



PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

May 1, 2017

Dear Sir or Madam:

The Philadelphia Corporation for Aging's Housing Department has several programs that install safety and security items in the homes of low income senior citizens and persons with disabilities. On a yearly basis, the Housing Department serves over 1,200 consumers by providing home repairs and modifications.

In order to insure the maximum free and open competition, PCA is contacting vendors who may be interested in supplying **hardware items**. Bulk ordering is completed by purchase order and items are to be delivered free of charge to PCA's offices. PCA Housing Mechanics also pick up individual items which are charged to PCA's account.

If you have any questions about the items on the price list, contact the Production Manager, Mr. Wayne Lindsey at 215-282-6588.

If you are interested in supplying PCA's Housing Department, please return the enclosed Survey (with licenses and certifications), Assurances, and Price List by U.S. mail, private carrier, or hand delivery by Noon on **Friday, June 2, 2017** to:

Richard Klimek
PCA Housing Department
642 N. Broad Street
Philadelphia, PA 19130-3409.

Please note that survey form, assurance form and price list can be edited and then printed for your signatures. **Responses received after 12:00 Noon on Friday, June 2, 2017, for any reason, or received without complete responses, will not be considered.**

Thank you for your attention to this request.

Sincerely,

Richard Klimek

Richard Klimek
Housing Supervisor

Enclosure

PHILADELPHIA CORPORATION FOR AGING

**HOUSING DEPARTMENT
VENDOR SURVEY – HARDWARE**

- 1. Company Name: _____
- 2. Address: _____

- 3. Telephone: _____
- 4. Fax: _____
- 5. Contact Person: _____
- 6. Email: _____
- 7. Years in Business: _____

8. Check and attach as applicable:

- _____ Philadelphia Commercial Activity License (required for all applicants)
- _____ MBEC certification (for minority, women and disabled-owned businesses)

9. Has your firm ever contracted with PCA, PHDC or OHCD? If yes, give agency and dates.



10. Provide three (3) business references. If currently supplying materials to PCA within the previous fiscal year then only two (2) references are necessary.

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

ASSURANCES

(HARDWARE)

By my initials next to each statement that follows and my signature below, I certify that:

_____ I have the capacity to provide bulk purchases of product to PCA offices within ten (10) business days of written or verbal order.

_____ I can provide invoices including proof of delivery and purchase order number and/or work order number to PCA within two (2) weeks of delivery.

_____ I will allow Housing Department personnel to charge individual items and will invoice PCA listing the work order number, consumer's name and address.

_____ I will deliver bulk orders to PCA at no additional charge for delivery.

_____ **I recognize that the prices quoted must remain firm for the period of three (3) years from the beginning of the fiscal year July 1, 2017 and ending on June 30, 2020.**

_____ I recognize that PCA does not guarantee any quantity or dollar value of purchases or minimum dollar amount for any order.

_____ I agree to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

_____ I recognize the need for sensitivity in serving the elderly and disabled and I am committed to providing honest, thorough and responsive staff service in order to minimize consumer disruption.

Applicant Company

Signature of Authorized Representative

Date