

Willacy County, Texas
MICRO / SMALL PURCHASE VENDOR QUOTE FORM
ARP #2306-A

Return Quote To:		From Company:	
Contact Name:	Jessica Rodriguez	Contact Name:	
Entity Name:	Willacy County- Judge's Administration Bldg.	Company Name:	
Address:	576 W. Main Rm 152	Address:	
City, State, & Zip:	Raymondville, TX 78580	City, State, & Zip:	
Phone:	956-699-0340	Phone:	
Fax:	N/A	Fax:	
E-mail:	Jessica.rodriguez@co.willacy.tx.us	E-mail:	

Quotes per the Specifications Must Be Received By:	March 7, 2024– by 4:00pm
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	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	Equal or Equivalent to:			
	All in One- Monitor i7/8GB- SSD 256 GB BRAND-HP	7		
	Tablet 8GB- 64 GB RAM BRAND-MICROSOFT SURFACE	1		
	Tablet Keyboard Brand- Microsoft surface	1		
	MEMORY STICK 32 GBx2 BRAND-SANDISK	8		

Vendor agrees to have the Goods/Services completed and delivered on or before: (*Any adjustments to the agreed-upon delivery dates/times must be provided in writing.)	Date:	
Is your company currently involved in any active litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submit a signed Form 1295	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign Non-Debarment Self-Certification, attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company a Historically Underutilized Business (HUB) vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company currently involved in any mergers or acquisitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Vendor agrees that the quote provided will be valid for at least thirty (30) days unless otherwise indicated in the quote specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Representative Printed Name:	Signature:
Title:	Date:

NOTE: THE VENDOR QUOTE FORM MUST BE SIGNED BY A COMPANY OFFICER OR AN AUTHORIZED AGENT FOR THIS QUOTE TO BE CONSIDERED VALID BY Willacy County. ALSO, BEFORE PAYMENT IS ISSUED IF SELECTED SAM.GOV DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES)