

WCS Quick Proposal # 1213

PPE and Related Products - June 5, 2020

I, _____ (name), _____ (title) verify that I have read the specifications, conditions and instructions and agree to all therein as well as the subjectivity of a Quick Proposal Process. Award priorities and consideration include competitive pricing, product availability and local presence or company representative in WCS district area.

Company Name: _____

Date of Submission: _____

Item requested	Description (brand, make, model, item number, etc.)	Package/Case Price	Item Quantity Per Package	Per Item Pricing (Lowest Unit)	Order Quantity Required	Availability or Turnaround Time to WCS
gloves - medical grade - nitrile (no latex) - small						
gloves - medical grade - nitrile (no latex) - medium						
gloves - medical grade - nitrile (no latex) - large						
gloves - non-medical (food service quality)						
face masks - N95 (for procedures)						
face masks - ear loops - disposable - adult						
face masks - ear loops - reusable/washable - adults						
face shields for nurses						
no contact infrared thermometer						
Disinfectant wipes - antibacterial						
hand sanitizer - CDC compliant minimum ethanol % - 1 gallon						
hand sanitizer - CDC compliant minimum ethanol % - classroom size pump						
hand sanitizer - CDC compliant minimum ethanol % - individual bottles						
sanitation stations						

Please also note the following:

Shipping charges to 37064 zip code, if additional

Turnaround time from order placed to receipt

Minimum order requirements

Any other pertinent availability information

Contact Information:

Representative Name:

Address:

Phone number (preferably cell):

Email address: