SECTION 2 - PROPOSER FORMS

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Form I – A: Form of Business

Name of Proposer: _____

Principle Business Address: _____

Phone: _____

1. What form of business is your organization? (check one)

   - ☐ Sole Proprietorship
   - ☐ Partnership (☐Limited ☐General)
   - ☐ Corporation

2. If a corporation, when and where was your organization incorporated?

3. If a limited partnership, when and where is your organization certified?

4. If not certified or incorporated in Washington, is your organization authorized to do business in Washington?

Form I – B: Receipt of Addenda

ADDENDA RECEIVED (If none received, write "None Received"):

Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____
Addendum No. _____	Date Received _____

Form I – C: Buy America Confirmation

The Proposer must check the appropriate box or boxes, provide the information requested, and sign this confirmation.

☐ 1. The bidder hereby confirms that it can comply with the requirements of Section 165(a)(165(b)(3) for rolling stock) of the Surface Transportation Assistance Act of 1982 and the applicable regulations in 49 CFR Part 661 (Part 661.11 for rolling stock).

☐ 2. The bidder hereby confirms that it cannot comply with the requirements of Section 165(a) (165(b)(3) for rolling stock) of the Surface Transportation Assistance Act of 1982, but that it may qualify for an exception to the requirements pursuant to Section 165(b)(2) or (b)(4) of the Surface Transportation Assistance Act and regulations in 49 CFR Part 661.7.

Date: _____

Signature: _____

Name (Print) _____

Title: _____

Form I – D: City of Seattle Vendor Questionnaire

INSTRUCTIONS: **This is a mandatory form**. Submit this form with your bid or proposal. Provide information to the extent information available. If response is incomplete or requires further description, the Buyer may request additional information within a specified deadline, or may determine the missing information is immaterial to award.

Vendor Information	
Vendor's Legal Name	
"Doing Business Name" (dba) if applicable	
Mailing Address	
Contact Person and Title	
Contact Person's Phone Number	
Contact Person's Fax Number	
Contact Person's E-Mail Address	
Dun & Bradstreet number (if available)	
Identify the City and State of your company headquarters	

Vendor Registration with City of Seattle	
Did your firm register on to the City's Registration and Roster System at http://www2.ci.seattle.wa.us/vendorregistration/default.asp ? For assistance, call 206-684-0444.	Yes ☐ No☐
Most companies must hold a Seattle Business License (if you have a facility/office in Seattle, conduct sales visits to Seattle, deliver products in your own trucks, or perform on-site consulting, repairs, installation, etc). If you fall within that category, will you immediately seek a Business License upon award?	Yes ☐ No☐

Ownership	.
Is your firm a subsidiary, parent, holding company, or affiliate of another firm?	
What year was your firm, under the present ownership configuration, founded?	
How many years has your firm been in continuous operation without interruption?	
What year did your firm begin providing, on a continuous basis, the types of services or products that are required from this solicitation?	

Financial Resources and Responsibility	**Specify yes or no.** If yes, explain**.**
Within the previous five years has your firm been the debtor of a bankruptcy?	
Is your firm in the process of or in negotiations toward being sold?	
Within the previous five years has your firm been debarred from contracting with any local, state, or federal governmental agency?	
Within the previous five years has your firm been determined to be a non-responsible bidder or proposer for any government contract?	
Within the previous five years has a governmental or private entity terminated your firm's contract prior to contract completion?	

Financial Resources and Responsibility	Specify yes or no. If yes, explain.
Within the previous five years has your firm used any subcontractor to perform work on a government contract when that subcontractor had been debarred by a governmental agency?	

Affirmative Contracting – SMC 20.42	Specify yes or no.
Within the previous five years has your firm been found to have violated any local, state, or federal anti-discrimination laws or regulations?	If yes, explain.
Does Vendor anticipate hiring a subcontractor or new employees to perform the work required under this contract? If yes, attach the mandatory Inclusion Plan:	Yes No

Disputes	Specify yes or no. If yes, explain.
Within the previous five years has your firm been the defendant in court on a matter related to any of the following issues: • Payment to subcontractors? • Work performance on a contract?	
Does your firm have outstanding judgments pending against it?	
Within the previous five years, was your firm assessed liquidated damages on a contract?	
Has your firm received notice of and/or in litigation about patent infringement for the product and/or service that your firm is offering to the City?	

