

Town of Laguna Vista, Texas
MICRO / SMALL PURCHASE VENDOR QUOTE FORM*
Project Name ARP #2309

Return Quote To:		From Company:	
Contact Name:	Rendie Gonzales	Contact Name:	
Entity Name:	Town of Laguna Vista C/O City Manager	Company Name:	
Address:	122 Fernandez Street	Address:	
City, State, & Zip:	Laguna Vista, TX 78	City, State, & Zip:	
Phone:	956.943.1793	Phone:	
Fax:	N/A	Fax:	
E-mail:	cm@lvtexas.us	E-mail:	

Quotes per the Specifications Must Be Received By:	02.15.2024 by 4:00 pm
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ITEM	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	<p>Equal or Equivalent to equipment: Window Stripping for Laguna Vista's Library</p> <p>Total of windows are 75 36 = 62 ½ X 46 24 = 62 ½ X 26 ½ 4 = 42 ½ X 26 ½ 6 = 42 ½ X 46 3 = 60 ½ X 46 2 = 60 ½ X 26 ½</p> <p>Remove old calking inside and outside the windows.</p> <p>Replace it with commercial polyurethane inside and outside the windows.</p> <p>*Site visits available</p>			
	Total of Service & Materials			

Vendor agrees to have the Goods/Services completed and delivered on or before: (*Any adjustments to the agreed-upon delivery dates/times must be provided in writing.)	Date:	
Is your company currently involved in any active litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign Non-Debarment Self-Certification, attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submit the required Form 1295 (Certificate of Interest Parties) & attach	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the company a Historically Underutilized Business (HUB) vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company currently involved in any mergers or acquisitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Vendor agrees that the quote provided will be valid for at least thirty (30) days unless otherwise indicated in the quote specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Representative Printed Name:	Signature:
Title:	Date:

NOTE: THE VENDOR QUOTE FORM MUST BE SIGNED BY A COMPANY OFFICER OR AN AUTHORIZED AGENT FOR THIS QUOTE TO BE CONSIDERED VALID BY Town of Laguna Vista, Texas

ALSO, BEFORE PAYMENT IS ISSUED ALL DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES)