



**REQUEST FOR PRICE QUOTATION
FOR SINGLE FEASIBLE SOURCE**

**MISSOURI DEPARTMENT OF TRANSPORTATION
830 MoDOT DRIVE – PO Box 270
JEFFERSON CITY, 65109**

REQUEST FOR PRICE QUOTATION

Please quote the lowest prices covering material specified and provide all information requested.

TODAY'S DATE:	11/24/10	QUOTE DUE BY:	12/8/10	F.O.B. REQUIREMENTS:	DESTINATION
TIME REQUIRED FOR DELIVERY:		QUOTATION No:	7-091231BT	BUYER NAME /TELEPHONE NUMBER:	BRENDA TYREE 573-751-7482
TO BE DELIVERED NO LATER THAN					
Vendor Mailing Address/Facsimile #:	TAPCO, Inc. 5100 W. Brown Deer Road Brown Deer, WI 53223 Tele: 877-827-2655 Fax: 414-354-5480		Delivery Locations:	Statewide as Specified on each Purchase Order	

Estimated Quantity	U/M	DESCRIPTION (including size and/or part #'s)	UNIT PRICE
24	Ea.	36" Blinkersign DG3 any legend solar, any standard shape, 8 LEDs (white/red/amber, as needed, if needed), 2180-DV36	
24	Ea.	48" Blinkersign DG3 any legend solar, any standard shape, 8 LEDs (white/red/amber, as needed, if needed), 2180-DV48	
4	Ea.	Replacement Solar Panel for Blinkersign – DV & Radio signs with cap, alum & wing, 2772-00002	
4	Ea.	Replacement – Blinkersign retrofit assembly 9 wire, 3204-00013	
		CONTRACT PERIOD: Notice to Proceed through December 31, 2011	
		Quoted prices must be inclusive of all freight and handling costs and remain firm through contract period.	

Note to Respondent: A vendor must be in compliance with the laws regarding conducting business in the State of Missouri. The compliance to conduct business in the state shall include but may not be limited to: Registration of business name, vendors **MUST** submit a bid/proposal that correctly and accurately identifies the company name that is registered to do business in the State of Missouri. All vendors who are required to execute a contractual agreement **MUST** submit a copy of their certificate with the signed copy of the contract agreement before the purchasing department can proceed with MoDOT legal contract approval.

Company Name: _____

All responses to this Request for a Price Quotation For Single Feasible Source MUST be submitted on this form and all pages MUST be returned to the Buyer listed above at the mailing address shown.

VENDOR NOTES

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VENDOR INFORMATION

Vendor Name /Mailing Address		Vendor Contact Information (including area codes):	
		Phone #:	
		Fax #	
		Cellular #	
Printed Name and Title of Responsible Officer or Employee:		Signature:	

Is your company registered/certified with the State of Missouri as a (please circle):				
Is your firm MBE Certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your firm WBE Certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would your company like information on becoming a registered/certified MBE/WBE vendor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List all agencies your firm is currently certified with?	
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Cooperative Procurement

MoDOT is interested in assisting Missouri governmental entities, etc. in purchasing equipment, various materials, and supplies that meet MoDOT specifications.

The bidder is asked to indicate below whether they would be willing to offer Blinkersigns listed in the attached "Request for Price Quotation" for sale to these local political entities at the same bid price offered to MoDOT.

It is understood MoDOT will not issue purchase orders, accept delivery nor make payment for these items ordered by any of these agencies. It is further understood the price is based on the Blinkersigns meeting MoDOT specifications. Any added options, deletions, or extra freight costs would be negotiated between the local agency and the bidder.

Indicate below whether your company is willing to offer such cooperative purchasing for Missouri counties, cities or other political entities.

YES _____ NO _____

If the price varies throughout the state on MoDOT bids because of different delivery destinations, please indicate the price f.o.b. your location that would be offered as described.

F.O.B. Location _____

Indicate the deadline date that orders will be accepted. _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

TITLE _____

DATE _____