**COMPETITIVE QUOTE BID (CB)**

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| **Commodity****Description** |  General description of what is being requested | **Bid Submission Deadline** | [Date], [Time], CST |

|  |
| --- |
| **UA Little Rock Requestor Contact Information** |
| Name: |  [enter your name and contact info] | Phone: |   |
| Fax: |   | Email: |   |

**Bidder Instructions:**

* To be considered, your quote must be completed and returned by fax, mail or email no later than the bid submission deadline listed above.
* Please provide bid quotes on the following services/item(s). **See attached item specifications.** If bidding a manufacturer name and/or part number other than those listed, you must provide the alternate brand name and part number. Also, indicate any change in container size or standard package from that specified.
* Quotes must include all freight charges for material to be delivered **F.O.B University of Arkansas at Little Rock,**

**2801 South University, Little Rock, AR 72204,** or other address specified in request. Do not include local or state taxes in bid price. Discounts should be deducted from the unit price and net price should be shown in the quote.

* Awards will be on a per item or an all or none basis, whichever is more advantageous to the University.

The University of Arkansas reserves the right to decline any and all bids based upon the experience and

qualifications of the company.

* The vendor must complete the Vendor Information section below to be considered.

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|  |
| **Vendor Information** |
| Company Name: |  |
| Name(type or print): |  | Email: |  |
| Address: |  |
| City: |  | State: |  | ZIP Code: |  |
| Telephone Number: |  | Fax Number:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Minority Designation*:* |

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Not Applicable | ☐ African American | ☐ Hispanic American | ☐ Pacific Islander American ☐ Woman Owned |
| ☐ American Indian | ☐ Asian American | ☐ Service Disabled Veteran |
| AR Minority Certification #:  |   | Service Disabled Veteran Certification #:  |   |

 |
| Signature: |  Date: |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Business Designation (check one): | Individual [ ] | Sole Proprietorship [ ]  | Public Service Corp [ ]  |
| Partnership [ ] | Corporation [ ] | Government/ Nonprofit [ ]  |

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**Item Specifications or Scope of Work**

*Enter item specifications or scope of work needed to be performed.*

**Official Pricing Sheet**

All charges **should** be included on the Official Bid Price Sheet(s) which includes all associated costs (including but not limited to delivery, freight etc.) for the goods or services being bid. Do not include sales taxes in unit prices. Bid pricing should be valid for 30 days following CB opening to allow sufficient time to tabulate and evaluate bid responses.

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| --- | --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **QTY** | **UNIT OF MEASURE** | **UNIT PRICE** | **EXTENDED AMOUNT** |
| *Example* | *Vacuum Cleaner**Brand Bid:* *Model Bid:*  | *2* | *each* |  |  |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| **Grand Total:** |  |