



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

<b>SOLICITATION NUMBER</b> RFPC30034901600659	<b>CONTRACT TITLE</b> Handicap Accessible Van Conversion
<b>CONTRACT NUMBER</b> CC160659001	<b>CONTRACT PERIOD</b> June 16, 2016 through June 15, 2017
<b>REQUISITION/REQUEST NUMBER</b> NR 931 YYY167090002	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 3713582810 3 / MB00094885
<b>CONTRACTOR NAME AND ADDRESS</b> Southern Bus & Mobility 80 S. Highway Drive Valley Park, MO 63088	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri Department of Corrections 2715 Plaza Drive – Lower Level Jefferson City, MO 65109
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The Best and Final Offer #002 dated 5/25/16, Best and Final Offer #001 dated 5/5/16, and the original proposal dated 4/21/16 submitted by Southern Bus & Mobility in response to SOLICITATION/OPPORTUNITY (OPP) NO. RFPC30034901600659 are accepted in their entirety.	
<b>BUYER</b> Liz Palazzolo	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:liz.palazzolo@oa.mo.gov">liz.palazzolo@oa.mo.gov</a> Phone: (573) 751-4885 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 6-16-16
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)**

**BAFO REQUEST NO.: 002  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPC30034901600659  
TITLE: HANDICAP ACCESSIBLE VAN CONVERSION  
ISSUE DATE: 05/20/16**

**REQ NO.: NR 931 YYY16709002  
BUYER: Liz Palazzolo  
PHONE NO.: (573) 751-4885  
E-MAIL: liz.palazzolo@oa.mo.gov**

**BAFO RESPONSE SHOULD BE RETURNED BY: 05/25/16 AT 5:00 PM CENTRAL TIME**

**MAILING INSTRUCTIONS:** Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

**RETURN BAFO RESPONSE TO:** (U.S. Mail) **PURCHASING** or (Courier Service) **PURCHASING**  
PO BOX 809 301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

**CONTRACT PERIOD: Date of Award through One Year**

**DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:**

**Missouri Department of Corrections  
2715 Plaza Drive – Lower Level  
Jefferson City, MO 65109**

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

**SIGNATURE REQUIRED**

<b>VENDOR NAME</b> SOUTHERN BUS & MOBILITY	<b>MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)</b> 94885
<b>MAILING ADDRESS</b> 80 S. HIGHWAY DRIVE CITY, STATE, ZIP CODE VALLEY PARK, MISSOURI, 63088	

<b>CONTACT PERSON</b> KENT JENNINGS	<b>EMAIL ADDRESS</b> KJENNINGS@SOUTHERNBUSANDMOBILITY.COM
<b>PHONE NUMBER</b> 636-825-0700	<b>FAX NUMBER</b> 636-825-0701
<b>VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
<b>AUTHORIZED SIGNATURE</b> 	<b>DATE</b> MAY 25, 2016
<b>PRINTED NAME</b> KENT JENNINGS	<b>TITLE</b> COMMERCIAL BUS SALES MANAGER



Check One:

Formal Contract: \_\_\_\_\_ Yes \_\_\_\_\_ No

Exclusive: \_\_\_\_\_ Non-Exclusive: \_\_\_\_\_

**Warranty, Delivery, Support and Missouri Economic Impact**

The vendor should provide warranty information below. The warranty shall commence upon delivery and acceptance of the wheelchair lift van conversions by the State of Missouri.

1) Describe in detail what warranty(ies) the offeror is providing to the state for the wheelchair lift van conversion (e.g., bulkhead warranty, lift warranty, labor warranty, etc):

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

2) Address the length of each warranty (i.e., in year(s) and/or miles, etc.)?

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

3) What is covered by each warranty?

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

4) Describe the best way for the state to make a warranty claim, e.g., who does the state contact, what information will the state have to provide to help make the warranty claim?

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

5) Where will warranty work be performed (city, state)?

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

**REVISED BY BAFO REQUEST #002**

6) *It is highly desirable that conversion work on all four vans be completed as soon as possible. The offeror should indicate a date in the available space when the offeror will complete handicap van conversion work on all four vans:* August 15, 2016.

*Note: The date indicated above shall be considered contractually binding.*

*Conversion work on all four vans must be completed by no later than a maximum of seventy-five (75) calendar days after receipt of order.*

7) Address the customer support the offeror will provide to the state agency during the van conversion:

12950 Koch Lane  
PO Box 37  
Breese, IL 62230

phone (618) 526-4131  
toll-free (877) 526-4131  
fax (618) 526-4585



80 South Highway Drive  
Valley Park, MO 63088  
(St. Louis I-44 & Highway 141)

phone (636) 825-0700  
toll-free (866) 327-1600  
fax (636) 825-0701

**RESPONSE TO BAFO ADDENDUM #2**

***3.6.2 It is highly desirable that the contractor complete all handicap conversion work described herein on all four (4) vans as soon as possible after receipt of the order from the state agency. Conversion work on all four vans must be completed by no later than a maximum of seventy-five (75) calendar days after receipt of the order. – Southern Bus & Mobility will have the (4) handicap conversions completed within the 75 calendar day request after receipt of the order***

***Exhibit A - #6 - It is highly desirable that conversion work on all four vans be completed as soon as possible. The offeror should indicate a date in the available space when the offeror will complete handicap van conversion work on all four vans: August 15, 2016.***

***Note: The date indicated above shall be considered contractually binding.***

***Conversion work on all four vans must be completed by no later than a maximum of seventy-five (75) calendar days after receipt of order.***

Sincerely,

A handwritten signature in black ink that reads "Kent Jennings".

Kent Jennings  
Southern Bus & Mobility  
Commercial Bus Sales Manager

# **Southern Bus & Mobility**

80 South Highway Drive  
Valley Park, MO 63088

Attention: Liz Palazzolo  
Division of Purchasing  
301 West High Street,  
Truman Building, Room 630  
Jefferson City, MO 65101

**“BAFO #001 to  
RFPC30034901600659”**

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



U.S. POSTAGE  
VALLEY PARK, MO  
MAY 23 16  
AMOUNT  
**\$22.95**  
R2304N117418-01

# PRIORITY ★ MAIL ★ EXPRESS™

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FROM: (PLEASE PRINT) PHONE: (636) 975-0700  
Southern Bus & Mobility  
80 S. Highway Dr  
Valley Park, MO 63066



PRIORITY  
★ MAIL ★  
EXPRESS™

DPMM 24 MAY '16 AM 9:19

WHEN USED INTERNATIONAL  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



EPI3F July 2013 OD: 12.5 x



PS10001000006

WRITE FIRMLY TO MAKE ALL

TO: (PLEASE PRINT) PHONE:

Attn: Liz Palazzola  
Division of Purchasing  
301 W. High St.  
Truman Building, Room 630  
Jefferson City, MO 65101

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)

Day  2-Day  Military  DPO

PO ZIP Code 62089	Scheduled Delivery Date (MM/DD/YYYY) 05/24/16	Postage \$ 22.95
Date Accepted (MM/DD/YYYY) 05/23/16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 8:00 PM	Insurance Fee \$
Time Accepted 1515	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	ODD Fee \$
Weight 1 lb 11 oz	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Other Rate Other Rate	Bundled Holiday Premium Fee \$	Live Animal Transportation Fee \$
Acceptance Employee Initials DPMM	Total Postage & Fees \$ 22.95	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014 PSN 7500-02-000-000 3-ADDRESSEE COPY

UNITED STATES  
POSTAL SERVICE

This envelope is made from 100% post-consumer waste. Please recycle.

Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 FAX: (573) 526-9815  
TTD: 800-735-2966 Voice: 800-735-2466  
<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

May 20, 2016

Southern Bus & Mobility  
80 S. Highway Drive  
Valley Park, MO 63088

Dear Mr. Jennings:

In accordance with paragraphs 4.7.1-4.7.1(d) of RFPC30034901600659, Handicap Accessible Van Conversion for the Missouri Department of Corrections, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP, including revisions to the RFP as a result of the Best and Final Offer (BAFO). It includes a Best and Final Offer (BAFO) Form as the cover page which must be completed, signed by an authorized representative of your organization, and returned with your detailed BAFO response.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO Form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted. Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON MAY 25, 2016 to:

Attention: Liz Palazzolo  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO #001 to RFPC30034901600659 on the lower left corner. Please include the original plus one (1) copy of your BAFO response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and

evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-4885 or e-mail me at [liz.palazzolo@oa.mo.gov](mailto:liz.palazzolo@oa.mo.gov). I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

*Liz Palazzolo*

Liz Palazzolo, CPPO, C.P.M. – Section Manager, Commodities Procurements

c: Evaluation Team  
RFPC30034901600659

Attachments: Best and Final Offer Request List  
RFP including BAFO form



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 DIVISION OF PURCHASING (PURCHASING)  
 REQUEST FOR BEST AND FINAL OFFER (BAFO)  
 FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001  
 SOLICITATION/OPPORTUNITY (OPP) NO.: RFPC30034901600659  
 TITLE: HANDICAP ACCESSIBLE VAN CONVERSION  
 ISSUE DATE: 05/04/16

