

**EL PASO COUNTY  
CONTRACTS & PROCUREMENT DIVISION**

**BID FORM**

**LESS-LETHAL LAUNCHERS, MUNITIONS AND ACCESSORIES**

<b>NOTICE TO BIDDERS:</b>	<b>YOU ARE REQUIRED TO USE THIS FORM WHEN SUBMITTING A RESPONSE.</b> (do not leave blank spaces)
---------------------------	---

ALL REQUIRED DOCUMENTS ATTACHED? \_\_\_\_\_ YES

Will you accept payment by VISA credit card? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you accept VISA payment, is there a cost? \_\_\_\_\_ YES \_\_\_\_\_ NO

If there is a cost, or min/max dollar amounts, explain: \_\_\_\_\_

ITEM GROUP	DESCRIPTION	QUANTITY	PRICE EACH	EXTENDED PRICE	ITEM GROUP TOTAL
1.	DEFTECH 1425, 11-inch Launcher #1425-11 (Black)	68	\$ _____	\$ _____	
				<b>ITEM GROUP 1.</b>	\$ _____
2.	SIG ROMEO4T 1MOA Ballistic Circle Dot, Hex Bolt Mount, Solar, Black (SOR43031)	68	\$ _____	\$ _____	
				<b>ITEM GROUP 2.</b>	\$ _____
3	<b>a.</b> DEFTECH Belt/Bandolier (20 round) Black (260/4385-40-2)	68	\$ _____	\$ _____	
	<b>b.</b> Condor 28-inch Rifle Case, Black, (150-002-BK)	68	\$ _____	\$ _____	
	<b>c.</b> Magpul MS4 Dual QD Gen 2 Sling - Black (MAG518-BLK)	68	\$ _____	\$ _____	
	<b>d.</b> Streamlight TLR-1 HL Gun Light, Flat Dark Earth or Flat Dark Earth Brown (69266 or 69267) (Whichever is least expensive if there is a difference in price based on color)	80	\$ _____	\$ _____	
				<b>ITEM GROUP 3.</b>	\$ _____
4	<b>a.</b> eXact iMPact Sponge Round, 40mm, # 6325	1200	\$ _____	\$ _____	
	<b>b.</b> Direct Impact, 40mm marking, green crushable foam round, # 6326	310	\$ _____	\$ _____	
	<b>c.</b> Direct Impact, 40mm OC crushable foam round, # 6320	220	\$ _____	\$ _____	
	<b>d.</b> Direct Impact, 40mm reloadable 250-shot training kit, # 6530	2	\$ _____	\$ _____	
				<b>ITEM GROUP 4.</b>	\$ _____

**Number of days to delivery after receipt of order (ARO): \_\_\_\_\_ (Calendar days)**

**Include warranty information.**

Our submitted bid consists of a total price, all inclusive of any labor, insurance, materials, and any other miscellaneous incidental charges required to provide the items, except taxes as county is tax exempt:

**SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(COMPANY NAME)

**FEDERAL ID# / SS#:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT AUTHORIZED SIGNATURE:** \_\_\_\_\_