

## Price Quotation Form

*Vendors: Please complete and submit directly to the Project Administrator:*

Valerie Ansuini  
Senior Project Administrator  
J.O'Connell & Associates, Inc.  
10646 Main Street  
Clarence, NY 14031

Email: [vansuini@grantsareus.com](mailto:vansuini@grantsareus.com)

Property Owner: \_\_\_\_\_

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

Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

- *Please attach itemized quote and complete description of goods and/or services to be rendered.*
- *Vendors are responsible for maintaining up-to-date insurance documentation. Please include a copy of your current insurance certificate with your quote.*

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor Name Printed