REQ NO.: NR 931 YYY16709002  
 BUYER: Liz Palazzolo  
 PHONE NO.: (573) 751-4885  
 E-MAIL: liz.palazzolo@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 05/09/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: **(U.S. Mail)** PURCHASING  
 PO BOX 809  
 JEFFERSON CITY MO 65102-0809

or **(Courier Service)** PURCHASING  
 301 WEST HIGH STREET, RM 630  
 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Date of Award through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
 2715 Plaza Drive – Lower Level  
 Jefferson City, MO 65109

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
SOUTHERN BUS & MOBILITY		94885	
MAILING ADDRESS			
80 S. HIGHWAY DRIVE			
CITY, STATE, ZIP CODE			
VALLEY PARK, MISSOURI, 63088			
CONTACT PERSON		EMAIL ADDRESS	
KENT JENNINGS		KJENNINGS@SOUTHERNBUSANDMOBILITY.COM	
PHONE NUMBER		FAX NUMBER	
636-825-0700		636-825-0701	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		MAY 5, 2016	
PRINTED NAME		TITLE	
KENT JENNINGS		COMMERCIAL BUS SALES MANAGER	



12950 Koch Lane  
PO Box 37  
Breese, IL 62230

phone (618) 526-4131  
toll-free (877) 526-4131  
fax (618) 526-4585



80 South Highway Drive  
Valley Park, MO 63088  
(St. Louis I-44 & Highway 141)

phone (636) 825-0700  
toll-free (866) 327-1600  
fax (636) 825-0701

**ANSWERS TO IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION**

- 1.1 Southern Bus & Mobility will comply with all invoicing and payment provisions of the RFP and does not require a 10% deposit.
- 1.2 The conversion installations will be completed by June 24, 2016. The installation of these (4) PTV conversion requires a 5 week period and it is contingent upon the State of Missouri awarding the bid to SBM as soon as possible so that we can get the vans picked up and delivered to the manufacturer.
- 1.3 Southern Bus & Mobility will comply with the warranty requirements Terms & Conditions.
- 1.4 The submitted Warranty Procedure sheet is a form that we provide when we deliver the units to our customers to explain our procedures when making a warranty claim. At the delivery we normally have our customer sign this form to acknowledge that they know the procedure. Southern Bus & Mobility does not need this form sign it was only for informational purposes.

Sincerely,

*Kent Jennings*

Kent Jennings  
Southern Bus & Mobility  
Commercial Bus Sales Manager

# **Southern Bus & Mobility**

80 South Highway Drive  
Valley Park, MO 63088

State of Missouri  
Division of Purchasing  
301 West High Street  
Truman Building, Room 630  
Jefferson City, MO. 65101

**BAFO #001 TO RFPC30034901600659**

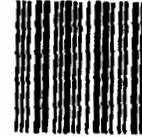
**PRIORITY®**  
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1004



65101

U.S. POSTAGE  
PAID  
VALLEY PARK, MO  
65086  
MAY 08 16  
AMOUNT  
**\$6.45**  
R2304N117394-01

Expected Delivery Day: 08/07/2016

**USPS TRACKING NUMBER**



9505 51:

DPM 10 MAY '16 AM 11:17

\* For international shipments, the maximum weight is 4 lbs.

65101

EP14H July 2013 Outer Dimension: 10 x 5

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 FAX: (573) 526-9815  
TTD: 800-735-2966 Voice: 800-735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

May 4, 2016

Southern Bus & Mobility  
80 S. Highway Drive  
Valley Park, MO 63088

Dear Mr. Jennings:

In accordance with paragraphs 4.7.1-4.7.1(d) of RFPC30034901600659, Handicap Accessible Van Conversion for the Missouri Department of Corrections, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with your company. Included with this letter are two attachments.

The first attachment is the Best and Final Offer (BAFO) Request List and it includes a listing of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency which may not comply with the requirements of the RFP. The list also includes a request for specific responses to identified RFP paragraphs.

The second attachment is a complete copy of the RFP, including revisions to the RFP as a result of the BAFO. It includes a Best and Final Offer (BAFO) Form as the cover page.

Your detailed BAFO response needs to include the BAFO Form, completed and signed by an authorized representative of your organization. In addition, your detailed BAFO response should address each area identified on the BAFO Request List using the same numbering outline as the list. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO Form, your response to the BAFO Response List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please understand that the State of Missouri is under no obligation to advise you of concerns regarding your proposal and makes no claim related thereto. Your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON MAY 9, 2016 to:

Attention: Liz Palazzolo  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

Best and Final Offer Request  
Page 2

The outside of the packet containing the BAFO response needs to state, "BAFO #001 to RFPC30034901600659 on the lower left corner. Please include the original plus one (1) copy of your BAFO response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-4885 or e-mail me at [liz.palazzolo@oa.mo.gov](mailto:liz.palazzolo@oa.mo.gov). I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

Liz Palazzolo, CPPO, C.P.M. – Section Manager, Commodities Procurements

c: Evaluation Team  
RFPC30034901600659

Attachments: Best and Final Offer Request List  
RFP including BAFO form

**SOUTHERN BUS & MOBILITY**  
**BEST AND FINAL OFFER REQUEST LIST**  
**BAFO NO. 001 RFPC30034901600659**

1. **IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

1.1 In the cover letter to its proposal, Southern Bus & Mobility indicates that it requires 10% as a deposit for placing an order. Payment terms are stated in paragraphs 2.10.1 through 2.10.3 of RFPC3003491600659 and in Terms and Conditions section 10, paragraphs (a) through (g). Specifically paragraph 10(d) of RFPC3003490659 states that payments shall be made in arrears.

***In its BAFO #001 response, Southern Bus & Mobility must comply with all invoicing and payment provisions of RFPC30034901600659, and remove reference to requiring 10% upon order.***

1.2 Southern Bus & Mobility's proposal indicates that it will take 90 calendar days for conversion work on all four vans to be completed. Southern Bus & Mobility's proposal also refers to delivery occurring in 45-60 days. RFPC30034901600659 BAFO Request #001 paragraph 3.6.2 requires that handicap conversion work on all four vans be completed no later than June 24, 2016.

***In its BAFO #001 response, Southern Bus & Mobility must reconcile the inconsistency between the different delivery dates in its proposal, and otherwise comply with BAFO #001 Request to RFPC30034901600659 paragraph 3.6.2 and complete handicap conversion work including invoicing on all four vans by no later than June 24, 2016***

1.3 The Braun Limited Warranty Policy and the Gerflor Commercial Flooring limited warranty included in Southern Bus & Mobility's proposal specifically exclude the warranties of merchantability and fitness for a particular purpose required by RFPC30034901600659 Terms and Conditions paragraph 13(a).

***In its BAFO #001 response, Southern Bus & Mobility must indicate that the warranty requirements stated in RFPC30034901600659 Terms and Conditions paragraph 13(a) shall supercede and govern.***

1.4 The Warranty Procedures page included in Southern Bus & Mobility's proposal requires a signature. The terms of the Warranty Procedure do not conflict with requirements of RFPC30034901600659, but the state will not counter-sign the form.

***In its BAFO #001 response, Southern Bus & Mobility must remove the signature blank from the Warranty Procedure.***

2. **OFFEROR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of RFPC30034901600659 have been revised by the BAFO #001 Request to RFPC30034901600659. By signing the cover page of the BAFO request, the offeror indicates acceptance and compliance with all revisions of the BAFO #001 Request to RFPC30034901600659.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 02  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPC30034901600659  
TITLE: Handicap Accessible Van Conversion  
ISSUE DATE: 04/11/16

REQ NO.: NR 931 YYY16709002  
BUYER: Liz Palazzolo  
PHONE NO.: (573) 751-4885  
E-MAIL: liz.palazzolo@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 04/21/16 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://MISSOURIBUYS.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)  
PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809

or (Courier Service)  
PURCHASING  
301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Date of Award through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive – Lower Level  
Jefferson City, MO 65109

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
SOUTHERN BUS & MOBILITY	94885
MAILING ADDRESS	
80 S. HIGHWAY DRIVE	
CITY, STATE, ZIP CODE	
VALLEY PARK, MISSOURI, 63088	

CONTACT PERSON	EMAIL ADDRESS
KENT JENNINGS	KJENNINGS@SOUTHERNBUSANDMOBILITY.COM
PHONE NUMBER	FAX NUMBER
636-825-0700	636-825-0701
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
<i>Kent Jennings</i>	APRIL 21, 2016
PRINTED NAME	TITLE
KENT JENNINGS	COMMERCIAL BUS SALES MANAGER

80 South Highway Drive  
Valley Park, MO 63088  
(St. Louis I-44 & Highway 141)

phone (636) 825-0700  
toll-free (866) 327-1600  
fax (636) 825-0701



12950 Koch Lane  
PO Box 37  
Breese, IL 62230

phone (618) 526-4131  
toll-free (877) 526-4131  
fax (618) 526-4585

ORIGINAL

April 21, 2016

State of Missouri  
Purchasing  
301 West High Street, Room 630  
Jefferson City, MO. 65101-1517

We are pleased to quote on (1) new **2016** MTS Prisoner transport conversion installed in the customer supplied new 2015 Ford T350 Transit van as per the attached bid specifications.