Compliance	Specify yes or no. If yes, explain.
Within the previous five years, has your firm or any of its owners, partners, or officers, been assessed penalties or found to have violated any laws, rules, or regulations enforced or administered by a government entity? This does not include owners of stock in your firm if your firm is a publicly traded corporation.	
If a license is required to perform the services sought by this solicitation, within the previous five years has your firm had a license suspended by a licensing agency or been found to have violated licensing laws?	
If Hazardous Materials are an element of the contract, has the Vendor had any violations of improper disposal of such materials or any violation of associated laws, rules or regulations in the previous five years?	

Involvement by Current and Former City Employees	Specify yes or no. If yes, explain
Are any of your company officers or employees a current or former City of Seattle employee or volunteer? If yes, identify the employee name. Advise the employee of their duty to comply with City of Seattle's Code of Ethics, Seattle Municipal Code Chapter 4.16.	
Will any of your vendor employees work more than 1,000 hours (per rolling 12 months) within a City contract, combining the hours for work under this contract and any other? If so, specify the worker name. Advise the worker of their duty to comply with the City of Seattle's Code of Ethics, Seattle Municipal Code Chapter 4.16	
Vendor (including officer, director, employee, trustee, or partner) must not have a business interest or a close family or domestic relationship with any City official, officer or employee who was, is, or will be involved in selection, negotiation, drafting, signing, administration or evaluation of the Vendor performance. Vendor shall notify the City Purchasing Buyer in	

Involvement by Current and Former City Employees	Specify yes or no. If yes, explain
writing, if known, and the City shall make the sole determination as to compliance.	

Emergency Contact Information Certain contract products or services may be valuable during a 24-hour emergency. If you have alternative contact information for emergency response during non-business hours, please provide below.	
Contact Name	
Emergency Phone Number	
Back-up Emergency Phone Number	
If your company has locations outside Seattle that can be called upon in an emergency for these products or services, please list:	

Business History	Specify yes or no.
In the last five years, has your firm held other contracts with public agencies to provide similar products or services in a size and scope similar to that required by the City of Seattle?	
Provide and/or attach a sampling of contracts you have held in the past five years, sufficient for the City to understand the depth and breadth of your experience, with a particular emphasis on contracts with public agencies. The City may use this to assess your capability and experience at this particular type of product provision or service work. Specify the name/contact that can serve as a reference for each. • If you have many such contracts, you can provide a brief summary. • If you are a subsidiary of a national firm, summarize the contracts that represent your local office.	

By submittal of this form, the Vendor hereby certifies:
Vendor is not debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal agency.
During the most recent three years, the Vendor has not been convicted of or had a civil judgment rendering against the firm for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government, or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property, and my firm is not presently indicted for, or otherwise criminally or civilly charged by a Government entity with, commission of any of these offenses.
Vendor has not paid, nor will pay, Federal appropriated funds (including profit or fee received under a covered Federal transaction), to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the Offeror shall notify the City of Seattle and complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities.
Vendor has not had a governmental or private entity contract terminated prior to contract completion or debarred from bidding, within the last five years.
Within the previous five years, vendor has not used any subcontractor to perform work on a government contract

By submittal of this form, the Vendor hereby certifies:
when that subcontractor had been debarred by a governmental agency.
Vendor's Offer is valid until the date the City awards a Vendor Contract or rejects all offers;
Vendor has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of competitive pricing in the preparation and submission of its Offer;
Vendor shall provide immediate written notice to the City of Seattle if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
Submittal of this Vendor Questionnaire with your proposal provides authority and certification for your entire submittal.

City of Seattle

Inclusion Plan

(SMC CH. 20.42)

RFP/Bid Number & Title: _____

Vendor Name: _____

Use additional sheets to provide detail and specificity as appropriate.

The Proposer shall respond to questions below. Responses shall be scored and evaluated as part of the selection, and are to evidence clear commitments that reflect responsible, sincere good faith efforts resulting in successful inclusion of WMBE firms. The City may clarify or request additional information during evaluation of the Plan. The City may finalize the Plan with the highest ranked Proposer, and the agreed-upon Plan shall become part of the contract.

The City defines WMBE firms as those that self-identify to be 51% woman and/or minority owned. Such firms are asked to register in the City's directory before RFP submittal: http://www2.ci.seattle.wa.us/vendorregistration/default.asp.

The Proposer is expected to select their subconsultants using any strategy that can best support this Inclusion Plan.

Subcontracting

Subcontracting is defined as direct performance through subcontracting within the proposed project team to fulfill the contract work.

Of the total contract work, what is the percentage of WMBE participation proposed for subcontracting on your team? This percentage will become a contract commitment.

Specify the percentage participation of woman owned subcontracting, out of the total work identified in the RFP. This percentage will become part of the contract.	%
Specify the percentage of minority owned subcontracting participation, out of the total work identified in the RFP.	%

Name the WMBE team members you intend to use, given the work described in the RFP. Describe the work you expect the WMBE firms to perform. Identify the dollars or percentage of total contract value intended for each WMBE firm. The City may request letters of commitments that show agreements between your company and the subconsultants before the City accepts the Plan and executes a City contract. The utilization goals provided on page 1 become a material part of the contract. Should the contract scope require changes to the WMBE firms or WMBE utilization, the City expects the Consultant to discuss such changes and pursue continued commitments for WMBE utilization consistent with the changes in contract scope.

Name of WMBE Company	Specify whether a self-identified Women or Minority Business	Describe Task	Describe percentage of the City contract for subcontract to this WMBE

Past Performance:

In detail, describe your past success and past performance at WMBE subcontracting or teaming participation on contracts and/or other evidence of the likelihood of the proposed subcontracting, including pre-award commitments or agreements with your named WMBE firms, specific strategies you intend to use in the solicitation and award of subcontractors that can assure WMBE participation at the percentages you have indicated, or similar.

Strategies:

Describe the strategies and selection processes you intend to use to ensure meaningful WMBE utilization in this contract. Describe your strategies, the scopes of work that have greatest WMBE opportunities and how you would balance those scopes that have less WMBE opportunity.

Mentoring Program:

If any of the WMBE subcontractors listed above are participating in a mentoring or capacity building program with your company, please identify which and describe your program.

Diverse Employment

Please specify the following information for your local office and/or or other offices that are performing direct services to this contract.

1. What is your current employment profile?

   Total number of employees:

   Number and percentage of minorities and/or women:

2. Describe your employment and hiring policies that promote affirmative efforts in recruitment for employee diversity.

3. How many new employees may be required?

   Total number of new employees:

   Number and percentage of minorities and/or women:

4. If you are planning new employment, provide a paragraph that describes the functions you are recruiting for that relate to performance of this contract, how you would recruit, and your past performance for such recruitment, that proves success that Proposer has made or plans to make to solicit women and minorities.

5. If you have an intern program designed to recruit woman and minorities, please describe.

City Non Disclosure Request

If you believe any statements or items you submit to the City as part of this bid/response are exempt from disclosure, you must identify and list them below. You must very clearly and specifically identify each statement or item, and the RCW exemption that applies. If awarded a City contract, the same exemption status will carry forward to the contract records.

The City will **not** exempt materials from disclosure simply because you mark them with a document header or footer, page stamp, or a generic statement that a document is non-disclosable, exempt, confidential, proprietary, or protected. You may not identify the entire page, unless the entire page is within the exemption scope. Only records properly listed on this Form will be protected and withheld for notice. All other records will be considered fully disclosable upon request.

☐ I do not request any information be withheld.

☐ I request the following specific information be withheld. I understand that all other information will be considered public information. For each statement or item you intend to withhold, you must fill out every box below. You should not require an entire page withheld; only request the specific portion subject to the exemption.

Document Page: Specify the page number on which the material is located within your submittal package (page number)	Statement: Repeat the text you request to be held as confidential, or attach a redacted version.	RCW Exemption: Specify the RCW exemption including the subheading

For this request to be valid, you must specify the RCW provision or other State or Federal law that designates the documents as exempt from disclosure. For example, potential RCW exemptions include the following:

1. RCW 42.56.230.3 – Personal information - taxpayer
2. RCW 42.56.230.4 – Personal information – Credit card numbers and related
3. RCW 42.56.240 - Investigative, law enforcement and crime victims
4. RCW 42.56.250 – Employment and licensing – specify the applicable subheading
5. RCW 42.56.260 - Real estate appraisals
6. RCW 42.56.270 (Items 1 through 17) – specify which subheading.
7. RCW 42.56.270 (items 1 through 17) – specify applicable subheading
8. RCW 42.56.420 - Security

Equal Benefits Compliance Declaration

Please declare *one (1)* option from the list below that describes the Contractor's intention to comply with Seattle Municipal Code Chapter 20.45 (City Contracts – Non-Discrimination in Benefits) and related rules, for offices in the City of Seattle and any other United States office where work will be performed for this contract. Detailed instructions are provided on the next page.

Option A

☐ The Contractor makes, or intends to make by the contract award date, all benefits available on an equal basis to its employees with spouses and its employees with domestic partners, and to the spouses and the domestic partners of employees, in all Seattle locations and in other locations within the United States where work on the City of Seattle contract is being performed.

Option B

☐ The Contractor does not make benefits available to either the spouses or the domestic partners of its employees.

Option C

☐ The Contractor has no employees.

Option D

☐ The Contractor submitted a request for Substantial Compliance Authorization to the City of Seattle to delay implementation of equal benefits. Substantial Compliance Authorization may be granted to a contractor if compliance will be delayed due to circumstances outside the contractor's control – for example, the contractor cannot make eligibility changes to its health insurance plan until the next open enrollment period, or the contractor cannot negotiate with one or more labor unions for additional benefits until the expiration of the current collective bargaining agreement. The Contractor must request this authorization online and be approved by the City of Seattle. To select this option, also visit the City website and request authorization: http://www.seattle.gov/contract/equalbenefits/eb-substantial.htm.

Option E

☐ The Contractor submitted a request for Reasonable Measures Authorization to the City of Seattle to provide a cash equivalent payment to eligible employees in lieu of making benefits available. Reasonable Measures may be granted to a contractor to allow a cash equivalent in lieu of benefits that are unavailable due to circumstances outside of the Contractor's control. The Contractor must request this authorization online and be approved by the City of Seattle. To select this option, also visit the City website and request authorization: http://www.seattle.gov/contract/equalbenefits/eb-reasonable.htm.

No United States Presence

☐ The Contractor does not have United State locations that are owned or rightfully occupied by the contractor, where the contractor performs direct services for the proposed contract.

Non-Compliance

☐ The Contractor does not comply and does not intend to comply with Seattle Municipal Code Chapter 20.45 and related rules.

Equal Benefits Instructions

Seattle Municipal Code Chapter 20.45 (SMC 20.45) requires consideration of whether bidders provide health and benefits that are the same or equivalent to domestic partners of employees as to spouses of employees, and of their dependents and family members. If your company does not comply with Equal Benefits and does not intend to do so, you must still supply the information on the Vendor Questionnaire.

1. Carefully fill out the Vendor Questionnaire. It is essential to your standing in the evaluation process, so it is important to understand and complete the Questionnaire properly.

2. Locations: If you have multiple offices, answer the form based on compliance for offices in the City of Seattle and any other United State locations where work will be performed for the City contract:

3. The Buyer can answer many questions. However, you may call the City Equal Benefits Coordinator, Jim Wurzer at 206-684-4535 (Jim.Wurzer@seattle.gov). If necessary, you can also call the general office at 206-684-0430 to request immediate assistance. Call before you submit your bid to ensure you've filled out the form correctly.

4. The Seattle Municipal Code (20.45.010) defines "Domestic Partner" as any person who is registered with his/her employer as (having) a domestic partner, or, in the absence of such employer-provided registry, is registered as a domestic partner with a governmental body pursuant to state or local law authorizing such registration. Any internal employer registry of domestic partnership must comply with criteria for domestic partnerships specified by rule by the Department. Whether through employer registration or through a public agency registration, the definition of domestic Partner, by City Rule, cannot be more restrictive than that provided below:

    - Share the same regular and permanent residence; and
    - Have a close, personal relationship; and
    - Are jointly responsible for "basic living expenses" as defined below; and
    - Are not married to anyone; and
    - Are each eighteen (18) years of age or older; and
    - Are not related by blood closer than would bar marriage in the State in which the individual resides; and
    - Were mentally competent to consent to contract when the domestic partnership began; and
    - Are each other's sole domestic partner and are responsible for each other's common welfare.
    - "Basic living expenses" means the cost of basic food, shelter, and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

5. If the employer does not have a registration system and does not intend to implement one, the City of Seattle has a registration system as an option: http://www.seattle.gov/leg/clerk/dpr.htm

The information you supply is used by the Buyer to determine your EB status. However, the City Buyer still will review your responses and make the final determination. If the information you supply is conflicting or not clearly supported by the documentation that the City receives, the Buyer may reject your bid or may seek clarification to ensure the Buyer properly classifies your compliance.

