



Attachment A
SECTION 3 – **REVISED** QUOTATION
(This is not an order – Inquiry Only)

All offers must be submitted on this form with your best price for the goods and/or services described below. Quotes are good for 90 days from receipt of quotation. **All items must be bid to be considered responsive.**

Item	Description	Location	*UOM	Total Cost
1	Annual inspection, testing, and maintenance of <u>fire alarm</u> systems.	Stations 11, 12, 13, 14	LS	
2	Annual inspection, testing, and maintenance of <u>fire suppression</u> system(s) (fire sprinklers)	Stations 11, 12, 13, 14	LS	
3	Annual inspection, testing, and maintenance of <u>backflow and forward flow devices</u>	Stations 11, 12, 13, 14	LS	
4	Monitoring of the <u>fire alarm</u> system	Stations 11, 12, 13, 14	LS	
5	Other related costs (explain)		LS	
6	Annual inspection, testing, and maintenance of <u>security alarm</u> system	Station 13 shop	LS	
7	Monitoring of the <u>security alarm</u> system	Station 13 shop	LS	
TOTAL QUOTATION FOR ONE YEAR				

Cost bid represents one year of a five-year contract. Contract award is based on lowest responsive, responsible bid total listed above. If identical bids are submitted, award will be based on the lowest combined night/weekend service rate bid provided below.

**Number of Units to bid was determined at the Mandatory Pre-bid Onsite Meeting. See Addendum for detailed list of items at each location.*

	On-call Rates		Holiday	Night/Weekend**	Day
8	Service all systems as needed. Include on-call rates for days, nights/weekends, and holidays.	Stations 11, 12, 13 & shop, 14			

****If night/weekend rates are different, split the Night/Weekend column to reflect each, respectively.**

List special equipment or services your company may provide:

List your availability and response time for on-call repairs, if needed:

I hereby certify that the undersigned is authorized to represent the firm stated below and empowered to submit this quotation response, and if selected agree to furnish all goods and services in accordance with the RFQ. In addition, all City of Albany requirements, including insurance, have been reviewed and are incorporated in this quote.

Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Vendor's Name (print) _____ Tax ID No.: _____

Signature: _____ Title: _____

Date: _____ Email: _____