Notice of Amendment # 2
Request for Quote Formal
RFQF # 3140002440

REACH TRUCK FORKLIFTS AND STOCK PICKERS

Mississippi Department of Revenue
500 Clinton Center Drive
Clinton, MS 39056

Contact: Erica Greenwood, Contract Analyst, Sr. - erica.greenwood@dor.ms.gov

THIS IS AMENDMENT TWO (2) TO THE REQUEST FOR QUOTE FORMAL.

To obtain Reach Truck Forklifts and Stock Pickers rental rates for our Alcoholic Beverage Control Distribution Center (“Department” “State” or “ABC”) located at 1286 Gluckstadt Road, Madison County, Mississippi for use as needed during 2021 by using the Reverse Auction Process.
The following is a list of the of the revised sections of the RFQF. This document also contains Section V: Bid Package, which includes the amended Attachment A, B, D and F.

Please note: Each bidder shall complete Attachment J, Acknowledgement of Amendments, and include as part of their quote packet.

**Revised Sections of the RFQF:**

**Section 1.0 Purpose** has been revised as follows:

The Alcoholic Beverage Control Distribution Center of the Mississippi Department of Revenue (referred to as “ABC” or “Department” or “DOR”) is seeking to obtain monthly rates at which **Reach Truck Forklifts and Stock Pickers** may be rented by using the Reverse Auction Process. The ABC will utilize these rates when renting the minimum equipment needed to properly operate the ABC Warehouse, and add to this minimum equipment rental over the course of the year as needed. The Request for Quotes Formal (RFQF) is the first step in the Reverse Auction Process. The purpose of the RFQF is to solicit quotes from interested parties meeting bid requirements and specifications, in order to determine the qualified vendors, which will participate in the Live Reverse Auction.

It is the responsibility of the prospective bidder to review all information contained within this RFQF and accompanying attachments. Notifications must be sent to the Department of Revenue if a vendor believes the information contained in this RFQF is devised in such a manner that would restrict competition. The Administrative Services Division may be reached at telephone number (601) 923-7860 or facsimile number (601) 923-7658.

**Section 2.0 Scope of Service** has been revised as follows:

The specifications set forth herein as “Attachment A” and “Attachment B” represent the minimum requirements of DOR. The bidder may propose options above and beyond these specifications that best suit DOR’s interest as determined by the agency. The bidder agrees to begin delivery within 10 days of award. Failure to do so may result in cancellation of award. If cancellation of award occurs, a new award will be made to the next lowest bidder meeting required specifications. Please respond “Yes” or “No” to indicate compliance to the specifications for each listed criterion and add comments as needed.

**Section 3.0 General Term of Contract** has been revised as follows:

The contract resulting from this Reverse Auction shall be for the period of (24) months to begin January 1, 2021 through December 31, 2022.
**Section 4.0 Procurement Timeline**

It is our intent to follow the schedule below in the execution of this request for quote; however, DOR reserves the right to amend and/or change the below schedule of events, as it deems necessary.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Request for Quote Issue Date:</td>
<td>September 23, 2020; 9:30 a.m.</td>
</tr>
<tr>
<td>B. First Publication:</td>
<td>September 23, 2020</td>
</tr>
<tr>
<td>C. Second Publication:</td>
<td>September 30, 2020</td>
</tr>
<tr>
<td>D. Deadline for Submission of Questions:</td>
<td>October 7, 2020; 5:00 pm (CST)</td>
</tr>
<tr>
<td>E. Last Day Answers Posted to Website:</td>
<td>October 9, 2020; 5:00 pm (CST)</td>
</tr>
<tr>
<td>F. Bid Packet Submission Deadline:</td>
<td>November 4, 2020 12:00 noon (CST)</td>
</tr>
<tr>
<td>G. Evaluation:</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>H. Qualify Bids:</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>I. Email Qualified Bidders:</td>
<td>November 6, 2020</td>
</tr>
<tr>
<td>J. Protest Deadline:</td>
<td>November 13, 2020, 12:00 pm (CST)</td>
</tr>
<tr>
<td>K. Reverse Auction Start Date:</td>
<td>November 19, 2020, 2:00 pm (CST)</td>
</tr>
<tr>
<td>L. Bid Evaluations:</td>
<td>November 20, 2020</td>
</tr>
<tr>
<td>M. Projected Award:</td>
<td>December 2, 2020</td>
</tr>
</tbody>
</table>
Section V
Bid Package