**PRISONER TRANSPORT VAN CONVERSION SPECIFICATIONS**

X	77" Interior headroom
X	69.8" Interior width
X	Driver and passenger dome lights
X	ABS headliner
X	Gray interior trim panels
X	Ford OEM curbside passenger side sliding door with 63" opening height
X	¾" Plywood subfloor
X	1/8" Gray Gerflor floor covering
X	Tinted privacy windows with expanded metal security screens
X	(1) Expanded metal security barrier mounted directly behind the driver & co-pilot seats
X	(1) OEM removable (3) three passenger bench seat located behind driver & co-pilot seats
X	(1) Expanded metal security barrier mounted directly behind front removable OEM 3 passenger bench seat
X	(9) Single flip down aisle facing passenger seats
X	Seatbelts on all passenger seats
X	Braun Century II ADA compliant wheelchair lift with LED lights
X	In-Power NHTSA compliant wheelchair lift interlock
X	(2) Q'Straint QRT Deluxe fully automatic retractable wheelchair tie-downs with retractable lap and shoulder belts, Torso pad and belt cutter
X	ADA priority seating decals
X	Stainless steel wheelchair restraint box for wheelchair tie down belts
X	Ford OEM dual swing open rear doors with 59.8" door height and upper windows
X	High mount rear brake light
X	Class III rear tow hitch with harness and trailer sway control
X	Safety kit to include: Emergency roadside reflector kit, first aid kit, fire extinguisher & back up alarm
X	Exterior - White
X	12 months, unlimited mileage from the date of purchase that the vehicle will be free from substantial defects in materials and workmanship attributable to the manufacturer

**F.O.B. Jefferson City Missouri for the sum of...\$25,749.00**

Our terms are net due upon delivery with a 10% deposit or purchase order when placing your order. Delivery of the unit will be 45 to 60 after receipt of your signed order, deposit/purchase order and receipt of the (4) T350 Ford Transit vans that the Missouri Department of Corrections currently have. If you should have any questions please feel free to contact me toll free at 866-327-1600 ext. 302 or email me at [kjennings@southernbusandmobility.com](mailto:kjennings@southernbusandmobility.com). I look forward to working with you.

Sincerely,

*Kent Jennings*

Kent Jennings  
Commercial Bus Sales Manager  
Southern Bus & Mobility

\_\_\_\_\_  
Accepted By:

Date:



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 01  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPC30034901600659  
TITLE: Handicap Accessible Van Conversion  
ISSUE DATE: 04/04/16

REQ NO.: NR 931 YYY16709002  
BUYER: Liz Palazzolo  
PHONE NO.: (573) 751-4885  
E-MAIL: liz.palazzolo@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 04/21/16 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.com) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)  
PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809

or (Courier Service)  
PURCHASING  
301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Date of Award through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive – Lower Level  
Jefferson City, MO 65109

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

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SOUTHERN BUS & MOBILITY	94885
MAILING ADDRESS	
80 S. HIGHWAY DRIVE	
CITY, STATE, ZIP CODE	
VALLEY PARK, MO. 63088	

CONTACT PERSON	EMAIL ADDRESS
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AUTHORIZED SIGNATURE	DATE
<i>Kent Jennings</i>	APRIL 21, 2016
PRINTED NAME	TITLE
KENT JENNINGS	COMMERCIAL BUS SALES MANAGER



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPC30034901600659  
TITLE: Handicap Accessible Van Conversion  
ISSUE DATE: 04/04/16

REQ NO.: NR 931 YYY16709002  
BUYER: Liz Palazzolo  
PHONE NO.: (573) 7581-4885  
E-MAIL: liz.palazzolo@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 04/21/16 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuys.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

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	(U.S. Mail)		(Courier Service)
RETURN PROPOSAL TO:	PURCHASING	or	PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Date of Award through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive – Lower Level  
Jefferson City, MO 65109

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

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AUTHORIZED SIGNATURE	DATE
	APRIL 21, 2016
PRINTED NAME	TITLE
KENT JENNINGS	COMMERCIAL BSU SALES MANAGER

**PRICING PAGE**

The vendor shall submit a firm, fixed price below for the original contract period and a maximum price for the renewal periods. All pricing shall be considered firm for the duration of the contract period indicated on the Notice of Award page of the contract. All pricing shall be quoted FOB Destination, Freight Prepaid and Allowed.

Line Item 1 Commodity Code: 42192214 Van Conversion/Wheelchair Lifts	Original Contract Period Firm, Fixed Price	First Renewal Period Maximum Price	Second Renewal Period Maximum Price
Total firm fixed price to complete a van conversion to add a wheelchair lift, including all labor, materials and supplies necessary to complete the van conversion.	\$ <u>25,749.00</u> EACH	\$ <u>25,749.00</u> EACH	\$ <u>27,629.00</u> EACH
<b>Estimated Quantity: 4</b>			

**Note About Renewal Options:**

The Division of Purchasing shall have the sole option to renew the contract in one (1) year increments or a portion thereof, for a maximum total of two (2) additional years. The offeror must respond with renewal pricing.

The offeror must indicate the maximum price applicable to the renewal option years. If a dollar amount is not proposed (i.e. left blank, page not returned, etc.), the state shall have the right to execute the option at the same price(s) proposed for the original contract period. Statements such as "a percentage of the then-current price" or "consumer price index" are NOT ACCEPTABLE.

The amounts indicated shall be used in the cost evaluation to determine the potential maximum financial liability to the State of Missouri.

Indicate the maximum unit prices to be charged for each renewal period. Note that these prices can reflect price maximum increases or minimum decreases over the original contract prices.

**Employee Bidding/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information.

Name and title of elected or appointed official  
or employee of the State of Missouri or any  
political subdivision thereof:

\_\_\_\_\_

If employee of the State of Missouri or political

**EXHIBIT A**

**Offeror's References:**

The offeror should provide references from accounts that possess similar characteristics to the State of Missouri's handicap van conversion requirements. The offeror should provide references from accounts that are either state governments or municipalities when possible. For each reference, please specify if the business relationship is the result of a formal contract, and if the business relationship is exclusive or non-exclusive. Additional references can be provided as the offeror deems necessary.

Reference 1)

Company Name: MISSOURI DEPARTMENT OF CORRECTIONS

Contact Name: PAMELA HODGES

Contact's Title: BUYER OF RECORD

City: JEFFERSON CITY State: MO.

Telephone Number and Area Code: 573-522-2109

E-mail Address: PAMELA.HODGES@DOC.MO.GOV

Description of Equipment/Services Furnished: IFB #15708383 WHEELCHAIR ACCESSIBLE VAN  
CONVERSION

Availability status of Reference: \_\_\_\_\_

Check One:

Formal Contract:  Yes  No

Exclusive: \_\_\_\_\_ Non-Exclusive:

Reference 2)

Company Name: MISSOURI DEPARTMENT OF CORRECTIONS

Contact Name: PAMELA HODGES

Contact's Title: BUYER OF RECORD

City: MOBERLY State: MO.

Telephone Number and Area Code: 573-522-2109

E-mail Address: PAMELA.HODGES@DOC.MO.GOV

Description of Equipment/Services Furnished: IFB #16709025 REPLACEMENT WHEELCHAIR LIFT

Availability status of Reference: \_\_\_\_\_

Check One:

Formal Contract:  X  Yes   No

Exclusive:   Non-Exclusive:  X

**Warranty, Delivery, Support and Missouri Economic Impact**

The vendor should provide warranty information below. The warranty shall commence upon delivery and acceptance of the wheelchair lift van conversions by the State of Missouri.

1) Describe in detail what warranty(ies) the offeror is providing to the state for the wheelchair lift van conversion (e.g., bulkhead warranty, lift warranty, labor warranty, etc):

**SEE ATTACHED WARRANTY SHEETS**

2) Address the length of each warranty (i.e., in year(s) and/or miles, etc.)?

**SEE ATTACHED WARRANTY SHEETS**

3) What is covered by each warranty?

**SEE ATTACHED WARRANTY SHEETS**

4) Describe the best way for the state to make a warranty claim, e.g., who does the state contact, what information will the state have to provide to help make the warranty claim?

**SEE ATTACHED SOUTHERN BUS & MOBILITY WARRANTY PROCEDURE INSTRUCTIONS FOR CONVERSION**

5) Where will warranty work be performed (city, state)?

**VALLEY PARK, MISSOURI 63088**

6) When will wheelchair lift conversion work for all four vans be completed, state in number of calendar days after receipt of the orders from the state agency:  90  calendar days ARO

7) Address the customer support the offeror will provide to the state agency during the van conversion:

**80 S. HIGHWAY DRIVE, VALLEY PARK, MISSOURI 63088**

8) Address where the van conversion work will be completed: **42000 KOPPERNICK, CANTON, MI. 48187**

9) Address the offeror's normal business hours and accommodations that will be made for the state agency's access to the offeror to ask questions about the conversion, anticipated completion, and questions after the converted vans are delivered back to the state agency and put into operation:

**MONDAY - FRIDAY - 8AM TO 6PM - KENT JENNINGS 636-825-0700**

10) In addition, the vendor should provide detailed information below concerning the services performed in the State of Missouri:

The vendor should provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

Southern Bus & Mobility is quoting a new prisoner transport vehicle body conversion. Southern Bus & Mobility is a dealer located in Valley Park, MO.