Equal Benefits makes a significant difference in Bid evaluation: Bidders that select "Non Compliance" will be rejected, unless there is no bidder that is compliant, responsive and responsible bidder. The Buyer may also find a Bidder "Non Compliant" upon review (such as those that select Option D or E and do not have a waiver from the City to select that option, or where the form is blank).

Be prepared with documentation to support your declaration. All contracts awarded by the City may be audited for equal benefits compliance. Non-compliance may result in the rejection of a bid or proposal, or termination of the contract.

Form II – A: Technical Summary Form

A. – GENERAL DATA

PROPOSER: _____

1.	Length of car, over couplers	_____ ft	_____ in
2.	Length of car, over anticlimbers	_____ ft	_____ in
3.	Width of car (excluding mirrors)	_____ ft	_____ in
4.	Floor height above top of rail, high floor section	_____ ft	_____ in
5.	Floor height above top of rail, low floor section	_____ ft	_____ in
6.	Height from top of rail to top of roof-mounted equipment	_____ ft	_____ in
7.	Height from floor to ceiling, minimum, high floor section	_____ ft	_____ in
8.	Height from floor to ceiling, minimum, low floor section	_____ ft	_____ in
9.	Width of side door openings	_____ ft	_____ in
10.	Height of side door openings	_____ ft	_____ in
11.	Centerline-to-centerline truck spacing	_____ ft	_____ in
12.	Truck wheelbase, motor truck		_____ in
13.	Wheel size, motor truck		_____ in
14.	Empty weight of car as proposed	_____ lb	
15.	Number of seats	_____	
16.	Passenger capacity, AW2	_____	

B. – CARBODY

1.	Underframe	Supplier:	_____
		Materials:	_____
2.	Front end frame	Supplier:	_____
		Materials:	_____
3.	Side frame	Supplier:	_____
		Materials:	_____
4.	Roof	Supplier:	_____
		Materials:	_____
5.	Articulation assembly	Supplier:	_____
		Materials:	_____
6.	Side sheets	Supplier:	_____
		Materials:	_____

C. – COUPLING SYSTEM

1.	Coupler	Supplier:	_____

D. – DOOR AND BRIDGEPLATE SYSTEM

1. Type of door system _____

2. Door panels Supplier: _____

   Materials: _____

3. Door Operator Supplier: _____

   Type: _____

4. Bridgeplate Supplier: _____

   Type: _____

E. – HEATING, VENTILATING AND AIR CONDITIONING

1. HVAC unit Supplier: _____

2. Refrigerant Type: _____

3. Air conditioning system capacity (per car, in tons) _____ ton

4. Roof heating capacity (per car, in kW) _____ kW

5. Floor heating capacity (per car, in kW) _____ kW

F. – AUXILIARY ELECTRICAL EQUIPMENT

1. Pantograph Supplier: _____
2. High Speed Circuit Breaker Supplier: _____
3. Ac Power Supply _____
4. Low Voltage Power Supply Supplier: _____
5. Battery Supplier: _____

G. – PROPULSION SYSTEM

1. AC inverter Supplier: _____
2. Traction motor Supplier: _____

   Motor Model No.: _____

   Motor Speed (Maximum): _____

   Motor Rating (1-Hour) _____

   Motor Cooling Type (Self or Forced Air) _____

   Forced Air Power (if used) _____
3. Dynamic Brake Resistor Supplier: _____

   Cooling Type (Self or Forced Air) _____

   Forced Air Power – Vac or Vdc (if used) _____
4. Power Semiconductor Cooling Design _____
5. Control Logic Supplier: _____

   No. of Control Units per car _____

H. – GEAR DRIVE

1. Gear Box — Supplier: _____

   Type: _____

2. Gear Ratio _____

I. – TRUCKS AND SUSPENSION

1. Power Truck Frame — Supplier: _____
2. Primary Suspension – Power Truck — Supplier: _____

   Type: _____
3. Secondary Suspension – Power truck — Supplier: _____

   Type: _____
4. Journal Bearing — Type: _____
5. Axle – Power Truck — Supplier: _____
6. Wheels – Power Truck — Supplier: _____

