	TABULATION SHEET Page 1	VENDOR #1		
	TABULATION SHEET Page 1	VENDOR #1		
	BID NO. 2016-036-6573	Southern Folger Detention Equipment Company LLC		
	Removal, Retro-Fit and Installation of New Mortise Lock Replacements at the Henry	4624 S. Dura		
	Wade Juvenile Justice Center	4634 S. Presa San Antonio, Texas 78223		
	Buyer: James Gay (214) 653-7434	(210) 531-2719		
	2/8/2016	(210) 533-2211 fax		
		James W. Harris		
		jharris@southernfolger.com		
	NCTRCA Certified Vendor	No		
	Certified By Other Agency	No		
	EE01 Submitted	Yes		
	Other County Taxpayer	×		
	Dallas County Taxpayer?			
ITEM	DESCRIPTION:	QUANTITY	UNIT COST	EXTENSION
NO.			0.001	2
		AWARD Sole Respondent		
1				
	Southern Folger KR-D9378 Deadbolt Mortise Knob Locks	60	\$1,839.43	\$110.265 (
	Install KR-D9378 Southern Folger Lock assemblies to replace 10128LK assemblies (No Substitutes)	60	<u>\$1,839.43</u>	<u>\$110,365.8</u>
	Substrates			
A	Retrofit and install finish plates to cover install area and any necessary touch-up paint to affected		\$ Part of work	<u>\$</u>
	area (Must match existing paint)- Install New strikes to fit existing jambs & reinstall existing		w/above	
	cylinders with new cams. Test and adjust existing locks for proper functioning. Final clean-up			
	of work area and removal of all trash. The contractor shall be compliant wiht all local, State and			
	Federal laws and regulations including required permitting and notifications.			
	The Contractor, at its own expenses shall purchase and maintain the herein stipulated minimum			
	insurance with companies duly licensed to do business in the State of Texas, possessing a			
	current A.M. Best, Inc Rating of "A" or better			
	Grand Total		\$ 1,839.43	\$ 110,365.8
	Please answer the questions listed below			
	Trease answer the questions instea below			
	Did your company check Dallas County			
	website(http://www.dallascounty.org/department/purchasing/currentbids.html) for any			
	addendums, updates, and/or changes to the Solicitation?			
	Should your firm be awarded this contract, describe what (if any) portion of the hid requirements	None		
	Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out.	None		
	Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out.	None		
		None		
	will be subcontracted out.	None		
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award.	None		
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box:	None		
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock			
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box:	None		
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid.	1		
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock			
	will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid.	√ We have the components in stock but will need to manufacture		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Government Entity. Dallas County 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Government Entity. Dallas County 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Government Entity. Dallas County 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Government Entity. Dallas County will not be responsible for other Governmental Entity's debt 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements Yes		
	 will be subcontracted out. Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtrain such upon award. Please indicate by checking the appropriate box: I/We do have the products in stock I/We will be required to obtain the products upon award of bid. Specify any additional comments/cost/etc. included with your bid proposal, if applicable: *Any deviations to the Dallas County bid specifications may result in rejection of the Bidders Proposal if found unacceptable by Dallas County. Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity? Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Government Entity. Dallas County will not be responsible for other Governmental Entity's debt 	√ We have the components in stock but will need to manufacture and assemble, not a stock item on shelf due to specific lock requiirements Yes		

BD No. 70140404737 Schere Figer Detroits Legement Compary LLC Schere Figer Detroits LLC Schere Figer Detroits LLC Schere Figer Detroits LLC Sc		TABULATION SHEET Page 2	VENDOR #1		
Image: Name of the constraint of New Mories Lock Reglements in the Unry Work Journal Mote Constraints Constraints State Sciences					
Wake Journalise Justice Conter 661 S. Prome 500 Additional Trans 2023 (2005) 52179 500 Additional Trans 2023 (2005) 52179 500 Additional Trans 2023 (2005) 522176 500 Additional Trans 2000 (2005) 522176 500 Additional Trans 2023 (2006) 500 Additional Trans 2006) 500 Additional Trans 2023 (2006) 500 Additional Trans 200		BID NO. 2016-036-6573	Southern Folger Detention Equipment Company LLC		
Byser: Imme Gig 1216 033-0341 Science Strate Control Con					
Image: Anne Goy Clife 53:754 C00 53:7219		Wade Juvenile Justice Center			
1 2x2006		Puware James Cov. (214) 652 7424			
Larss W. Horis Larss W. Hori					
Image: set of the set		2/8/2016			
Instrument Instrument Instrument Instrument Instrument Conflict By Order Agency EBB Submitted Order Comp. Tangayer Yes No Yes Instrument					
Image: Conflict By Other Agazy: Production: Strangey: Product Construction: Strangey: Product			jharris@southernfolger.com		
End Solutional Other County Tapagyer Dials County any condition OF HEALTH INSURANCE COVERAGE FOR Dials County any condition the ball insurance coverage for coupleyes in the bit of calutation processive angle Synarguph 5). Phase complete the information before to samilland the calutable. NAMAD Sole Respondent EXTENSION TEXM Dials County any condition the provision of bealth insurance coverage for coupleyees in the bit of calutability coverage of % for malayse and the second provision of bealth insurance coverage to its employees. Yes Yes Image: County any condition the ball insurance coverage to its employees. Yes Yes Image: County any condition the ball insurance coverage to its employees. Yes Yes Image: County any condition the ball insurance coverage to its employees. Yes Yes Image: County any condition the ball insurance coverage to its employees. Yes Yes Image: County any condition the ball insurance coverage to its employees. Yes Yes Image: County and the count and the counting of the formation of the ball insurance coverage to its employees. Yes Yes Image: County and the count and the count and the second provide ball insurance coverage to its environment of the account provide ball insurance coverage to its environment of the account provide ball insurance coverage to its environment ball in the anched surance of the account provide ball insurance coverage to its the account provide ball insurance coverage to its environment ball in the anched surance of the account provide ball insurance coverage to its environment ball in the anched su		NCTRCA Certified Vendor			
