

BUREAU OF PURCHASING, One Larkin Center Yonkers NY, 10701

REQUEST FOR QUOTATION - This Is Not an Order

DATE: 4/12/2021 REF. NO. SFM-COVID19

Attention Vendor: Quote on this form for the articles described below. NOTE: SUBSTITUTIONS ARE NOT ALLOWED.

INSIDE DELIVERY TO: City of Yonkers, NY 10701

All price quotes must be firm, i.e., no price adjustments are allowed. All quotes are deemed F.O.B. DESTINATION. QUOTED PRICES SHALL INCLUDE <u>ALL</u> COSTS INCIDENTAL TO PROVIDING THE GOODS SPECIFIED, INCLUDING <u>FREIGHT</u>, PACKAGING, MATERIALS, LABOR, FEES, OVERHEAD, AND PROFIT. Payment terms are <u>Net 30 Days</u> unless a discount is offered for prompt payment. NOTE: The New York State Tax Law exempts the City of Yonkers from the payment of sales and use taxes on all purchases – tax exemption numbers are not issued to governmental entities. The Tax Law states that vendors are not required to collect tax when they are presented with the City's official Purchase Order or Contract document.

VENDOR TO COMPLETE THE FOLLOWING:

| (Please print or type) Telephone No: (315)-298-2904 | Fax No: <u>(315)-298-6902</u> |
|---|--------------------------------|
| Company Name HealthWay Home Products Inc. | Federal ID # <u>27-0835066</u> |
| | |

Address 3420 Maple Ave Pulaski, N.Y. 13142

Name of person quoting Stephanie McCarthy

Title

Signature

Stephanie McCarthy

Senior Customer Success Manager

____Quote Date_April 13th, 2021

E-Mail: smccarthy@healthway.com

Is this firm a New York State Certified Minority or Women Owned Business Enterprise? _____MBE, _____WBE,

| Delivery Required | Quote Not Later Than | Payment Terms | Delivery |
|-------------------|-------------------------------------|---------------|-----------------|
| | | | Terms |
| ARO | Monday- April 12, 2021 – 3:30 PM or | Net 30/60 | FOB destination |
| | sooner | | |

CERTIFICATION OF NON-COLLUSION: Vendor warrants under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. **GOVERNING LAW:** The resultant contract shall be construed in accordance with the laws of the State of New York.

| | qty/unit Descri of measure | | | Vendor to enter | | |
|------|---|--|------------|-----------------|--|--|
| item | | Description: | Unit Price | e Total | | |
| 1. | 250 | Intellipure Compact Pre-filter Part No: <u>i50213</u> (Vendor to complete) | \$60 | \$15,000 | | |
| 2. | 250 | Intellipure Compact Main-filter Part No: i60209-vi (Vendor to complete) | \$125 | \$31,250 | | |
| 3. | TOTAL COST: \$_\$46,250.00 | | | | | |
| 4. | Lead Time / availability in calendar days <u>5-7 business days</u> days ARO <i>Vendor to enter</i> Vendors shall specify accurate lead time – to reflect shipping from the manufacturer direct to C Yonkers, NY. | | | | | |

RETURN QUOTATION VIA FAX TO: Debra Censi – Purchasing Department Representative -debra.censi@yonkersny.gov