

STATE OF IDAHO
DEPARTMENT OF LANDS



JANITORIAL SERVICES – EASTERN SUPERVISORY AREA
REQUEST FOR QUOTE NO. 24-8805
DUE BEFORE 1:00:00 P.M. MOUNTAIN TIME (M.T.) on JULY 3, 2024

**STATE OF IDAHO
DEPARTMENT OF LANDS
REQUEST FOR QUOTE 24-8805**

**JANITORIAL SERVICES
3563 E Ririe Hwy
Idaho Falls, ID 83401**

RESPONSES DUE BEFORE 1:00 PM MT (Mountain Time) on July 3, 2024

The purpose of this Request for Quote (RFQ) package is to solicit quotes for Janitorial SERVICES work outlined in the attached project descriptions and contract documents.

NOTE – Your company must be registered as a supplier in LUMA to be awarded a contract.

QUESTIONS: Questions pertaining to RFQ specifications must be submitted in writing via email to **Michaëlle Sande** at mrsande@idl.idaho.gov. The deadline for receiving questions is 1:00 P.M., MDT, June 28, 2024. Only questions answered by written amendment are binding. Oral interpretations have no legal effect. Unofficial communication streams are not binding and at your own risk. Responses to questions received will be posted as an addendum on the IDL website at www.idl.idaho.gov. Verbal questions will not be accepted.

INSTRUCTIONS: All price quotes will be entered on the attached Schedule A. The signed Schedule A may be returned to the Email listed below. Idaho Department of Lands will award a contract to the qualified vendor submitting the lowest responsible and responsive quote. The MONTHLY PRICE will be the basis for award.

IDL reserves the right to enter negotiations in accordance with IDL Procurement Policy #13.

SITE VISIT

A pre-bid site visit will be held at 10:00 AM M.T. on Tuesday, June 25, 2024, at 3563 E Ririe Hwy, Idaho Falls, ID 83401. While attendance is not mandatory, interested vendors are encouraged to attend and participate.

RFQ DEADLINE AND ELECTRONIC DELIVERY REQUIREMENTS: Quotes must be received before 1:00:00 P.M. M.T. on July 3rd, 2024. IDL is not responsible for delayed delivery of electronically submitted quotes. The date and time of electronically received quotes, to the IDL email address listed below, will be used to determine if electronically submitted quotes were received by the due date and time specified. If you are not able electronically transmit your quote by email you must call 208-666-8613 and your quote will be recorded over the phone. Late Quotes will not be accepted. Fax Quotes will not be accepted. Mailed Quotes will not be accepted.

Quote Email Address:

mrsande@idl.idaho.gov

SCHEDULE A

STATE OF IDAHO
DEPARTMENT OF LANDS
REQUEST FOR QUOTE
THIS IS NOT AN ORDER

Requisition Number 24-8805

Date _____

INSTRUCTIONS:

Insurance, as outlined in Paragraph #8 of the attached "Sample Contract", must be maintained in Full Force and Effect for the duration of the contract.

Responders must use this form when submitting prices. Complete all fields.

Service Location: IDL Eastern Supervisory Area
3563 E Ririe Hwy
Idaho Falls, ID 83401

ARTICLES	MONTHLY PRICE
Janitorial Services for the IDL Eastern Supervisory Area, located in Idaho Falls, Idaho per the attached Scope of Work <ul style="list-style-type: none">Monthly cost is to be all inclusive for all services performed weekly, monthly, and/or annually.Duration of the contract shall be for a period of <i>one year from its effective date with the option to renew for four one-year periods</i>, upon mutual agreement by both parties, under the same terms and conditions.	\$ _____

Before submitting a quote to the State, respondents are urged to attend the site visit to fully inform themselves of all the conditions and limitations. Failure to do so will in no way relieve the successful Contractor of the responsibility in furnishing sufficient materials, equipment and/or personnel to perform all duties described in the Scope of Work without additional cost to the State.

Action	Due Date
Area Visits Scheduled:	June 25, 2024 @ 10:00 AM MT – Idaho Falls
Request for Quote Responses Due:	July 3, 2024 @ 1:00 PM MT

EMAIL QUOTE TO:

mrsande@idl.idaho.gov

We have stated hereon the prices at which we will furnish and at destination named above, the articles or services as specified. Delivery will be made as specified above.

Firm _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail _____

Taxpayer ID# _____

Signed by _____

Printed Name _____

Title _____