

InStyle Technologies LLC

RTSX-210030-DS

Table of contents

Bidder acknowledgment form

Qualifications

1. Technical Proposal Page
2. Price proposal Page
3. Qualifications Page
4. Drug-Free Workplace Form
5. Bidder Verification Form
6. References Form
7. Certification Regarding Lobbying (federal form)
8. Disclosure of Lobbying Activities (with instructions), (federal form)
9. Contractor Responsibility Certification
10. Subcontractor/Subconsultant List and Bidder Status
11. Bidder's W-9

BID COVER

Procurement Division

(352) 334-5021 (main)



Issue Date: March 12, 2021

REQUEST FOR PROPOSAL: #RTSX-210030-DS
Digital Signage and Content Management Software

PRE-PROPOSAL MEETING: [X] Non-Mandatory [] Mandatory [] N/A [] Includes Site Visit
DATE: April 6, 2021 TIME: 9:00 a.m.
LOCATION: via Zoom

QUESTION SUBMITTAL DUE DATE: April 16, 2021

All meetings and submittal deadlines are Eastern Time (ET).

DUE DATE FOR UPLOADING PROPOSAL: April 29, 2021, 3:00 p.m.

SUMMARY OF SCOPE OF WORK:

Purchase complete Digital Signage and Content Management Software (CMS) system for two bus transfer stations, including electrical services.

For questions relating to this solicitation, contact: Daphyne Sesco, Procurement Specialist 3, sescoda@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract: [] Bidder is NOT in arrears [] Bidder IS in arrears
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: [] Bidder is NOT in default [] Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # All

Legal Name of Bidder: Instyle Technologies LLC

DBA:

Authorized Representative Name/Title: President

E-mail Address: Ram@instyletek.com FEIN:

Street Address: 610 Queensbridge Drive, Lake Mary FL 32746

Mailing Address (if different):

Telephone: (407) 536-0142 Fax:

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

- [X] Proposal is in full compliance with the Specifications.
[] Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Ram

SIGNER'S PRINTED NAME Vimal Okhai DATE: 04-29-2021

This page must be completed and uploaded to DemandStar.com with your Submittal.

Qualifications

Possess those licenses/permits required to perform Digital Video installations in the specified jurisdiction.

N/A

Provide references of the type of installation required in this RFP.

Included in the document

- Personnel knowledgeable in local, state, province and national codes, and regulations.

Yes - We do national projects

- Proposer must use professional licensed electrician or company for all electric work.

Yes

- Proposer must have been in business a minimum of 5 years.

Yes



Installation Partner Overview

Leading digital transformation, on the ground and in the air

USSI Global is a customer-centric program management company with over 35 years supporting network, media, broadcast, and digital signage solutions. Our mission is to deliver these quality and customized services globally, providing our customer with the necessary tools to get the job done right, on time, the first time. We are available 24/7/365 and ensure an outstanding customer experience every time.

Our programs are designed to resolve our customers' obstacles.

End-to-end solutions for every type of installation

For more than 20 years, USSI Global's Digital Signage Solution has installed, maintained, and populated a variety of digital signage projects. We have more than 100,000 site installs, including indoor and outdoor solutions, digital menu boards, retail and hospitality messaging, healthcare media, point of sale (POS) touchscreen kiosks, and large video walls, supporting everything from airport advertising to government agencies. We offer reliable, end-to-end solutions – including supply chain management, repairs and content management – that are customized for your organization.

Case Study: <https://www.ussiglobal.com/qsr-customer-experience/>

Press Release: <https://www.ussiglobal.com/blog/ussi-global-and-global-display-solutions-bring-touchscreen-interactivity-to-worlds-busiest-bus-terminal/>

Hardware Overview

See attachments.





