

Bid Opening Results For:

IFB NUMBER

22904

BID OPENING

10/8/2015

GROUP NUMBER

40500

PURCHASING OFFICER

Ronald Brown

TELEPHONE

(518) 474-4163

DESCRIPTION

Continuous Recruitment Vehicles (Statewide)

SECTION A: COVER SHEET & ACKNOWLEDGEMENT**INVITATION FOR BIDS****IMPORTANT:**

BIDS MAY BE SENT TO THE ABOVE ADDRESS ONLY
(Email or Facsimile Bid Submissions Are NOT Acceptable)

BID OPENING (INITIAL DATE) DATE: October 8, 2015 TIME: 11:00 AM EST	TITLE: GROUP 40500 VEHICLES, Class 3-8 (Statewide) Classification Codes: 25 and 46
BID OPENING (FINAL DATE) DATE: May 18, 2018 TIME: 11:00 AM EST	
INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal
CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

The Bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)		
16-0757910	1000007502		
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business 116 #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Air-Flt Mfg. Co. Inc.			
D/B/A - Doing Business As (if applicable):			
Street	City	State	Zip
365 Upper Oakwood Ave.	Elmira Heights	NY	14903
County	County		
Chemung	Chemung		
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Manufactured Within New York State	<input type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE			
Bidder's Signature: Charles Musso	Printed or Typed Name: Charles Musso Jr.		
Title: President	Date: 9/29/15		
Phone : (607) 733 - 8284 ext ()	Toll Free Phone : ()	-	ext ()
Fax : (607) 733 - 8397 ext ()	Toll Free Fax : ()	-	ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: stacy@air-flt.com			
P.R. # 22904-T	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>
	OTHER <input type="checkbox"/>	MISSING PAGES	

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
160742432	1000007477
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Small Business	<input type="checkbox"/> Minority Owned Business
<input type="checkbox"/> #Employees	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Beam Mack Sales & Service, Inc	
D/B/A - Doing Business As (if applicable):	
Street 2674 W. Henrietta Rd.	City Rochester
State NY	Zip 14623
County Monroe	
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Manufactured Within New York State	<input checked="" type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: <i>Frank B Taylor</i> Title: Vice President	Printed or Typed Name: Frank B Taylor Date: 10/5/2015
Phone : (315) 788 - 2180 ext (411)	Toll Free Phone : (877) 788 - 2180 ext ()
Fax : (315) 785 - 9462 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: brad@beammack.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
200427909	
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: <u>COY BROS ENTERPRISES, LLC d/b/a</u> <u>MONMOUTH VALLEY FREIGHTLINER</u>	
D/B/A - Doing Business As (if applicable):	
Street <u>PO Box 201</u> City <u>Yorkville</u> State <u>NY</u> Zip <u>13495</u> County <u>Dix</u>	
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: <u>[Signature]</u> Title: <u>SALES MANAGER</u>	Printed or Typed Name: <u>Richard Ward</u> Date: <u>10/4/15</u>
Phone : (315) 736 - 3330 ext () Toll Free Phone : () - ext ()	
Fax : (315) - 3287 ext () Toll Free Fax : () - ext ()	
Authorized Bidder Representative's Contact Email Address for this IFB: <u>RWOOD@COYBROS.FREIGHTLINER.COM</u>	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 20-8874322	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100103031
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Campbell Freightliner of Orange County, LLC	
D/B/A - Doing Business As (if applicable):	
Street 2040 Route 208 City Montgomery State NY Zip 12549 County Orang	
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____	
Bidder's Signature: Title: President	Printed or Typed Name: Neal B. Campbell Date: 10/06/15
Phone : (845) 565- 7700 ext ()	Toll Free Phone : () - ext ()
Fax : (845) 565 - 7760 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: scampbell@campbellsupply.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
16-1115791	1000015381
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business 14 #Employees
Legal Business Name of Company Bidding: CUNCO'S EQUIPMENT INC.	
D/B/A - Doing Business As (if applicable):	
Street: 7494 WEST HENRIETTA RD	City: RUSH, N.Y.
State: N.Y.	Zip: 14543
County: HOWARD	
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: <i>James F. Condon</i> Title:	Printed or Typed Name: JAMES F. CONDON Date:
Phone : (585) 533 - 2500 ext ()	Toll Free Phone : (800) 429 - 6266 ext ()
Fax : (585) 533 - 2501 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: RWILCOX@CUNCON.COM	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

[Handwritten Signature]

