

**Request for Proposal**

<b>DUE DATE</b>	<b>DUE TIME</b>	<b>POSTING DATE</b>	<b>INQUIRY NUMBER</b>
5/2/14	1:00 PM	4/17/14	RFP14-05

<p><b>Proposals must be returned to:</b>                  Harrisburg Area Community College                  Attn: Michael McEnany                  One HACC Drive                  Harrisburg, PA 17110  <b>Or emailed to:</b> <a href="mailto:mfmccenan@hacc.edu">mfmccenan@hacc.edu</a></p>	<ul style="list-style-type: none"> <li>• <b>Proposal inquiries call:</b> 717-736-4120 or email: <a href="mailto:mfmccenan@hacc.edu">mfmccenan@hacc.edu</a></li> <li>• <b>Technical inquiries call:</b></li> </ul>	<ul style="list-style-type: none"> <li>• Altering proposal or failure to furnish complete information may be reason for rejection.</li> <li>• This is not an order.</li> </ul>
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Product: Paverx Asphalt Rejuvenator  
 Warranty: 5 years

1. Clean 159,000 SY of surface prior to application
2. Apply Paverx Asphalt Rejuvenator on 159,000 SY according to manufacturer specifications
3. Seal cracks that are 3/8" or larger totaling 48,000 LF.

Work to be completed prior to August 12, 2014

If proposing an equivalent brand, it must achieve the same results and have a comparable warranty.  
 Number of days required to make delivery after receipt of order \_\_\_\_\_

**NO PROPOSAL WILL BE CONSIDERED UNLESS PROPOSAL PRICE IS FIRM WITHOUT QUALIFICATION.**

In compliance with the above invitation for proposals, and subject to all the conditions thereof, the undersigned offers and agrees, if this proposal be accepted, to furnish any or all items upon which price are quoted, at the price and at the time set opposite each item, delivered at the point(s) as specified. The proposal is a firm written quotation guaranteed for a period of 90 days. This proposal will be awarded by 1 p.m. the next business day after the proposal due date. Please call the Procurement Office if you wish to obtain the results. HACC reserves the right to accept all or part, or to reject the entire proposal.

<p><b>FILL IN COMPANY NAME AND ADDRESS</b></p>     <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> MBE  <input type="checkbox"/> WBE  <input type="checkbox"/> VBE  <input type="checkbox"/> DBE                 </div>	EXECUTED AT	CITY	STATE	
	DATE	MONTH	DAY	YEAR
	BY (SIGN IN INK)			
	TITLE (OWNER, PARTNER OR CORPORATE OFFICER)			
	AREA CODE		TELEPHONE NO.	