


## INVITATION FOR BID / REQUEST FOR PROPOSAL

 <p><b>JOHNSON COUNTY PARK AND RECREATION DISTRICT</b>  <b>NATURE AND OUTDOOR EDUCATION</b>  <b>ERNIE MILLER NATURE CENTER</b>  <b>909 N K-7 HIGHWAY</b>  <b>OLATHE, KS 66061</b></p>	<p><b>BID NO: 2010-01-22-PSI-01</b>  <b>DATE: December 22, 2009</b>  <b>DISTRICT REPRESENTATIVE:</b>  <b>BILL MCGOWAN</b>  <b>JOB TITLE: OUTDOOR EDUCATION MANAGER</b>  <b>Office PHONE: (913) 764-7759</b></p> <p><b>FAX: (913) 764-0109</b>  <b>EMAIL: bill.mcgowan@jocogov.org</b></p>
<p><b>RETURN BID NO LATER THAN:</b></p> <p><b>OPENING DATE: JANUARY 22, 2010</b></p> <p><b>OPENING TIME: 2:00 PM</b>  <b>Local Time on a clock designated by the District Representative</b></p>	<p><b>BID OPENING LOCATION / RETURN RFP TO:</b>  <b>OUTDOOR EDUCATION MANAGER</b>  <b>ATTN: BILL MCGOWAN</b>  <b>ERNIE MILLER NATURE CENTER</b>  <b>909 N. K-7 HIGHWAY</b>  <b>OLATHE, KS 66061</b></p>
<p><b>DESCRIPTIONS:</b></p> <p style="text-align: center;"><b>Design and Construction Documents for Interpretive Exhibits and Elements at Ernie Miller Nature Center Exhibit Gallery</b></p> <p>Provide a Proposal for planning/design services for the purposes of designing and developing detailed construction drawings, specifications and bid documents for 6 nature exhibits at Ernie Miller Nature Center's Exhibit Gallery as described in the Exhibit Master Plan.</p> <p style="text-align: center;">INVOICE DISCOUNT TERMS</p> <p>Is a discount offered for prompt payment of invoices? YES___NO___. If yes, please complete information below.</p> <p style="text-align: center;">VENDOR TERMS: _____ %    DISCOUNT PERIOD _____ DAYS    NET _____ DAYS</p> <hr style="border-top: 1px dashed black;"/>	
<p>The Bidder hereby agrees to furnish items and/or services, pursuant to all requirements and specifications contained in this solicitation document, and further agrees that the language of this document shall govern in the event of a conflict with his or her response.</p>	
<p><b>MUST BE SIGNED TO BE VALID</b></p>	
COMPANY:	DATE:
MAILING ADDRESS:	PHONE:                      FAX:
CITY:	STATE:                      ZIP:                      EMAIL:
SSN OR FEDERAL TAX NO:	TITLE OF AUTHORIZED REPRESENTATIVE:
AUTHORIZED SIGNATURE:	PRINTED NAME:
ACKNOWLEDGEMENT OF ADDENDA OR AMENDMENTS # _____ THROUGH # _____ INCLUSIVE.	