

SCHEDULE A

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

Requisition Number 25-8431

REVISED

Date _____

INSTRUCTIONS:

Responders must use this form in submitting prices.

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

Service Location: Craigmont Supervisory Area
014 East Lorahama
Craigmont, Idaho 83523

ARTICLES	MONTHLY PRICE								
Janitorial Services for the Craigmont Supervisory Area office in Craigmont, Idaho per the attached Exhibit A - Project Scope of Work <ul style="list-style-type: none"> Monthly cost is to be all inclusive for all services performed weekly, twice a week, bi-weekly, monthly, semi-annually, and/or annually. 	\$ _____								
<p>Before submitting a quote to the State, respondents are urged to visit the site where the services are to be performed and 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.</p> <p>Duration of the contract shall be for a period of one year from its effective date with the option to renew for four one-year periods, upon mutual agreement by both parties, under the same terms and conditions.</p>									
<table border="1"> <thead> <tr> <th>Action</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Area Visit Scheduled:</td> <td>May 13th -14th From 8-12 MT</td> </tr> <tr> <td>Request for Quote Responses Due Before:</td> <td>May 23rd, 2025, 3:00 PM MT</td> </tr> <tr> <td>Contract Start Date:</td> <td>June 1st, 2025</td> </tr> </tbody> </table>		Action	Due Date	Area Visit Scheduled:	May 13 th -14 th From 8-12 MT	Request for Quote Responses Due Before:	May 23rd, 2025, 3:00 PM MT	Contract Start Date:	June 1 st , 2025
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DELIVER QUOTE TO: Idaho Department of Lands ATTN: Michaelle Sande 3284 W Industrial Loop Coeur d'Alene, ID 83815 OR mrsande@idl.idaho.gov	We have stated hereon the prices at which <u>we will furnish and at destination named above</u> , 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 _____								