



WHITE COUNTY, TENNESSEE
DEPARTMENT OF FINANCE
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WHITE COUNTY, TENNESSEE
RFP Package
for
RFP Number: 2020-0710-02-008

**Emergency Medical Service
Devices and Equipment**

RFP Opening:

July 10, 2020

2:00pm Central Time

RFP Opening Location:

White County Department of Finance
1 East Bockman Way, Room 204
Sparta, Tennessee 38583

*Posted for public inspection at
whitecountyttn.gov/bids*

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I. Purpose and Overview

A. Purpose

The White County Department of Finance, on behalf of the White County Emergency Medical Service (EMS), is soliciting proposals for the purchase of various medical devices and equipment, designed specifically for use in the emergency medical service environment.

B. Project Description

The objective of this request for proposals is to provide for a multi-year contract with a supplier or manufacturer (hereinafter referred to as vendor) of medical devices and equipment, specifically designed for use in the emergency medical service environment. The selected vendor must have a proven track record of providing high quality, durable medical devices and equipment with exceptional customer service. Any response to this RFP should provide information on the vendor's history, qualifications, and market share as it relates to the Emergency Medical Service environment.

White County Emergency Medical Service makes an estimated 4,200 calls per year while servicing an estimated population of 27,000. The service consists of twenty-two (22) full-time employees and eight (8) ambulances.

C. Contract Term

The contract issued as a result of this RFP will be for a one (1) year term, beginning on July 1, 2020 and ending on June 30, 2021. The contract may be extended, by mutual consent of both parties, for an additional four (4), one (1) year periods. In no event shall the resultant contract be for more than five (5) years.

The contract issued as a result of this RFP may be terminated by either party for convenience, upon 30 (thirty) days written notice.

D. Pricing

1. Best Pricing

White County requests that potential vendors respond to this RFP with the best pricing available, and at rates lower than those found in the general marketplace.

2. Line-item pricing

This RFP is requesting a "line-item" pricing format. Line item pricing is a pricing format in which individual products or services are offered at specific contract prices. The products or services are individually priced and described by characteristics such as manufacture name, stock or part number, size, or functionality.

3. Product and Price Changes

The awarded vendor may request product or price changes, additions, or deletions at any time throughout the contract term. All requests must be made in writing to White County and be signed by an authorized vendor representative. All changes are subject to review and approval by White County.

- a) Additions: Any product or service addition to this contract must be related to products or services procured within the original scope of this RFP. Any such addition is at the sole discretion of White County.
- b) Deletions: Any product or service may be deleted from the contract when it is no longer available from the awarded vendor.
- c) Price Changes: The awarded vendor may request pricing changes by providing reasonable justification for the change. White County is aware that changes in pricing may be necessary from time to time due to raw material costs, etc. However, vendors should make every reasonable effort to account for normal costs changes by proposing pricing that can be effective throughout the maximum duration of the contract. In no event shall price increase exceed the industry standard. Additionally, price increase are limited to no more than one (1) per year.

E. Delivery and Training

All prices quoted should include the cost of shipping to Sparta, Tennessee. In the event training on the medical devices or equipment is required, separate pricing should be quoted for this service.

Any response to this RFP should specify the average lead-time required for delivery of any of the products proposed.

F. Service and Warranty

The response to this RFP should provide details on the standard warranty provided with the products as well as any additionally warranty options. A minimum of a one (1) year warranty is required on any product purchased through the contract as a result of this RFP. Additional warranty requirements may be requested in the detailed specifications of specific products. Where there is conflict, the greater warranty period will prevail.

Careful consideration should also be given to the process required for normal service of devices and equipment, as well as warranty work. The response to this RFP should detail how warranty items will be handled as well as the vendor's ability to offer normal service and maintenance to devices and equipment.

G. References

A minimum of three (3) EMS industry references should be provided in any response to this RFP. For ease of response to this request, a reference sheet has been provided as part of this RFP document. Additional references are welcome, but are not required.

