[INSTRUCTIONS – REMOVE ALL INSTRUCTIONS BEFORE SENDING TO VENDOR, AND FILL IN THE HEADER INFORMATION. THIS CONTRACT IS FOR USE WITH TG/ED/VO VENDORS FOR CONTRACTS FROM $5,000.01 UP TO $25,000 FOR GOODS OR FOR GENERAL SERVICES THAT DO NOT REQUIRE INSURANCE. IF INSURANCE IS REQUIRED YOU SHOULD USE THE EQUITY SELECT CONTRACT TEMPLATE INSTEAD OF THIS RFQ TEMPLATE. DO NOT USE THIS TEMPLATE FOR CONSTRUCTION OR FOR PROFESSIONAL/TECHNICAL SERVICES. IF THE GOODS OR SERVICES YOU SEEK ARE ALREADY ON A STATE CONTRACT, CONTACT THE OSP CONTRACT ADMINISTRATOR FOR FURTHER DIRECTION. IT-RELATED PURCHASES MUST BE PROCESSED THROUGH MNIT. TO HELP ENSURE THE ACCESSIBILITY OF THIS DOCUMENT, INSTEAD OF SCANNING, SAVE THIS REQUEST FOR QUOTE AS A PDF BEFORE SENDING IT TO THE VENDOR.]

**State of Minnesota**

**Equity Select Request for Quote**

The State of Minnesota is requesting a quote for the goods/services described below. Please read the entire document, including all terms, conditions, and specifications. Those terms, conditions, and specifications apply to any goods or services provided through this contract if your quote is accepted. No quote is accepted until a purchase order has been dispatched to the Vendor.

**Title of this RFQ:**

**Vendor’s Name and Address:**

**Name of Contact Person:**

**Contact information: phone:  email:**

**State of Minnesota**

**Agency:**

**Name of Contact Person:**

**Contact information: phone:  email:**

Direct all inquiries and return your quote to the Agency Contact Person.

**Quote is Due by:** (date) (time) Central Time.

**Delivery Required by:** (date) (time) Central Time.

**Additional Terms of Agreement:**

1. The document entitled Equity Select Terms and Conditions is incorporated herein by reference and is available at <http://www.mmd.admin.state.mn.us/pdf/EquitySelectT&C.pdf>.
2. This Request for Quote must contain the signature of an authorized agent empowered to bind the Vendor in a contract.
3. Your quote must be submitted on this form unless otherwise directed in this Request for Quote. If you decline to provide a quote, please indicate your reason in the space provided below.
4. All shipments shall be FOB Destination. Freight charges must be prepaid and allowed (with freight included in the price), to the ordering agency’s receiving dock or warehouse unless otherwise stated in this Request for Quote.
5. Your quote will be considered to be in strict compliance with the specifications and the Vendor will be held responsible unless the Vendor clearly indicates in the quote any deviation from the specifications and such deviations are accepted by the state in writing. The State is under no obligation to accept proposed deviations.
6. Quotes provided in response to this Request for Quote shall become an irrevocable offer for 60 days following the submission of your quote. Your quote may be withdrawn prior to the due date/time listed above.
7. Prices must be in United States currency.
8. DO NOT add sales tax to the prices being offered. Unless otherwise instructed by the State, agencies will pay all applicable taxes directly to the Department of Revenue. Per Department of Revenue Tax Fact Sheet 142, State agencies are not required to submit an ST3 form to their suppliers. See Department of Revenue Fact Sheets.
9. The State reserves the right without limitation to cancel this Request for Quote at any time before a Purchase Order has been dispatched to the Vendor.

**Quote:**

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| --- | --- | --- | --- | --- |
| Quantity | Unit Of Measure | Description | Unit Cost | Total Cost |
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| Total Cost Of All Line Items | | | |  |

| **MUST BE COMPLETED BY VENDOR**  Delivery Offered:    days After Receipt of Order if different than called for above.  Prompt Payment Terms (if available):  % 30;  % 15/Net 30;  % 10/Net 30;  Other (specify):  Vendor’s Quotation Reference Number, if any: SWIFT Vendor Number:  Vendor Contact Person: Phone: Fax:  Company Name (type or print):  Mailing Address (if different than above):  Authorized Signature: Date:  Name and Title (type or print): |
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