

**APPENDIX A of Procurement
City of Platteville TRANSIT SYSTEM
Contract 22-24
City of Platteville Fixed Route Bus Proposal
Pricing Proposal**

Vendors must submit costs for each deliverable. Provide your best pricing on this Pricing Proposal Excel Document. The total cost provided must be all inclusive to carry out the services included in this RFP, in accordance with the terms and conditions of this RFP. The Agency does not guarantee to purchase any specific quantity, or pay any minimum Contract price during the term of the Contract. Proposals that require a minimum number of commodities or services be ordered will be disqualified. Proposals may be disqualified if the price sheet is altered and not completed as designed.

Please sign and date the Pricing Proposal.

This is a firm-fixed price contract for a base period of two years with three 1-year option periods. Proposers are required to submit a firm-fixed price for the contract base period (first two contract years) that covers all operating and administrative costs of performing the service. For evaluation purposes, Proposers must also submit fixed prices for Option Years 1, 2, and 3 (contract years 3, 4 and 5) using a CPI-U fixed at 1.0 percent, even though prices for the option years will ultimately be adjusted by the then-current CPI-U. All dollar amounts should not include a fraction of a cent, and therefore should be to the hundredth of a dollar.

The competitiveness of the offered prices will be based on the total price of the sum of Section A. (Note: service will not start until 1/27/25).

Section A: (Note: Base Bid is 1,550 hours)

| Base Contract Performance Period will cover the period of 1/1/2025 through 12/31/2026 (2-Year Base Contract). The contract will contain THREE (3) ONE (1) year options. | <u>Deliverables</u> | <u>Cost</u> |
|--|---|--------------------|
| | a. Base Year 1 Hourly Service Rate | |
| | b. Base Year 2 Hourly Service Rate | |
| | c. Option Year 3 Hourly Service Rate | |
| | d. Option Year 4 Hourly Service Rate | |
| | e. Option Year 5 Hourly Service Rate | |
| | Total | \$0 |

Signature of Authorized Preparer: _____ Date: _____

Title/Role: _____

Company Name: _____