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 11-3635407	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000012388
If applicable, place an "x" in the appropriate box (check all that apply):	
<input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business <input checked="" type="checkbox"/> #Employees	
Legal Business Name of Company Bidding: EAGLE AUTO MALL SALES, INC.	
D/B/A - Doing Business As (if applicable): EAGLE CHEVROLET	
Street City State Zip County 1330 OLD COUNTRY RD, RIVERHEAD, N.Y. 11901	
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Title: JOHN DAHL FLT MGR	Printed or Typed Name: JOHN DAHL Date: 10/06/15
Phone : (631) 727-1102 ext (1342) Toll Free Phone : () - ext () Fax : (631) 727-1120 ext () Toll Free Fax : () - ext ()	
Authorized Bidder Representative's Contact Email Address for this IFB: JD AHL @ EAGLEAUTO MALL . COM	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
14-1607031	
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business 46 #Employees
	<input type="checkbox"/> Minority Owned Business
	<input checked="" type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Fleet Maintenance Inc	
D/B/A - Doing Business As (if applicable):	
Street: 67 Ransier Dr	City: West Seneca
State: NY	Zip: 14224
	County: Erie
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Manufactured Within New York State
	<input type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____	
Bidder's Signature: Deborah Gawron Title: President	Printed or Typed Name: Deborah Gawron Date: 9/28/2015
Phone : (716) 675 - 9220 ext (103)	Toll Free Phone : (800) 347 - 4231 ext ()
Fax : (716) 675 - 5710 ext ()	Toll Free Fax : () N/A - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: debg@fmi buffalo.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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27-1184835	1000034909
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Small Business #Employees	<input type="checkbox"/> Minority Owned Business
<input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Henderson Products Inc	
D/B/A - Doing Business As (if applicable):	
Street 1085 South 3rd Street PO Box 40	City Manchester
State IA	Zip 52057
County Delaware	
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Manufactured Within New York State	<input checked="" type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Title: Senior Controller	Printed or Typed Name: Jennifer Tjaden Date: October 5, 2015
Phone : (563) 927 -7218 ext ()	Toll Free Phone : (800) 359 -4950 ext ()
Fax : (563) 927 -2521 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: jtjaden@hendersonproducts.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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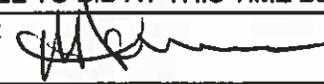
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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 16-1068991	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 110005392			
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business				
Legal Business Name of Company Bidding: JOE BASIL CHEVROLET, INC				
D/B/A - Doing Business As (if applicable):				
Street 5111 Transit Rd	City Depew	State NY	Zip 14043	County Erie
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State				
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____				
Bidder's Signature:  Title:	Printed or Typed Name: Michael Hopkins Date: 10/5/2015			
Phone : (716) 206 - 1746 ext () Toll Free Phone : () - ext () Fax : (716) 685 - 1746 ext () Toll Free Fax : () - ext ()				
Authorized Bidder Representative's Contact Email Address for this IFB: michaelh@joebasilchevrolet.com				
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES				



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BID OPENING (INITIAL DATE) DATE: October 8, 2015 TIME: 11:00 AM EST	TITLE: GROUP 40500 VEHICLES, Class 3-8 (Statewide) Classification Codes: 25 and 46
BID OPENING (FINAL DATE) DATE: May 18, 2018 TIME: 11:00 AM EST	
INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal
CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

The Bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
36-124810	1000031410
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Navistar, Inc.	<input type="checkbox"/> #Employees
D/B/A - Doing Business As (if applicable):	
Street 399 Albany Shaker Rd.	City Loudenville, NY
State NY	Zip 12211
County Albany	
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: <i>Jocelyn LePage</i>	Printed or Typed Name: Jocelyn LePage
Title: National Account Manager	Date: 10-7-15
Phone: (518) 694-3370 ext ()	Toll Free Phone: () - ext ()
Fax: (518) 694-3378 ext ()	Toll Free Fax: () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB:	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

SECTION A: COVER SHEET & ACKNOWLEDGEMENT

INVITATION FOR BIDS

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CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 141504690	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000013855
If applicable, place an "x" in the appropriate box (check all that apply):	
<input checked="" type="checkbox"/> Small Business #Employees <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Robert Green Auto Truck Inc.	
D/B/A - Doing Business As (if applicable): Robert Green Chevrolet / Robert Green Chrysler, Dodge, Jeep, etc.	
Street: 236 Bridgeville Rd.	City: Monticello State: NY Zip: 12701
If applicable, place an "x" in the appropriate box (check all that apply):	
<input checked="" type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Title: <i>[Signature]</i>	Printed or Typed Name: Robert S. Green Date: 10/5/2015
Phone: (845) 794 - 0300 ext (108)	Toll Free Phone: (800) 598-8782 ext 408
Fax: (845) 794 - 0295 ext ()	Toll Free Fax: () ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: RS GREEN - RG TRUCK@hotmail.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

