


# INVITATION FOR BID

*This Bid Cover Sheet must be completed, signed and submitted with Print Bid Form 2011-03-30-ASV-01*

 <p><b>JOHNSON COUNTY PARK &amp; RECREATION DISTRICT</b>          Community Relations Department          JCPRD Administration Building          7904 Renner Road          Shawnee Mission, KS 66219</p>	<p><b>BID NO: 2011-03-30-ASV-01</b>  <b>DATE: March 24, 2011</b>  <b>DISTRICT REPRESENTATIVE:</b>  <b>Randy Knight, Community Relations Manager</b>  <b>OFFICE PHONE: (913) 894-3323</b>  <b>EMAIL: randy.knight@jocogov.org</b></p> <p><i>NOTE: This is a re-bid of Bid #2011-03-17-ASV-01. The specifications have been modified.</i></p>
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<p><b>RETURN BID NO LATER THAN:</b></p> <p><b>OPENING DATE: March 30, 2011</b></p> <p><b>OPENING TIME: 2:00 PM (Local time on a clock designated by the District Representative)</b></p>	<p><b>BID OPENING LOCATION / RETURN IFB TO:</b>          Community Relations Department          ATTN: Randy Knight          JCPRD Administration Building          7904 Renner Road          Shawnee Mission, KS 66219</p>
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**DESCRIPTIONS:**

**Both of the following projects will be considered together and only one bidder will be awarded a contract.**

**PROJECT A – Activities Catalogs:** Printing, mail preparation and delivery of three catalog-style publications. Each Activities Catalog will include a Cover Wrap section on coated paper and an Interior section on newsprint.

**PROJECT B –Special Publications:** Printing of Annual Reports, Camp Guides, and Parks & Facilities Guides on coated paper and inserting in Activities Catalog, and delivery of additional copies for separate distribution by JCPRD.

INVOICE DISCOUNT TERMS

Is a discount offered for prompt payment of invoices? YES\_\_\_NO\_\_\_. If yes, please complete information below.

VENDOR TERMS: \_\_\_\_\_ %    DISCOUNT PERIOD \_\_\_\_\_ DAYS    NET \_\_\_\_\_ DAYS

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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.

## MUST BE SIGNED TO BE VALID

COMPANY:	DATE:
MAILING ADDRESS:	PHONE: <span style="float: right;">FAX:</span>
CITY: <span style="float: right;">STATE:    ZIP:</span>	EMAIL:
SSN OR FEDERAL TAX NO:	TITLE OF AUTHORIZED REPRESENTATIVE:
AUTHORIZED SIGNATURE:	PRINTED NAME:
ACKNOWLEDGEMENT OF ADDENDA OR AMENDMENTS # _____ THROUGH # _____ INCLUSIVE.	