



**REQUEST FOR QUOTE**  
**Key West Historic Seaport**  
201 William Street  
Key West, FL 33040

December 1, 2014

Key West Historic Seaport is requesting quotes for providing all materials and labor necessary to produce, deliver and unload four (24) bike racks per the attached cut sheets.

<u>ITEM</u>	<u>Units</u>	<u>Unit Price</u>	<u>TOTAL</u>
FORMS+SURFACES TRIO Bike Rack #SKTRO (Standard Powder Coat Finish – Aluminum Texture)	24 ea	\$ _____	\$ _____
Delivery and Unloading	1 ls		\$ _____
<b><u>TOTAL QUOTE AMOUNT</u></b>			\$ _____

**Total in Words:** \_\_\_\_\_

Fixtures to be delivered to and unloaded at the Ferry Terminal, 100 Grinnell Street, Key West, Florida. Delivery to be coordinated with Key West Historic Seaport Maintenance Department.

***Please fax or email quotes to Karen Olson by Wednesday, December 10, 2014, 4:00 P.M. at 305-293-6438 or kolson@cityofkeywest-fl.gov.***

Each Vendor must inform him/herself of the conditions relating to the execution of the work, and it is required that he/she will inspect the delivery site(s) and make himself/herself thoroughly familiar with the Request for Quote. Failure to do so will not relieve the successful Vender of his/her obligation to enter into a Contract and provide, deliver and unload the product in strict accordance with the Request for Quote. It shall be the Vendor's obligation to verify for his/herself and to his/herself's complete satisfaction all information concerning site or worksite conditions.

Selected Vendor may be required to complete and submit a City of Key West Vendor Setup Form.

For questions, please contact Karen Olson, Deputy Port and Marine Services Director at 305-809-3803 or kolson@cityofkeywest-fl.gov.

**BIDDER'S INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



**TRIO™** BIKE RACK

PRODUCT DATA





## TRIO™ BIKE RACK



PRODUCT DATA

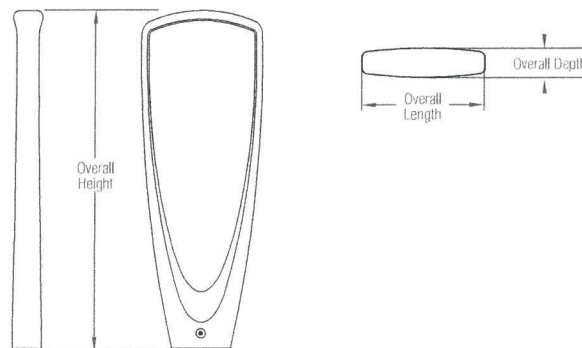
The **Trio Bike Rack** is the perfect complement to our Trio product line. Providing an excellent opportunity for design continuity, the Trio Bike Rack draws on the same triangular shape and exaggerated void seen in both our Trio Bench and Trio Lighting. Contemporary in design, its simple yet sculptural form allows it to be integrated into a myriad of settings.

### MATERIAL & FINISHES

### INSTALLATION & MAINTENANCE

MATERIAL	FINISHES	GUIDELINES & SECURITY	INSTALLATION	MAINTENANCE
<ul style="list-style-type: none"> <li>Body is made of corrosion-resistant cast aluminum with powdercoat finish.</li> </ul>	<ul style="list-style-type: none"> <li>Standard colors are Aluminum Texture and Slate Texture; optional colors from the F+S color chart and custom RAL colors are available for an upcharge.</li> <li>Due to the inherent nature of metal castings, gloss powdercoats are not offered for cast components.</li> </ul>	<ul style="list-style-type: none"> <li>Meets Association of Pedestrian and Bicycle Professionals (APBP) guidelines.</li> <li>A locking point detail and mounting configurations that meet APBP guidelines can be found on page 2 of this document.</li> </ul>	<ul style="list-style-type: none"> <li>Trio Bike Racks must be surface mounted with embedded anchors. Stainless steel anchors and tamper-resistant stainless steel screws are included.</li> </ul>	<ul style="list-style-type: none"> <li>Metal surfaces can be cleaned as needed using a soft cloth or brush with warm water and a mild detergent. Avoid abrasive cleaners.</li> </ul>

### NOMINAL DIMENSIONS



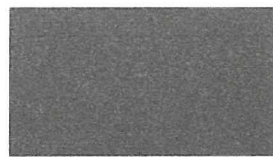
OVERALL LENGTH	OVERALL DEPTH	OVERALL HEIGHT	WEIGHT
12" (305 mm)	2.75" (70 mm)	33.5" (851 mm)	25 lbs (11.3 kg)

### STANDARD POWDERCOAT COLORS\*

Forms+Surfaces standard powdercoat colors have been formulated to be ultra-durable for improved long-term wear and resistance to weather. Standard colors are also anti-graffiti, allowing marks from paint, permanent markers, and dirt to be removed easily.



ALUMINUM TEXTURE



SLATE TEXTURE

\*Please see the Powdercoat Product Data Sheet for additional powdercoat options.