Other Course Trapsyort * TEXM Description: Course Trapsyort Course Trapsyort TEXM DESCRIPTION: COURSECRIPTION: COURSECRIPTION: Description: Course Trapsyort Course Trapsyort Course Trapsyort The Information Developed and the addition processore page 5 paragraph 5. Prease complete the idormation before to addit the evaluation processore page 5 paragraph 5. Prease complete the idormation before to addit the evaluation processore page 5 paragraph 5. Prease complete the idormation processore page 5 paragraph 5. Prease complete the idormation before to addit the evaluation processore page 5 paragraph 5. Prease complete the idormation before to addit the evaluation processore page 5 paragraph 5. Prease complete the idormation before to addit the evaluation processore page 5 paragraph 5. Prease complete the idormation processore page 5 paragraph 5. Prease complete the idormation processore page 5 paragraph 5. Prease complete the idormation processore page 5 paragraph 5. Prease complete the idormation processore page 5 paragraph 5. Prease compare to compare processore page 5 paragraph 5. Prease compare the processore page 5 paragraph					
Doils County Tappaye? Instrume Instrum Instrume Instrume<					
No. Interview Interview Interview Interview Interview NO.00MATION ON PROVISION OF HEALTH INSURANCE COVERAGE FOR ENLICTORY PROVISION OF HEALTH INSURANCE COVERAGE FOR ENLICTORY Note of the provision of health insurance coverage for employees in hear to need in the enhance on the enhance on the enhance on the health insurance coverage to its employees of the halt evaluation proceeding to get provide health insurance coverage to its employees, does the company that in the cost a minimum of 55% for employee only coverage (5% for employee noise) coverage to its employees, does the company that in the cost a minimum of 55% for employee only coverage to its employees, does the company that in the cost a minimum of 75% for employees only coverage on the service provide health insurance coverage to its employees, does the company that in the cost a minimum of 75% for employee only coverage on the service provide health insurance coverage to its employees, does the company plan description (Nee Attachment A) Yes If your company provide health insurance coverage to its employees, does the company plan description (Nee Attachment A) Yes Yes If your company provide health insurance coverage to its employees, does the coverage company bit of the service provide boalth provide on the attached summary plan description (Nee Attachment A) Yes If your company provide health insurance coverage to the account representative who while handling and manufing thit account: None. It is the responsibility of the asorted hilder to notify fhealth neurone: norted to the interprove charges. N/A Verail NORTHEED OF THIS SOLECETATE THE MANNER IN WHICH YOU WEARING					
No. Interview Interview Interview Interview Interview NO.00MATION ON PROVISION OF HEALTH INSURANCE COVERAGE FOR ENLICTORY PROVISION OF HEALTH INSURANCE COVERAGE FOR ENLICTORY Note of the provision of health insurance coverage for employees in hear to need in the enhance on the enhance on the enhance on the health insurance coverage to its employees of the halt evaluation proceeding to get provide health insurance coverage to its employees, does the company that in the cost a minimum of 55% for employee only coverage (5% for employee noise) coverage to its employees, does the company that in the cost a minimum of 55% for employee only coverage to its employees, does the company that in the cost a minimum of 75% for employees only coverage on the service provide health insurance coverage to its employees, does the company that in the cost a minimum of 75% for employee only coverage on the service provide health insurance coverage to its employees, does the company plan description (Nee Attachment A) Yes If your company provide health insurance coverage to its employees, does the company plan description (Nee Attachment A) Yes Yes If your company provide health insurance coverage to its employees, does the coverage company bit of the service provide boalth provide on the attached summary plan description (Nee Attachment A) Yes If your company provide health insurance coverage to the account representative who while handling and manufing thit account: None. It is the responsibility of the asorted hilder to notify fhealth neurone: norted to the interprove charges. N/A Verail NORTHEED OF THIS SOLECETATE THE MANNER IN WHICH YOU WEARING					
Intervention AWARD Sole Requester INCOMMATION ON PROVISION OF IEALITI INSURANCE COPERAGE FOR EMPLOYEES Dallas County may consider the provision of health insurance coverage for employees in the bid et availation processing enge 5 paragraph 5. Please complete the information heave in the columnian. Yes Does your company does provide health insurance coverage to its employees, does the company date in the columnian of. Yes My our company does provide health insurance coverage to its employees, does the company date in the columnian of. Yes My our company does provide health insurance coverage to its employees, does the company date in the columnian of. Yes My our company does provide health insurance coverage to its employees, does the company date in the columnian of. Yes My our company does provide health insurance coverage to its employees, does the company date in the columniant of the full insurance coverage to its employees, its for any so described in the attached summary plan description?(See Attachment A) Yes My our company plans to nullive subcontractors in the fulfiliment of this bid, des each of the subcontracte coverage and share in the con?? Yes My ORD NORMATION PURPOSES PLEASE INDECATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLUCITATION: Yes Duily Commensial Record Duils County of any account representative and or counts person changes. Yes Duily Commensial Record Duily Counterestore provide health Fileg Number, Juriediction and Por	ITEM	DESCRIPTION:	QUANTITY	UNIT COST	EXTENSION