II. Detailed Specifications

White County is requesting any proposing vendor be capable of providing the following medical devices or equipment. The vendor may propose additional products not specifically detailed in this section.

A. Monitor Defibrillator

1. General Requirements

- a) For use on adult, pediatric, or neonatal patients
- b) Capable of operating in temperatures between 32°F and 122°F
- c) Vibration tested to meet EN1789 for ambulance operation

- d) Built-in AC or DC power
- e) Minimum six (6) hours of continuous ECG monitoring with lithium battery
- f) GPC – clock sync feature
- g) Tri-mode display type: color, black on white, or white on black
- h) Display dynamic 12-lead ECG on screen
- i) Display static ECG analysis results and dynamic ECG on screen concurrently
- j) Liquid Crystal Display (LCD)

2. CPR Assistance Requirements

- a.) CPR help feature required
- b.) Real-time audio and visual CPR rate, depth, and release feedback with a perfusion performance index
- c.) CPR artifact filtering to see underlying rhythms
- d.) Current AHA guidelines compliant and upgradeable to updated AHA guidelines
- e.) Ability to record CPR data to internal memory
- f.) Filter that allows continuous chest compressions to be done for the full duration of the users CPR protocol
- g.) CPR option must be able to be used in a moving environment, such as an ambulance
- h.) CPR option should allow for anterior-posterior and anterior-anterior pad placement

3. Monitoring Requirements

- a.) Patient monitoring through 3-lead, 4-lead, 5-lead, and 12-lead ECG cables, with multi-function electrodes and paddles
- b.) Impedance pneumography for monitoring respiratory rate via ECG Leads I or II
- c.) Measure respiratory rate via capnography or impedance pneumography
- d.) Ability to easily change leads
- e.) Display of lead selected at all times
- f.) Leads must be fully defibrillator protected
- g.) Ability to detect most implanted pacer spikes
- h.) Display standard marker of pacer spike on ECG trace
- i.) Must have the following bandwidths: 0.67-20 Hz Limited mode, 0.67-40 Hz Monitor mode, 0.5-40 Hz Filtered Diagnostic mode, and 0.05-150 Hz Diagnostic
- j.) Must have the following ECG sizes: 0.125, 0.25, 0.5, 1, 2, 4 cm/mV and auto-ranging
- k.) Must have heart rate on display and contain user selectable alarms
- l.) In AED mode, the device must be able to use any of the following monitoring parameters: EtCO₂, SpO₂, SpMet, 12-lead ECG, or NIBP

4. Electrode Requirements

- a.) Multifunction electrodes that allow pacing, defibrillation, cardioversion, and ECG monitoring via one set of disposable pads
- b.) Electrodes must include an accelerometer to enable CPR feedback and artifact filtering functionality
- c.) Adult paddles must incorporate pediatric paddles

5. Defibrillator Requirements

- a.) Must utilize a high current, low energy rectilinear, constant current biphasic waveform
- b.) Unit should have energy selections available to provider in manual mode operation of: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 85, 100, 120, 150, and 200 joules
- c.) Must meet current AHA specifications for biphasic defibrillation
- d.) Display energy selected and delivered on monitor display, strip chart recorder, and code summary

- e.) Must contain a built-in defibrillator tester that tests energy output and continuity of the multi-function cable and paddles documented on strip chart recorder and internal memory
- f.) Single “multi-function cable” that operates both multi-function electrodes and external paddles

6. Recorder Requirements

- a.) Thermal strip chart recorder
- b.) Configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge

7. Pacemaker Requirements

- a.) Utilize a constant current 40 ms pace pulse width duration waveform
- b.) Continuously variable current level
- c.) Continuously variable pacing rate form 30 – 180 ppm
- d.) Pacer parameters must be maintained when switching back to defibrillation or monitor mode
- e.) Pacer must continue to deliver life-saving therapy in the event an ECG lead falls off

