



City of Santa Cruz

Dept/Division: _____
 Address: _____
 Contact Name: _____
 Phone: _____
 Fax: _____

**Quick Quote Request
 (this is not an order)**

Current Date: _____
 Payment Terms: _____
 FOB: _____
 Requested Delivery Date: _____

Quotes Due: _____ by _____
 (date) (time)

Item Requested

Other Requirements

The City of Santa Cruz standard terms and conditions will apply. Review the terms and conditions at <http://www.cityofsantacruz.com/terms>. The vendor is responsible for examining and understanding all terms and conditions of this request for quote.

Item Offered:

Quote good for _____ days (minimum 30 days).

Item#	Qty	Unit	Description	Unit Cost	Extension

Notes:	Subtotal:	_____
	Freight:	_____
	Sales Tax:	_____
	Total:	_____

Shipping point: _____
 Method of shipping: _____ Est. delivery date: _____
 Early Pay discount offered: _____ (minimum 15 days) Local Business Certification Attached: Yes

Vendor Information

Business Name: _____
 Address: _____ Phone: _____
 City, ST, Zip: _____ Fax: _____
 Sales Contact: _____ Email: _____

Authorizing Signature: _____	Printed Name: _____	Date: _____
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Local Business Preference Certification

Business Name: _____

Local Businesses and Locally Owned Businesses must submit this certification with each bid or proposal in order to receive the 2% and *additional* 4% preference applied during the evaluation of any competitive process for goods, supplies, equipment, materials, services, or professional services.

Local Businesses

To qualify for the 2% local business preference, a business must meet the following criteria:

- 1) Does the business have an office with at least one employee located in the *City* of Santa Cruz?
 Yes No Address: _____
- 2) Is the business current in the payment of all taxes, charges, assessments, or fees owed to the City of Santa Cruz?
 Yes No
- 3) Does the business hold a valid City of Santa Cruz business license?
 Yes No DBA/license number: _____

Locally Owned Businesses

To qualify for an *additional* 4% locally owned business preference, a business must meet the above requirements for a local business and at least 50% of the business' owners must live in the *County* of Santa Cruz.

To qualify for the locally owned business preference, list all of the business' owners and their county of residence (attach additional sheets if necessary).

Owner Name: _____ County: _____

Owner Name: _____ County: _____

Owner Name: _____ County: _____

Owner Name: _____ County: _____

By submitting this form, I represent that I qualify as a (check all that apply):

- Local Business
 Locally Owned Business

I understand that by submitting false information or failing to disclose material information in order to qualify for the preference my business will be 1) required to pay the city any difference between the contract amount and what the city's cost would have been if the contract had been properly awarded, and 2) prohibited from bidding on any city contract or receiving any city contract for a period of three years of the discovery of facts supporting the same.

Authorized Signature: _____

Name & Title: _____

Date: _____