

REQUEST FOR QUOTATION

CITY OF WINTER HAVEN

" An Equal Opportunity Employer"

RFQ-10-16

**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**

***Contact Person: Donna Nixon or Debbie Battista**

***Telephone #: 863-291-5656**

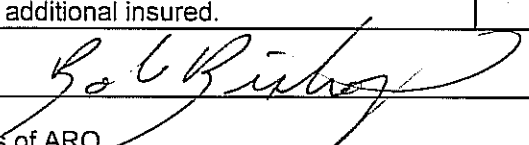
DATE ISSUED: 3/1/2010

Please quote on the following items:

Item*	Quantity*	Description*	Total Cost
		Chain O' Lakes Complex	
		210 Cypress Gardens Blvd, Winter Haven, FL 33880	
		Work to be performed by a member of the MFMA (Maple Flooring Manufacturers Association, Inc)	\$_____
		Floor to be grinded or sanded smooth, apply one coat of MFMA approved oil modified sealer.	
		Repaint games lines for basketball, volleyball, badminton and keys. Paint City of Winter Haven logo in center court. Design provided by owner.	
		Oil paint must be compatible with MFMA approved finish. Apply three coats MFMA approved oil modified finish. All work to be performed in one phase.	
		** A mandatory pre-bid meeting will be held March 11, 2010 at 10:00 A.M., at the Chain O' Lakes Complex.	
NOTE: Failure to attend the Mandatory Pre-Bid Meeting will disqualify a potential Bidder			
		Contractor must provide a copy of License, Liability, Workers Compensation and Automotive Insurance within 48 hours of award, naming the City of Winter Haven as additional insured.	

Prices must be valid for 90 days.

Procurement Services Division Director: _____



DELIVERY WANTED: Within two weeks of ARO

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., March 24, 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 ID APPEARING ON THE W-9.**