[Signature]

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INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal
CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)		
16-1147478	100015441		
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business 53 #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Shepard Bros. Inc.			
D/B/A - Doing Business As (if applicable):			
Street 20 Eastern Blvd	City Canandaigua	State New York	Zip 14424
		County Ontario	
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Manufactured Within New York State	<input checked="" type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE			
Bidder's Signature: <i>Theodore Shepard</i> Title: VP	Printed or Typed Name: Theodore Shepard Date: 9/21/15		
Phone : (585) 394 - 1000 ext ()	Toll Free Phone : () -		ext ()
Fax : (585) 396 - 1323 ext ()	Toll Free Fax : () -		ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: tjshepard@shepardbrosinc.com			
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

SECTION A: COVER SHEET & ACKNOWLEDGEMENT

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INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal
CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)										
45-3446411	1100104080										
If applicable, place an "x" in the appropriate box (check all that apply):											
<input type="checkbox"/> Small Business _____ #Employees	<input type="checkbox"/> Minority Owned Business										
<input type="checkbox"/> Women Owned Business											
Legal Business Name of Company Bidding: TENCOR INDUSTRIES, INC											
D/B/A - Doing Business As (if applicable):											
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Street</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip</td> <td style="border: none;">County</td> </tr> <tr> <td style="border: none;">5700 S LINDA RD</td> <td style="border: none;">LAKEVILLE</td> <td style="border: none;">NY</td> <td style="border: none;">14510</td> <td style="border: none;">LIVINGSTON</td> </tr> </table>		Street	City	State	Zip	County	5700 S LINDA RD	LAKEVILLE	NY	14510	LIVINGSTON
Street	City	State	Zip	County							
5700 S LINDA RD	LAKEVILLE	NY	14510	LIVINGSTON							
If applicable, place an "x" in the appropriate box (check all that apply):											
<input type="checkbox"/> Manufactured Within New York State											
<input type="checkbox"/> Manufactured Outside New York State											
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____											
Bidder's Signature: Title: PRESIDENT <i>Daniel Beauvoisin</i>	Printed or Typed Name: DANIEL BEAUVOISIN Date: 10-05-2015										
Phone : (585) 346 - 3040 ext (N/A) Toll Free Phone : (800) 808 - 3026 ext (N/A) Fax : (585) 346 - 2922 ext (N/A) Toll Free Fax : () N/A - ext (N/A)											
Authorized Bidder Representative's Contact Email Address for this IFB: SALES@TENCOUSA.COM											
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES											

SECTION A: COVER SHEET & ACKNOWLEDGEMENT**INVITATION FOR BIDS****IMPORTANT:**

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
16-1058204	1000007710
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Small Business #Employees _____
	<input type="checkbox"/> Minority Owned Business
	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Tracey Road Equipment, Inc.	
D/B/A - Doing Business As (if applicable):	
Street	City
6803 Manlius Center Road,	East Syracuse, NY
State	Zip
NY	13057
County	
Onondaga	
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Manufactured Within New York State
	<input type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: 	Printed or Typed Name: Joel Chesley
Title: Vice President	Date: October 7, 2015
Phone : (315) 437-1471 ext ()	Toll Free Phone : (800) 872 - 2390 ext ()
Fax : (315) 434 9413 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: bgeiss@traceyroad.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