8. 12-Lead ECG Requirements

- a.) The 12-lead ECG must not require any special hardware or proprietary software to view
- b.) 12-lead ECG should allow user to easily insert patient name, age, and gender into the device
- c.) 12-lead patient cable must consist of 4 limb leads and a separate V-lead cable

9. Pulse Oximetry Requirements

- a.) Integrated oxygen saturation (SpO₂), carboxyhemoglobin saturation (SpCO), and hear rate measurement.
- b.) Ability to display HR, SpO, and SpCO values on the device screen without user intervention
- c.) Utilize pulse oximetry technology that has FDA 510(k) clearance for use during patient motion and low profusion

10. Temperature Requirements

- a.) Must have two (2) temperature channels and be able to monitor temperature changes while monitoring invasive pressure channels
- b.) Rectal, esophageal, skin, and ambient air temperature reading capability
- c.) Must display T1, T2, and ΔT

11. Capnography Requirements

- a.) Defibrillator must be capable of providing continuous EtCO₂ and respiratory rate readings as well as capnogram for on-screen display or print-out
- b.) Capnography device must be fully operational within 20 seconds or less from start-up

12. Non-Invasive BP Requirements

- a.) Capable of acquiring blood pressure measurement on inflation with 30-seconds
- b.) Capable of synchronizing the oscillation to the R-wave of the ECG
- c.) Incorporate non-invasive oscillometric technology
- d.) Display systolic, diastolic, and mean atrial (MAP) pressures
- e.) Capable of taking automatic, stat, or manual measurements
- f.) Automatic intervals should be adjustable
- g.) Include an artifact indicator which is displayed when excessive artifact is detected

13. Battery/Charging Requirements

- a.) Capable of using rechargeable lithium-ion batteries
- b.) Recharge time of four (4) hours or less with integral charger
- c.) Low battery indicator
- d.) Battery management charger system capable of charging both sealed lead acid and lithium ion batteries
- e.) Battery management software program for maintenance and conditioning of the batteries
- f.) When plugged in, the AC charger must be able to recharge a depleted lithium ion battery, operate the device without a battery or batteries in device, and simultaneously recharge battery and operate device

B. Automated CPR System

1. General Requirements

- a.) Must meet 2015 AHA guidelines
- b.) Automatic sizing fitment to patient to prevent under compression
- c.) Automatic adjustment to account for patient chest stiffness
- d.) Ability to fit up to at least a 50 inch chest circumference
- e.) Proven ability to accurately and appropriately perform compressions to enhance the likelihood of survival. Clinically document, peer reviewed studies are preferred.
- f.) A carrying case should be provided, which is rugged in nature and is capable of being easily sanitized.
- g.) Ability to record and download event records from device

2. Chest Compression Parameter Requirements

- a.) Provide circumferential chest compression around patient's thoracic cavity of the chest in accordance with AHA guidelines
- b.) Circumferential compression at a rate of 80 compressions per minute, with a +/-5 compression tolerance
- c.) Ability to choose patient-customized compressions

3. Device Operability Requirements

- a.) Ability to lift and maneuver patient without being required to stop device from providing compressions
- b.) Ability to deliver compressions at an angle
- c.) Ability to move patient with device on with as soft stretcher, carry sheet, or backboard
- d.) Automatically stop compressions if patient becomes misaligned in device or is in an unsafe position
- e.) The device should perform full circumferential compressions that create chest displacement of the patient's chest by 20% Anterior to Posterior compression
- f.) Provides a maximum of 6lbs per square inch of pressure to avoid patient injury

4. Battery Requirements

- a.) Rechargeable lithium-ion batteries are required
- b.) Low battery indicator
- c.) Battery charging system which can test battery output during each charge cycle

C. Portable Ventilator

1. General Requirements

- a.) Must be capable of being utilized on infants to adults, with a minimum patient size of at least eleven (11) pounds