INFORMATION ON PROVISION OF HEALTH INSURANCE COVERAGE FOR ENPLOYEES Image: Control of the provision of health insurance coverage for employees in helve to assist in this evaluation. Dess your company neovide health insurance coverage to its employees, does the company there is those a maintenant of 75% for employee only coverage to its employees, does the company there is those a maintenant of 75% for employee only coverage to its employees, does the company share is the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company does provide health insurance coverage to its employees, does the company share is the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provide health insurance coverage to its employees, does the company share is the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provide health insurance coverage to its employees, that compares to Dalias Comparable to the structure A) Yes If your company plans to utilize addomentators in the fulfillment of this bid, does each of the abading and managing this account. Note: In the responsibility of the availed biddar to notify Dalias County or a account representative and/or contexperson changes. N/A Specify the name, techphone number and enali addees of the account representative with will be handing and managing this account. Note: In the responsibility of the availed biddar to notify Dalias County of white A contexperson doing business with local government Oder: regify Specify your firm's Texas Screctary of State Filing Number, Juriediction and Formation Dalis.	NO.		AWARD Sole Respondent		
FMPLOTERS Image: Construction growshift the provision of historance coverage for employees in the bid evaluation precession guess 5, paragraph 5. Please complete the information below to assist in the evaluation. Yes Does your company provide health insurance coverage to its employees, does the company date in the cost a minimum of 5% for penagive only vorvage 6% for Family coverage 7% for for family coverage 7% for family coverage 1% for employees of the surphyses, does the company date in the cost a minimum of 5% for family coverage 1% for employees of the surphyses, does the company date in the cost a minimum of 5% for family coverage 1% for employees of the minip coverage 1% for the previous bealth insurance coverage to its employees, does the company date in the cost a minimum of 5% for for employee on yoursenge and 5% for family coverage 1% for employees of the minip coverage 1% for the previous bealth insurance coverage to its employees, does the company date in the cost a minimum of 5% for employee on yoursenge 10% for family coverage 1% for employees of the minip coverage 1% for employees of the employees that company date in the cost 3 minimum of 5% for employees of the employees that company date in the cost 3? Yes If your company provide health insurance coverage in the employees, does the company date in the cost 3? Yes If your company provide health insurance coverage in the employees, does the company date in the cost 3? Yes If your company plans to uilize subcontractors in the fulfillment of this bid, does each of the score 1% for employee and the escore 1% for employee and the escore 1% for employees and		INFORMATION ON PROVISION OF HEALTH INSURANCE COVERAGE FOR	A A A A B SOL Respondent		
In build explanation proceeds in pipe 5, princip on pipe 5, prease complete the information Yes Does your company provide health insurance coverage to its employees, does the company share in the cost at minimum of 15, bit coverage 6356, for Finally coverage 6356, for enployee, for final cov					
In build explanation proceeds in pipe 5, princip on pipe 5, prease complete the information Yes Does your company provide health insurance coverage to its employees, does the company share in the cost at minimum of 15, bit coverage 6356, for Finally coverage 6356, for enployee, for final cov		Dollas County may consider the provision of boolth incurance coverage for amplayees in			
Does your company provide health insurance coverage to its employees. Yes If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 25% for family coverage Yes 19 your company provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes 19 your company provide health insurance coverage to its employees, is the coverage company does provide health insurance coverage to its employees, is the coverage companies to the service provide by for family coverage? Yes 11 your company provide health insurance coverage to its employees, is the coverage companies to basic networked by for family coverage? Yes 11 your company provide health insurance coverage to the employees, is the coverage companies to basic antibution surance coverage to the employees in the faultiment of this bid, does each of the subcoatractore provide health insurance coverage and share in the coaf? N/A 11 fyour company plans to utilize subcoatractors in the faultiment of the avariable bid for an eacout representative who will be handle as in the coaf? N/A 11 specify the cause, belphone ander and enails address of the account representative who will be attracted bidar to material address of the avariable bidar to material subcoatractore provide plans and the subcoatracter person changes. N/A 10 plans County Strete Files Namber, Jurisdiction and Formation (County Strete) Press / Jurisdiction fore person doing basines with beal goveramental entity: <td></td> <td></td> <td></td> <td></td> <td></td>					
