

The University of Kansas

Bid Information

Bid Owner Carla Swoyer Buyer
Email cswoyer@ku.edu
Phone (785) 864-5972
Fax (785) 864-3454

Bid Number 64255502
Title Temporary Services
Bid Type RFQ
Issue Date 08/05/2015
Close Date 8/18/2015 2:00:00 PM Central

Contact Information

Address Carruth-O'Leary
1246 W. Campus Rd.
Lawrence, KS 66045-7505

Contact Carla Swoyer
Department Purchasing Services
Building Carruth-O'Leary
Floor/Room Rm. 30
Telephone (785) 864-5972
Fax (785) 864-3454
Email cswoyer@ku.edu

Ship to Information

Address Carruth-O'Leary
1246 W. Campus Rd.
Lawrence, KS 66045-7505

Contact
Department Purchasing Services
Building Carruth-O'Leary
Floor/Room Rm. 30
Telephone (785) 864-5800
Fax (785) 864-3454
Email purchasing@ku.edu

Supplier Information

Company Name _____
Contact Name _____
Address _____

Telephone _____
Fax _____
Email _____

Signature _____

Supplier Notes

Date ____ / ____ / ____

Bid Notes

Bid Activities

| Date | Name | Description |
|-----------------------|-------------------|---|
| 8/12/2015 12:00:00 PM | Question Deadline | Questions requesting clarification of the Request for Quote must be submitted electronically to the Buyer indicated above, prior to August 12, 2015 by 12:00pm Noon CENTRAL TIME. Each question or request for clarification should reference the appropriate RFQ section. Failure to notify the Buyer of any conflicts or ambiguities in this Request For Quote may result in items being resolved in the best interest of the University. Any modification to this Request shall be made in writing by addendum and posted on the KU Procurement Services' website, www.Procurement.ku.edu Only written communications are binding. Answers to questions will be available in the form of an addendum on the KU Purchasing Services' website. It shall be the responsibility of all participating vendors to acquire any and all addenda and additional information as it is made available from the web site cited above. Vendors are required to check the website periodically for any additional information or instructions. |
| 8/18/2015 2:00:00 PM | Bid Close | Sealed bids will be received by the Office of Procurement Services, University of Kansas, Carruth O'Leary Hall, 1246 W. Campus Rd., Room 20, Lawrence, KS 66045 until 2:00 p.m. (local time) on the close date published in the electronic bid document and will be opened publicly. Location of public bid opening shall be in Room 20 Carruth O'Leary Hall, 1246 West Campus Road, Lawrence, KS. |

Bid Messages

Bid Attachments

The following attachments are associated with this opportunity and will need to be retrieved separately

| Line | Filename | Description |
|--------|---|--------------------|
| Header | RFQ-64255502 Temporary Service for Special Events doc.pdf | Temporary Services |

Bid Attributes

Please review the following and respond where necessary

| # | Name | Note | Response |
|---|---|---|------------------|
| 1 | Pricing is available to Political Subdivisions: | Political subdivisions [including but not limited to, the Kansas Board of Regents and its member institutions, Douglas County, City of Lawrence, local Unified School Districts (USDs)] and the Lawrence Memorial Hospital are permitted to utilize contracts administered by the University of Kansas. Conditions included in this contract shall be the same for political subdivisions. The University has no responsibility for payments owed by political subdivisions. The vendor must deal directly with the political subdivision. Bidders shall indicate if Pricing is available to political subdivisions. (Refusal could be a consideration in award of this contract Valid Responses: [Please Select], Yes, No | _____ (Required) |
| 2 | Procurement Cards | Contract users may use a procurement credit card (Visa, American Express, etc.) in lieu of a check to pay for certain purchases. No additional charges will be allowed for using the P-Card. Bidders shall indicate in the space provided by selecting Yes or No from the drop down box if they will accept the Procurement Card for payment. (Refusal could be a consideration in award of this contract.) Valid Responses: [Please Select], Yes, No | _____ (Required) |
| 3 | University of Kansas Payment Plus Program | The University of Kansas is developing a payment program that will use a Visa-based payment card in lieu of a check or standard P-Card to pay for certain purchases when using the University's on-line procurement system. Vendor would be required to submit an invoice for the transaction. No additional charges will be allowed for using the Payment Plus Program. Bidders shall indicate below if they will participate in the Kansas Payment Plus Program in the space provided by selecting Yes or No from the drop down box. (Refusal could be a consideration in award of this contract.) Valid Responses: [Please Select], Yes, No | _____ (Required) |

Line Items

| # | Qty | UOM | Description | Response |
|---|-----|---------------|--|----------|
| 1 | 1 | Lot Attendant | Please enter the BILLING RATE for each LOT ATTENDANT. (Hourly Rate + Mark-Up = Billing Rate) | \$_____ |

Item Notes: Please be sure to review all bid specifications and attributes and enter your quote details as requested.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

| # | Name | Note | Response |
|---|---|--|------------------|
| 1 | Variables of Billing Rate Break Out: (Hourly Rate + Mark up) = Billing Rate | Please break out the Hourly Rate and Mark Up values used to calculate the Billing Rate Quote and enter here. | _____ (Optional) |

| | | | | |
|---|---|-------------|--|---------|
| 2 | 1 | Lead Worker | Please enter the BILLING RATE for each LEAD WORKER. (Hourly Rate + Mark-Up = Billing Rate) | \$_____ |
|---|---|-------------|--|---------|

Item Notes: Please be sure to review all bid specifications and attributes and enter your quote details as requested.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

| # | Name | Note | Response |
|---|---|--|------------------|
| 1 | Variables of Billing Rate Break Out: (Hourly Rate + Mark up) = Billing Rate | Please break out the Hourly Rate and Mark Up values used to calculate the Billing Rate Quote and enter here. | _____ (Optional) |

| | | | | |
|---|---|------------|---|---------|
| 3 | 1 | Supervisor | Please enter the BILLING RATE for each SUPERVISOR. (Hourly Rate + Mark-Up = Billing Rate) | \$_____ |
|---|---|------------|---|---------|

Item Notes: Please be sure to review all bid specifications and attributes and enter your quote details as requested.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

| # | Name | Note | Response |
|---|---|--|------------------|
| 1 | Variables of Billing Rate Break Out: (Hourly Rate + Mark up) = Billing Rate | Please break out the Hourly Rate and Mark Up values used to calculate the Billing Rate Quote and enter here. | _____ (Optional) |