

**REQUEST FOR QUOTE #2009-113
SPECTRUM SIMULCAST EQUIPMENT
KITSAP COUNTY CENTRAL COMMUNICATIONS**

BID SUBMISSION DATE: MARCH 18, 2009

BID CLOSING TIME: 3:00PM

BID SUBMISSION: KC PURCHASING OFFICE
619 DIVISION STREET
4TH FLOOR ROOM 413
PORT ORCHARD, WASHINGTON

The Kitsap County Purchasing Office is soliciting quotes from vendors for the purchase of Spectrum Simulcast Equipment or approved equal.

The Kitsap County Purchasing Office, 614 Division Street MS-20, Port Orchard, Washington, will receive quotes **before 3:00 p.m. on Wednesday, March 18, 2009.**

DESCRIPTION:

Vendor shall provide pricing on Spectrum Simulcast Equipment or approved equal as listed. Price is to include all shipping and handling FOB Kitsap Central Communications Facility, 911 Carver Street, Bremerton, Washington 98312.

NOTICE TO VENDORS:

All products shall be in accordance with item specifications or an approved equal.

COOPERATIVE PURCHASING

Washington State Inter-local Cooperative Purchasing Act RCW 39.34 provides that other governmental agencies may purchase goods and services on this solicitation or contract in accordance with terms and prices indicated therein, if all parties are willing.

EACH QUOTE SHALL BE SUBMITTED by faxed response (360) 337-4638 or email.

ATTN: R'Lene J. Orr, Manager
Kitsap County Purchasing
614 Division Street MS 20
Port Orchard, WA 98366
360-337-4410
360-337-4638
rorr@co.kitsap.wa.us

QUOTE 2009-113

QUOTE RESPONSE SHEET

Qty	Manufacturer	Part number	Each Price
2	Spectracom	Model 8195B-14-54	\$
2	Spectracom	Model 8143-54	\$
2	Spectracom	Model 8225	\$
2	Spectracom	Model 8226	\$

SUB TOTAL \$ _____

WA. STATE TAX \$ _____

TOTAL COST \$ _____

Estimated Days of delivery _____

The undersigned proposes to provide Spectrum Simulcast Equipment or approved equal. As listed above.

BIDDER: _____
Name of Company Type or Print

NAME: _____
Type or Print

SIGNATURE: _____ (Date) _____

TITLE: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____