- b.) Capable of operating in temperatures between 32°F and 122°F
- c.) Must be vibration, shock, and drop tested to meet MIL-STD 810F for use in an EMS environment
- d.) Compressor driven
- e.) Unit must be able to operate with compressor alone, with high-pressure oxygen, or with low-flow oxygen
- f.) Unit must be easily calibrated and repaired in the field (under most circumstances)
- g.) Operator should be able to operate unit without visible light or in low-light conditions
- h.) Liquid Crystal Display (LCD)

2. Clinical Requirements

- a.) Unit should provide both volume and pressure targeted breaths
- b.) Unit should have the following modes: Assist Control, Synchronized Intermittent Mechanical Ventilation, Continuous Positive Airway Pressure, Noninvasive BL Ventilation with IPAP and EPAP as primary setting
- c.) Should measure plateau pressure
- d.) Pulse oximeter
- e.) FiO2 should be adjustable in 1% increments
- f.) Unit should have both audible and visible alarm systems

3. Battery Requirements

- a.) Rechargeable lithium-ion batteries are required
- b.) Low battery indicator
- c.) When plugged in, unit should be able to recharge while also operating at full capacity

D. Automated External Defibrillator (AED)

1. General Requirements

- a.) Must be for adult or pediatric use
- b.) Should have a built in self-test mechanism
- c.) Provide CPR monitoring capabilities
- d.) Provide ECG monitoring capabilities
- e.) Liquid Crystal Display (LCD)
- f.) 20 second maximum delay from switch on to readiness

2. Clinical Requirements

- a.) Adult automatic energy sequence: 120J, 150J, 200J
- b.) Pediatric automatic energy sequence: 50J, 70J, 85J
- c.) Single use electrode pads

3. Battery Requirements

- a.) Rechargeable lithium-ion batteries
- b.) Low battery indicator
- c.) Battery charging system which can test battery output

III. Evaluation of Proposals

A. Method of Source Selection

White County will score all properly submitted proposals to this RFP based on the below matrix. All proposals will be scored by at least two (2) scorers independently of each other.

<u>Criteria</u>	<u>Possible Points</u>
Price of equipment, services, and fees	25
Compliance with RFP requirements	20
Vendor qualifications and references	15
Functionality with existing equipment	10
Service, maintenance, and warranty	10
Prior experience with vendor	10
Delivery lead-time	10

The responder with the highest points after applying this matrix will be awarded the resultant contact form this RFP.

B. RFP Timetable

Issue Request for Proposals	June 25, 2020
Deadline for Written Questions	July 2, 2020 @ 2PM
Amendment(s) Issued	July 6, 2020
Proposals Due	July 10, 2020 @ 2PM
Notification of Selected Proposer	July 24, 2020

All times listed are Central Time.

IV. Instructions for Request for Proposal Responses

A. Compliance with RFP

Submissions must be in strict compliance with this Request for Proposals. Failure to comply with all provisions of the RFP may result in disqualification.

Requests for additional information or clarifications by potential Proposers must be made in writing. Proposers may email requests for additional information or clarifications.

Requests for additional information or clarifications shall be sent to:

Mike Kerr
Director of EMS
White County, Tennessee
mike.kerr@whitecountyttn.gov

Prior to the due date, responses to inquiries and all RFP amendments White County deemed necessary will be issued and published on the solicitation web page. Bidders should not rely on any representations, statements, or explanations other than those made in any written addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued shall prevail.

Addenda will be made available on the solicitation web page and it is solely the Proposer's responsibility to assure receipt of all addenda.

Solicitation Web Page is: www.whitecountyttn.gov/bids

B. Delivery of RFP Response

Submissions will be accepted by the White County Department of Finance no later than **2:00 p.m. July 10, 2020** (local time).

All documents shall be submitted to the following:

Chad S. Marcum
Director of Finance
White County Department of Finance
1 East Bockman Way, Room 204
Sparta, Tennessee 38583

All submissions must be written, sealed, and labeled as a response to this RFP. Submission by electronic means will not be accepted.