NOTE: Because different computers, monitors, and printers render colors and textures differently, actual finishes may vary from those shown here.

T 800.451.0410 | [www.forms-surfaces.com](http://www.forms-surfaces.com)

**FORMS+SURFACES®**

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# TRIO™ BIKE RACK



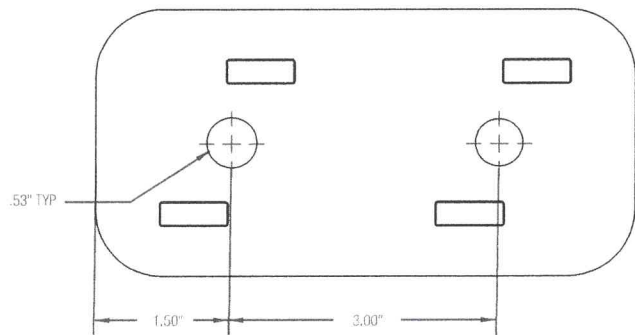
PRODUCT DATA

## LOCKING POINT AND CONFIGURATION EXAMPLES

The Trio Bike Rack was designed to allow for a multitude of locking point and configuration options to meet your individual needs. Please note that for optimal performance, Forms+Surfaces recommends a 36" center-to-center placement. See diagrams below and the separate installation instructions document for more details.

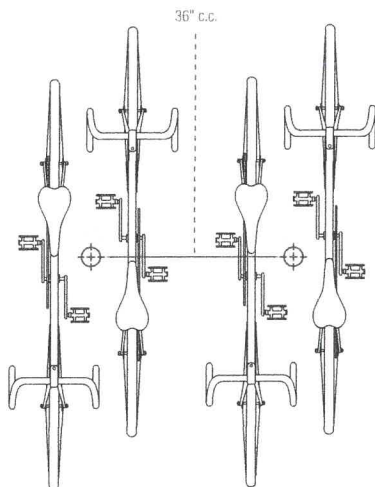


A standard U-lock can be locked at this location to meet APBP guidelines for security and functionality.

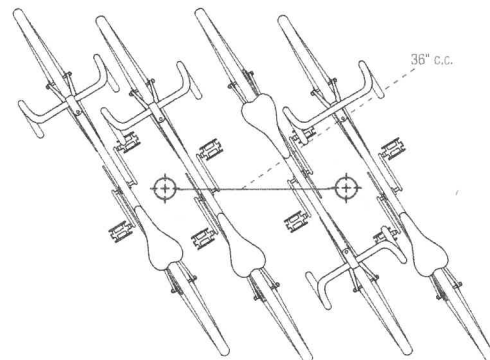


LOCKING POINT EXAMPLE

MOUNTING / HARDWARE DETAIL



CONFIGURATION EXAMPLE A



CONFIGURATION EXAMPLE B



## TRIO™ BIKE RACK



PRODUCT DATA

### ENVIRONMENTAL CONSIDERATIONS

- Please refer to the Trio Bike Rack Environmental Data Sheet for detailed environmental impact information.
- Trio aluminum casting has up to 95% recycled content and is fully recyclable.
- Standard powdercoat finishes are no-VOC; non-standard powdercoat finishes are no- or low-VOC, depending on color.
- Low maintenance.

### NET PRICING AND ORDERING INFORMATION (pricing does not include freight)

MODEL	DESCRIPTION	NET PRICE
SKTRO	Trio Bike Rack	\$419
	Optional powdercoat color from Forms+Surfaces standard color chart	+ \$200 per color/per order
	Custom RAL powdercoat color	+ minimum \$500 per color/per order

**TO ORDER SPECIFY:** quantity, model and powdercoat color for body casting.

**LEAD TIME:** 6 to 8 weeks. Shorter lead times may be available upon request. Please contact us to discuss your specific timing requirements.

City of Key West  
Vendor Setup Form (substitutes for W-9)

Fax to 305.809.3857  
Please attach copy of  
business license

Vendor Name:
Contact Person:
Email Address:
Phone #:
Fax #:
Remit Payment to Address:
City:
State:
Zip:
Federal Tax ID/SSN #:

Tax Reporting Name of Business Name: \_\_\_\_\_  
Name shown on required federal tax documents (if different than the vendor/payee name)

Business Classification:

Please check one:

- Association
- Corporation
- Individual/Sole proprietor
- Partnership
- Private – Circle one: Profit or Non-profit
- Limited Liability – Circle one: Corporation Partnership or Disregarded entity
- Government Agency – Circle one: Federal State Local or Other

Please indicate if any of the following categories apply to your business

Attorney or Legal Firm
Medical Services by Individuals and/or Partnerships
Medical Services by Corporations

Signature \_\_\_\_\_

Date \_\_\_\_\_

Finance use only:

One time vendor: Yes or No  
Purchase order: Yes or No  
1099 required: Yes or No

Vendor # assigned \_\_\_\_\_

Comments: \_\_\_\_\_