

SCHEDULE A

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

Requisition Number: 26-8101**Date:** _____**INSTRUCTIONS:****Responders must use this form in submitting prices.**

Service Location:

Priest Lake Supervisory Area
4053 Cavanaugh Bay Rd
Coolin, ID 83821

ARTICLES		MONTHLY PRICE						
Janitorial Services for the Priest Lake Supervisory Area in Coolin, Idaho per the attached Scope of Work. Monthly cost is to be all inclusive for all services performed weekly, twice a week, biweekly, monthly, semi-annually, and/or annually.		\$ _____						
<i>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.</i> <i>Upon mutual, written agreement, the Contract may be renewed, extended or amended. The anticipated total Contract term is five years.</i>								
<table border="1"> <thead> <tr> <th>Action</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Site Visit:</td> <td>10:00:00 A.M. P.T., 1/16/2026</td> </tr> <tr> <td>Request for Quote Responses Due Before:</td> <td>2:00:00 P.M. P.T., 1/26/2026</td> </tr> </tbody> </table>		Action	Due Date	Site Visit:	10:00:00 A.M. P.T., 1/16/2026	Request for Quote Responses Due Before:	2:00:00 P.M. P.T., 1/26/2026	
Action	Due Date							
Site Visit:	10:00:00 A.M. P.T., 1/16/2026							
Request for Quote Responses Due Before:	2:00:00 P.M. P.T., 1/26/2026							
Delivery requested <u>per specifications</u> EMAIL QUOTE TO: 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 _____							