (the responding entity hereinafter "Employer") after first being duly sworn hereby
swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. Mark "Yes" or "No":
 - a. YES ☒; or,
 - b. NO ☐
4. Employer's subcontractors comply with E-Verify, and if Employer is awarded a contract for this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

This 1st day of June, 20 23.

Signature of Affiant

Print or Type Name: Jennifer Erhardt State of

North Carolina County of Guilford

Signed and sworn to (or affirmed) before me, this the 1st

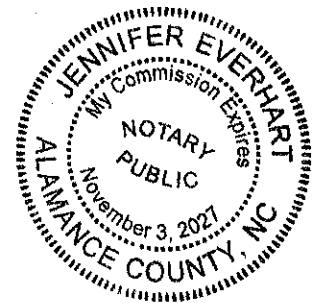
day of June, 20 23.

My Commission Expires:

11-3-27

JH
Notary Public

(Affix Official/Notarial Seal)



REQUIREMENTS PERTAINING TO THE PARTICIPATION OF MINORITY BUSINESSES IN GUILFORD COUNTY CONTRACTING

The Guilford County Board of Commissioners established its verifiable minority participation goal of ten (10) percent, on March 5, 1990, as recorded in the approved meeting minutes. Respondents must make good faith efforts to contact minority businesses to allow each an equal opportunity to quote on the work involved. In determining whether a contractor has made Good Faith Efforts, the County will evaluate all efforts made by the Contractor and will determine compliance regarding quantity, intensity, and results of these efforts, in accordance with the ten percent (10%) state goal for Good Faith Efforts compliance laws and guidelines.

Guilford County will help any contractor in this effort. If anyone has questions concerning GC's approach to the minority participation percentage goal, what is covered here, what is covered by the GC resolution, or the NC laws, they should contact the Guilford County MWBE office at 336-641-4565.

A goal waiver has been granted by the MWBE Office for this Bid per Section C 1.3 of the MWBE Administrative Manual, "Exclusion for lack of Subcontracting Opportunities". If subcontracting opportunities are identified submit Forms 1 and 2 with the Bid with the appropriate information. If no subcontracting opportunities are identified, submit Forms 1 and 2 with N/A.

FORM #1 MINORITY BUSINESS PARTICIPATION

All bidders/proposers shall make the minority participation disclosures required by G.S. 143-128.2(c) and comply with the other requirements of G.S. 143-128.2. Under GS 143-128.2(c) the undersigned bidder/proposer shall identify **on its bid/proposal** the minority businesses that it will use on the project with the total dollar value of the work that will be performed by the minority businesses.

FORM #2 MINORITY OUTREACH CALL LOG

All bidders/proposers shall submit **on its bid/proposal** documentation of all contacts made to recruit minority businesses to participate on the current project.

AFTER BID OPENING

After the bid/proposal opening Guilford County will consider all proposals/bids and alternates and determine the lowest responsible, responsive bidder/proposed awardee. Upon notification of being the apparent low bidder/proposed awardee, the bidder/proposer shall within 72 hours of the notification of being the awardee, then file the following:

FORM #5 WORK TO BE PERFORMED BY MINORITY BUSINESSES – AFFIDAVIT C

An Affidavit (C) that includes a description of the portion of work to be executed by minority businesses, expressed as a percentage of the total contract price. **This shall only be submitted if subcontracting opportunities are identified and submitted with the Bid.**

FORM #6 DOCUMENTATION FOR CONTRACT PAYMENTS

The apparent lowest responsive, responsible bidder/proposed awardee selected shall provide Guilford County proof of payment to all subcontractors/suppliers including MWBE firms listed on **Form #5 Work To Be Performed By Minority Business** on a monthly basis.

FORM #5
WORK TO BE PERFORMED BY MINORITY BUSINESSES
AFFIDAVIT C

This affidavit shall be provided by the apparent lowest responsible, responsive bidder/proposed awardee within **72 hours** after notification of being low bidder.

(Do not submit this form with the bid/proposal. This form shall be submitted only by the apparent lowest responsible, responsive bidder/proposed awardee.)

Affidavit of Andy Slaughter / Toyota of Greensboro
(Name of Bidder/Proposer)

I do hereby certify that on the Six Toyota Camry LE Sedans
(Project Name)

Project ID# _____ Amount of Bid/Proposal \$ _____

I will expend a minimum of _____ % of the total dollar amount of the contract with minority business enterprises. Minority businesses will be employed as construction subcontractors, vendors, suppliers, or providers of professional services. Such work will be subcontracted to the following firms listed below.

(Attach additional sheets if required)

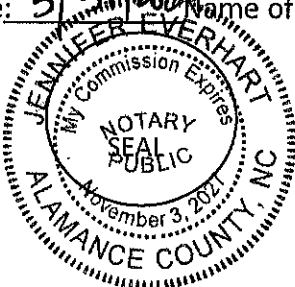
Name and Phone Number	*Minority Certification	Ethnicity	Work Description	Percent	Dollar Value
Total					

* HUB Certification with the state HUB Office required to be counted toward state participation goals.

Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder/proposer to the commitment herein set forth.

Date: 5/31/2023 Name of Authorized Officer: Andy Slaughter
Signature: _____
Title: General Manager
State of NC, County of Guilford
Subscribed and sworn to before me this 12th day of June 20 23
Notary Public [Signature]
My commission expires 11-3-27



FORM #1
Minority Business Participation
Attach To Bid/Proposal

I, Andy Slaughter / Toyota of Greensboro
 (Name of bidder/proposer)

do hereby certify that on this project, we will use the following HUB certified minority business enterprises as construction subcontractor, vendors, suppliers, or providers of professional services.

Firm Name, Address and Phone#	Work Type	*Minority Certification	Ethnicity	Amount	Percent
TOTAL					

* HUB Certification with the NC State HUB Office required to be counted toward state participation goals.

The total dollars on which minority business participation is calculated (\$) _____

The total value of minority business contracting will be (\$) _____

The total percentage of minority participations is (%) _____

FORM #2

Minority Outreach Call Log

Attach To Bid/Proposal

Project

20156
Bid # 20148

Prime Contractor: _____

Use additional sheets as are necessary

Company Name Address & Phone		Date	Time	Diversity Category	Trade	Comment	Follow Up
Name:							
Phone #:							
Address:							
State/Zip							
Name:							
Phone #:							
Address:							
State/Zip							
Name:							
Phone #:							
Address:							
State/Zip							
Name:							
Phone #:							
Address:							
State/Zip							
Name:							
Phone #:							
Address:							
State/Zip							
Name:							
Phone #:							
Address:							
State/Zip							

FORM #6
DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/ Engineer: _____

Address & Phone: _____

Project Name: _____

SCO Project ID: _____

Pay Application #: _____

Period: _____

The following is a list of payments made to all subcontractors/suppliers, including MWBEs on this project for the above-mentioned period.

FIRM NAME	*TYPE OF MWBE	AMOUNT PAID THIS MONTH	TOTAL PAYMENTS TO DATE	TOTAL AMOUNT COMMITTED

*** HUB Certification with the NC HUB Office required to be counted toward state participation goals.**

Approved/Certified by:

(Name)

(Title)

(Date)

(Signature)

SUBMIT WITH EACH PAY REQUEST, FINAL PAYMENT, and FINAL REPORT