



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

QUOTE FORM FOR SERVICES AND COMMODITIES

FISCAL YEAR 20 _____ - 20 _____

DATE: _____

Telephone Quote Sent to Vendor Person Sent/Spoke to: _____

Please complete and return by fax or email as provided below. If you have any questions, please contact:

Name: _____ Phone: _____ Fax: _____

E-Mail: _____

Facility Name: _____

Facility Address _____

Services/Products Required by Facility: _____

Vendor Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ E-Mail: _____

FEID No. _____

TO WHOM IT MAY CONCERN:

If you are interested in providing the products or services required above, please provide us with the following information: Hourly Rate, Overtime Rate, Weekend/Holiday Rate, Trip Charge, and any other rates that may be incurred. Please also include information on any discounts, if given, for parts, products, and/or materials. Enter only the dollar amount for the county/counties served/covered and a percentage for the parts used, or that will be furnished, that you wish to be considered for. PLEASE USE A SECOND SHEET IF NEEDED.

Employment of Illegal Aliens

Unauthorized aliens shall not be employed by any supplier/vendor. The Department shall consider the employment of unauthorized aliens a violation of section 274A (e) of the Immigration and Nationality Act (8 U.S.C. 1324 a). Such violation shall be cause for unilateral cancellation of any purchase order by the Department. Pursuant to Executive Order 11-02 signed by the Governor on January 4, 2011, the supplier/ vendor will utilize the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and subcontractors. Results of the e-verification will remain on the supplier's premises for review by the Department if required. Information regarding "E-Verify" is available at the following website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm - 1.

Counties/Cities Vendor Covers	Hourly Rate (Per Person)	Overtime Rate (Per Person)	Weekend/Holiday Rate (Per Person)	Trip Charge/Flat Rate (If Applicable)	Additional Information

PARTS: Please indicate below either retail - no discount or retail less ___% discount. Check and/or fill in discount amount.

New Parts	Used Parts	Exchange parts	Additional Information
<input type="checkbox"/> Retail – No Discount or	<input type="checkbox"/> Retail – No Discount or	<input type="checkbox"/> Retail – No Discount or	
<input type="checkbox"/> Retail Less _____ %Discount	<input type="checkbox"/> Retail Less _____ % Discount	<input type="checkbox"/> Retail Less _____ % Discount	

Vendor Signature: _____ Date: _____

Print Name: _____ Title: _____

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.