If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of: Yes 9% for employee only coverage Yes 6% for Family coverage Yes 11 your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes 11 your company provides health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes 11 your company provides health insurance coverage to its employees, is the coverage? Yes 11 your company provides health insurance coverage to its employees, is the coverage? Yes 11 your company provides health insurance coverage to their employees that compares to Dallas Courry See Attachment A. NA 12 specify the name, telephone number and email address of the account representative who will be handling and managing this account. Note: It is the responsibility of the awarded bidder to notify Dallas Courry of any account representative and/or contact person charges. James W. Hartis / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / Jaaris @southernfolger.com 12 Daily Commercial Record Dails Courry Purchasing Department Yes 12 Daily Commercial Record Dails Courty Purchasing Department Yes 12 Conflict of Interest Questionnatic: Yes Su0594055, Teaa		below to assist in this evaluation.			
If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of: Yes 9% for employee only coverage Yes 6% for Family coverage Yes 11 your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes 11 your company provides health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes 11 your company provides health insurance coverage to its employees, is the coverage? Yes 11 your company provides health insurance coverage to its employees, is the coverage? Yes 11 your company provides health insurance coverage to their employees that compares to Dallas Courry See Attachment A. NA 12 specify the name, telephone number and email address of the account representative who will be handling and managing this account. Note: It is the responsibility of the awarded bidder to notify Dallas Courry of any account representative and/or contact person charges. James W. Hartis / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / Jaaris @southernfolger.com 12 Daily Commercial Record Dails Courry Purchasing Department Yes 12 Daily Commercial Record Dails Courty Purchasing Department Yes 12 Conflict of Interest Questionnatic: Yes Su0594055, Teaa					
Share in the cost a minimum of: We have in the cost a minimum of: 95% for Family coverage Yes 65% for Family coverage Yes If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description/(See Antachment A) Yes If your company plans to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio. Tx 78223 / jharris@southernfolger.com Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Y Daily Commercial Record Dailas County Website Letter from Dallas County Parchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jarisdiction and Formation Date: Y Conflict of Interest Questionnaire: for vedor or other person doing business with local governmental entity: Y (1) Name of person doing business with local governmental entity: Y <td></td> <td>Does your company provide health insurance coverage to its employees</td> <td>Yes</td> <td></td> <td></td>		Does your company provide health insurance coverage to its employees	Yes		
Share in the cost a minimum of: We have in the cost a minimum of: 95% for Family coverage Yes 65% for Family coverage Yes If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description/(See Antachment A) Yes If your company plans to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio. Tx 78223 / jharris@southernfolger.com Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Y Daily Commercial Record Dailas County Website Letter from Dallas County Parchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jarisdiction and Formation Date: Y Conflict of Interest Questionnaire: for vedor or other person doing business with local governmental entity: Y (1) Name of person doing business with local governmental entity: Y <td></td> <td></td> <td></td> <td></td> <td></td>					
Share in the cost a minimum of: We have in the cost a minimum of: 95% for Family coverage Yes 65% for Family coverage Yes If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description/(See Antachment A) Yes If your company plans to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio. Tx 78223 / jharris@southernfolger.com Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Y Daily Commercial Record Dailas County Website Letter from Dallas County Parchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jarisdiction and Formation Date: Y Conflict of Interest Questionnaire: for vedor or other person doing business with local governmental entity: Y (1) Name of person doing business with local governmental entity: Y <td></td> <td>If you company does provide health insurance coverage to its employees, does the company</td> <td></td> <td></td> <td></td>		If you company does provide health insurance coverage to its employees, does the company			
of%s for Family coverage Yes If your company does provide bails insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides bealth insurance coverage to its employees, is the coverage comparable to the services provided by Dalla. County as described in the attached summary plan description/JSee Attachment A) Yes If your company provides bealth insurance coverage to this employees, is the coverage comparable to the services provided by Dalla. County as described in the attached summary plan description/JSee Attachment A) N/A Specify the name, telephone number and email address of the account representative who will be bandling and manage fitts insurance coverage to the count representative who will be county of any account representative and/or contact person changes. N/A POR INFORMATION PURFOSES PLEASE INDICATE THE MANNER IN WHICH YOU WEER NOTHERD OF THIS SOLICITATION: For NIFIED OF THIS SOLICITATION: Daily Commercial Record Dails: County Versies Letter from Dallas County Purchasing Department Other: specify Duils: County Wester Letter from Dallas County Purchasing Department Other: specify (J) Name of person doing business with local governmental entity: S00594055, Texas, 1.02/2006 Conflict of Interest Questionnaire: (J) Name of person doing business with local governmental entity: S00594055, Texas, 1.02/2006					