Reach Truck Forklifts and Stock Pickers

*Be sure to answer and complete each question as requested. All responses must follow the instructions provided.*
### Reach Truck Forklifts

Please respond “Yes” or “No” to indicate compliance to the specifications for each listed criterion.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrow Aisle Reach Truck</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Truck Capacity: 3,500 pounds</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net capacity with side shifter at 270 inches: 2200 pounds (should meet or exceed)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Truck Elevated Height of 271”</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mast: Open View</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Collapse Height: 119”</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71” Free Lift</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tilt: 3 degrees forward, 4 degrees back</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voltage: 36 volts</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum aisle requirement: 9 feet (108 inches)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34” ID/45” OD Outriggers</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy access diagnostics</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-task controller</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power steering</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overhead guard</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48” load backrest</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42” forks</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battery compartment rollers</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side shifter w/hydraulics</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tilting fork carriage</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Keyed On/Off</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horn</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Power Disconnect</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>350 amp battery connector</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High speed lift cut out 12” from maximum lift (for safety)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guard Load Backrest: 48” Dockstance</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battery compartment size to accommodate a Model 18-125-15 battery</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battery Max Width (in): 16”</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Model 18-125-15 battery (1 for each Forklift)</strong></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Maintenance must be provided by the vendor during the agreement period. Such maintenance shall include, but not limited to, tires and wheels as well as all other services provided under industry standards.
Attachment B

Stock Pickers

Please respond “Yes” or “No” to indicate compliance to the specifications for each listed criterion.

<table>
<thead>
<tr>
<th>Specification</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Picker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base Capacity: 3,000 pounds</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Net capacity at 240 inches: 3,000 pounds (should meet or exceed)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mast: 240” to 270” Maximum Fork Height</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>107” to 119” Collapsed Height</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>325” not to exceed 328” Extended height</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Voltage: 24 volts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Minimum aisle requirement: 60” to 66” (5 feet to 5.5 feet)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Straddle width: 42 inches (should not exceed)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fork Length: 42 inches</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Start up and run time diagnostics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Programmable performance features</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Information Display Panel</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Battery Discharge indicator with lift interrupt</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Drive tire direction indicator</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hour meter</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Battery compartment rollers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Side safety gates hinged or unhinged</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Strobe Light</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-Keyed on/off switch</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Horn</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Power Disconnect</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>350 amp battery connector</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Power Steering</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Upper elevation travel</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pallet clamp</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Battery compartment size to accommodate an 12-125-15 battery</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Battery size: 38 X 12 – 14 max X 30 ½ inches</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sufficient battery for each Stock Picker must be included</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Battery doors on the Stock Pickers must allow full 38-inch long battery.

- Maintenance must be provided by the vendor during the agreement period. Such maintenance shall include, but not limited to, tires and wheels as well as all other services provided under industry standards.
Attachment C

EEV CERTIFICATION AND AGREEMENT

By executing this Certification and Agreement, the undersigned verifies its compliance with the Mississippi Employment Protection Act, Section 71-11-3 of the Mississippi Code of 1972, as amended, and any rules or regulations promulgated by Mississippi Transportation Commission, Department of Employment Security, Department of Revenue [DOR], Secretary of State, Department of Human Services in accordance with the Mississippi Administrative Procedures Law (Section 25-43-1 et seq., Mississippi Code of 1972, as amended), stating affirmatively that the individual, firm, or corporation which is contracting with DOR has registered with and is participating in a federal work authorization program* operated by the United States Department of Homeland Security to electronically verify information of newly hired employees pursuant to the Immigration Reform and Control Act of 1986, Pub.L. 99-603, 100 Stat 3359, as amended. The undersigned agrees to inform the DOR if the undersigned is no longer registered or participating in the program.