Software Overview

Displayed Content and Information

Our current preferences are as follows:

- Real Time Bus Arrival and Departure information. Scheduled arrival and departures when real-time is not available. Product must be compatible with **Clever Devices CAD/AVL system.**
 - o **Yes, may be supported with a custom integration solution. See assumptions.**
- Local Weather Alerts Option will need to be included with Emergency option so RTS can display during bad weather conditions.
 - o **Weather feed pricing is including in pricing below. Emergency options may be possible with additional custom integrations.**
- RTS Marketing Branding options must also be displayed throughout all Non-Interactive screens.
 - o **Custom solutions may be designed with consideration of RTS Marketing Branding guidelines.**
- Displays will provide RTS multi-media information and photos in schedule sequences.
 - o **ReflectView and Reflect Xperience provide the capabilities to create, manage, and deploy playback loops consisting of images, video, and HTML content. The sequence, date/time, and location of playback are each configured in the playlist assignment for each screen. Media may be scheduled for playback in advanced and download to the media player's storage for playback if the device loses network connectivity.**
- The ability for RTS staff to remote access the monitors and add content via internet.
 - o **The ReflectView platform supports remote content assignment and download over the internet via a web browser or desktop application. Users import and upload media to the Content Library managed by the Reflect Server in the cloud and are always available after import.**
- Each unit can display both unique and group content.
 - o **Yes, the platform supports flexible assignment needs. Screens can each play unique or the same content assignment.**





Server/Cloud and Software Capabilities

Our current preferences are as follows:

- Digital Media Players or Built in display
 - o **ReflectView software is supported on both Windows PC and BrightSign media players, whether integrated into displays or standalone devices.**
- Interactive Multi-User technology capabilities.
 - o **ReflectView allows for any number of users to operate the platform simultaneously. Users may be separated into groups based on what permissions they need, from view- only users to full-admin users. User access may also be limited by which specific screens a given user has control over. This allows many users to independently manage their assigned screens.**
- Software that will provide interactive and digital signage.
 - o **ReflectView natively supports basic touch trigger capabilities for on-demand content playback. Phone to screen engagement may be possible with embedded QR codes or SMS call-to-action.**
 - o Custom solutions may support enhanced touch and interactive capabilities.
- Media Servers that can handle Digital Signage with backup capabilities.
 - o **Playback assignments are downloaded and stored on the local storage of the media player device and are always available for playback. In the event of a networking outage the playback schedule is maintained.**
- Ability to monitor, diagnose and update software remotely.
 - o **ReflectView Publisher and Server provide simple color-coded status reporting for each screen. Network operators can use status reporting for: current playback, network connectivity, download status, and playback error status. Users may create custom Filter Groups to dynamically report on specific status (i.e. group all offline devices).**
 - o **Software may be updated remotely through the platform and are included with active license subscriptions. This may be managed by Reflect Network Administrators or by the end-user(s).**
- Ability to add additional display units in the future, each with unique content.
 - o **ReflectView is a highly scalable digital signage CMS. Reflect Server is proven to support over 50,000 active devices. Additional displays may be deployed at any time.**





Software

- Furnish, design, develop, configure, install, test, train and deliver the equipment and computer operating system(s) in a ready-to-use condition, and perform all other related work.
 - o **Reflect Systems and solution partners can provide full turn-key solution services for all aspects of the digital signage program. This may include solution testing, deployment and installation as well as software training, network management & administration, and content programming.**
- Provide an anticipated future release schedule/frequency of software updates and provide pricing of updates within first five (5) years.
 - o **Reflect Systems currently manages a 3-year product development roadmap with a bi-annual release schedule in Summer and Winter. Enhancements scheduled on the roadmap become available to existing customers are no additional charge with active subscription licenses.**
 - o **Reflect values partnership and feedback from our customers and users of the software as some of the most useful features are often customer driven. We encourage customers to submit feature requests and present unique use-cases that can inform the development of future roadmap updates.**



Cost of initial installation/setup (to include providing electrical power to desired locations if required).
\$23,000