If your company does provide bealth insurance coverage to its employees, is the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides bealth insurance coverage to its employees, is the coverage comparable to the services provide by Dallas County as described in the attached summary plan description?/See Attachment A) Yes If your company puts to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County of any account representative and or contact person changes. N/A If your company plants is account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and or contact person changes. N/A If polic Commercial Record Dallas County Purchasing Department Other: specify from Dallas County Purchasing Department Other: specify State Filing Number, Jurisdiction and Formation Date: State Filing Number, Jurisdiction and Formation Date: Conflict of Interest Questionnaire: Guillot of Interest Questionnaire: State Filing Number, Jurisdiction and Formation Date: (1) Name of person doing business with local governmental entity: (1) Name of person doing business		95% for employee only coverage			
share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description (See Attachment A) Yes If your company plans to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the avarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@ southernfolger.com DRIN COMMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Yes Dails County Website Yes Letter from Dallas County Purchasing Department Yes Other: specify Specify our firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Specify our firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Stot55, Texas, 1/02/2006 Guilet of Interest Questionnaire: (1) Name of person doing business with local governmental entity:		65% for Family coverage	Yes		
share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description (See Attachment A) Yes If your company plans to utilize subcontractors in the fulfilment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the avarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@ southernfolger.com DRIN COMMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Yes Dails County Website Yes Letter from Dallas County Purchasing Department Yes Other: specify Specify our firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Specify our firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Stot55, Texas, 1/02/2006 Guilet of Interest Questionnaire: (1) Name of person doing business with local governmental entity:		If your company does provide health insurance coverage to its employees, does the company			
comparable to the services provided by Dallas County as described in the attached summary plan description?(See Attachment A) N/A If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Datas County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Boily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com					
comparable to the services provided by Dallas County as described in the attached summary plan description?(See Attachment A) N/A If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Datas County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Boily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com					
comparable to the services provided by Dallas County as described in the attached summary plan description?(See Attachment A) N/A If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com POR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Datas County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Boily Commercial Record Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Dails County Website Immes W, Harris / #210-531-2719/ 4634 S, Presa /San Antonio, Tx 78223 / jharris@southernfolger.com		If your company provides health insurance coverage to its employees, is the coverage	Yes		
If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's Health insurance coverage and share in the cost? N/A Specify the name, telephone number and email address of the account representative who will be handing and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Pathetic Southernfolger.com Daily Commercial Record Dallas County Website . . Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 (1) Name of person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: .		comparable to the services provided by Dallas County as described in the attached summary			
subcontractors provide health insurance coverage to their employees that compares to Dallas subcontractors provide health insurance coverage and share in the cost? Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Daily Commercial Record Dallas County Website James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Daily Commercial Record Dallas County Purchasing Department James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com (1) Name of person doing business with local governmental entity: Image: Marcine		plan description?(See Attachment A)			
subcontractors provide health insurance coverage to their employees that compares to Dallas subcontractors provide health insurance coverage and share in the cost? Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Daily Commercial Record Dallas County Website James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Daily Commercial Record Dallas County Purchasing Department James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, TX 78223 / jharris@southermfolger.com (1) Name of person doing business with local governmental entity: Image: Marcine					
County's Health insurance coverage and share in the cost? Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: (1) Name of person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:		If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the	N/A		
Specify the name, telephone number and email address of the account representative who will be handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:					
handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department Other: specify Image Science Scienc		County's Health insurance coverage and share in the cost?			
handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department Other: specify Image Science Scienc					
handling and managing this account: Note: It is the responsibility of the awarded bidder to notify Dallas County of any account representative and/or contact person changes. James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: James W. Harris / #210-531-2719/ 4634 S. Presa /San Antonio, Tx 78223 / jharris@southernfolger.com Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department Other: specify Image Science Scienc		Spacify the name talenhone number and small address of the account representative - t			
notify Dallas County of any account representative and/or contact person changes. Tx 78223 / jharris@southernfolger.com FOR INFORMATION PURPOSES PLEASE INDICATE THE MANNER IN WHICH YOU WERE NOTIFIED OF THIS SOLICITATION: Daily Commercial Record Dallas County Website Letter from Dallas County Purchasing Department ✓ Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:					
WERE NOTIFIED OF THIS SOLICITATION: Daily Commercial Record Dailas County Website Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:					
WERE NOTIFIED OF THIS SOLICITATION: Daily Commercial Record Dailas County Website Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:					
WERE NOTIFIED OF THIS SOLICITATION: Daily Commercial Record Dailas County Website Letter from Dallas County Purchasing Department Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:		FOR INFORMATION DURPOSES DI FASE INDICATE THE MANNED IN WHICH YOU			
Dallas County Website ✓ Letter from Dallas County Purchasing Department ✓ Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: For vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: ✓					
Dallas County Website ✓ Letter from Dallas County Purchasing Department ✓ Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: For vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: ✓					
Dallas County Website ✓ Letter from Dallas County Purchasing Department ✓ Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: For vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: ✓		Daily Commercial Record			
Other: specify Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: Image: Conflict of Interest Questionnaire:			\checkmark		
Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation Date: 800594055, Texas, 1/02/2006 Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: Image: Conflict of Interest Questionnaire:					
Date: Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:		Other: specify			
Conflict of Interest Questionnaire: for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity:		Specify your firm's Texas Secretary of State Filing Number, Jurisdiction and Formation	800594055, Texas, 1/02/2006		
for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: 		Date:			
for vendor or other person doing business with local governmental entity: (1) Name of person doing business with local governmental entity: 		Conflict of Interest Questionnaire:			
		(1) Name of person doing business with local governmental entity.			

	TABULATION SHEET Page 3	VENDOR #1		
	BID NO. 2016-036-6573 Removal, Retro-Fit and Installation of New Mortise Lock Replacements at the Henry Wade Juvenile Justice Center	Southern Folger Detention Equipment Company LLC 4634 S. Presa San Antonio, Texas 78223		
	Buyer: James Gay (214) 653-7434	(210) 531-2719		
	2/8/2016	(210) 533-2211 fax James W. Harris jharris@southernfolger.com		
	NCTRCA Certified Vendor Certified By Other Agency EE01 Submitted Other County Taxpayer Dallas County Taxpayer?	No No Yes ✓		
ITEM NO.	DESCRIPTION:	QUANTITY	UNIT COST	EXTENSION
	 (3) Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money (4) Describe each affiliation or business relationship with a person who is a local government officer of the local governmental entity that is the subject of this questionnaire. (5) Name of local government office with whom filer has affiliation or business relationship (6) Describe any other affiliation or business relationship that might cause a conflict of interest. 	AWARD Sole Respondent		