V. General Terms and Conditions

A. Electronic Transmissions

Electronic transmissions will not be accepted, except when in the course of the proposal process addendums or other notifications of errors on behalf of the owner places an undue hardship upon prospective proposer. Written notification by the owner must precede the acceptance of facsimile or email transmissions.

B. Laws and Regulations

The proposer's attention is directed to the fact that all applicable state laws, municipal ordinances, and the rules and regulations of all authorities having jurisdiction over the project shall apply to the contract throughout, and they will be deemed to be included in the contract the same as though herein written out in full. Proposers may be required to provide proof of valid business license and Workers Compensation Insurance if required by law.

C. Sub-contracts

The Proposer is specifically advised that any person, firm, or other party to whom it is proposed to award a sub-contract under this contract must be acceptable to White County.

D. Award of Contract

White County further reserves the right to reject any and all proposals, to waive any and all informalities and to negotiate contract terms with the successful proposer, and the right to disregard all non-conforming, non-responsive or conditional proposals. White County may conduct such investigations as it deems necessary to assist in the evaluation of any proposal to establish the responsibility, qualifications, and financial ability of the proposer, proposed sub-contractors and other persons and organizations to perform the work in accordance with the contract documents to the proposer who does not pass any such evaluation to the owner's satisfaction. The contract shall be awarded to the lowest, best and most responsible bidder, whose evaluation by the owner indicates to the owner that the

award will be in the best interest of White County. It is also understood that the “apparent low bidder” will be announced at the bid opening; however the “successful bidder”, who may or may not be the lowest bidder, will not be announced until all issues, which include, but are not limited to quality, service, conformity to specifications, etc. have been resolved and until a period of review has been completed by the County. White County does not enter into contracts which provide for mediation or arbitration.

E. Title VI of the Civil Rights Act of 1964

All interested parties, without regard of race, color or national origin, shall be afforded the opportunity to bid and shall receive equal consideration. Title VI states “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program activity receiving Federal financial assistance.” White County strives to protect individuals’ civil rights through active compliance with the requirements of Title VI.

F. Errors in Proposals

When an error is made in extending total prices, the unit bid price will govern. Carelessness in quoting prices or in preparation of proposal otherwise, will not relieve the bidder. Erasures or changes to proposals must be initialed. Any alteration, erasure, addition to or omission of required information, change of the specifications or bidding schedule, is made at the risk of the proposer.

G. Taxes

White County is tax exempt except where T.C.A. §67-6-209 shall be applicable.

H. Tie Bids

If two or more proposers submit identical bids and are equally qualified; selection shall be made at the discretion of the county based upon performance.

I. Specification Details

These specifications have been designed to meet a certain level of quality as well as to standardize certain components. In numerous places reference to specific brands of components may have been made. This has been done to establish a certain level of quality and in no way is an attempt to write out venders of similar or equal equipment components.

VI. Advertisement for RFP

White County, Tennessee
Request for Proposals
RFP No. 2020-0710-02-008

Take notice that the Director of Finance for White County shall accept sealed written proposals for emergency medical service devices and equipment.

Proposals, bids, or responses must be submitted to the office of the Director of Finance, Room 204, White County Courthouse, Sparta, Tennessee, 38583, no later than 2:00 P.M. central time, July 10, 2020 at which time the proposals will be opened and considered.

Copies of RFP documents may be obtained at whitecountyttn.gov/bids

The owner (White County) further reserves the right to reject any and all proposals, to waive any and all informalities and to negotiate contract terms with the successful proposer, and the right to disregard all non-conforming, non-responsive, or conditional proposals.

