



State of New Jersey • Department of Corrections  
**AGENCY REQUEST FOR QUOTATION**



<b>VENDOR NAME AND ADDRESS:</b>	<b>RETURN QUOTATION TO:</b> Eugene Pryor NJ Department of Corrections Whittlesey Road PO Box 863 Trenton, NJ 08625-0863	<b>DELIVER TO:</b> NJ Department of Corrections Administration Building room #216 Whittlesey Road PO Box 863 Trenton, NJ 08625
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**NOTE:** Quotation must be returned by hand or mail no later than 3 P.M. on the following date: **August 7, 2006**

AGENCY PERSON TO CONTACT:  
Eugene Pryor 609-984-3428 (fax)

<b>FISCAL YEAR</b>	<b>ACCOUNT NUMBER</b>	<b>AGENCY REF. NO.</b>	<b>COMMODITY CODE NO.</b>

**IMPORTANT INSTRUCTIONS TO BIDDERS:** Read the entire request, terms and conditions, and specifications. Fill in all information requested below. All bid prices must be typed or written in ink. Any corrections, erasures or other forms of alterations to unit and/or total prices must be initialed by the bidder. Upon completion, the quotation must be signed and returned to the address shown above. Unsigned quotations will not be considered.

**NOTE: THE TERMS AND CONDITIONS FOR WAIVERED SERVICES ARE ATTACHED.**

ITEM NO	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT
			<p>Professional Services: Development of a community resource guide for Camden County. The resource guide will serve as a discharge planning tool and reference resource for offenders upon their release from the New Jersey Department of Corrections.</p> <p>Specifications are as stated in the attached Scope of Work and Deliverables for the community resource guide.</p> <p>Pricing is to be stated in accordance with the <i>Vendor Proposal</i> section of the RFQ.</p> <p>Quotations submitted must be signed and dated by the vendor.</p> <p>Questions regarding this RFQ must be submitted in writing to Eugene Pryor at the address or fax number above. Questions cannot be answered by telephone.</p>		

• **PRICES ARE FIRM UNTIL THE FOLLOWING DATE:** \_\_\_\_\_

• **TOTAL: \$** \_\_\_\_\_

CASH DISCOUNT	DATE OF DELIVERY	VENDOR'S FEDERAL I.D. NUMBER	VENDOR'S TELEPHONE NO.

	VENDOR'S SIGNATURE ( <i>Must Be Signed</i> ):	PRINT OR TYPE NAME BELOW:	DATE:
	_____	_____	_____