   Type: _____

J. – FRICTION BRAKING

1. Friction brake system Supplier: _____

   Type: _____

2. Disc temperature, maximum rated _____

3. Parking brake system Supplier: _____

K. – COMMUNICATION

1. PA/Intercom system Supplier: _____

2. Destination signs Supplier: _____

3. CCTV System Supplier: _____

L. – TWC AND APC

1. TWC System Supplier: _____

2. APC System Supplier: _____

M. – Onboard Energy Storage

Supplier: _____

Form II – B: System Supplier Information

Carbody				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7.Owner Contact; phone and email:	

Coupler				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Doors				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

HVAC				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Pantograph				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Auxiliary Power Supply				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Low Voltage Power Supply				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Propulsion Control System				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Traction Motors				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Truck Assembly				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Onboard Energy Storage System - Alternate			
1. Supplier:	2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:

Carbody - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Coupler - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Doors - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

HVAC - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Pantograph - Alternate			
1. Supplier:	2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:

Auxiliary Power Supply - Alternate			
1. Supplier:	2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:

Low Voltage Power Supply - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Propulsion Control System - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Traction Motor - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Truck Assembly - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Friction Brake System - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	
Seats - Alternate				
1. Supplier:		2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:	

Onboard Energy Storage System - Alternate			
1. Supplier:	2. Manufacturing facility:		3. Years of facility operation:
4. Locations where units are in operation:	5. No. in operation:	6. For how long (years):	7. Owner Contact; phone and email:

FORM III - SCHEDULE OF PRICES—Price Summary

I. BASE CONTRACT

No.	Qty.	Description of Item	Unit Price	Total Price
1.	6	Streetcars	$ _____	$ _____
2.	Lump Sum	System Support (from Total - Schedule A)		$ _____
3.	Lump Sum	Spare Parts, Special Tools and Test Equipment (from Total - Schedule B)		$ _____
4.		**Total Base Contract Price (Sum Of Section I, Items No. 1- 3)**		**$** _____

II. OPTIONS

No.	Qty.	Description of Item	Option Unit Price Before Escalation
1.	1 - 10	Streetcar, ordered 6 months to 18 months after NTP	$ _____
2.	1 - 10	Streetcar, ordered 18 months to 36 months after NTP	$

III. BASIS FOR PRICE PROPOSAL EVALUATION

1. **Total Base Contract Price** – Equal to Section I, Item No.4	$ _____
2. **Weighted Price for Option Streetcars** – Equal to two (2) times Section II, Item No. 1 plus two (2) times Section II, Item No. 2	$
Basis for Price Proposal Evaluation, Sum of Section III, Item Nos. 1 and 2	**$** _____

FORM III - SCHEDULE OF PRICES, SCHEDULE A - SYSTEM SUPPORT

No.	DESCRIPTION OF ITEM	TOTAL PRICE
1.	Management	$
2.	Engineering/Design/Testing	$
3.	Training, Warranty, and Field Support	$
4.	Shipping, Import Duties, and Customs (as applicable)	$
5.	Performance Security	$
	TOTAL - SCHEDULE A	**$**

FORM III - SCHEDULE OF PRICES, SCHEDULE B - SPARE PARTS, SPECIAL TOOLS AND TEST EQUIPMENT

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1 CARBODY				
1	2 car sets	All exterior skirts and equipment covers		
2	1 car set	All switch covers, jacking post covers		
3	5 each	Cab front end cover assembly		
2 COUPLING SYSTEM				
1	4 each	Folding coupler & draft gear assembly, complete and assembled, including cables		
2	1 each	Solid coupler & draft gear assembly, complete, including cables, in parts		
3	4 each	Electrical head gaskets		
4	1 car set	Coupler control relays, all		
3 OPERATOR'S CAB				
1	2 each	Master controller, complete		
2	2 each	Transfer switch assembly		
3	2 each	Reverser switch assembly		
4 PASSENGER DOORS				
1	2 each	Door Operator, all parts, unassembled		
2	4 each	Crew switch		
3	4 each	Internal door manual release mechanism		
4	2 each	External door manual release mechanism		
5	2 car sets	Bridgeplate assembly, complete		
6	1 car set	Door control relays, all		

