

Willacy County, Texas
MICRO / SMALL PURCHASE VENDOR QUOTE FORM
ARP #2488

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: July 24, 2024, by 4:00 pm

The brand names, or manufacturer's references are descriptive only and indicate the type and quality desired. Bids on brands of like nature and quality will be considered If proposing other than the referenced brands/model number, Bidder must provide the manufacturer, brand, or trade name, and product number and provide complete descriptive information of the product offered and include it with the bid. The evaluation of "or equivalent" offers shall be given full consideration and offers meeting the specification shall not be rejected for minor differences in design, construction, or features from the reference models that do not affect the suitability of the product for its intended use.

	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	Equal or Equivalent to:			
	Computer type - All In One	2		
	Processor - Intel i7	2		
	RAM- 16GB	2		
	Hard Drive Storage - 256gb or greater	2		
	Operating System - Windows 11 Pro	2		
	Keyboard & Mouse - Wireless	2		

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

Is your company registered with the System for Award Management (SAM.gov)? If no, not eligible to send a quote form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your SAM Unique Entity I.D Number and send a document with the form	Number:	
Is your company planning or in the process of registering with the System for Award Management (SAM.gov) If yes, send documentation with the form If no, not eligible to send a quote form.	<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 ISSUED ALL DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES)