



!Admin Test Account
466 Flagler Drive
WPB, Florida 33333
P: (555) 555-1211

PROPOSAL REPORT FOR:

Bay Area Blight Condo Association
12323 Alameda Way
Union City, CA 90202

Summary Details For RFP No.302479:

Reference Name: Test C-518 Verification
Industry Solicited: Fencing & Gates
RFP Close Date & Time: 06-05-2012 14:00
Location where work is to be performed: Gate/Guard House

Projected Contract Term: One Time

Proposal Overview Details:

Proposals Submitted: **1**
Alt.Proposals Submitted: **0**
High Bid: **\$2,000.00**
Low Bid: **\$2,000.00**
Average Bid: **\$2,000.00**

VENDOR 1
 VALUE INNOVATION
!CAMA Test Vendor
Vendor Apple Rating: 
12345 Street Road Avenue, West Palm Beach, Florida 33333
In-House Vendor? No
Company Phone: (561) 573-3773
Extension: 1111
Alt.Phone: (555) 555-1111
Alt.Extension: 1111
Year Business Established: 2011
Contact: !Cama Test
support@camassistant.com
Mobile Phone: (555) 555-1212
TOTAL AMOUNT PROPOSED
\$2,000.00*
Alternate Proposal Provided?
No
Alt.Price: N/A

*Designates exception for 1 or more line items. Please see vendor notes for details.

LINE ITEM #1: Test C-518 Verification.

Replace automobile gate.

Attachment for Line Item 1:None**VENDOR 1:****LINE ITEM PRICE: \$ 1,600.00****NOTES:**original note 1

Edited note 1

Back end edited note

EXCEPTION(S): original exception 1

edited exception 1

back end edited exception 1

LINE ITEM #2: Replace personnel gate.

Match color and style

Attachment for Line Item 2:None**VENDOR 1:****NOTES:**original note 2

bk end added note

EXCEPTION(S): original exception 2

bk end added exception

VENDOR 1:

\$ 400.00

SPECIAL REQUIREMENTS -- Vendors meet the following requirements:

Insured

Worker's Comp

Worker's Comp. Exemptions NOT Accepted

General Liability

Minimum Liability Insurance Amount Required: **\$10,000,000.00**

VENDOR 1:

Occupational License: [Document_Center_2011-08-30_15-58-11.png](#), [FL-_moving.jpg](#), [Global_Warming\Protestors.jpg](#)

Professional License: [C35180C1GeneralContractLicensePrepCer.pdf](#)

General Liability Insurance: [ACORD_-_CopyPJF.pdf](#)

Workers Comp Insurance: [ACORD.pdf](#)

W-9: [fw9_-_Copy-1Pg.pdf](#)

WARRANTY-INFO: No Files

Warranty: original warranty note bk end added note

NOTES:Original Special notes

bk end added note

EXCEPTION(S):original Special exceptions

bk end added exception