

REQUEST FOR QUOTATION

RFQ-10-76

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

9/24/2010

Please quote on the following items: **Specificatins for Rye Grass and POA Trivalis Seed - 50lb Bags**

Item	Quantity*	No Substitutions	Unit Cost	Total Cost
A	28	50 Pound Bags of Premium POA Trivalis, Apron Treated. Comparable to Cypress, Fuzzy and Dark Horse ETC.	\$ _____	\$ _____
B	720	50 Pound Bags of Premium Lolium Perennial Rye Grass Seed, Apron Treated No Annual Rye Grass Seed to be Bid in whole or part of a mix with Lolium Perennial Rye Seed. 100% Lolium Perennial Rye Seed Apron Treated Only All seed varieties must be Blue Tag Certified.	\$ _____	\$ _____
Total, Items A-B			\$ _____	\$ _____
All items to be delivered the week of October 25-29, 2010, before 3:00 p.m.				
Item A and 200 bags of item B to:				
Willowbrook Golf Course				
4200 State Road 544 E.				
Winter Haven, FL 33881				
320 bags of item B to:				
Chain of Lake Stadium				
210 Cypress Gardens Blvd.				
Winter Haven, FL 33880				
200 bags of item B to:				
Rolling Hill Cemetery				
4810 Tilden Road				
Winter Haven, FL 33881				
Prices are to include cost of delivery to locations specified. The City reserves the right to make award(s) on a per item basis, or by groups of items, or in any combination thereof that is deemed to be in the best interest of the City of Winter Haven.				

DELIVERY WANTED: AS SPECIFIED ABOVE

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., October 5, 2010**

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

SIGNATURE: _____

NAME PRINTED: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

FAX: _____

Email: _____

**W-9 MUST BE ATTACHED TO THE RFQ WHEN RETURNED BY THE RESPONDING VENDOR.
 PAYMENT WILL BE RENDERED TO THE NAME AND ID APPEARING ON THE W-9