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE

5 HVAC

1	2 each	Air conditioning/heating unit, complete including controller		
2	48 each	Filter/dryer		
3	4 each	Resilient vibration isolation mounts (all)		
4	100 car sets	Fresh air and return air filters		
5	1 car set	HVAC control relays, all		

6 LIGHTING

1	1 car set	AC ballast		
2	1 car set	Lenses for all lights and indicators, interior and exterior (including cab console, mounted, door, and bridgeplate indicators)		

7 AUX. ELECTRICAL EQUIPMENT

1	5 each	Pantograph assembly, complete		
2	24 each	Pantograph shoe carbon insert set		
3	4 each	Pantograph mounting insulators		
4	1 each	Lightning arrestor		
5	1 each	High speed circuit breaker, complete		
6	1 car set	Ground fault detectors, all types		
7	1 each	Battery box assembly including sliding tray		
8	1 each	Battery circuit breaker		
9	1 each	Battery over temperature sensor		
10	2 each	Auxiliary inverter, complete		
11	1 car set	Auxiliary inverter & LVPS power semiconductors		
12	1 each	Knife switch assembly, complete		
13	1 car set	Line filters with charging apparatus, all types		
14	1 car set	Ground brush assembly, complete		
15	1 car set	Onboard energy storage system, complete		

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE

8 PROPULSION

1	1 car set	Traction motor electrical disconnect		
2	1 car set	Propulsion/dynamic brake resistors assembly, complete		
3	2 each	Propulsion AC inverter, complete, in enclosures		
4	2 each	Propulsion electronic control each, complete		
5	2 car sets	Fuses, all		
6	1 car set	Inverter ventilation blowers (if applicable)		

9 TRUCKS

1	2 each	Motor truck, complete (ready to install under car)		
2	2 each	Traction motor/gearbox assembly, coupled		
3	1 car set	Primary springs		
4	1 car set	Secondary springs		
5	1 each	Motor truck axle (machined)		
6	2 each	Journal box or equivalent		
7	1 car set	Wheels, complete and assembled		
8	1 each	Truck bolster assembly (if applicable)		

10 BRAKES

1	2 each	Sanding air compressor assembly, complete		
2	3 car sets	Track brake elastomeric elements, complete		
3	2 each	Printed circuit cards, complete set for electronic control unit		
4	2 car sets	All manually controlled valves and cocks for brake equipment		
5	1 car set	All control relays and contactors for brake equipment		

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE

11 COMMUNICATIONS

1	1 car set	Communications System, complete (including but not limited to control unit, speakers, microphones, emergency intercom and mounting hardware)		

12 TWC, EVENT RECORDER

1	2 each	Event recorder assembly		

13 INTERIOR AND EXTERIOR

1	6 each	Glazing strip, windshield		
2	1 car set	Glazing strip, complete car		
3	2 car sets	Seat inserts, back and bottom, complete with padding and cover		
4	1 car set	Seats, complete, including complete inserts		
5	1 car set	Interior ceiling panels		
6	1 car set	Destination sign units, complete		
7	1 car set	Exterior and interior graphics, all		
8	1 car set	Exterior air intake and exhaust grills		
9	1 car set	All floor covering (equivalent amount in rolls)		
10	3 car sets	Cab end replaceable caps, complete		
11	1 car set	Side body panels		
12	1 car set	Stanchions and rails (all horizontal and vertical sections plus all fittings and hardware)		
13	1 car set	Cab partition and linings, complete		
14	1 each	Cab door, complete		
15	2 each	Cab shade		
16	1 each	Cab coat-hook		
17	1 each	Cab waste receptacle		
18	2 each	Cab seat, complete		

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
19	4 each	Cab seat cushions, back and bottom		
20	1 car set	Advertisement card holder channel		
21	25 each	Master controller key		
22	1 each	Interior and exterior locks assemblies not part of other spare parts		
23	1 each	Flooring cove molding (if appropriate)		

TOTAL SCHEDULE B - SPARE PARTS	

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	6 sets	Portable Test Units and software	$	$

TOTAL SCHEDULE B – SPECIAL TOOLS AND TEST EQUIPMENT	

TOTAL SCHEDULE B - SPARE PARTS, SPECIAL TOOLS AND TEST EQUIPMENT	