SECTION A: COVER SHEET & ACKNOWLEDGEMENT

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BID OPENING	TITLE: GROUP 40500 VEHICLES, Class 3-8 (Statewide)	
DATE: Month XX, 2015	Classification Codes: 25 and 46	
TIME: 11:00 AM EST		
INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal	
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DESIGNATED CONTACTS:		
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov		SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i>	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>		
16-1541913	1000029443		
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input checked="" type="checkbox"/> Small Business 14 #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Valley Fab ¹ Equipment, Inc			
D/B/A - Doing Business As (if applicable):			
Street	City	State	Zip County
9776 Trevett Rd	Boston	NY	14025 Erie
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> Manufactured Within New York State	<input type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE			
Bidder's Signature: Title: Vice President	Printed or Typed Name: Karen J. Schweickert Date: 10/5/15		
Phone : (716) 941 - 6044 ext ()	Toll Free Phone : () - ext ()		
Fax : (716) 941 - 5060 ext ()	Toll Free Fax : () - ext ()		
Authorized Bidder Representative's Contact Email Address for this IFB: Sales@vfabe.com			
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
16-160 9363	100 000 8473
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Small Business #Employees	<input type="checkbox"/> Minority Owned Business
<input type="checkbox"/> Women Owned Business	<input checked="" type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Van Bortel Ford Inc	
D/B/A - Doing Business As (if applicable):	
Street: 71 Marsh Rd	City: Rochester
State: NY	Zip: 14425
County: Monroe	
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Manufactured Within New York State	<input type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature:	Printed or Typed Name: Joshua Reylea
Title: Fleet Dept Mgr	Date: 10/7/15
Phone: (585) 586-7705 ext ()	Toll Free Phone: () - ext ()
Fax: (585) 586-7706 ext ()	Toll Free Fax: () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: jreylea@vanbortelford.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 22 384 2212	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100027851
If applicable, place an "x" in the appropriate box (check all that apply): <input checked="" type="checkbox"/> Small Business <input checked="" type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business #Employees: <u>42</u>	
Legal Business Name of Company Bidding: Webster Ford Inc	
D/B/A - Doing Business As (if applicable): Henderson Ford MV1 of Rochester	
Street 810 Ridge Road City Webster State NY Zip 14580 County Monroe	
If applicable, place an "x" in the appropriate box (check all that apply): <input checked="" type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State	
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____	
Bidder's Signature: Title: Fleet Manager	Printed or Typed Name: Beth Hasebe Date: 10/7/2015
Phone : (585) 787 - 1700 ext (7) Cell: 585-490-8884	Toll Free Phone : () - ext () Fax : (888) 533 - 1362 ext () Toll Free Fax : (888) 533 - 1632 ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: bhasebe@hendersonfamilyford.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

SECTION A: COVER SHEET & ACKNOWLEDGEMENT**INVITATION FOR BIDS**

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
16-1171292	1000015495
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business 29 #Employees
	<input type="checkbox"/> Minority Owned Business
	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: W.N.Y. BUS PARTS, INC.	
D/B/A - Doing Business As (if applicable): GORMAN ENTERPRISES	
Street 691 BULLIS RD.	City FLMA
State N.Y.	Zip 14059
County ERIE	
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Manufactured Within New York State
	<input checked="" type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Title: <i>William A Gorman President</i>	Printed or Typed Name: WILLIAM A GORMAN Date: 9-25-15
Phone: (716) 675 - 3859 ext (205)	Toll Free Phone: (800) 652 - 8577 ext ()
Fax: (716) 675 - 1861 ext ()	Toll Free Fax: () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: B.GORMAN@GORMANENT.COM / TROJFH@GORMANENT.COM	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

SECTION A: COVER SHEET & ACKNOWLEDGEMENT

INVITATION FOR BIDS

IMPORTANT:
BIDS MAY BE SENT TO THE ABOVE ADDRESS ONLY
 (Email or Facsimile Bid Submissions Are NOT Acceptable)

BID OPENING DATE: Month XX, 2015 TIME: 11:00 AM EST	TITLE: GROUP 40500 VEHICLES, Class 3-8 (Statewide) Classification Codes: 25 and 46
INVITATION FOR BIDS NUMBER: 22904	SPECIFICATION REFERENCE: As Incorporated in the Request For Proposal
CONTRACT PERIOD: Three (3) years plus renewal options for two (2) additional years	
DESIGNATED CONTACTS:	
PRIMARY CONTACT: Ronald Brown Email address: SST_auto@ogs.ny.gov	SECONDARY CONTACT: Wendy Reitzel Email address: SST_auto@ogs.ny.gov

The Bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, Bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number)	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause)
14-1515947	1100012355
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business <input checked="" type="checkbox"/> 39 #Employees
Legal Business Name of Company Bidding: Zwack, Incorporated	
D/B/A - Doing Business As (if applicable):	
Street 15875 NY 22	City Stephentown
State NY	Zip 12168
County Rensselaer	
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State
If you are not Bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____	
Bidder's Signature: Title: President <i>Frank J. Zwack</i>	Printed or Typed Name: Frank J. Zwack Date: 10/15/2015
Phone : (518) 733 - 8135 ext ()	Toll Free Phone : () - ext ()
Fax : (518) 733 - 6135 ext ()	Toll Free Fax : () - ext ()
Authorized Bidder Representative's Contact Email Address for this IFB: frank.z@zwackinc.com	
P.R. # 22904-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES	

