

REQUEST FOR QUOTATION

RFQ-10-70

CITY OF WINTER HAVEN
" An Equal Opportunity Employer"

Please return quote to:
City of Winter Haven
Procurement Service Division
P.O. Box 2277
Winter Haven, FL 33883-2277

For additional information and clarification contact:

* Department Name: Community Services

Leisure Services Div.

*Contact Person: Steve Pruitt

Gene Mathews

*Telephone #: 863-291-5745

DATE ISSUED: 9/2/2010

W.H.R.C.C. Overflow Parking Area Sod

Please quote on the following items:

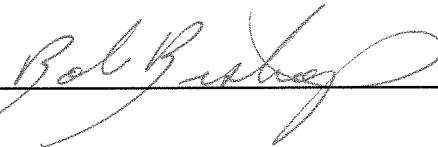
Bid Notes: Approved contractor will provide and install big rolled Certified 419 Bermudagrass Sod. Contractor will be responsible for rolling all sod areas and cutting sod in around all irrigation heads, valve boxes and structures within the work area. Unit Prices listed shall include all costs, overhead and profit and no further surcharges are to be added to any unit price item. The City of Winter Haven reserves the right to reject any and all plant material of poor quality or health conditions.

Item*	Quantity*	Description*	Unit Cost	Total Cost
		Location: Winter Haven Recreational & Cultural Center		
		801 Avenue T NE,		
		Winter Haven, FL 33881		
A	39,000 sq.ft	Certified 419 Bermudagrass Sod (Big Rolls) - Installed	\$ _____	\$ _____

Bidder shall have completed not less than three projects of similar size and scope. ***The successful bidder(s) must furnish proof of workers comp insurance as well as general liability and automobile coverage of at least \$500,000.00, with the City of Winter Haven named as additional insured within 48 hours after award.*** Contractor is responsible for any applicable utility locates for the project and required to secure the worksite to provide a safe work environment. Responsibility falls upon the Contractor for any damages to the property and/or surrounding perimeters outside the scope of services agreed upon. Work exceeding the proposed estimates require prior approval from the Landscape Services Division Director or Superintendent.

Prices must be valid for 90 days.

Procurement Services Division Director: _____



DELIVERY WANTED: Within 3 days

We offer to sell you as above F.O.B., Winter Haven, Florida. Delivery can be made in _____ days from receipt of order.

Date: _____ Return this quotation **NOT LATER THAN 2:00 P.M., September 14, 2010**

TO: Procurement Services Division, address above or FAX TO 863-291-5666

SIGNATURE: _____

**COMPANY NAME: _____

ADDRESS: _____

CITY/STATE _____

PHONE: _____

FAX: _____

W-9 MUST BE ATTACHED TO THE RFQ WHEN RETURNED BY THE RESPONDING VENDOR.

****PAYMENT WILL BE RENDERED TO THE NAME AND ADDRESS APPEARING ON THE W-9.**