The vendor should provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

This bid is a tax exempt bid and therefore has no sales tax obligations. That being said there are other tax obligations that go along with running a successful business in the state of Missouri.

The vendor should provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

Southern Bus & Mobility operates out of a 6,000 square foot building in Valley Park, MO. We currently employ 7 males and 1 female and are looking to expand our service facility as well as our sales team. We currently employ 27 professionals when you include our main office in Breese, IL.



# **MOBILITY**

## **TRANSPORTATION SERVICES**

Congratulations on the purchase of your Mobility Transportation Services converted vehicle. You have taken ownership of one of the highest quality built conversion vehicles in the industry. We are committed to excellence not only on the build of your product, but in the customer service after you have taken delivery. Please know that if any problems do arise on any of the parts or materials fabricated, converted, and installed by Mobility Transportation Services you are covered for the first year from the date you took ownership with no mileage restriction. Please refer to the information below for specifics on your coverage and claim procedures. Thank you for choosing Mobility Transportation Services.

### **Warranty Description:**

#### **Warranty Period: One (1) Year from date of delivery, Unlimited Mileage**

**Coverage:** The original owner is covered for any defects in the workmanship and/or materials used to convert your vehicle. This is limited to materials fabricated and installed by Mobility Transportation Services (Heir in known as the "Manufacturer").

**Coverage Limitations:** Only the first original owner is covered. This warranty is non-transferable to subsequent owners. The manufacturer will not cover items we determine have been damaged by neglect, misuse, accidents, unauthorized alterations, or error to provide reasonable maintenance. The manufacturer is not responsible for any lost revenue while the vehicle is out of service for repairs. The manufacturer will also not be responsible for any mileage reimbursement for travel to and from the repair facility.

**Claim Procedure:** The original owner must provide Mobility Transportation Services (see contact information below) a written notice of any defects they believe are covered under the limited warranty. After a notice is received, a written estimate of parts and labor necessary to perform the defected material's correction must be sent to the manufacturer by a mutually agreed upon repair facility. The manufacturer will then determine the best course of action for the repair and provide payment to the repair facility directly.

**Additional Warranty Coverage:** The manufacturer will not warranty components not manufactured, fabricated, and installed by Mobility Transportation Services. These components may be, but not limited to, the vehicle chassis, engine, drive train, wheelchair lift, wheelchair tiedowns, aftermarket electronic components, seats, and lights. These items, and/or additional items not listed, are covered by separate warranties from their manufacturer. Warranty registration and claims procedures for these items are provided to the original owner in a delivery packet.

### **Mobility Transportation Services Contact Information:**

42000 Koppernick Ste A-3  
Canton, MI 48187  
Phone#: 800-496-4280  
Fax#: 734-453-6708

## **Braun® Limited Warranty**

### **WARRANTY COVERAGE AND WARRANTY COVERAGE TIME PERIODS**

The Braun Corporation ("Braun") warranty covers certain parts of this wheelchair lift for three (3) years or 10,000 cycles and the cost of labor to repair or replace those parts for one (1) year or 3,000 cycles. If The Braun Corporation receives the warranty registration card within 20 days after the lift is put into service, the warranty labor coverage will increase from one (1) year or 3,000 cycles to three (3) years or 10,000 cycles. In addition, providing the warranty registration card is returned as noted above, the following lift's power train parts are warranted for five (5) years or 15,000 cycles: Cable, Cylinder, Flow Control, Gear Box, Motor, Pump, Hydraulic Hose and Fittings. This limited warranty covers substantial defects in materials and workmanship of the lift, provided that the lift is operated and maintained properly and in conformity with the owner's manual. The warranty period begins on the date that the product is delivered to the first retail purchaser by an independent, authorized dealer of Braun, or, if the dealer places the product into any type of service prior to retail sale, on the date the dealer first places the product in such service. This limited warranty applies only to the first purchaser. It may not be transferred.

### **WHAT BRAUN WILL DO TO CORRECT PROBLEMS**

In the event that a substantial defect in material or workmanship, attributable to Braun, is found to exist during the first year of warranty coverage, it will be repaired or replaced, at Braun's option, without charge for parts or labor to the owner, in accordance with the terms, conditions and limitations of this limited warranty. If the substantial defect in material or workmanship, attributable to Braun, is found to exist during the second or third year of warranty coverage, it will be repaired or replaced, at Braun's option, without charge to the owner for parts, only, in accordance with the terms, conditions and limitations of this limited warranty. Providing the warranty card is returned within 20 days as outlined above, the labor warranty period will be extended by two years of coverage in accordance with the terms, conditions, and limitations of this limited warranty. In addition, if a substantial defect in material or workmanship, attributable to Braun, is found to exist during the fourth or fifth year of warranty coverage to the following lift's power train parts: Cable, Cylinder, Flow Control, Gear Box, Motor, Pump, Hydraulic Hose and Fittings, it will be repaired or replaced, at Braun's option, without charge to the owner for parts, only, in accordance with the terms, conditions and limitations of this limited warranty. The cost of labor for repair or replacement at any time after the warranty coverage detailed above is the sole responsibility of the owner.

Braun's obligation to repair or replace defective materials or workmanship is the sole obligation of Braun under this limited warranty. Braun reserves the right to use new or remanufactured parts of similar quality to complete any work, and to make parts and design changes from time to time without notice to anyone. Braun reserves the right to make changes in the design or material of its products without incurring any obligation to incorporate such changes in any previously manufactured product. Braun makes no warranty as to the future performance of this product, and this limited warranty is not intended to extend to the future performance of the product. In addition, the owner's obligation to notify Braun, or one of its authorized, independent dealers, of a claimed defect does not modify any obligation placed on the owner to contact Braun directly when attempting to pursue remedies under state or federal law.

### **LIMITATIONS, EXCLUSIONS AND DISCLAIMER OF IMPLIED WARRANTIES**

**ANY IMPLIED WARRANTY THAT IS FOUND TO ARISE BY WAY OF STATE OR FEDERAL LAW, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR ANY IMPLIED WARRANTY OF FITNESS, IS LIMITED IN DURATION TO THE TERMS OF THIS LIMITED WARRANTY AND IS LIMITED IN SCOPE OF COVERAGE TO THE SCOPE OF COVERAGE OF THIS LIMITED WARRANTY.** Braun disclaims any express or implied warranty, including any implied warranty of fitness or merchantability, on items excluded from coverage as set forth in this limited warranty. Braun makes no warranty of any nature beyond that contained in this limited warranty. No one has authority to enlarge, amend or modify this limited warranty, and Braun does not authorize anyone to create any other obligation for it regarding this product. Braun is not responsible for any representation, promise or warranty made by any independent dealer or other person beyond what is expressly stated in this limited warranty. Any selling or servicing dealer is not Braun's agent, but an independent entity.

## **Braun® Limited Warranty**

**BRAUN SHALL NOT BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES THAT MAY RESULT FROM BREACH OF THIS LIMITED WARRANTY OR ANY IMPLIED WARRANTY. THIS EXCLUSION OF CONSEQUENTIAL AND INCIDENTAL DAMAGES SHALL BE INDEPENDENT OF ANY FAILURE OF THE ESSENTIAL PURPOSE OF ANY WARRANTY, AND THIS EXCLUSION SHALL SURVIVE ANY DETERMINATION THAT THIS LIMITED WARRANTY OR ANY IMPLIED WARRANTY HAS FAILED OF ITS ESSENTIAL PURPOSE.** This warranty does not cover, and in no event shall Braun be liable for towing charges, travel, lodging, or any other expense incurred due to the loss of use of the product or other reason.

Some states do not allow limitations on how long an implied warranty lasts, or the exclusion or limitation of incidental or consequential damages, so the above limitations or exclusions may not apply to you.

### **HOW TO GET SERVICE**

To obtain warranty service the owner must do all of the following:

1. Notify an authorized service center, of the claimed defect attributable to Braun, within the warranty coverage period designated above
2. Provide the notification mentioned in (1), above, within ten (10) days of when the owner discovered, or should have discovered, the claimed defect
3. Promptly schedule an appointment with and take the product to an authorized service center for service.
4. Pay any transportation costs and all expenses associated with obtaining warranty service.

Since Braun does not control the scheduling of service work at the independent dealerships you may encounter some delay in scheduling or completion of work. If you need assistance you may contact Braun, at 631 West 11th Street, Winamac, Indiana 46996; 1-800-THE-LIFT, (843-5438).

If two (2) or more service attempts have been made to correct any covered defect that you believe impairs the value, use or safety of the product, or if it has taken longer than thirty (30) days for repairs to be completed, you must, to the extent permitted by law, notify Braun directly, in writing, at the above address, of the unsuccessful repair(s) of the alleged defect(s) so that Braun can become directly involved in providing service pursuant to the terms of this limited warranty.

