

CONTRACT PRICING WORKSHEET

For Standard Equipment Purchases

Contract
No.:

EM06-17

Date Prepared:

9/27/2018

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.

	Fort Bend County Road and Bridge		Contractor:	Associated Supply Company (DBA ASCO)			
Agency: Contact Person:	Les Miller		Prepared By:	Skipper Robinson			
Phone:	281-342-4513		Phone:	(832) 316-2507			
Fax:	281-238-3635		Fax:	(713) 649-5571			
Email:	les.miller@fortbendcountytx.gov		Email:	srobinson@ascoeq.com			
Product Code:	15C Description: Gradal	XL4100 V 6x4 Truck	Mounted Exc	cavator			
	t Item Base Unit Price Per Contracto	r's H-GAC Contrá	etri (di ini di ini		\$390,165.44		
B. Publish (Note: Publi	ed Options - Itemize below - Attach shed Options are options which were submi	additional sheet if noticed and priced in Contr	ecessary - In	clude Option Code in description if ap	plicable		
	Description Cost			Cost			
Aux. Hyd Pl	lumbing - Motor Spool	\$2,900.80	Bucket-66" D	\$5,233.20			
Air Conditio	oning Installation - Chassis	\$2,410.00	80755023 - Fi	\$9,408.00			
Tilt steering	column- chassis	\$872.20	Standard War	\$0.00			
Beacon Light LED w/ branch guard \$1,069		\$1,069.58	Printed Set of	ted Set of Parts, Service & Operator's Manuals			
Left Hand rear step		\$509.60					
Extra set of keys		19.6					
				Subtotal From Additional Sheet(s):		
				Subtotal From Additional Sheet(Subtotal			
C. Unpubl (Note: Unpu	lished Options - Ifemize below - Attai	buitted and priced in C	f necessáry.	Subtotal	B: 22676.9		
C. Unpubl (Notė: Uripų	lished Options - Ifemize below - Atta ublished options are items which were not su Description	ch additional sheet in Cost	f necessáry entractor's bid	Subtotal			
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C. Unpubl (Notė: Unpu	ublished options are items which were not su	buitted and priced in C	f necessary entractor's bid	Subtotal) Description	Cost		
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Check: Total Co	Description Description al cost of Unpublished Options (C) cannot e Price plus Published Options st before any other applicable Charges, 1 puantity Ordered: 1	Cost Cost Cost xceed 25% of the total ons (A+B). Criado-Ins, Allowances,	of the Base Uni Discounts, El	Subtotal Subtotal From Additional Sheet(Subtotal For this transaction the percentage is: c. (A+B+C) 412842.42 = Subtotal	Cost Cost 0%		
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CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

L 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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2018-422569							
	Associated Supply Company, Inc.	ny, Inc.								
	Lubbock, TX United States		Date Filed:							
2	Name of governmental entity or state agency that is a party to th being filed.	11/06/2018								
	Fort Bend County	Dat	Date Acknowledged:							
		11/	11/13/2018							
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	vide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a cription of the services, goods, or other property to be provided under the contract.								
	HGAC Contract EM06-17									
	Gradall XL 4100 Excavator									
				Nature of	interest					
4	Name of Interested Party	City, State, Country (place of busin		(check ap	plicable)					
				Controlling	Intermediary					
Wright, William B. "Brax"		Lubbock, TX United States	x							
W	right, John Stephen	Amarillo, TX United States	Х							
Κŧ	ey, Paula Wright	Lubbock, TX United States	X							
•										
			<u> </u>							
					₩ .					
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	t.								
	Executed inCounty	y, State of, on	the		, 20					
				(month)	(year)					
		Signature of authorized agent of contracting business entity (Declarant)								