The undersigned agrees that, should it employ or contract with any subconsultant(s) and/or subcontractor(s) in connection with the performance of this Contract, the undersigned will secure from such subconsultant(s) and/or subcontractor(s) verification of compliance with the Mississippi Employment Protection Act. The undersigned further agrees to maintain records of such compliance and provide a copy of each such verification to DOR, if requested, for the benefit of the DOR or this Contract.

__________________________________________________________
EEV* Company Identification Number [Required]

The undersigned certifies that the above information is complete, true and correct to the best of my knowledge and belief. The undersigned acknowledges that any violation may be subject to the cancellation of the contract, ineligibility for any state or public contract for up to three (3) years, the loss of any license, permit, certificate or other document granted by any agency, department or government entity for the right to do business in Mississippi for up to one (1) year, or both, any and all additional costs incurred because of the contract cancellation or the loss of any license or permit, and may be subject to additional felony prosecution for knowingly or recklessly accepting employment for compensation from an unauthorized alien as defined by 8 U.S.C §1324a(h)(3), said action punishable by imprisonment for not less than one (1) year nor more than five (5) years, a fine of not less than One Thousand Dollars ($1,000.00) nor more than Ten Thousand Dollars ($10,000.00), or both, in addition to such prosecution and penalties as provided by Federal law.

BY: ____________________________________________________________
Authorized Officer or Agent                                           Date

______________________________________________________________
Printed Name of Authorized Officer or Agent                       Title of Authorized Officer or Agent of Contractor / Consultant

Amendment # 2 _ REACH TRUCK FORKLIFTS AND STOCK PICKERS
* As of the effective date of the Mississippi Employment Protection Act, the applicable federal work authorization program is E-Verify™ operated by the U. S. Citizenship and Immigration Services of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration.
Attachment D

Bid Cover Sheet

The Alcoholic Beverage Control Distribution Center of the Mississippi Department of Revenue (referred to as “ABC” or “Department” or “DOR”) is seeking to obtain monthly rates at which Reach Truck Forklifts and Stock Pickers may be rented by using the Reverse Auction Process. The ABC will utilize these rates when renting the minimum equipment needed to properly operate the ABC Warehouse, and add to this minimum equipment rental over the course of the year as needed. The Request for Quotes Formal (RFQF) is the first step in the Reverse Auction Process. The purpose of the RFQF is to solicit quotes from interested parties meeting bid requirements and specifications, in order to determine the qualified vendors, which will participate in the Live Reverse Auction.

Bids are to be submitted as listed below, on or before 12:00 noon CST on November 4, 2020.

PLEASE MARK YOUR ENVELOPE:

Mississippi Department of Revenue
Attention: Erica Greenwood
RFQ #: 3140002440
500 Clinton Center Drive
Clinton, MS 39056
SEALED BID – DO NOT OPEN

NAME OF COMPANY __________________________________________________
QUOTED BY _________________________________________________________
SIGNATURE___________________________________________________________
ADDRESS_____________ _____________________________________________
CITY/STATE/ZIP__________________________ __________________________
TELEPHONE __________________________________________________________
FAX NUMBER________________________________________________________
EMAIL ADDRESS_______________________________________________________

NAME AND PHONE NUMBER OF COMPANY REPRESENTATIVE TO BE CONTACTED
BY AGENCY SEEKING TO OBTAIN SERVICES PURSUANT TO THIS IFB

Name: _________________________
Phone Number: ________________
FEIN # (if company, corporation or partnership): __________________

SS # (if individual): ______________________

**In addition to providing the above contact information, please answer the following questions regarding your company:**

