



## **BPD 2021-13**

### **Lawn Equipment Repairs**

Issue Date: 9/23/2020

Response Deadline: 10/12/2020 04:00 PM (CT)

### **Contact Information**

Contact: Purchasing Department  
Address: 2520 W.W. Thorne Blvd.  
Houston, TX 77073  
Phone: (281) 985-6173  
Fax: (281) 985-6399  
Email: [bids@aldineisd.org](mailto:bids@aldineisd.org)

## Event Information

Number: BPD 2021-13  
Title: Lawn Equipment Repairs  
Type: RFP  
Issue Date: 9/23/2020  
Response Deadline: 10/12/2020 04:00 PM (CT)

## Ship To Information

Contact: Hermilo Ortiz  
Address: Buildings and Operations  
9999 Veterans Memorial Drive  
Houston, TX 77038  
Phone: (281) 985-6265  
Fax: (281) 449-4962  
Email: hortiz@aldineisd.org

## Billing Information

Contact: Accounts Payable Department  
Address: 2520 W.W. Thorne Blvd.  
Houston, TX 77073  
Phone: (281) 985-6324  
Fax: (281) 985-6300  
Email: apinvoicereceipts@aldineisd.org

## Bid Attachments

**2020-2021 Lawn Equipment Repairs-eBid Notice to Proposers.pdf**

NOTICE TO PROPOSERS

[Download](#)

**2020-2021 Lawn Equipment Repairs- Specifications Packet.pdf**

SPECIFICATIONS PACKET

[View Online](#)

**Form W-9 (Revised October 2018).pdf**

FORM W-9 (REQUIRED TO SUBMIT BID)

[View Online](#)

**Form 1295 2-04-2020.pdf**

FORM 1295 WITH INSTRUCTIONS

[View Online](#)

**2016-2017 Lawn Equipment Repairs-Previous Bid Tabulation.pdf**

PREVIOUS BID TABULATION

[View Online](#)

## Requested Attachments

### **SPECIFICATIONS PACKET (LOCATED ON ATTACHMENTS TAB)**

*(Attachment required)*

\*\*\*A COMPLETED SPECIFICATIONS PACKET IS REQUIRED TO SUBMIT THE BID. BLANK FORMS WILL NOT BE ACCEPTED.\*\*\*

### **FORM W-9 (LOCATED ON ATTACHMENTS TAB)**

*(Attachment required)*

\*\*\*A COMPLETED FORM W-9 IS REQUIRED TO SUBMIT THE BID. BLANK FORMS WILL NOT BE ACCEPTED\*\*\*

### **FORM 1295 (INSTRUCTIONS ON ATTACHMENTS TAB)**

*(Attachment required)*

\*\*\*A COMPLETED FORM 1295 IS REQUIRED TO SUBMIT THE BID. BLANK FORMS WILL NOT BE ACCEPTED\*\*\*

## Supplier Information

---

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Supplier Notes

---

---

---

---

---

---

---

---

---

---

---

By submitting your response, you certify that you are authorized to represent and bind your company.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*