- Cost of initial Software license
\$22,500

cost per year to renew for 5 years.
4500 - \$ 6000 x 5 = \$ 30,0000

- Yearly cost of ongoing support and maintenance for 5 years.
Inclusive

- Pricing of individual components required to complete the project.
NA

- Cost of each Monitor + Housing + Accessories + Training
46" - 11875 - \$ 18.475 x 2 = 36,950.00
55" - 28125 - \$ 18.475 x 2 = 36,950.00

- Cost of each Mount (with Monitor Enclosure)
Inclusive

- Cost of each Kiosk (with Monitor Enclosure)
Inclusive

- Cost of each PC
Inclusive

- Cost of each Modem/Router
Inclusive

- Cost of Training RTS Staff.
Inclusive

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

Instyle Technologies LLC

does:

(Name of Bidder)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirements.

Ram

Bidder’s Signature

04-29-2021

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Small Business? YES NO

Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Service-Disabled Veteran Business? YES NO

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State’s, Division of Corporations, to do business in the State of Florida? YES NO (refer to Part 1, 1.6, last paragraph)

If the answer is “YES”, provide a copy of SunBiz registration or SunBiz Document Number (# L12000105297)

If the answer is “NO”, please state reason why: _____

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? YES NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City’s consideration of your submittal, but is simply being requested for information gathering purposes.

Bidder’s Name

Printed Name/Title of Authorized Representative

Signature of Authorized Representative

Date

REFERENCE FORM

Name of Bidder: Instyle Technologies LLC

Provide information for three references of similar scope performed within the past three years. You may include photos or other pertinent information.

3 references

Samsung Electronics
Troy Tweedy
t.tweedy@sea.samsung.com
201-913-8768

Vision Media
John Crick
john.crick@visionmedia.com
816-305-6638

GDS – Global Display Solutions, Inc.
Ron DiRienzo – Service Manager
r.dirienzo@gds.com
M: 815-708-4472

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Ram

Signature of Proposer's Authorized Official

Vimal K Okhai

Name of Proposer's Authorized Official

President

Title of Proposer's Authorized Official

04-29-2021

Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

DISCLOSURE OF LOBBYING ACTIVITIES
 Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
 (See reverse for public burden disclosure.) R

Approved by OMB
 0348-0046

N/A

(refer to instructions on the next page)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: Prime Subawardee Tier _____, <i>if known</i> : Congressional District, <i>if known</i> :4c		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> :
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known :	9. Award Amount, if known : \$ _____	
10. a. Name and Address of Lobbying Registrant (<i>if individual, last name, first name, MI</i>):	b. Individuals Performing Services (including address if different from No. 10a) (<i>last name, first name, MI</i>):	
11 Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

This page must be completed and uploaded to De mandStar.com with submittal. If not applicable, write "Not Applicable" and provide signature next to it.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

CONTRACTOR RESPONSIBILITY CERTIFICATION

The proposer is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

	YES	NO
1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has the firm defaulted on any project in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Under the penalty of perjury, the Proposer's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Proposer's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Proposer by his or her signature below.

Proposer Name: Vimal K Okhai

Name/Title of person completing this form: President

Signature: 

Date: 04-29-2021

This page must be completed and uploaded to DemandStar.com with your Submitta 1.

SUBCONTRACTOR/SUBCONSULTANT LIST and BIDDER STATUS

The Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

IDENTIFY EVERY SUBCONTRACTOR(S)/SUBCONSULTANT(S)	SCOPE OF WORK TO BE PERFORMED	CERTIFIED D/M/WBE FIRM? (Check all that apply)	PERVIOUS YEAR'S ANNUAL GROSS RECEIPT'S	UTILIZING ON THIS PROJECT
NAME: <u>USSI Global</u> ADDRESS: <u>9145 Ellis Road</u> <u>Melbourne, Florida 32904</u> PHONE: <u>800-444-8774</u> FAX: <u>321-727-3107</u> CONTACT PERSON: <u>Steve Hathcock</u>	SCOPE OF WORK: <u>Hardware / Software</u> <u>Installation / Support</u> AGE OF FIRM: <u>35+</u>	YES _____ NO: <input checked="" type="checkbox"/> IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil <input checked="" type="checkbox"/> more than \$5 mil.	YES or NO
NAME: _____ ADDRESS: _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____	SCOPE OF WORK: _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil.	YES or NO
NAME: _____ ADDRESS: _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____	SCOPE OF WORK: _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil.	YES or NO

Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project:

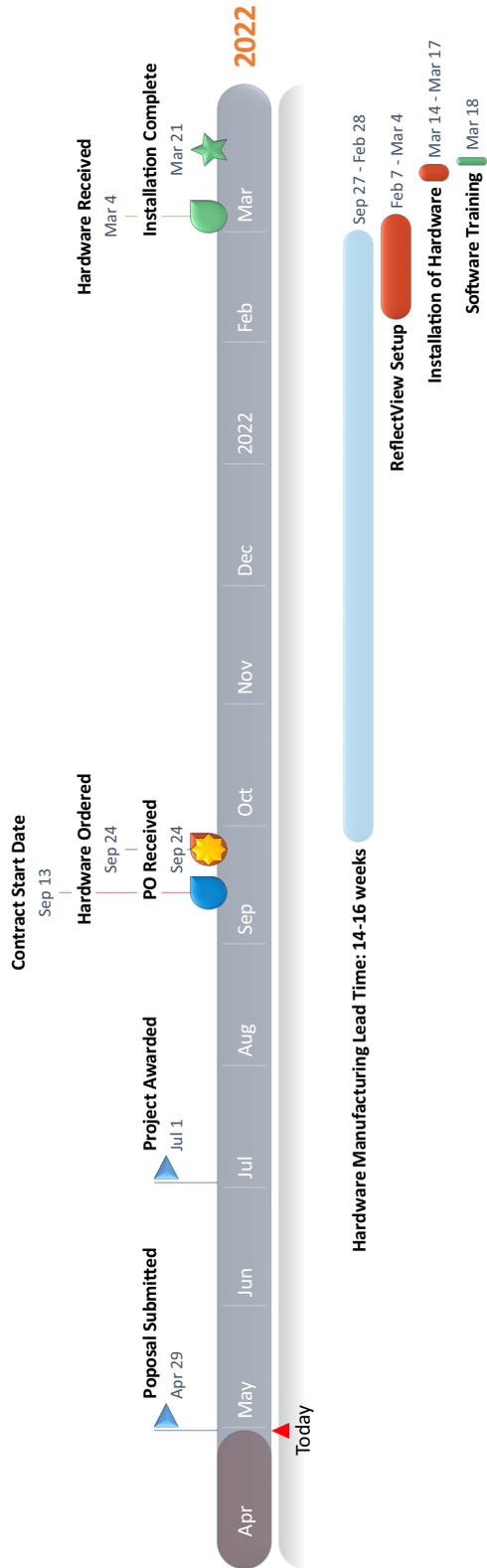
Name of Proposer: _____

Name/Title of person completing this form: _____

Is Proposer a DBE? Yes No If No, is Proposer a M/WBE? Yes No

Signature: _____ Date: _____

This page must be completed and uploaded to DemandStar.com with your Submitta 1.



Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Instlye Technologies LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **S**

Other (see instructions) ▶

C Corporation

S Corporation

Partnership

Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
610 QUEENSBRIDGE DRIVE

6 City, state, and ZIP code
LAKE MARY, FL 32746

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-					
--	--	--	---	--	--	--	--	--

or

Employer identification number

4	6	-	1	0	3	3	9	1	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶ *Ram*

Date ▶ *04-29-2021*

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

InStyle Technologies LLC

RTSX-210030-DS

Table of contents

Bidder acknowledgment form

Qualifications

1. Technical Proposal Page
2. Price proposal Page
3. Qualifications Page
4. Drug-Free Workplace Form
5. Bidder Verification Form
6. References Form
7. Certification Regarding Lobbying (federal form)
8. Disclosure of Lobbying Activities (with instructions), (federal form)
9. Contractor Responsibility Certification
10. Subcontractor/Subconsultant List and Bidder Status
11. Bidder's W-9

BID COVER

Procurement Division

(352) 334-5021 (main)



Issue Date: March 12, 2021

REQUEST FOR PROPOSAL: #RTSX-210030-DS
Digital Signage and Content Management Software

PRE-PROPOSAL MEETING: [X] Non-Mandatory [] Mandatory [] N/A [] Includes Site Visit
DATE: April 6, 2021 TIME: 9:00 a.m.
LOCATION: via Zoom

QUESTION SUBMITTAL DUE DATE: April 16, 2021

All meetings and submittal deadlines are Eastern Time (ET).

DUE DATE FOR UPLOADING PROPOSAL: April 29, 2021, 3:00 p.m.

SUMMARY OF SCOPE OF WORK:

Purchase complete Digital Signage and Content Management Software (CMS) system for two bus transfer stations, including electrical services.

For questions relating to this solicitation, contact: Daphyne Sesco, Procurement Specialist 3, sescoda@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract: [] Bidder is NOT in arrears [] Bidder IS in arrears
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: [] Bidder is NOT in default [] Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # All

Legal Name of Bidder: Instyle Technologies LLC

DBA:

Authorized Representative Name/Title: President

E-mail Address: Ram@instyletek.com FEIN:

Street Address: 610 Queensbridge Drive, Lake Mary FL 32746

Mailing Address (if different):

Telephone: (407) 536-0142 Fax:

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

- Proposal is in full compliance with the Specifications.
Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Ram

SIGNER'S PRINTED NAME Vimal Okhai DATE: 04-29-2021

This page must be completed and uploaded to DemandStar.com with your Submittal.

Qualifications

Possess those licenses/permits required to perform Digital Video installations in the specified jurisdiction.

N/A

Provide references of the type of installation required in this RFP.

Included in the document

- Personnel knowledgeable in local, state, province and national codes, and regulations.

Yes - We do national projects

- Proposer must use professional licensed electrician or company for all electric work.

Yes

- Proposer must have been in business a minimum of 5 years.

Yes



Installation Partner Overview

Leading digital transformation, on the ground and in the air

USSI Global is a customer-centric program management company with over 35 years supporting network, media, broadcast, and digital signage solutions. Our mission is to deliver these quality and customized services globally, providing our customer with the necessary tools to get the job done right, on time, the first time. We are available 24/7/365 and ensure an outstanding customer experience every time.

Our programs are designed to resolve our customers' obstacles.

End-to-end solutions for every type of installation

For more than 20 years, USSI Global's Digital Signage Solution has installed, maintained, and populated a variety of digital signage projects. We have more than 100,000 site installs, including indoor and outdoor solutions, digital menu boards, retail and hospitality messaging, healthcare media, point of sale (POS) touchscreen kiosks, and large video walls, supporting everything from airport advertising to government agencies. We offer reliable, end-to-end solutions – including supply chain management, repairs and content management – that are customized for your organization.

Case Study: <https://www.ussiglobal.com/qsr-customer-experience/>

Press Release: <https://www.ussiglobal.com/blog/ussi-global-and-global-display-solutions-bring-touchscreen-interactivity-to-worlds-busiest-bus-terminal/>

Hardware Overview

See attachments.





