

TOWN OF WALLINGFORD

Department of Finance Bureau of Purchases 45 South Main Street Wallingford, Connecticut 06492

Telephone (203) 294-2115 Fax (203) 294-2119

DID NO. I DATE OF DID OPENING. I THE OF DID OPENING.										
BID NO.	DATE OF BID OF	PENING	TIME OF BID OPENING	INSURANCE REQUIREMENTS						
24-071	January 14, 2	2025	2:30 P.M., Prevailing Local Time	Liability See General Terms & Conditions						
	, ,		, ,	,						
BID ITEM										
Data Frame Replacement - Elementary & Middle Schools - E-Rate Compliant										
PRE-BID M	EETING: LOCATION	NC		PRE-BID: DATE	PRE-BID: TIME					
Parker F	arms Elemen	tary Scho	ol 30 Parker Farms Road	December 20, 2024	10:00 A.M.					
AMOUNT (OF BID SURETY PERFORMANCE BOND			CONTRACT PERIOD OR DATE DELIVERY REQUIRED						
None	None None			As Soon As Possible - After 7/1/25						

INVITATION TO BID

Sealed proposals will be received by the Purchasing Agent for the Town of Wallingford, in Room 206, Town Hall, 45 South Main Street, Wallingford, Connecticut, 06492, for furnishing the commodities and/or services herein listed to town agencies.

AFFIRMATION OF BIDDER

The undersigned bidder affirms and declares:

to the awarding of a bid.

- 1) That this contract proposal is executed and signed by said bidder with full knowledge and acceptance of the provisions of the General terms & Conditions, Bid Specifications and Bid Proposal which are made a part of the contract.
- 2) That should any part of this proposal be accepted in writing by the Purchasing Agent within sixty (60) calendar days from the date of bid opening, said bidder will furnish and deliver the commodities and/or services for which this proposal is made, in the quantities and at the prices bid, and in compliance with the Specifications.

	proposario mado,	iii alo qualitatioo alia a	t the phoce bia, a		omphanoo wan are op	oomoan	5110.		
3)	That this proposal	is covered by surety ir	n the following for	m as c	hecked. (See Amount	of Bid S	urety above	if required)	
	☐ Proposal Bond	☐ Cashiers Checl	eck		Enclosed in the amount of \$				
PI		dersigned, accepting th and deliver the commo							
	Type of Business	✓ Proprietorship	☐ Partnership		☐ Sub Chapter S Co.	rp.	☐ Corpo	Corporation	
Company Name SYSTEC101, LLC				Doing Business As (Trade Name)					
	Business Address 418 Broadway STE N				Albany	State NY		ode)7	
Signature of Person Authorized to Sign This Bid				Title Owner		Date 1	Date 1/14/2025		
	Print Name of Signer Murat	Yildirim		Phone	+1 303-537-7575	Fax	Fax		

Further information and references on any individual or company placing a bid may be required by the Town of Wallingford prior