### **WHAT IS NOT COVERED**

This Limited Warranty does not cover any of the following: defects in materials, components or parts of the product not attributable to Braun, any material, component or part of the product that is warranted by another entity (Note: the written warranty provided by the manufacturer of the material, component or part is the direct responsibility of that manufacturer); items that are added or changed after the product leaves Braun's possession; additional items installed at any dealership, or other place of business, or by any other party, other than Braun; normal wear, tear, usage, maintenance, service, periodic adjustments, the effects of condensation or moisture from condensation; mold or any damage caused by mold; imperfections that do not affect the product for its intended purpose; items that are working as designed but that you are unhappy with; problems related to mis-operation, misuse, mishandling, neglect or abuse, including failure to maintain the product in accordance with the owner's manual, or other routine maintenance such as inspections, lubricating, adjustments, tightening of screws, sealing, wheel alignments or rotating tires; damage due to accident or collision, including any acts of weather or damage or corrosion due to the environment; theft, vandalism, fire, or other intervening acts not attributable to Braun; damage resulting from tire wear or tire failure; defacing, scratches, dents or chips on any interior or exterior surface of the product, including those caused by rocks or other road hazards, damage caused by off road use, overloading or alteration of the product, or any of its components or parts.

Defects and/or damage to interior and exterior surfaces and other appearance items may occur at the factory or when the product is in transit. These items are usually detected and corrected at the factory or by

## **Braun® Limited Warranty**

a dealer prior to delivery to the purchaser. You must inspect the product for this type of damage when you take delivery. If you find any such defect or damage you must notify the selling dealer, or Braun, at the time of delivery to have these items covered by this limited warranty and to have work performed on the items at no cost to you as provided by this limited warranty.

### **EVENTS DISCHARGING BRAUN FROM OBLIGATION UNDER WARRANTY**

The following shall completely discharge Braun from any express or implied warranty obligation to repair or replace anything and void this warranty: misuse, neglect, collision, accidents, failure to provide routine maintenance (See Owner's Manual), unauthorized alteration, off road use, Acts of Nature, damage from weather or the environment, theft, vandalism, tampering, fire, explosions, overloading the product and odometer tampering.

### **LEGAL REMEDIES**

Any action to enforce any portion of this limited warranty, or any implied warranty, must be commenced within six (6) months after expiration of the warranty coverage period designated above or the action will be barred because of the passage of time. Any performance of repairs shall not suspend this limitation period from expiring. Any performance of repairs after the warranty coverage period has expired, or performance of repairs regarding any thing excluded from coverage under this limited warranty shall be considered "good will" repairs, and they will not alter the terms of this limited warranty, or extend the warranty coverage period or the filing limitation period in this paragraph. In addition, since it is reasonable to expect that the product will need some service during the warranty period; this warranty does not extend to future performance. It only sets forth what Braun will do and does not guarantee anything about the product for any time period. Nothing in this warranty, or any action of Braun, or any agent of Braun, shall be interpreted as an extension of any warranty period or the filing limitation period in this paragraph. Some states do not allow a reduction in the statute of limitations, so this reduction may not apply to you.

### **WARRANTY REGISTRATION and MISCELLANEOUS**

Your warranty registration records should be completed and delivered to the appropriate companies, including the Braun Delivery Checklist & Warranty form. That form must be returned to Braun within twenty (20) days of purchase. The Braun warranty will not be registered unless this warranty registration is completed and received by Braun. Failure to file this warranty registration with Braun will not affect your rights under this limited warranty as long as you can present proof of purchase, but it can cause delays in obtaining the benefits of this limited warranty, and it changes the start date of the warranty to the date of final assembly of the product by Braun.

Braun agrees to repair or replace any of its factory installed parts found to have substantial defects within the appropriate warranty period designated above, provided that the repair is authorized by Braun and carried out by an authorized service center (a Braun labor schedule determines the cost allowance for repairs). Braun will not honor any warranty claim for repairs or replacement of parts unless the claim is submitted with the appropriate paperwork, and the work is completed by an independent, factory authorized service center. The appropriate paperwork can be obtained by written or phone contact with Braun at the contact information in this warranty.

Braun reserves the right to designate where any warranty work can be performed. Braun also reserves the right to examine any defective workmanship or part prior to giving any authorization for warranty work. Braun's return authorization procedure must be adhered to in order to process any warranty claims.

**THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS. YOU MAY ALSO HAVE OTHER RIGHTS THAT VARY FROM STATE TO STATE.**

# THANK YOU FOR CHOOSING Q'STRAIT PRODUCTS!

The warranty registration process takes just a few minutes and will require the following information:

- Serial Numbers located on the Warranty Card(s) or Product(s), and
- Your Vehicle(s) information (i.e. VIN, Make, Model and Year)
- Your privacy matters to us! Please [click here](#) to read our privacy policy.

## Q'STRAIT'S WARRANTY POLICY

**Limited Warranty:** Q'Strait warrants this product conforms to our manufacturing specifications and is free from defects in materials and workmanship. Q'Strait or its authorized dealer will (at its sole option) repair or replace the defective component(s) free of charge. This warranty does not cover the cost of assembly or disassembly, transportation, labor, or any other incidental costs involved in the removal of a defective part or the installation of the replacement part.

Q'Strait or its authorized dealers reserves the right to inspect the product to verify the claimed defect has not been caused by non-Q'Strait approved maintenance or by foreign particles or substances. This warranty does not apply to defects that result from accident, misuse or abuse, intentional damage, fire, flood, alteration or modification of the product, negligence, exposure, or use of the product in a manner inconsistent with its intended use.

### Product Coverage

#### 5 Years\*

Q'POD (US), QRT-360 (US), QRT-350 (UK), QRT-550 (UK)

#### 3 Years\*

QRT MAX, QRT Deluxe, QLK-150 and The Q'UBE (US)

#### 2 Years\*

QRT Standard, Q-5000, M-Series, QLK-100 (US), QLK-110 (UK)  
(with proof of maintenance performed by a Q'Strait authorized dealer)

#### 1 Year

All other Systems, Products & Accessories

*\*Only valid if product is registered with Q'Straint. Otherwise, a one (1) year warranty applies to all products. Products must be installed by authorized Q'Straint dealer.*

**SEATING COMPANY**  
an ISO 9001:2000 certified company

4545 W. Augusta Blvd  
Chicago, Illinois 60651  
Tel: (773) 524-2440  
FAX: (773) 252-7450

## Limited Warranty

### WARRANTY:

Freedman Seating warrants to the original buyer that its seats are free from defects in material and workmanship for the following components:

**Metal, plastic and foam Components – Two (2) years**  
**Moving Components – Two (2) years**  
**Upholstery – Two (2) years**

Warranty period begins at time of installation

### NON-PRORATED REPLACEMENT:

In the event that a warranty-covered failure should occur within the warranty period, Freedman Seating will repair or replace the seat without charge and without prorating, at Freedman Seating's option. This is the sole and exclusive remedy for breach of any warranty. Any replacement seat or part is only covered by this warranty for the remainder of warranty period applicable to the original seat.

### EXCLUSIONS:

This warranty specifically excludes foam, upholstery material, belts, and items exposed to normal wear and tear such as metal finish and paint and does not apply to any seat that is damaged as result of accident, derailment, improper installation, structural defects, intentional damage, abuse, vandalism, negligence, misuse, improper operating conditions, or extreme natural phenomena. Seats exposed to toxic or corrosive materials are excluded from this warranty. This warranty is provided directly to the purchaser only and does not extend to any subsequent party and is solely for the Freedman Seating product as it is originally manufactured.

### INCIDENTAL, CONSEQUENTIAL DAMAGES, & LIMITATIONS:

This warranty shall be in lieu of any other warranty, expressed warranty, expressed or implied, including but not limited to any implied warranty of merchantability or fitness for a particular purpose. The purchaser's sole and exclusive remedy against Freedman Seating shall be for the repair and replacement of the defective product as provided herein. No other remedy, including but not limited to incidental or consequential damages for lost profits, lost sales, injury to person or property, shipping, freight, installation, removal, or any other incidental or consequential loss shall be available to the purchaser.

### NOTIFICATION:

All reports, claims, or notices required by the warranty to be provided to Freedman Seating must be in writing and delivered to: Attention – Freedman Seating Warranty Claim Department, 4545 W. Augusta, Blvd. Chicago, IL 60651, or by fax to (773) 252-7450. Parts being claimed for warranty must be sent to Freedman Seating for prior approval and warranty acceptance before any warranty claims can be made.

### INSPECTION AND VERIFICATION:

The owner must provide access to the failed seat so that Freedman Seating's authorized representative can perform an on-site inspection. Alternatively, Freedman Seating may ask the owner to ship the failed seat to Freedman Seating's laboratory for inspection. Within 30 days of the inspection, either on-site or in the laboratory, Freedman Seating will render an opinion as to whether or not the claimed failure is covered by the warranty.

