PART 4 **FORM OF QUOTATION**

Full Legal Name:	
Address:	
GST Registration No.:	PST Registration No.:
Business License No.:	Jurisdiction:
, , ,	ng performed in the City of Surrey, the terms of the City's Business License By-law de proof of compliance prior to the contract start date).
AUTHORIZED REPRESENTATIVE DET	TAILS:
Phone:	Email:
the RFQ documents and hereby subn	behalf of SPS, we hereby certify we have read and fully understand nit our offer for the supply of Goods. Iler, distributor and/or supplier of the Goods and will provide proof
upon request.	ner, distributor and/or supplier of the doods and will provide proof
SPS may, at its option, accept our que	otation for the supply of all or any portion of the Goods.
Signed on(date)	on behalf of the Contractor by its authorized signatory(ies):
Signature Name (please print):	Signature Name (please print):
Title (please print):	Title (please print):
Attachments:	

- Attachment 1 Contractor Questionnaire
- Attachment 2 Quotation Details

Attachment 1 – CONTRACTOR QUESTIONNAIRE

Note: Other than entering data in the spaces provided, or including attachments as necessary, making changes to this form or submitting an alternate format is discouraged. If space is insufficient, additional lines or pages may be added as necessary.

A.	Form of Business Organization: Sole Proprietorship Partnership – jurisdiction and da Corporation – jurisdiction, date of incorporation number: Joint Venture – identify all joint primary responsibility for this RFQ ¹	of incorporation and	
3.	Establishment: Year Established _		
C.	Contractor Summary: (Note: Provide Comments:	background information (brief history, size,	services offered, etc.)).
	Experience and Qualifications- (Note: Describe your capacity to Comments:		pectations of SPS).
	Authority- (Note: Demonstrate your abili similar document)). Comments:	ity and legal authorizations to supply the Go	pods. Provide proof (ie. manufacturer's letter or
Ē.	Financial References: (Note: Attach financial References) We hereby consent to SPS contact	-	•
	Name and Address	Contact Name and Title	Contact Telephone Number

 $^{^{1}}$ If the Contractor is a joint-venture or limited partnership, all information requested in sections A – C of this Attachment shall be submitted for each participant in the joint-venture or limited partnership. A separate page may be attached for this purpose. The primary representative who shall assume all responsibilities for the Work, if successful, shall be identified.

Company and Contact	: Name Ph	one / Email	Work Descrip	otion
, ,		•		
	l			
Key Personnel: (Note: Li	st key personnel who	would be the prim	ary SPS contact(s), in	ncluding key account executiv
		•		ledge of the subject matter and
vith law enforcement agenci disclosure of their personal in	, ,		•	ent you have each individual's
	Email & Pho	ne		
Name and Title	Number	Area of Re	esponsibility	Experience
vill undertake. Where final so be made. If none, indicate "I	election has not been Not Applicable". If an t to disclosure of their	made, identify the p ny are individuals, by personal information	otential subcontract completing this inf	arts of Goods they will supply of ors/suppliers from which the sormation, you warrant and reace with privacy laws).
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² "Associate" means (a) a spouse, (b) a parent, sibling, son or daughter, or the spouse of any one of them, (c) a relative who lives in the person's home, (d) a company in which a person owns shares carrying more than 10% of the voting rights attached to all shares of the corporation, (e) a person's business partner, or (f) a trust or estate of which a person is one of the main beneficiaries or for which the person serves as a trustee.

Attachment 2 – QUOTATION DETAILS

(Note: This Attachment, subject to negotiations between SPS and the successful Contractor(s), will be incorporated into the Contract)

Note: Other than entering data in the spaces provided, or including attachments as necessary, making changes to this form or submitting an alternate format is discouraged. If space is insufficient, additional pages may be added as necessary.