Software Overview

Displayed Content and Information

Our current preferences are as follows:

- Real Time Bus Arrival and Departure information. Scheduled arrival and departures when real-time is not available. Product must be compatible with **Clever Devices CAD/AVL system.**
 - o **Yes, may be supported with a custom integration solution. See assumptions.**
- Local Weather Alerts Option will need to be included with Emergency option so RTS can display during bad weather conditions.
 - o **Weather feed pricing is including in pricing below. Emergency options may be possible with additional custom integrations.**
- RTS Marketing Branding options must also be displayed throughout all Non-Interactive screens.
 - o **Custom solutions may be designed with consideration of RTS Marketing Branding guidelines.**
- Displays will provide RTS multi-media information and photos in schedule sequences.
 - o **ReflectView and Reflect Xperience provide the capabilities to create, manage, and deploy playback loops consisting of images, video, and HTML content. The sequence, date/time, and location of playback are each configured in the playlist assignment for each screen. Media may be scheduled for playback in advanced and download to the media player's storage for playback if the device loses network connectivity.**
- The ability for RTS staff to remote access the monitors and add content via internet.
 - o **The ReflectView platform supports remote content assignment and download over the internet via a web browser or desktop application. Users import and upload media to the Content Library managed by the Reflect Server in the cloud and are always available after import.**
- Each unit can display both unique and group content.
 - o **Yes, the platform supports flexible assignment needs. Screens can each play unique or the same content assignment.**





Server/Cloud and Software Capabilities

Our current preferences are as follows:

- Digital Media Players or Built in display
 - o **ReflectView software is supported on both Windows PC and BrightSign media players, whether integrated into displays or standalone devices.**
- Interactive Multi-User technology capabilities.
 - o **ReflectView allows for any number of users to operate the platform simultaneously. Users may be separated into groups based on what permissions they need, from view- only users to full-admin users. User access may also be limited by which specific screens a given user has control over. This allows many users to independently manage their assigned screens.**
- Software that will provide interactive and digital signage.
 - o **ReflectView natively supports basic touch trigger capabilities for on-demand content playback. Phone to screen engagement may be possible with embedded QR codes or SMS call-to-action.**
 - o Custom solutions may support enhanced touch and interactive capabilities.
- Media Servers that can handle Digital Signage with backup capabilities.
 - o **Playback assignments are downloaded and stored on the local storage of the media player device and are always available for playback. In the event of a networking outage the playback schedule is maintained.**
- Ability to monitor, diagnose and update software remotely.
 - o **ReflectView Publisher and Server provide simple color-coded status reporting for each screen. Network operators can use status reporting for: current playback, network connectivity, download status, and playback error status. Users may create custom Filter Groups to dynamically report on specific status (i.e. group all offline devices).**
 - o **Software may be updated remotely through the platform and are included with active license subscriptions. This may be managed by Reflect Network Administrators or by the end-user(s).**
- Ability to add additional display units in the future, each with unique content.
 - o **ReflectView is a highly scalable digital signage CMS. Reflect Server is proven to support over 50,000 active devices. Additional displays may be deployed at any time.**





Software

- Furnish, design, develop, configure, install, test, train and deliver the equipment and computer operating system(s) in a ready-to-use condition, and perform all other related work.
 - o **Reflect Systems and solution partners can provide full turn-key solution services for all aspects of the digital signage program. This may include solution testing, deployment and installation as well as software training, network management & administration, and content programming.**
- Provide an anticipated future release schedule/frequency of software updates and provide pricing of updates within first five (5) years.
 - o **Reflect Systems currently manages a 3-year product development roadmap with a bi-annual release schedule in Summer and Winter. Enhancements scheduled on the roadmap become available to existing customers are no additional charge with active subscription licenses.**
 - o **Reflect values partnership and feedback from our customers and users of the software as some of the most useful features are often customer driven. We encourage customers to submit feature requests and present unique use-cases that can inform the development of future roadmap updates.**



Cost of initial installation/setup (to include providing electrical power to desired locations if required).
\$23,000

