

**STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
REQUEST FOR QUOTATION 2326138 Amd # 1 Mandatory Return**

Return quotes to: Alaska Department of Health and Social Services Finance & Management Services - Procurement Section PO Box 110650 Juneau, Alaska 99811-0650 Attn: Michael Williams Email: hss.procurement.proposal@alaska.gov	Work Address: Alaska Department of Health Sitka Public Health Center 210 Moller Street Sitka, Alaska 99835
Response Submissions Options: See RETURN INSTRUCTIONS on page 2.	Issue date: 02/16/2023 How Contacted: Email Delivery F.O.B.: Final Destination Job Completion Date: As specified in RFQ Name of requester: Michael Williams Telephone number: (907) 465-1626 Email: michael.williams@alaska.gov

- **SPECIFICATIONS:** Unless otherwise specified in the RFQ, product brand names or model numbers are examples of the type and quality of product required, and are not statements of preference. If the specifications describing an item conflict with a brand name or model number describing the item, the specifications govern. Reference to brand name or number does not preclude an offer of a comparable or better product, if full specifications and descriptive literature are provided for the product. Failure to provide such specifications and descriptive literature may be cause for rejection of the offer.
- **FIRM OFFER:** For the purpose of award, offers made in accordance with this RFQ must be good and firm for a period of ninety (90) days from the date of quote opening.

Item #	Qty.	Unit	Description	Unit \$	TOTAL \$
			Do not edit this bid in any manner. In accordance with 2 AAC 12.830 alternate proposals (proposals that offer something different than what is asked for) will be rejected. Contact the Procurement Specialist in writing with any questions. Contract Intent: This Request for Quotation is intended to result in a term contract for Janitorial Services for the Sitka Public Health Center located at 210 Moller Street, Sitka, Alaska 99835.		
1	12	Months	Item A – Nightly Services	\$ _____	\$ _____
2	2	Each	Item B – Bi-Annual Services performed twice a year	\$ _____	\$ _____
			In order to be considered responsive your proposal must include pages 1 and 12 of this RFQ and your Company's Certificate of Liability Insurance. Certificate Holder must be address to: State of Alaska DHSS – Procurement P.O. Box 110650 Juneau, Alaska 99811-0650	GRAND TOTAL:	\$ _____
ALL QUOTES DUE BY 2:00 PM AKST February 24, 2023					

TO BE COMPLETED BY THE VENDOR

Do you qualify for Alaska Bidder Preference	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you qualify for Any Other Preference (see 38-43 of Terms and Conditions) If so, list:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of quotation:	Vendor Tax I.D. # :	
Time to deliver ARO:	Business license # :	
Name and phone # of person authorizing quote (print):		
Signature of person authorizing quote:		
E-Mail Address:		