### DESIGN:

Freedman Seating reserves the right to modify parts and design specifications without notice as long as the seats meet general specifications, unless otherwise committed per contract. In case further non-conforming changes have to be incorporated, Freedman Seating will submit such changes to customer for prior approval.



## Gerflor Commercial Flooring limited warranty agreement – 10 Year Warranty

GERFLOR, AS A MANUFACTURER, expressly warrants that the GERFLOR COMMERCIAL FLOORCOVERING shall be free from manufacturing defects for a period of ten (10) years from the date of sale by Gerflor, provided such floorcovering are subject to normal use and receive proper maintenance.

This entire warranty will become null and void if conditions of the subflooring and method of installation do not conform exactly to GERFLOR specifications.

This entire warranty does not cover damage caused, in whole or in part, by conditions beyond our control, including, but not limited to :

- Use for which material is not designated.
- Fire, explosion, weather conditions or natural disasters.
- Faulty installation.
- Casualties.
- Ordinary wear and tear.
- Abuse.
- Faulty design or construction of the buildings.
- Failure of the adhesive to adhere to the subfloor, whether concrete or other material because of moisture migration or water vapor transmission through the subfloor.
- Fault in the subfloor.
- Failure in the vapor barriers.
- Failure of the installation contractors to adhere to specifications.
- Failure of the seams.
- Uneven wear of sections of the floorcovering.
- Gloss reduction from use.
- Alteration of the initial appearance of the floorcovering, particularly in high traffic areas and areas exposed to excessive wear due to sand, grit or dirt in entrances to buildings.
- Fading or discoloration from sunlight or heat.
- Damage caused by neglect or improper maintenance procedures and other causes not specified but beyond the control of GERFLOR.
- Damage due to stains, cuts, scratches, gouges, scuffs, punctures, tears, indentations due to loads in excess of the specified static load limit, burns, accidents, discoloration caused by tracking residue from carpet dyes, rubber or synthetic backing used on rugs or mats, painted or asphalt surfaces such as driveways, damage resulting from lack of, or improper, furniture rests and floor protectors, rubber or synthetic backed rugs or mats, or any intentional misuse of the floorcovering

The presence of moisture between the GERFLOR floorcovering and the subfloor shall be considered proof of subfloor failure or faulty design or construction of the building because moisture will break the bond between the adhesive and the subfloor, causing bubbles to appear.



## **Gerflor Commercial Flooring limited warranty agreement – 10 Year Warranty**

This warranty will be applied only if the product is admittedly the only cause of disorder. Your sole and exclusive remedy against GERFLOR arising from the purchase or use of floorcovering is limited to supply of material in replacement of the sole defective part of material (after examination, verification and approval by GERFLOR) with material of equivalent quality. All other compensation of whatever nature will be excluded. Warranty will only be valid if product and installation concerned by the warranty are clearly identified on this document and returned to Gerflor by mail with acknowledgement of receipt.

If the claim is accepted by GERFLOR, with respect to the warranty, GERFLOR will supply the material in replacement of defective one without any cost to you. More than 5 (five) years from the date of sale of the warranted product by Gerflor, until the expiration of this express warranty you will be responsible for 20 % (twenty per cent) per year of the cost of supplied materials.

### **WARRANTY DISCLAIMERS AND LIMITATIONS OF LIABILITY**

THE ABOVE EXPRESSED MANUFACTURER'S WARRANTY SHALL BE THE EXCLUSIVE WARRANTY and LIMITED TO THE QUALITY OF THE PRODUCT, and GERFLOR MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED. GERFLOR EXPRESSLY DISCLAIMS ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE.

IT IS AGREED THAT GERFLOR SHALL NOT BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES, including, but not limited to, loss of income, loss of use, damage to other property, the cost of removing and reinstalling GERFLOR floorcoverings, attorney's fees, and any liability you may have with respect to any other person.

### **TIME LIMIT ON COMMENCING LEGAL ACTION**

It is agreed that you have 30 days from the accrual of a claim to inform GERFLOR by registered mail with acknowledgement of receipt.

It is agreed that you have one year from the accrual of a claim to commence any legal action arising from the purchase or use of GERFLOR floorcoverings, or be barred forever.

To the extent any provision of this Warranty Agreement contravenes the law of any jurisdiction, such provision shall be inapplicable in such jurisdiction, and the remainder of this Warranty Agreement shall not be affected thereby.

## WARRANTY PROCEDURES

Please read the procedures below that need to be followed when you have a warranty problem with a vehicle or product purchased from Southern Bus & Mobility

Call us toll free at 866-327-1600, ask for Larry Meyer and have the following information available:

- Body Manufacturer: **Mobility Transportation Services**
- Body Serial Number:
- Chassis Make: **T350 Ford**
- VIN Number of Chassis:
- Mileage
- Description of the Problem

We will then set up an appointment for you to bring the vehicle in for service.

We prefer to do all warranty work at our facility, but under some circumstances it may be inconvenient. If you need to take the vehicle to a local repair facility or you plan on repairing the vehicle yourself, you must follow the procedures listed below:

- Call Craig at Southern Bus & Mobility
- Have the following vehicle information ready: Body manufacturer, Body serial number, Chassis make and VIN number of chassis
- Mileage
- Give us a description of the problem.
- When you or a local facility begins working on your vehicle, **we must be called** with the problem and an estimate.
- We will then authorize you or a local repair facility to repair your problem with a pre-approved dollar amount.

### **Warranty Parts**

- If parts are needed either by your organization or local repair facility, we will provide the parts and you will be billed at that time.
- When the defective parts are returned to Southern Bus & Mobility credit will be issued.

**If the above procedures are not followed, warranty claims will not be covered by Southern Bus & Mobility.**

I have read the above information and fully understand the warranty procedure.

---

Signature - Date

**EXHIBIT B**  
**PARTICIPATION COMMITMENT**

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the offeror is committing to participation by or if the offeror is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the offeror must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the offeror’s proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the offeror must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

<b>MBE Participation Commitment Table</b>		
<i>(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)</i>		
<b>Name of Each Qualified Minority Business Enterprise (MBE) Proposed</b>	<b>Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed MBE</b> <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. <b><u>NOT APPLICABLE</u></b>	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total MBE Percentage:</b>	<b>%</b>	

**EXHIBIT B, continued**

<b>WBE Participation Commitment Table</b>		
<i>(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)</i>		
<b>Name of Each Qualified Women Business Enterprise (WBE) proposed</b>	<b>Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed WBE</b> <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. <b><u>NOT APPLICABLE</u></b>	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total WBE Percentage:</b>	%	

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>	
<i>By completing this table, the bidder commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.</i>	
<i>(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)</i>	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the service the organization for the blind/sheltered workshop is proposed to perform.</i>
1. <b><u>NOT APPLICABLE</u></b>	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	Product/Service(s) proposed: ----- RFP Paragraph References:

**EXHIBIT B, continued**

<b>SDVE Participation Commitment Table</b>		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed SDVE</b> <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. <b><u>NOT APPLICABLE</u></b>	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total SDVE Percentage:</b>	%	

**EXHIBIT C**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

If the offeror is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the offeror must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the offeror's proposal.

*~ Copy This Form For Each Organization Proposed ~*

Vendor Name: NOT APPLICABLE

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.*

Indicate appropriate business classification(s):

     MBE      WBE      Organization for the Blind      Sheltered Workshop      SDVE

Name of Organization: \_\_\_\_\_

(Name of Organization for the Blind or Sheltered Workshop)

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Certification # \_\_\_\_\_

(or attach copy of certification)

Certification Expiration Date: \_\_\_\_\_

Describe the products/services you (as the participating organization) have agreed to provide:

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

**Authorized Signature:**

\_\_\_\_\_  
*Authorized Signature of Participating Organization  
(Organization for the Blind or Sheltered Workshop)*

\_\_\_\_\_  
*Date (Dated no  
earlier than the RFP  
issuance date)*

**EXHIBIT C, continued**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

**SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the offeror **must** provide the following SDV documents:  
**NOT APPLICABLE**

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The offeror should check the appropriate statement below and, if applicable, provide the requested information.

No, I have not previously submitted the SDV documents specified above to Purchasing and therefore have enclosed the SDV documents.

Yes, I previously submitted the SDV documents specified above within the past five (5) years to Purchasing.

Date SDV Documents were Submitted: \_\_\_\_\_

Previous Proposal/Contract Number for Which the SDV Documents were Submitted: \_\_\_\_\_  
(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at <http://content.oe.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, Purchasing will remove the SDVE and associated SDV from the database.)

**FOR STATE USE ONLY**

SDV Documents - Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

**EXHIBIT D**  
**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,**  
**AND AFFIDAVIT OF WORK AUTHORIZATION**

**BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.  
**BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <http://www.uscis.gov/e-verify>.  
**BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; OR
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under Handicap van conversions and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
 Authorized Representative's Name (Please Print)

\_\_\_\_\_  
 Authorized Representative's Signature

\_\_\_\_\_  
 Company Name (if applicable)

\_\_\_\_\_  
 Date

**EXHIBIT D, continued**

*(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)*

**BOX B - CURRENT BUSINESS ENTITY STATUS**

I certify that Southern Bus & Mobility (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.