What year was your company started? ________________________________

How many qualified employees do you employe? ____________________
Attachment E

Certification

By signing below, the company representative certifies that he/she has authority to bind the company, and further acknowledges and certifies on behalf of the company:

1. That he/she has thoroughly read and understands the instructions and specifications for the Request for Quote, RFQ # 3140002440 and Attachments.
2. The company meets all requirements and acknowledges all certifications contained in the Request for Quote, RFQ # 3140002440 and Attachments.
3. The company agrees to all provisions of the Request for Quote, RFQ # 3140002440 and Attachments.
4. The company will perform the services required at the prices quoted on the bid form.
5. The company represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the contractor’s bid or proposal.
6. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete and current as of the submission date.
7. That the company has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duties required to be performed under this Invitation for Bid.

[Please execute and return with Bid Materials.]

Company: __________________________     Signature: __________________________

Date: ______________________________     Title: _____________________________

Printed Name: ______________________________
Attachment F

Bid Form

Reach Truck Forklifts and Stock Pickers

Pursuant to the RFQF to be received, I/We ________________________________ located at ________________________________ do submit our bid form for RFQ #________________. This bid is made without collusion on the part of any person, firm or corporation.

Quote:

This quote for the forklifts and stock pickers will not be used to award the contract. The quote will be used to help determine the starting price for the Reverse Auction. Bidder will be required to maintain the awarded price for the remainder of the contract.

<table>
<thead>
<tr>
<th>Item</th>
<th>Price per Unit per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach Truck Forklift</td>
<td></td>
</tr>
<tr>
<td>Stock Picker</td>
<td></td>
</tr>
<tr>
<td>Freight (Delivery and Pick up)</td>
<td></td>
</tr>
</tbody>
</table>

Exceptions and/or Deviations? Yes___ No___

If “Yes”, please list on an accompanying document.

RFQ number: 3140002440

Company: __________________________ Signature: __________________________
Address: __________________________ Printed name: __________________________
Title: __________________________
Phone: __________________________ Date: __________________________
E-mail Address_____________________
Attachment G

References

REFERENCE #1
Name of Company: ______________________________________
Dates of Service: _______________________________________
Contact Person: _______________________________________
Address: _____________________________________________
City/State/Zip: _______________________________________
Telephone Number: ____________________________________
Cell Number: _________________________________________
E-mail: ______________________________________________
Alternative Contact Person (optional): _____________________
Telephone Number: ____________________________________
Cell Number: _________________________________________
E-mail: ______________________________________________

REFERENCE #2
Name of Company: ______________________________________
Dates of Service: _______________________________________
Contact Person: _______________________________________
Address: _____________________________________________
City/State/Zip: _______________________________________
Telephone Number: ____________________________________
Cell Number: _________________________________________
E-mail: ______________________________________________
Alternative Contact Person (optional): _____________________
Telephone Number: ____________________________________
Cell Number: _________________________________________
E-mail: ______________________________________________
REFERENCE #3

Name of Company: ____________________________________
Dates of Service: ________________________________
Contact Person: ____________________________________
Address: _________________________________________
City/State/Zip: ____________________________________
Telephone Number: ________________________________
Cell Number: ______________________________________
E-mail: __________________________________________
Alternative Contact Person (optional): __________________
Telephone Number: ________________________________
Cell Number: ______________________________________
E-mail: __________________________________________

REFERENCE #4

Name of Company: ____________________________________
Dates of Service: ________________________________
Contact Person: ____________________________________
Address: _________________________________________
City/State/Zip: ____________________________________
Telephone Number: ________________________________
Cell Number: ______________________________________
E-mail: __________________________________________
Alternative Contact Person (optional): __________________
Telephone Number: ________________________________
Cell Number: ______________________________________
E-mail: __________________________________________
Attachment H

Reach Truck Forklifts and Stock Pickers
Procurement Reference Score Sheet # 1
(Return with packet unsigned)

TO BE COMPLETED BY AGENCY STAFF ONLY

Company Name: ______________________________

Reference Name: __________________________________________

Person Contacted, Title/Position: ________________________________

Date/Time Contacted: _______________

Service From/To Dates: ____________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to provide the requested services (equipment) when you called?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with the services provided? If no, please explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor was easy to work with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the services completed on time and within budget?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor listened when you had an issue and readily offered a solution?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If never had an issue, please check here ___.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you enter into a contract with them again?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you recommend them?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Offeror must have a minimum of 6 “yes” answers on the questions above from two references (total of 12 “yes” answers) to be considered responsive and for its proposal to be considered.

