



CONTRACT PRICING WORKSHEET
For MOTOR VEHICLES Only

Contract No.: HT06-16

Date Prepared: 14-Feb

This Worksheet is prepared by Contractor and given to End User. If a PO is issued, both documents MUST be faxed to H-GAC @ 713-993-4548. Therefore please type or print legibly.

Buying Agency:	Fort Bend County EMS	Contractor:	Houston Freightliner, Inc
Contact Person:	Brian Pretrilla	Prepared By:	Michael McCarthy
Phone:	281-633-7096	Phone:	713-580-8122
Fax:		Fax:	713-955-6282
Email:		Email:	Mike.McCarthy@STRHouston.com

Product Code:	D8	Description:	2019 Freightliner M2-112
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A. Product Item Base Unit Price Per Contractor's H-GAC Contract: 74735

B. Published Options - Itemize below - Attach additional sheet(s) if necessary - Include Option Code in description if applicable.
(Note: Published Options are options which were submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Allison 3000 RDS Transmission	6649	Air Conditioner	850
40,000 LB Airliner Rear Suspension	1144	Premium Air Driver Seat	200
Detroit DD13 370 HP	STD	Premium Air Passenger Seat	300
RH Lower Door Fresnel Lens	194	Electric Windows	147
Smart Switch Expansin Panel	150	LH/RH Convex Fender Mirrors	117
Adjustable Steering Column	376	13 Gal DEF Tank	80
BW AD-SI Air Dryer	416	LH/RH Mirrors with Remote	224
288" Wheelbase	1870	60 Gal LH Fuel Tank	64
11/32x3.5x10 15/16 Frame	155	60 Gal RH Fuel Tank	425
1/4 " Frame Reinforcement	650	RH Understep Horiz Exhaust exiting Forward of Rear Wheels	192
AM/FM Radio	225	Subtotal From Additional Sheet(s):	613141.86
Battery Disconnect Switch located LH of Driver Seat	205	Subtotal B:	627774.86

C. Unpublished Options - Itemize below / attach additional sheet(s) if necessary.
(Note: Unpublished options are items which were not submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Allison Emergency Vehicle Supplement	3000	Polished Fuel Tanks	986
Bendix Smartire TPMS	1077	Subtotal From Additional Sheet(s):	8418
Alcoa Aluminum Front and Rear Wheels	3253	8418	Subtotal C:
			16734

Check: Total cost of Unpublished Options (C) cannot exceed 25% of the total of the Base Unit Price plus Published Options (A+B). For this transaction the percentage is: 2%

D. Total Cost Before Any Applicable Trade-In / Other Allowances / Discounts (A+B+C)

Quantity Ordered:	1	X Subtotal of A + B + C:	719243.86	=	Subtotal D:	719243.86
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E. H-GAC Order Processing Charge (Amount Per Current Policy) Subtotal E: 1000

F. Trade-Ins / Special Discounts / Other Allowances / Freight / Installation / Miscellaneous Charges

Description	Cost	Description	Cost
		Subtotal F:	0

Delivery Date: **G. Total Purchase Price (D+E+F): 720243.86**



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Fax:		Fax:	713-955-6282
Email:		Email:	Mike.McCarthy@STRHouston.com

Product Code:	D8	Description:	2019 Freightliern M2-112
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A. Product Item Base Unit Price Per Contractor's H-GAC Contract: 0

B. Published Options - Itemize below - Attach additional sheet(s) if necessary - Include Option Code in description if applicable.
(Note: Published Options are options which were submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Exterior Sun Visor	187	Extreme Cab Insulation	62
Positive and Negative Post for jump Start	190	LED Marker Lights	29
Vehicle Interface with PDM Located BOC	725	Back Up Alarm	60
DV-2 Auto Drain Valve	91	Walk Thru Opening BOC	457
Quick Disconnect Switch with Tire Inflation Kit	153		
Chrome Bumper with Wing Cutouts for MS100 Speaker	298		
Huck Spin Chassis Fasteners	193		
Front Tow Hooks	95	General Body Special Ambus Van Body	610279.86
Air Cab Mounts	118		
NonRemovable Bug Screen	46		
Single Air Horn MTD under Cab	75	Subtotal From Additional Sheet(s):	
Hood Mounted Chrome Grille	83	Subtotal B:	613141.86

C. Unpublished Options - Itemize below / attach additional sheet(s) if necessary.
(Note: Unpublished options are items which were not submitted and priced in Contractor's bid.)

Description	Cost	Description	Cost
Roof Fairing	1256	Interior Convenience Pkg	349
6 Extra Switches in Dash	464	Subtotal From Additional Sheet(s):	0
Roof and BOC Cut Out	4500	Subtotal C:	6569

Check: Total cost of Unpublished Options (C) cannot exceed 25% of the total of the Base Unit Price plus Published Options (A+B). For this transaction the percentage is: 1%

D. Total Cost Before Any Applicable Trade-In / Other Allowances / Discounts (A+B+C)

Quantity Ordered:	1	X Subtotal of A + B + C:	619710.86	=	Subtotal D:	619710.86
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E. H-GAC Order Processing Charge (Amount Per Current Policy) Subtotal E: 0

F. Trade-Ins / Special Discounts / Other Allowances / Freight / Installation / Miscellaneous Charges

Description	Cost	Description	Cost
		Subtotal F:	0

Delivery Date: **G. Total Purchase Price (D+E+F):** 619710.86



EMERGENCY MEDICAL TASK FORCE 6

MPV 603



Fort Bend County

Emergency Medical Services



MULTIPLE PATIENT EVACUATION AMBULANCE



CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Houston Freightliner, Inc
 Houston, TX United States

Certificate Number:
 2018-314463

Date Filed:
 02/15/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

Date Acknowledged:
 03/06/2018

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

14950
 AMBUS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)