- Cost of initial Software license
\$22,500

cost per year to renew for 5 years.
4500 - \$ 6000 x 5 = \$ 30,0000

- Yearly cost of ongoing support and maintenance for 5 years.
Inclusive

- Pricing of individual components required to complete the project.
NA

- Cost of each Monitor + Housing + Accessories + Training
46" - 11875 - \$ 18.475 x 2 = 36,950.00
55" - 28125 - \$ 18.475 x 2 = 36,950.00

- Cost of each Mount (with Monitor Enclosure)
Inclusive

- Cost of each Kiosk (with Monitor Enclosure)
Inclusive

- Cost of each PC
Inclusive

- Cost of each Modem/Router
Inclusive

- Cost of Training RTS Staff.
Inclusive

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

Instyle Technologies LLC

does:

(Name of Bidder)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirements.

Ram

Bidder’s Signature

04-29-2021

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Small Business? YES NO

Is your business qualified, in accordance with the City of Gainesville’s Small Business Procurement Program, as a local Service-Disabled Veteran Business? YES NO

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State’s, Division of Corporations, to do business in the State of Florida? YES NO (refer to Part 1, 1.6, last paragraph)

If the answer is “YES”, provide a copy of SunBiz registration or SunBiz Document Number (# L12000105297)

If the answer is “NO”, please state reason why: _____

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? YES NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City’s consideration of your submittal, but is simply being requested for information gathering purposes.

Bidder’s Name

Printed Name/Title of Authorized Representative

Signature of Authorized Representative

Date

REFERENCE FORM

Name of Bidder: Instyle Technologies LLC

Provide information for three references of similar scope performed within the past three years. You may include photos or other pertinent information.

3 references

Samsung Electronics
Troy Tweedy
t.tweedy@sea.samsung.com
201-913-8768

Vision Media
John Crick
john.crick@visionmedia.com
816-305-6638

GDS – Global Display Solutions, Inc.
Ron DiRienzo – Service Manager
r.dirienzo@gds.com
M: 815-708-4472

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Ram

Signature of Proposer's Authorized Official

Vimal K Okhai

Name of Proposer's Authorized Official

President

Title of Proposer's Authorized Official

04-29-2021

Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

DISCLOSURE OF LOBBYING ACTIVITIES
 Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
 (See reverse for public burden disclosure.) R

Approved by OMB
 0348-0046

N/A

(refer to instructions on the next page)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: Prime Subawardee Tier _____, <i>if known</i> : Congressional District, <i>if known</i> :4c		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> :
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known :	9. Award Amount, if known : \$ _____	
10. a. Name and Address of Lobbying Registrant (<i>if individual, last name, first name, MI</i>):	b. Individuals Performing Services (including address if different from No. 10a) (<i>last name, first name, MI</i>):	
11 Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

This page must be completed and uploaded to De mandStar.com with submittal. If not applicable, write "Not Applicable" and provide signature next to it.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

CONTRACTOR RESPONSIBILITY CERTIFICATION

The proposer is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

	YES	NO
1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has the firm defaulted on any project in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Under the penalty of perjury, the Proposer's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Proposer's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Proposer by his or her signature below.

Proposer Name: Vimal K Okhai

Name/Title of person completing this form: President

Signature: 

Date: 04-29-2021

This page must be completed and uploaded to DemandStar.com with your Submitta 1.