Clark Rakers  
Authorized Business Entity Representative's  
Name (Please Print)

Clark Rakers  
Authorized Business Entity  
Representative's Signature

Southern Bus & Mobility, Inc.  
Business Entity Name

4/13/16  
Date

mrakers@southernbusandmobility.com  
E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT D, continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

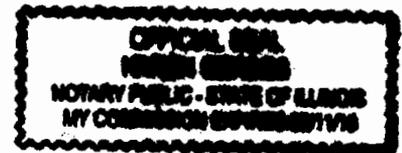
The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Southern Bus & Mobility, Inc. (Name of Business Entity Authorized Representative) as Mark Rakers (Position/Title) first being duly sworn on my oath, affirm Southern Bus & Mobility, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Southern Bus & Mobility, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

<u><i>Mark Rakers</i></u> Authorized Representative's Signature	<u>Mark Rakers</u> Printed Name
<u>Business Manager</u> Title	<u>4/13/16</u> Date
<u>mrakers@southernbusandmobility.com</u> E-Mail Address	<u>94885</u> E-Verify Company ID Number

Subscribed and sworn to before me this 13 of April, I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Clinton, State of  
(NAME OF COUNTY)  
IL, and my commission expires on 5-11-18.  
(NAME OF STATE) (DATE)



*Laura Meades* 4-13-16  
Signature of Notary Date

# E-Verify



Company ID Number: 832108

Approved by:

<b>Employer</b> Southern Bus & Mobility	
<b>Name (Please Type or Print)</b> Mark Rakers	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 11/24/2014
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 11/24/2014

**EXHIBIT D, continued**

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security -- Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted:

**DEPARTMENT OF CORRECTIONS - JEFFERSON CITY CORRECTIONAL CENTER**

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St. Louis; Missouri Southern State University - Joplin; Missouri Western State University - St. Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau.)

Date of Previous E-Verify Documentation Submission:

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted:

\_\_\_\_\_  
Authorized Business Entity Representative's Name (Please Print)

\_\_\_\_\_  
Authorized Business Entity Representative's Signature

\_\_\_\_\_  
E-Verify MOU Company ID Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

**FOR STATE USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

**EXHIBIT E**

**DOMESTIC PRODUCTS PROCUREMENT ACT (BUY AMERICAN) PREFERENCE**

In accordance with sections 34.350-34.359, RSMo, the vendor is instructed to provide information regarding the point of manufacture for each of the products being proposed so that the product's eligibility for the Domestic Products Procurement Act (Buy American) Preference can be determined. This information is requested for the finished product only, not for components of the finished product. The vendor may be required to provide supporting documentation indicating proof of compliance.

**Qualifying for the Domestic Products Preference:**

A product qualifies for the preference if one of the following circumstances exist:

- if manufactured or produced in the U.S.; or
- if the product is imported into the U.S. but is covered by an existing international trade treaty, law, agreement, or regulation that affords the specific product the same status as a product manufactured or produced in the U.S.; or
- if only one line of products is manufactured or produced in the U.S.

**Non-Domestic Product:**

If the product is not manufactured or produced in the U.S. and does not otherwise qualify as domestic, then it will be considered non-domestic and not eligible for the preference.

**THE VENDOR MUST COMPLETE THE FOLLOWING APPLICABLE TABLES TO CERTIFY WHETHER:**

(Table 1) ALL products proposed are manufactured or produced in the U.S. and qualify for the Domestic Products Procurement Act Preference; OR

(Table 2) ALL products proposed are manufactured or produced outside the U.S. and do not otherwise qualify for the Domestic Products Procurement Act Preference; OR

(Tables 3-6) Not all products proposed fall into the prior two categories so an item-by-item certification is necessary.

The vendor is responsible for certifying the information provided on the exhibit is accurate by signing where indicated at the end of the exhibit.

**TABLE 1 – ALL PRODUCTS MANUFACTURED OR PRODUCED IN U.S. (eligible for preference)**

Check the box to the right if ALL products proposed are MANUFACTURED OR PRODUCED IN THE U.S.:

**TABLE 2 – ALL PRODUCTS MANUFACTURED OR PRODUCED OUTSIDE U.S. AND DON'T QUALIFY FOR PREFERENCE (ineligible for preference)**

Check the box to the right if ALL products proposed are MANUFACTURED OR PRODUCED OUTSIDE THE U.S. and DO NOT OTHERWISE QUALIFY for the Domestic Products Procurement Act Preference:

**TABLES 3 THROUGH 6 – ITEM BY ITEM CERTIFICATION (NOT ALL PRODUCTS PROPOSED FALL INTO PRIOR TWO TABLES)**

- For those line items for which a U.S.-manufactured or produced product is proposed, complete **Table 3**.
- For those line items which are manufactured or produced outside the U.S. that do not qualify for the Domestic Products Procurement Act Preference, complete **Table 4**.
- For those line items which are not manufactured or produced in the U.S., but for which there is a U.S. trade treaty, law, agreement, or regulation in compliance with section 34.359, RSMo, complete **Table 5**.
- For those line items which are not manufactured or produced in the U.S., but for which there is only one U.S. Manufacturer of that product or line of products, complete **Table 6**.

**TABLE 3 – U.S.-MANUFACTURED OR PRODUCED PRODUCTS (Eligible for Preference)**

- List item numbers of products proposed that are U.S.-manufactured or produced and therefore qualify for the Domestic Products Procurement Act Preference.
- List U.S. city and state where products proposed are manufactured or produced.

Item #	U.S. City/State Where Manufactured/Produced	Item #	U.S. City/State Where Manufactured/Produced

**TABLE 4 – FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS (Not Eligible for Preference)**

- List item numbers of products proposed that are foreign manufactured or produced and do not otherwise qualify for the Domestic Products Procurement Act Preference.
- List country where product proposed is manufactured or produced.

Item #	Country Where Manufactured/Produced	Item #	Country Where Manufactured/Produced

**EXHIBIT E, continued: DOMESTIC PRODUCTS PROCUREMENT ACT (BUY AMERICAN) PREFERENCE**

**TABLE 5 – FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS BUT U.S. TRADE TREATY, LAW, AGREEMENT, OR REGULATION APPLIES (Eligible for Preference)**

- List item numbers of products proposed that are foreign manufactured or produced but qualify for the Domestic Products Procurement Act Preference because a U.S. Trade Treaty, Law, Agreement, or Regulation applies.
- Identify country where proposed foreign-made product is manufactured or produced.
- Identify name of applicable U.S. Trade Treaty, Law, Agreement, or Regulation that allows product to be brought into the U.S. duty/tariff-free.
- Identify website URL for the U.S. Trade Treaty, Law, Agreement, or Regulation.
- NOTE: As an imported product, if an import tariff is applied to the item, it does not qualify for the preference. In addition, "Most Favored Nation" status does not allow application of the preference unless the product enters the U.S. duty/tariff-free.

Item #	Country Where Proposed Foreign-Made Product is Manufactured/Produced	Name of Applicable U.S. Trade Treaty, Law, Agreement, or Regulation	Official Website URL for the U.S. Treaty, Law, Agreement, or Regulation

**TABLE 6 – FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS BUT ONLY ONE US MANUFACTURER PRODUCES PRODUCT OR LINE OF PARTICULAR GOOD (Eligible for Preference)**

- List item numbers of products proposed that are foreign manufactured or produced but qualify for the Domestic Products Procurement Act Preference because only one US Manufacturer produces the product or line of a particular good.
- Identify country where proposed foreign-made product is manufactured or produced.
- Identify sole US manufacturer name.
- Identify name of sole US manufactured product/line of particular good.

Item #	Country Where Proposed Foreign-Made Product is Manufactured/Produced	Sole US Manufacturer Name	Name of Sole US Manufactured Product or Line of Particular Good

**The vendor is responsible for certifying the information provided on this exhibit is accurate by signing below:**

I hereby certify that the information provided herein is true and correct, and complies with all provisions of sections 34.350 to 34.359, RSMo. I understand that any misrepresentation herein constitutes the commission of a class A misdemeanor.

*Mark Baker*

SIGNATURE (If submitting proposal electronically, scanned or typed signature is acceptable)

Southern Bus & Mobility, Inc.

