

RFQ 17-4 Levy Kitchen Equipment

Issuing Date: May 22, 2017

Return 1 Original and 1 copy to:

**Stewart E. Trautman, Jr., Director of Purchasing
College of Central Florida/Purchasing Department
Founders Hall/Building 1/Room 109
3001 S.W. College Road, Ocala, Florida 34474**

Quote Due Date: June 5, 2017/ Time: 2:00 P.M

**For Inquiries Contact: Stewart E. Trautman, Jr. Director of Purchasing
Telephone: (352) 873-5815**

1.0 **DESCRIPTION** – College of Central Florida is seeking competitive quotes from qualified sources to provide as noted below kitchen equipment for the Levy campus. Equivalentents may be provided.

| Manufacturer | Type | Model | Qty. | Unit Price | Price |
|---------------|--------------------|----------------|------|------------|----------|
| Panaconic | Microwave | NE1024 | 1 | \$ _____ | \$ _____ |
| Bunn | Coffee Machine | RT (5 warmers) | 1 | \$ _____ | \$ _____ |
| Traulsen | Holding Cabinet | RHF132W-FHS | 2 | \$ _____ | \$ _____ |
| Blodgett* | Convection Oven | BCX-14E | 1 | \$ _____ | \$ _____ |
| Hobert ** | Dishwasher | AM Select | 1 | \$ _____ | \$ _____ |
| Advance Tabco | 3 Compartment Sink | K7-DS-21 | 1 | \$ _____ | \$ _____ |
| Eagle Group | SS Work Table | T3060B | 1 | \$ _____ | \$ _____ |
| Eagle Group | SS Work Table | T3072B | 1 | \$ _____ | \$ _____ |
| Eagle Group | SS Work Table | T30120B | 1 | \$ _____ | \$ _____ |
| TOTAL | | | | \$ _____ | \$ _____ |

NOTE:

* Stacked on Zephaire-E plus

** W/ (2) 30" x 48" Work Tables

The quote price submitted shall include all labor, equipment, supervision, supplies, and installation necessary to perform all services. Equipment and installation shall be complete no later than June 30, 2017. Equipment shall be delivered FOB destination to College of Central Florida Levy Campus, 15390 NW Hwy., 19 Chiefland, FL 32626

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2.0 Proposed Warranty Period _____calendar days after receipt/acceptance of materials.

3.0 Person Authorized to Sign

Print Name

Signature

Date Signed

This is not an order. This Request for Quotation is for evaluation purposes only. Award will be made via issuance of a fully executed purchase order. Pricing shall remain firm for a period of 90 calendar days.

VENDOR INFORMATION

Company Name/Address _____

(Contact Person)

(City)

(State)

(Zip Code)

Telephone: _____ Fax _____ Email _____

Federal Employee Identification Number(F.E.I.N) _____ - _____

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STATEMENT OF NO QUOTE

If your company does not intend to submit an offer on this requirement please complete and return this form no later than the date shown for request for quotes due date to the address cited in the "Solicitation Information" on page 1 of this quote:

We, the undersigned, have declined to quote on the above referenced Request for Quote (RFQ) for the following reason(s):

Please check appropriate item(s):

- Scope of Work or Terms and Conditions are too "restrictive." (Please explain below.)
- Unable to meet requirements
- RFQ was unclear. (Please explain below.)
- Insufficient time to respond
- We do not offer this type of service or equivalent.
- Our employee man loading would not permit us to perform.
- Unable to meet bonding or insurance requirements (if applicable)
- Other (Please explain below.)

REMARKS:

Please remove our company from your "Mailing List":

Company Name

_____ (Print or Type Company Name here)

_____ **Type or Print Name & Title**

_____ **Title**

_____ **Signature of Authorized Representative as shown above**

_____ **Date Signed**

This form must be completed and returned with your quote submittal.