



### Job Quote Request

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

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

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

Please describe the services needed in detail:

What is the quantity to be completed?:

Please indicate the supplies which will be provided by your company:

When do you expect this project to start?:

When do you need the project to be completed?:

What provisions do you have for shipping and receiving of product and materials to and from UCP?:

It may be necessary to have samples of the work so that we may provide you an accurate job quote. Do you have completed samples available?:

Is there any other information about the project which would help UCP provide you with an accurate job quote?

Thank you for requesting a job quote from United Cerebral Palsy of Greater Cleveland's Organizational Employment program. Our Production Supervisor will contact you within five working days with a job quote.

For further information or questions, please contact UCP Production Supervisor, Mary Smith at 216.791.8363 ext.273 or [vocational@ucpcleveland.org](mailto:vocational@ucpcleveland.org).