SUBCONTRACTOR/SUBCONSULTANT LIST and BIDDER STATUS

The Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

IDENTIFY EVERY SUBCONTRACTOR(S)/SUBCONSULTANT(S)	SCOPE OF WORK TO BE PERFORMED	CERTIFIED D/M/WBE FIRM? (Check all that apply)	PERVIOUS YEAR'S ANNUAL GROSS RECEIPT'S	UTILIZING ON THIS PROJECT
NAME: <u>USSI Global</u> ADDRESS: <u>9145 Ellis Road</u> <u>Melbourne, Florida 32904</u> PHONE: <u>800-444-8774</u> FAX: <u>321-727-3107</u> CONTACT PERSON: <u>Steve Hathcock</u>	SCOPE OF WORK: <u>Hardware / Software</u> <u>Installation / Support</u> AGE OF FIRM: <u>35+</u>	YES _____ NO: <input checked="" type="checkbox"/> IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil <input checked="" type="checkbox"/> more than \$5 mil.	YES or NO
NAME: _____ ADDRESS: _____ _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ _____	SCOPE OF WORK: _____ _____ _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil.	YES or NO
NAME: _____ ADDRESS: _____ _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ _____	SCOPE OF WORK: _____ _____ _____ AGE OF FIRM: _____	YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____	_____ Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil.	YES or NO

Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project:

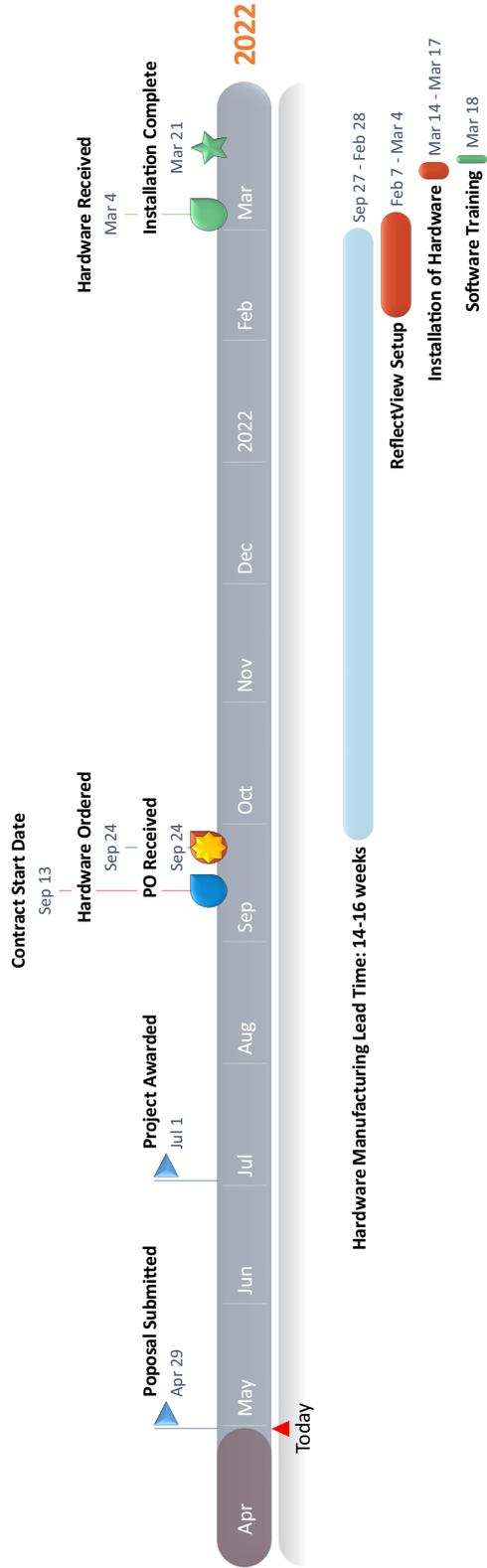
Name of Proposer: _____

Name/Title of person completing this form: _____

Is Proposer a DBE? Yes No If No, is Proposer a M/WBE? Yes No

Signature: _____ Date: _____

This page must be completed and uploaded to DemandStar.com with your Submitta 1.



Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Instlye Technologies LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **S**

Other (see instructions) ▶

C Corporation

S Corporation

Partnership

Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
610 QUEENSBRIDGE DRIVE

6 City, state, and ZIP code
LAKE MARY, FL 32746

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

				-					
--	--	--	--	---	--	--	--	--	--

or

Employer identification number

4	6	-	1	0	3	3	9	1	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶ *Ram*

Date ▶ *04-29-2021*

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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