# PRICING PAGE

**Lowered Floor Accessible Minivans**, complete and meeting the attached Missouri Department of Transportation Specification MM-A.

Questions concerning specifications should be directed to Dion Knipp at (573) 751-2523.

PURCHASE ORDERS MAY BE ISSUED FOR VARIOUS ORGANIZATIONS IN THE STATE OF MISSOURI.

LIST YOUR NET DELIVERED PRICE, MEETING THE ATTACHED SPECIFICATIONS, TO ANY DESTINATION IN THE STATE OF MISSOURI.

**Please indicate make and model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Floor Plan AAA $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Per Unit**

**Floor Plan BBB $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Per Unit**

Delivery will be made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days after receipt of order.

**MAXIMUM PERCENTAGE INCREASE FOR RENEWALS:** Provide your maximum percentage of increase at the time of renewal (maximum to be determined by applying % to current contract prices at time of renewal). If renewal increase percentages are not provided, the prices for the renewal period shall be the same as the current contract period.

**Maximum % of increase for: First Renewal\_\_\_\_\_ Second Renewal\_\_\_\_\_ Third Renewal\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Bidder’s Firm Signature of Authorized Representative Date Signed

**5. STATEMENT OF DELIVERY AND SERVICING DEALERS WITHIN**

**THE STATE OF MISSOURI**

The vendor hereby certifies that they will provide a well-established and reputable dealer located in the State of Missouri to handle all problems, complaints and warranty issues that may arise with their vehicles.

Failure to provide a reputable dealer within Missouri will cause the bid to be considered unresponsive.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Corporation Dealers Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor’s Signature Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Telephone Number

**6.** **VENDOR INFORMATION & PREFERENCE CERTIFICATION FORM**

**Vendor Information**

**All bidders must furnish ALL applicable information requested below**

|  |  |
| --- | --- |
| **Vendor Name/Mailing Address:**  Email Address: | **Vendor Contact Information (including area codes):**  Phone #:  Cellular #:  Fax #: |
| **Printed Name of Responsible Officer or Employee:** | **Signature:** |
| **For Corporations -** State in which incorporated: | **For Others -** State of domicile: |
| If the address listed in the Vendor Name/Mailing Address block above is not located in the State of Missouri, list the address of Missouri offices or places of business:  *If additional space is required, please attach an additional sheet and identify it as* ***Addresses of Missouri Offices or Places of Business.*** | |
| **M/WBE INFORMATION:** List all certified Minority or Women Business Enterprises (**M/WBE**) utilized in the fulfillment of this bid. Include percentages for subcontractors and identify the M/WBE certifying agency:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | M/WBE Name |  | Percentage of Contract |  | M/WBE Certifying Agency | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *If additional space is required, please attach an additional sheet and identify it as* ***M/WBE Information*** | |

**7.** **NOTICE OF COOPERATIVE PURCHASING**

# MoDOT is interested in assisting Missouri governmental entities, etc. in purchasing equipment, various materials, and supplies that meet the MISSOURI DEPARTMENT OF Transportation specifications.

Each bidder is asked to indicate below whether they would be willing to offer **Transit Vehicles** listed in the attached “Request for Bid” for sale to these local political entities at the same bid price offered to MoDOT.

It is understood MoDOT will not issue purchase orders, accept delivery nor make payment for these items ordered by any of these agencies. It is further understood the price is based on the **Transit Vehicles** meeting MoDOT specifications. Any added options, deletions, or extra freight costs would be negotiated between the local agency and the successful vendor.

Indicate below whether your company is willing to offer such cooperative purchasing for US governmental agencies, Missouri counties, cities, non-profit sub recipients of MoDOT grants, or other political entities.

YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the price varies throughout the state on MoDOT bids because of different delivery destinations, please indicate the price F.O.B. your location that would be offered as described.

F.O.B. Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the deadline date that orders will be accepted. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_