

WILLACY COUNTY, TEXAS
MICRO/SMALL PURCHASE VENDOR QUOTE FORM
ARP # 2490

| 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: November 18, 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.

| ITEM | DESCRIPTION | QTY | UNIT PRICE | EXTENDED PRICE |
|------|---|-----|------------|----------------|
| | Equal or Equivalent to: 2024/2025 Vehicle | | | |
| 1 | MODEL- Half ton 4x4 door Special Service Vehicle (SSV) 4x4 Crew Cab (Billet Silver Clear Coat) Unconnect Pin Vire Harnes 1-Anti-Spin Diff Carpet Flooring Covering Protection Group Remote Start And Security Group Lt365/70r17 On/Off Road Tires Heavy Duty Spray In Bed-Liner Class Iv Trailer Hitch 40/20/40 Front Cloth Bench Seat Vinyl Rear Bench Seat Billet Silver Clear Coat Setina Push Bar Powder Coat Wheels(Black) Mopar Black Nerf Bars Level Kit | | | |

| | | | | |
|--|---|--|--|--|
| | Weather guard Black Tool Box(Mid Profile) | | | |
| | | | | |
| | Total | | | |

| | | |
|--|------------------------------|-----------------------------|
| Vendor agrees to have the Goods/Services completed and delivered on or before date indicated. *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)? <i>(Attach proof of verification from SAM.gov with your returned quote)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide your SAM Unique Entity ID Number (if available) | Number: | |
| Is the company a Historically Underutilized Business (HUB) vendor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign Non-Debarment Self-Certification, attached | <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 |
| The selected vendor agrees that Form 1295, Certificate of Interested Parties will be completed as required by the Texas Ethics Commission (and as applicable to the jurisdiction). Submit a signed Form 1295 | <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)