A. PRICING AND PAYMENT TERMS:

- 1. <u>Currency</u>. All prices are expressed in Canadian dollars.
- 2. <u>Pricing.</u> Prices are FOB Destination, all-inclusive (including packing, delivery, duty, brokerage, tariffs, environmental fees (if applicable) and fixed and firm. Federal goods and services tax ("GST") and Province of British Columbia provincial sales tax ("PST") is not included in pricing. SPS may increase or decrease quantities without affecting the unit prices shown.
- Effect of Changes to Laws. Changes after the Effective Date to customs duties or value added taxes will result in a corresponding price adjustment.
- 4. <u>Rebates and Discounts.</u> SPS shall be entitled to the benefit of any rebates or discounts offered by the Contractor, manufacturers, suppliers and others with respect to the Goods. The Contractor will apply any rebates or discounts as a credit on the applicable invoice; provided that if there are procedures for claiming rebates or discounts, the Contractor will co-operate with, and support SPS, in submitting the claims.
- 5. Holdbacks
 - (a) SPS may hold back up to 150% of the price of any Good, without interest, on account of any non-conforming Good until replaced or remedied.
 - (b) Pursuant to the *Income Tax Act* (Canada), if the Contractor is a non-resident of Canada, SPS will withhold the prescribed amount of tax from each payment and remit it to Canada Revenue Agency.
- 6. <u>Payment Terms.</u> 30 days following receipt of the Goods to which the payment relates, or receipt of an invoice by Accounts Payable, whichever is later.
- 7. <u>Early Payment Discount.</u> A cash discount of ______% will be allowed if invoices are paid within _____ days.
- **B. PRICING:** (Note: if insufficient space, add additional lines, tables or pages as required)

TABLE 1 - CORE GOODS

Notes: If make/model not specified, indicate recommended make/model (maximum of 2 recommendations per item preferred)

Description	Make/Model	Catalogue Number	Quantity (estimated)	Unit Price
Panasonic Toughbook Intel Core Ultra 5vPro processor 135H 14" FHD 1200 nit multi touch display 16GB 5G model EM9190 512GB SSD OPAL Dedicated GPS Quad Pass Through SBATT Windows 11 Pro MUI	FZ-40 MKII	FZ-40EZ00MBM	150	\$
Barcode Reader	2D BCR xPAK for FZ-40	FZVBR401M	150	\$
Autopilot Capable	Microsoft		150	\$

TABLE 2 – ADDITIONAL GOODS OR ACCESSORIES (optional)

(Note: Identity any other recommended goods or accessories)

Description	Make/Model	Catalogue Number	Quantity (estimated)	Unit Price
				\$
				\$

DISCO	DUNT(S):							
	Discounts- (Note: I				ntified in <u>Secti</u>	on A, secti	<u>ion 7</u> , identity an	y currently avo
·	nts, including for bulk p nments:	urchases, manuf	acturer discounts, et	tc.).				
COIII	iments.							
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	TITUTIONS: (Note: sidered – provide reaso	•						-
	ernative, evidence subs			_	_	-		-
·	o impact). SPS will dete	ermine, in its sole	discretion, whether	r the alt	ernatives are	acceptabl	e).	
Com	iments:							
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	ILED SPECIFICATIOn ories, and any substitut	•				-	ons, etc. for the	Goods, any op
accesso	ories, and any substitut	ions for the Good				-	ons, etc. for the	Goods, any op
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۲	QUALITY ASSURANCE: (Note: Describe your quality assurance program).
	<u>Comments:</u>
L	
_	CUSTOMER SERVICE:
	Customer Service Approach- (Note: Describe your customer service approach, including issues management, reporting, etc.).
	<u>Comments:</u>
	Response and Performance- (Note: Describe your ability to repair/replace defective Goods so there is always a 100% level of ervice or zero downtime for warranty/service work. If not applicable, insert "N/A").
	<u>Comments:</u>
1	AFTER PURCHASE SUPPORT: (Note: Describe after-purchase support, including location of these services, service desk phone umber and hours of operation, and how SPS's needs will be addressed in critical times. Include depth and breadth of support. If not
	pplicable, insert "N/A"). By Contractor-
	Comments:
 E	y Manufacturer-
	<u>Comments:</u>
	PREVENTATIVE MAINTENANCE SUPPORT: (If not applicable, insert "N/A"). Maintenance Provider Details- (Note: Identify location and hours of operation of authorized service centre).
	<u>Comments:</u>
f	Access to Manuals- (Note: Identify how you will provide electronic access to user/service manuals, and updates, for the Goods).
-	Comments:
	Preventative Maintenance- (Note: Provide preventative maintenance information and scheduling (mandatory and ecommended) for the Goods and components).
•••	Comments:

Section	Change Proposed	Reason for Change
agencies with simil		your willingness to extend your offer under this RFQ to othnse will not affect the evaluation of your Quotation).
_	xtend its offer under this RFQ to othe be negotiated with such agency.	er public agencies within BC under separate
agreement to	be negotiated with such agency.	