

TABULATION SHEET
BID NO. 2009-078-4406 Purchase of Ambulatory Passenger
Vehicle with Wheelchair Lift and Fold Slip Seats

OPENING DATE: 11-Jun-09

Vendor #1
 National Bus Sales

 Po Box 6549
 Marietta , GA 30065-0549
 Karla Lynch
 800-282-7981
 770.422.9007 fax

Vendor #2
 Lassester Bus Company Inc.

 820 Office Park Circle
 Lewsiville, Tx 75057
 Nick England
 972.221.4440
 972.221.5440 fax

Vendor #3

DESCRIPTION:

**Est.
 Qty.**

NCTRCA Certified Vendor (M/Wbe)
Dallas County Taxpayer?
How were you notified?

No
 No
 Other: Bid Guide

Ambulatory 21 Passenger Vehicle with Wheelchair Lift, Five Fold 1
 Flip Seats And Optional Equipments, per specifications set forth in
 the general and technical requirements

each 57830.00 \$ 57,830.00

61539.00 \$ 61,539.00

No Bids From The Following Firms: 1) Sam Pack Five Start Ford 2) Rush Bus Center, 3) Knapp Chevrolet, 4)Choice Trailer Mfg., Ltd., 5)Longhorn Motors, Ltd., 6) Southwest International, 7) Park Cities Ford, 8) Texas Motors Ford, 9) Medivac Vehicles, Inc., 10) Texas Motors Ford

Specify Year/Make/Model Being Proposed

2009 Elkhart Coach ECII

2009 Starttrans Senator

Specify Manufacturer Standard Warranty Period:

3 yrs./36,000 miles chassis, 6
 yrs./72,000 body warranty, 2
 yrs./24,000 limited warranty

1 year/12,000 miles, Body
 Structure: 5 years/75,000
 miles, See attachment for more
 details

Returned by the USPS/Bad Address: 1) ATC Emergency Vehiices 2) Darby Fire Apparatus, 3) Fire Storm, 4)Leadership Ford, 5) Lawrence marshall Ford LP, 6) Mack Truck, Inc., 7) Mobility Outfitters Inc., 8) Powell Chevrolet-Geo Oldsmobile, Inc. 9) Showcase Chevrolet Inc., 10) Steakley Chevrolet

Specify the Estimated Delivery Timeframe (from date of order to
 delivery to Dallas County Site) after receipt of Purchase Order:

150 days aro

120-150 days

Specify any additional comments/cost/etc. included with your bid
 proposal, if applicable:

No Comments

Please see atatched for
 exceptions:
 2.10.2,2.13.10,2.17.3,2.17.4,2.
 16.1,2.23.1,2.23.2,2.29.6,2.31,
 2.35.9 an
 10,2.39.3,2.40.1,2.41.22,2.41.
 4,2,2.44.1

Specify Prompt Payment Discount Terms
Please answer the questions listed below:

Net 30 days

No Comments

Specify the name and telephone number of the account
 representative who will be handling this account:

Brent Roy 817.909.6706

Jason Roy 972.221.4440

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Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity?

Yes

Yes

Does your firm/company have the require insurance coverage stated under SECTION 3 - INSURANCE REQUIREMENTS
If, No will your firm be able to obtained the required coverage within ten (10) days upon notification of contract award?

Yes

Yes

Information on Provision of Health Insurance Coverage for Employees

Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process (see page 4, paragraph 5). Please complete the information below to assist in this evaluation.

a) Does your company provide health insurance coverage to its employees?

Yes

Yes

b) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage?

Yes

No - 100% for employee only

c) If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment - A)

Yes

Yes

d) If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost?

No - Subcontractors will be provided

NA