



PRODUCT PRICING SUMMARY

TIPS USA 200206 TRANSPORTATION VEHICLES

VENDOR- Silsbee Ford, 1211 Hwy 96 N., Silsbee TX 77656

End User: FORT BEND COUNTY MED EXAMINER

Prepared by: SETH GAMBLIN

Contact: JAIME KOVAR

Phone: 512.436.1313

Email: _____

Email: SGAMBLIN.SILSBEEFLEET@GMAIL.COM

Product Description: FORD F150 CREW CAB

Date: July 26, 2021

A. Bid Item: _____

A. Base Price: \$ 24,115.00

B. Factory Options

Code	Description	Bid Price	Code	Description	Bid Price
W1E	2022 FORD F150 CREW CAB 4X4 5.5' 145 W	\$ 6,187.00	101A	ORDER GROUP	
995	5.0L V8 ENGINE	\$ 1,995.00		CRUISE	
44G	10 SPEED TRANS	\$ -		REVERSE SENSING	
53A	TRAILER TOW PACKAGE	\$ 1,090.00	XL3	ELECTRONIC LOCKING 3.31 AXLE	\$ 420.00
	CLASS IV TRAILER HITCH	\$ -	18B	RUNNING BOARDS BLACK	\$ 250.00
	BRAKE CONTROLLER	\$ -			
	PRO TRAILER BACKUP ASSIST	\$ -			

Total of B. Published Options: \$ 9,942.00

Published Option Discount (5%): \$ (187.75)

C. Unpublished Options [not to exceed 25%]

\$= 0.0 %

Description	Bid Price	Options	Bid Price
		EXTERIOR COLOR- WHITE	
		INTERIOR CS- BLACK	
		VINYL 40/20/40 FRONT SEATS FLEET	
		FORD BEDS ARE ALL ALUMINUM **	

Total of C. Unpublished Options: \$ -

D. Floor Plan Interest (for in-stock and/or equipped vehicles):

\$ -

E. Lot Insurance (for in-stock and/or equipped vehicles):

F. Contract Price Adjustment: _____

G. Additional Delivery Charge: 99

\$ 173.25

H. Subtotal:

\$ 34,042.50

I. Quantity Ordered 1 **x H =**

\$ 34,042.50

J. Trade in: _____

\$ -

K.

L. Total Purchase Price

\$ 34,042.50

08/06/2021 Original (e) sent to Megan Griffin, Purchasing dept.

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.

SILSBEE FORD
SILSBEE, TX United States

Certificate Number:
2021-783877

Date Filed:
07/28/2021

Date Acknowledged:
08/03/2021

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

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.

200206
MED EXAMINER TRUCK

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON, DREW	SILSBEE, TX United States	X	

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)