Score: Pass/Fail

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any business, professional or personal interest in the vendor’s organization? If yes, please explain.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A “yes” to the above question may result in an automatic disqualification of the provided reference; therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes: ____________________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Called by: ___________________________ ___________________________ ___________________________

Signature ___________________________ Title ___________________________ Date ___________________________

Amendment # 2 _ REACH TRUCK FORKLIFTS AND STOCK PICKERS
Attachment I

Reach Truck Forklifts and Stock Pickers
Procurement Reference Score Sheet # 2
(Return with packet unsigned)

TO BE COMPLETED BY AGENCY STAFF ONLY

Company Name: ____________________________

Reference Name: ____________________________

Person Contacted, Title/Position: ____________________________

Date/Time Contacted: __________

Service From/To Dates: ____________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to provide the requested services (equipment) when you called?</td>
<td></td>
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</tr>
<tr>
<td>Satisfied with the services provided? If no, please explain.</td>
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<td></td>
</tr>
<tr>
<td>(If never had an issue, please check here ____)</td>
<td></td>
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</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any business, professional or personal interest in the vendor’s organization? If yes, please explain.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A “yes” to the above question may result in an automatic disqualification of the provided reference; therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes: ___________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________.

Called by: ____________________________ ____________________________ ____________

Signature                      Title                           Date

Amendment # 2 _ REACH TRUCK FORKLIFTS AND STOCK PICKERS
Attachment J

Acknowledgement of Amendments

Please sign and print at the appropriate statement.

I acknowledge receipt of all amendments associated with RFQ # 3140002440.

They are as follows:

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________

__________________________________  _______________________
Printed Name                                                Company Name

__________________________________
Signature

There were no amendments associated with RFQ # 3140002440.

__________________________________  _______________________
Printed Name                                                Company Name

__________________________________
Signature
Attachment K

Secretary of State Acknowledgement

__________________________________________, acknowledges that we
(Vendor Name)

_______ are registered with the Secretary of State’s Office.
(Attach proof)

_______ are not registered with the Secretary of State’s Office.

We, ______________________________________
(Vendor Name)

_______ will register before the start of the contract and provide proof.

_______ will not register.

___________________________________________               _________
Signature                                      Date

___________________________________________
Printed Name
Attachment L

Conflict of Interest
Disclosure Statement

Conflict of Interest – Involvement, financial or otherwise, that an employee, officer, or agent of DOR may have in the proposing organization; and any involvement, financial or otherwise, that any employee, officer of any other governmental agency may have in the proposing organization.

___________________________________________, acknowledges that we

(Vendor Name)

_______ do not have a conflicting interest to report.

_______ do have a conflicting interest (please disclose below).

Describe the Nature of the Conflicting Interest:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

___________________________________________  __________________

Signature                        Date

___________________________________________

Printed Name
Attachment M

Live Reverse Auction Participation

Depending on Applicability, Initial Items 1 or 2

________ I/we certify that we request to participate in the Live Reverse Auction, via Surrogate Bidding. I/We understand that we must be physically present at the public bidding location, with the means to submit written bids for each offer made and signed by an authorized agent of the Vendor.

________ I/we certify that we will participate in the Live Auction via MAGIC.

Company: ___________________________ Signature: ___________________________

Address: ___________________________ Printed name: ___________________________

___________________________________ Title: ___________________________

Phone: ___________________________ Date: ___________________________

E-mail Address: ___________________________