## Request for Quotes with Proposals PirateFest Event Services 22-2015/2016



Due: February 8, 2016 @ 2:00 PM, Local Time

Pensacola State College hereby extends an invitation to quote for the above referenced project for Pensacola State College, as specified in this quotation request. All terms and conditions, included hereafter, are part of this quotation request. Any quotation failing to comply with all of these terms and conditions may not be accepted. Rights are reserved to reject any and all quotations and to waive any and all technicalities.

Directions for submitting quotations include the following:

- 1. All quotations must be emailed to the attention of the Director of Purchasing and Auxiliary Services, at <a href="mailto:cboatwright@pensacolastate.edu">cboatwright@pensacolastate.edu</a> no later than the date and time indicated above and shall be clearly marked in the subject line indicating the above referenced Request for Quote.
- 2. Quotations may be awarded or rejected at the discretion of Pensacola State College.
- 3. All quotations shall be submitted on the quotation form, herein included, and shall be properly signed by an authorized representative of the firm or entity submitting the quotation in order to be considered. Attach all amplifying instructions and documents to this quotation form.
- 4. All Pensacola State College Terms and Conditions are incorporated herein and to any future purchase orders resulting from this request for quotes. This is based upon a single event as defined within the Scope.

## SCOPE OF SERVICES

Pensacola State College is interested in obtaining quotes with proposals for our PirateFest Event Services. The event will take place April 23, 2016 from 10am to 2pm at the Pensacola State College, Pensacola Campus Track. Types of previous events have included: Zipline, Inflatable Obstacle Course, and Midway attractions.

Quotes should include a proposal for the scope outlined above with and materials explaining the equipment and services provided.

Quotes should be broken down into the type of service/equipment proposed and the cost associated.

The maximum the College will pay for these services is \$15,000. This is a budgetary number and in no way limits the College to approve services up to \$15,000. Instead this number is provided as a maximum cap for the services provided under the resulting contract. The College, after discussion with bidder(s), will determine the exact amount of contracted services.

| <b>QUOTATION FORM</b> (Bidder may i          | include additional fo                | orms as necessary        | to show | additional event options) |  |
|----------------------------------------------|--------------------------------------|--------------------------|---------|---------------------------|--|
| Type of Service/Event Offered                |                                      |                          |         | Total cost for 10am-2pm   |  |
|                                              |                                      |                          |         |                           |  |
|                                              |                                      |                          |         |                           |  |
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|                                              |                                      |                          | I       |                           |  |
| Corporate Name                               |                                      | DBA Name (if applicable) |         |                           |  |
|                                              |                                      |                          |         |                           |  |
|                                              | Street/PO Box                        |                          | City    |                           |  |
| Purchasing Address                           | Streety 1 & Box                      |                          | City    |                           |  |
|                                              | State Z                              |                          | Zip     |                           |  |
|                                              | Email Address                        |                          |         |                           |  |
| Remit to Address                             | Street/PO Box City                   |                          | City    |                           |  |
|                                              | State                                |                          | Zip     |                           |  |
|                                              | Email Address                        |                          |         |                           |  |
|                                              | Linaii Addi Coo                      |                          |         |                           |  |
| Contact Person                               | Name Phone                           |                          | Phone # |                           |  |
|                                              | Email Address                        |                          |         |                           |  |
| Address of Parent Company<br>(if applicable) | Street/PO Box City                   |                          | City    |                           |  |
|                                              |                                      |                          |         |                           |  |
|                                              | State                                |                          | Zip     |                           |  |
| Check applicable boxes for owner             | ship of company                      |                          |         |                           |  |
| Dia ak Amaariaa n                            | Historia Amandana                    | Asian Dasifi             |         |                           |  |
|                                              | Hispanic American<br>Native American |                          |         |                           |  |
| Attach current MBE/WBE Certifications        |                                      |                          |         |                           |  |
|                                              |                                      |                          |         |                           |  |
|                                              |                                      |                          |         |                           |  |
|                                              |                                      |                          |         |                           |  |
| Authorized Agent Name                        |                                      |                          |         |                           |  |
| Authorized Agent Name                        |                                      |                          |         |                           |  |

## **REFERENCES**

| 1                             |                |
|-------------------------------|----------------|
| COMPANY NAME                  | CONTACT PERSON |
| EMAIL ADDRESS                 | PHONE NUMBER   |
| DATE OF LAST SERVICE PROVIDED |                |
| 2. <u> </u>                   |                |
| COMPANY NAME                  | CONTACT PERSON |
| EMAIL ADDRESS                 | PHONE NUMBER   |
| DATE OF LAST SERVICE PROVIDED |                |
| 3                             |                |
| COMPANY NAME                  | CONTACT PERSON |
| EMAIL ADDRESS                 | PHONE NUMBER   |
| DATE OF LAST SERVICE PROVIDED |                |