

**RFQ #21-###**

**RFQ Title**

1. **Purpose**

**Lewis-Clark State College “LCSC” is requesting quotes for Product Description as further detailed below.**

**The contact for this RFQ is:**

**Buyer Name, Lewis-Clark State College**

**Tel: 208-792-2288**

**Fax: 208-792-2077**

E-mail:

# Time lines

Quotes Due: DATE 5:00 p.m.

# Specifications

*See* **Exhibit A**

1. **Delivery**

Contractor must deliver the DESCRIPTION, FOB Destination, to LCSC, 500 8th Ave, Lewiston, ID

# Award Basis

Award will be made to the responsive responsible vendor with the lowest Total Cost, as provided on **Exhibit B, Price Sheet**.

# Response

Enter your Total Cost on **Exhibit A** and fax, e-mail, mail, or hand-deliver so that it is received at LCSC prior to the deadline established above.

BUYER NAME

Admin Bldg, Rm 104

500 8th Ave, Lewiston, ID 83501

Tel: 208-792-2288, Fax: 208-792-2077

E-mail:

**Exhibit A**

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**RFQ title**

**Minimum Specifications**

Listed below are the minimum requirements. Indicate compliance in the columns and attach model numbers, specifications and additional information as necessary to support the proposed equipment.

|  |  |
| --- | --- |
| 1. One (1) each:
 | Complies |
|  | Yes | No |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. One (1) Each:
 | Complies |
|  | Yes | No |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. One (1) Each:
 | Complies |
|  | Yes | No |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**Exhibit B**

**RFQ #21-**

**Name of RFQ**

**Price Sheet**

This Price Sheet must be submitted with your quote.

Your TOTAL COST must be fully burdened to include all costs associated with providing product description meeting the required minimum specifications, including delivery FOB Destination Lewis-Clark State College, 500 8th Ave, Lewiston, Idaho.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LineItem | Qty | Item Offered(Provide item offered/manufacturer, model no., etc.) | UnitPrice | Ext.Amt |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| **Subtotal** |  |
| **Freight (included in cost)** | $0.00 |
| **TOTAL COST** |  |

Provide your approximate delivery: days ARO

Company Name:

Contact Name/Phone:

Contact E-mail:

**Exhibit C**

**Additional Solicitation Instructions**

|  |
| --- |
| **STATE OF IDAHO ADDITIONAL SOLICITATION INSTRUCTIONS** |
|  |
| **Standard Terms and Conditions and Solicitation Instructions**: The current versions of the **State of Idaho Standard Contract Terms and Conditions** and **Solicitation Instructions to Vendors** are incorporated by reference into this solicitation, and any resulting contract, as if set forth in their entirety. Both documents can be downloaded at http://purchasing.idaho.gov/terms\_and\_conditions.html; or copies obtained by contacting the Division of Purchasing at 208.327.7465 or purchasing@adm.idaho.gov. Failure by any submitting vendor to obtain a copy of these documents shall in no way constitute or be deemed a waiver by the State of any term, condition or requirement contained in the referenced documents; and no liability will be assumed by the Division of Purchasing for a submitting vendor's failure to consider the State of Idaho Standard Contract Terms and Conditions and Solicitation Instructions to Vendors in preparing its response to the solicitation. |
|  |
| **Validity of Quote**: Your quote must be firm and binding for a minimum of 30 days, or such alternate time as designated in the solicitation document. |
|  |
| **Alternate Quotes**: Multiple or alternate quotes will not be accepted unless expressly allowed in the solicitation documents. |
|  |
| **FOB Destination**: Your quote must be fully burdened, FOB Destination to the specified delivery location, unless provided otherwise in the solicitation documents. |
|   |
| **AWARD**: Award will be ALL OR NONE to the Responsive Responsible Vendor with the Lowest Cost. |



SIGNATURE PAGE for Use with a Manually Submitted Request for Quotation Response

No liability will be assumed by Lewis-Clark State College or the Division of Purchasing for a vendor’s failure to obtain the terms and conditions and any properly issued solicitation addendums in a timely manner for use in the vendor's response to this solicitation or any other failure by the vendor to consider the terms, conditions, and any addendums in the vendor's response to the solicitation.

Fax, mail, or deliver your quotation package to: Lewis-Clark State College

 Purchasing, Admin 104

 500 8th Ave

 Lewiston, ID 83501

 Tel: 208-792-2288

 Fax: 208-792-2077

This RFQ response is submitted in accordance with all documents and provisions of the specified RFQ Number and Title provided below. By my signature I accept the terms, conditions and requirements contained in the solicitation, including, but not limited to, the STATE OF IDAHO STANDARD CONTRACT TERMS AND CONDITIONS and the SOLICITATION INSTRUCTIONS TO VENDORS in effect at the time this RFQ was issued, as incorporated by reference into this solicitation; as well as any SPECIAL TERMS AND CONDITIONS incorporated in the solicitation documents (e.g. Software, Telecommunications, Banking, etc.). As the undersigned, I certify I am authorized to sign and submit this response for the named Vendor. I further acknowledge I am responsible for reviewing and acknowledging any addendums that have been issued for this solicitation.

|  |  |  |  |
| --- | --- | --- | --- |
| RFQNumber: |  | RFQ Title: |  |
| Vendor Name: |  |
| Address: |  |
| City, St, Zip: |  |
| Phone: |  | Fax: |  |
| FEIN: |  | E-Mail: |  |
|  |  |
| Signature | Date |
|  |  |
| Printed Name | Title |

**RETURN THIS SIGNATURE PAGE WITH YOUR QUOTE**