COMPANY NAME



**BUY AMERICA  
DOMESTIC CONTENT WORKSHEET**

AT LEAST 60% OF THE MATERIAL COST OF THE BUS IS U.S. DOMESTIC CONTENT:

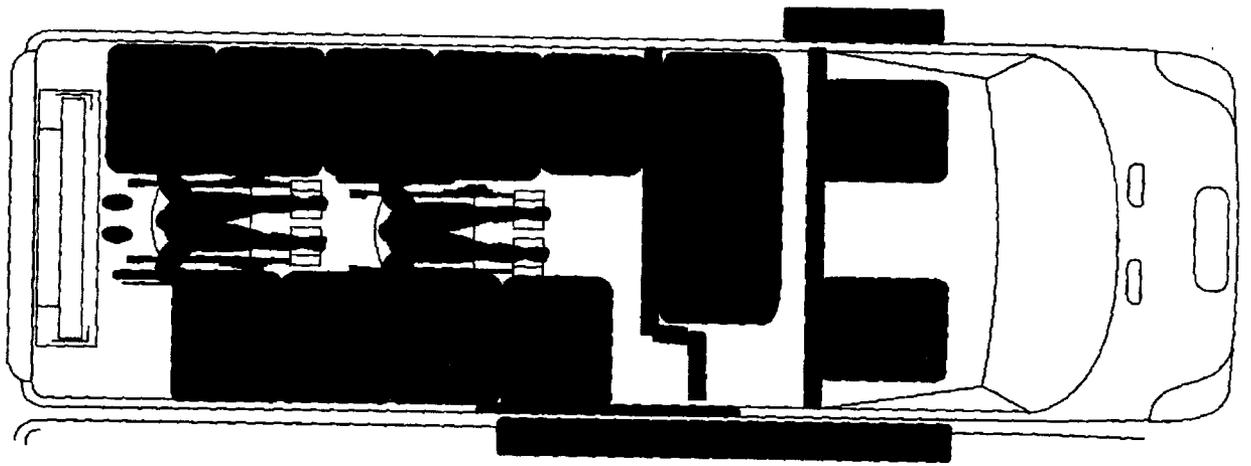
<u>COMPONENT/MANUFACTURER</u>	<u>FINAL ASSY</u>	<u>DOMESTIC CONTENT</u>
<u>Chassis:</u> Ford T350 XL extended passenger van. Manufactured in Kansas City, MO. 69.6% US content per attached detailed breakdown	U.S.	59.2%
Component: Seats, manufactured in Chicago, IL Sub-component: Frame and Fabric. 100 % of cost American made	U.S.	4.9%
Component: Wheelchair Lift, Manufactured in Winamac, IN. 88% of cost American made	U.S.	6%
Component: Wheelchair lift interlock system Sub-component: Circuit board, wiring 74% of cost American made	U.S.	0.3%
Component: Passenger assist poles and handles Sub-component: Stainless steel, 100% of cost American made	U.S.	0.4%
Component: Running Boards Sub-component: Aluminum 100% of cost American made	U.S.	0.7%
Component: Subfloor: Sub-component: Plywood 100% of cost American made	U.S.	0.3%
Component: Wheelchair Securement System Sub-component: Steel, Nylon 100% of cost American made	U.S.	1.8%
Component: Misc. Nuts and bolts Sub-component: Grade 8 steel 100% of cost American made	U.S.	0.1%

**FINAL ASSEMBLY TOOK PLACE IN CANTON, MI. THE COST OF THE FINAL ASSEMBLY IS 12% OF THE TOTAL COST. THE FOLLOWING ACTIVITIES TOOK PLACE AT THE FINAL ASSEMBLY POINT: Final Domestic content: 85.7 %**

Signature *Dave Brown*

Company      MOBILITY TRANSPORTATION SERVICES  
Title         PRESIDENT

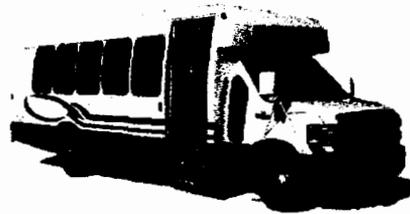






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- Wheelchair Accessible Vans
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(35 miles east of St. Louis)  
toll-free (877) 526-4131

St. Louis, MO Facility



80 South Highway Drive  
Valley Park, MO 63088  
(St. Louis I-44 & Hwy. 141)  
toll-free (866) 327-1600

[www.southernbusandmobility.com](http://www.southernbusandmobility.com)

**Owners**

**Tom & Karen Gerdes & family**



Noah, Trevor, Karen  
Tom & Nathan

**Breese, IL**

**Management & Sales Staff**



Mark Rakers, Curtis Doetsch, Max Wood, Phyllis Gebke,  
Alan Gerdes, Karen Gerdes, Marty Diekemper, Tom Gerdes,  
Joe Deimeke, Angel Warnecke, Steve Warnecke

**St. Louis, MO**

**Management & Sales Staff**

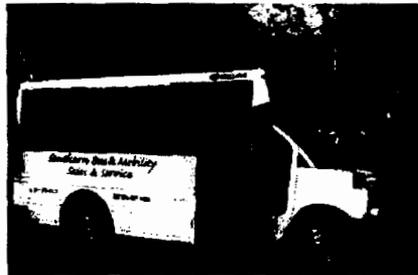


Larry Meyer, Matt McCracken,  
Kent Jennings, Kelly Linton, Marcel Huels,  
Dale Helton

**New Buses and Paratransit Vans Available**



Collins Buses  
10 - 34 passengers



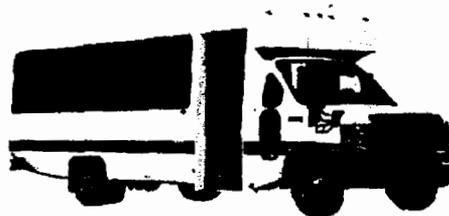
MFSAB's - No CDL Required  
10 - 14 passengers + driver



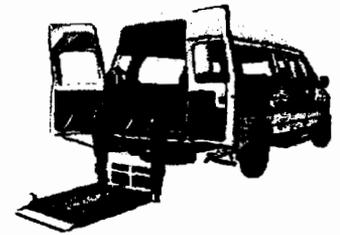
Turtle Top VanTerra - No CDL Required  
10 - 14 passengers + driver



Turtle Top Multi Purpose Vehicles



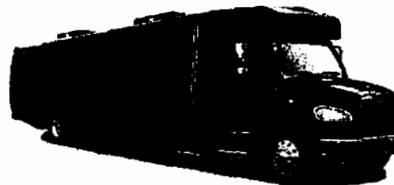
Diamond Coach Buses  
10 - 32 passengers



Paratransit Vans



Diamond Coach Buses  
10 - 32 passengers



Turtle Top Buses  
10-47 passengers



Wheelchair buses

**Proud distributor for Collins Bus, Turtle Top, & Diamond Coach**

# PARTS & SERVICE

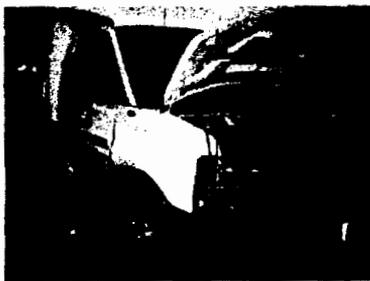
*Southern Bus & Mobility has been in business since 1996 and we built our business around service. We are committed to servicing what we sell.*



**Full Service  
Facilities**

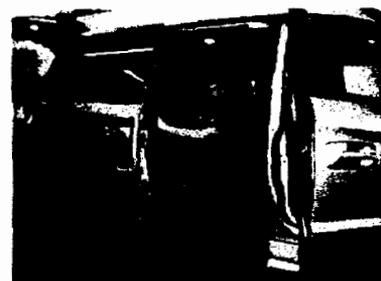


**Complete  
Body Shop &  
Paint Booth**

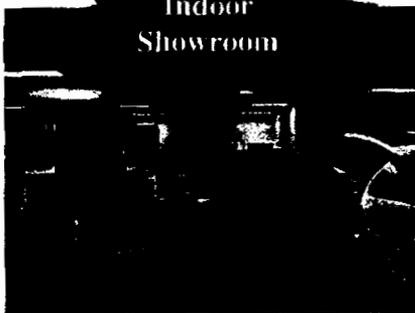


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**Rentals Available**



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GAP Certified



*Southern Bus & Mobility has certified technicians to install and service mobility equipment.*





**IL (877) 526-4131**

**MO (866) 327-1600**

# Southern Bus & Mobility

80 South Highway Drive  
Valley Park, MO 63088

Solicitation #RFPC30034901600659  
4/21/16 - 2pm

DPMM 20 APR '16 AM10:18

SOUTHERN BUS & MOBILITY  
KENT JENNINGS

PURCHASING  
301 W HIGH ST  
RM 630  
JEFFERSON CITY MO 65101-1515  
P: QUT S: NORTH  
NAVY - RDL  
JEFFERSON CITY MO 65101-1515  
1955  
APR 21 2016

1 LBS 1 OF 1  
EXP RT: 1 LBS  
DATE: 18 APR 2015

SOUTHERN BUS & MOBILITY  
1025 S. G. W. ROAD  
DIXIEBROS FENTON CROSSING  
478 OLD SWITZER HILL RD  
FENTON MO 63025-2552

SHIP PURCHASING  
TO: RM 630  
301 W HIGH ST

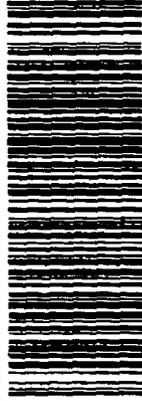
JEFFERSON CITY MO 65101-1515

MO 651 0-01



UPS GROUND

TRACKING #: 1Z 3V3 81A 03 1698 1965



P/P

100 10.000 200 400 10.000 200

Solicitation #RFPC300349016006  
4/21/16 - 2pm