Chad S. Marcum
Director of Finance
Publication Date: 06/25/2020

VII. RFP Response Form

Project: Emergency Medical Service Devices and Equipment

Bid Date: July 10, 2020; 2:00p.m. Central Time

Company Name: _____

Address: _____

Phone Number: _____

Contact: _____

Email Address: _____

Please include this page with the following items in your response:

- 1) Proposed solution for the project, in a format of your choosing, that corresponds with the requirements as outlined in this RFP.
- 2) List of at least three (3) EMS industry references.
- 3) Line-item pricing for the required devices and equipment, as well as any other devices or equipment your firm offers which corresponds with the purpose of this RFP.
- 4) Exception form (*if necessary*)
- 5) Debarment certification form
- 6) Lobbying certification form
- 7) Non-Collusion certification form
- 8) Iran Divestment Act certification form

By signing below, I affirm that I am a duly appointed and authorized representative of the company named herein. Furthermore, acting on behalf the named company I acknowledge that I have read, understand, and agree to abide by all terms and conditions as outlined in this request for proposal unless otherwise properly and specifically noted.

Signature: _____

Title: _____

Date: _____

VIII. Exception Form

Proposer has agreed to abide by all terms and conditions of this RFP, except for specific exceptions as noted below. If taking exception, please note the page and section number where exception is taken.

Use Additional Pages as Needed

IX. References Form

Use this form to provide details of at least three (3) references with firsthand knowledge of the products your firm offers.

Reference #1:

Name of Client: _____
Procuring Entity (Federal Agency, State Agency, Local Government, Other)

Location (City, State): _____

Client Representative knowledgeable about the project work:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Reference #2:

Name of Client: _____
Procuring Entity (Federal Agency, State Agency, Local Government, Other)

Location (City, State): _____

Client Representative knowledgeable about the project work:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Reference #3:

Name of Client: _____
Procuring Entity (Federal Agency, State Agency, Local Government, Other)

Location (City, State): _____

Client Representative knowledgeable about the project work:

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Attach additional pages as necessary.

White County reserves the right to contact the client representative for this project.

X. Certification of Bidder Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

CERTIFICATION OF BIDDER REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION	
INSTRUCTIONS	
<p>This certification is required pursuant to 24.CFR Section 24.510(b). It shall be completed, signed and submitted as part of the bid proposal.</p>	
<ol style="list-style-type: none">1. By signing and submitting this proposal, the prospective lower-tier participant certifies that neither it, its principals nor affiliates, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Further, the Participant provides the certification set out below:2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that an erroneous certification was rendered, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies.3. Further, the Participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the Participant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.4. By submitting this proposal, it is agreed that should the proposed covered transaction be entered into, the Participant will not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the agency with which this transaction originated.5. It is further agreed that by submitting this proposal, the Participant will include this Certification, without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.	
Contractor Name and Title _____ Date _____	
Signature _____ Address _____	
City _____ State _____ Zip _____	
NON-CERTIFICATION:	
<p>As the prospective lower-tier participant, I am unable to certify to statements in this Certification as explained in the attachment to this proposal.</p>	
Contractor Name and Title _____ Date _____	
Signature _____ Address _____	
City _____ State _____ Zip _____	

The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.

XI. Iran Divestment Act

IRAN DIVESTMENT ACT

In compliance with the Iran Divestment Act (State of Tennessee 2016, Public Chapter No. 817), which became effective on July 1, 2016, certification is required of all bidders on contracts over \$1,000.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party hereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to T.C.A. § 12-12-106.

I affirm, under the penalties of perjury, this statement to be true and correct.

Date

Signature of Bidder

Company

A bid shall not be considered for award nor shall award be made where the foregoing certification has been complied with; provided, however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. The **City/County of White** may award a bid to a bidder who cannot make the certification, on case-by-case basis, if:

1. The investment activities in Iran were made before July 1, 2016, the investment activities in Iran have not been expanded or reviewed on or after July 1, 2016, and the person has adopted, publicized, and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
2. The **City/County of White** makes a determination that the goods or services are necessary for the **City/County of White** to perform its functions and that, absent such an exemption, the political subdivision will be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.