

## Bid Opening Results For:

IFB NUMBER	22945
BID OPENING	8/27/2015
GROUP NUMBER	40523
PURCHASING OFFICER	Matthew Jones
TELEPHONE	(518) 474-4163

### DESCRIPTION

Buses, Transit (Adult Passenger)  
(Statewide)

State of New York Executive Department  
Office of General Services – Procurement Services  
Corning Tower - 38th Floor  
Empire State Plaza  
Albany, NY 12242

## INVITATION FOR BIDS

**IMPORTANT: SEE "NOTICE TO BIDDERS" CLAUSES HEREIN  
BIDS MAY BE SENT TO THE ABOVE ADDRESS ONLY  
(E-Mail or Facsimile Bid Submissions Are NOT Acceptable)**

<b>BID OPENING</b>	<b>TITLE: Group 40523 – BUSES, TRANSIT (Adult Passenger) (Statewide)</b>		
<b>DATE:</b> August 18, 2015	<b>Classification Codes: 25</b>		
<b>TIME:</b> 11:00 AM ET			
<b>INVITATION FOR BIDS NUMBER:</b> 22945	<b>SPECIFICATION REFERENCE:</b> As Incorporated in the Invitation For Bids		
<b>CONTRACT PERIOD:</b> Three (3) years, plus up to two (2) years renewal options			
<b>DESIGNATED CONTACTS:</b>			
<b>PRIMARY CONTACT:</b> Matthew Jones		<b>SECONDARY CONTACT:</b> Wendy Reitzel	
E-mail address: SST_auto@ogs.ny.gov		E-mail address: SST_auto@ogs.ny.gov	
<p>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: <a href="http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp">http://www.ogs.ny.gov/aboutOgs/regulations/defaultSFL_139j-k.asp</a></p>			
<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number)		<b>NYS Vendor Identification Number:</b> (See "New York State Vendor File Registration" clause)	
274466560		1100078851	
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business (check all that apply): _____ #Employees			
<b>Legal Business Name of Company Bidding:</b> Alliance Bus Group Inc			
<b>D/B/A - Doing Business As (if applicable):</b>			
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b> <b>County</b>
51 Kero Rd	Carlstedt	NJ	07072 Bergen
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State (check all that apply):			
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			
<b>Bidder's Signature:</b>		<b>Printed or Typed Name:</b> Andrew Rolfe	
Title: Executive Vice President		Date: 8/18/15	
Phone : (201) 507 - 8500 ext (8101)	Toll Free Phone : 800 272 - 6521 ext ( )		
Fax : (201) 507 - 5372 ext ( )	Toll Free Fax : ( ) - ext ( )		
<b>Contact E-mail Address for this IFB:</b>			
P.R. # 22945-T    LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

**CHECKED BY: TARA PAPINEAU**  
**DATE:**



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Office of General Services – Procurement Services  
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12242

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22945		As Incorporated in the Invitation For Bids	
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<b>DESIGNATED CONTACTS:</b>			
PRIMARY CONTACT: Matthew Jones		SECONDARY CONTACT: Wendy Reitzel	
E-mail address: SST_auto@ogs.ny.gov		E-mail address: SST_auto@ogs.ny.gov	
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<b>Bidder's Federal Tax Identification Number:</b>		<b>NYS Vendor Identification Number:</b>	
(Do Not Use Social Security Number)		(See "New York State Vendor File Registration" clause)	
14-1679304		1000033636	
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 type="checkbox"/> #Employees 85			
Legal Business Name of Company Bidding: <b>Don Brown Bus Sales, Inc.</b>			
D/B/A - Doing Business As (if applicable):			
Street	City	State	Zip
703 County Highway 107	Johnstown	NY	12095
County <b>Fulton</b>			
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: 		Printed or Typed Name: <b>Mark J. Sebast</b>	
Title: <b>President</b>		Date: 8-13-15	
Phone : ( 518 ) 762-7380		Toll Free Phone : ( 800 ) 272-0842	
Fax : ( 518 ) 762-5448		Toll Free Fax : ( )	
<b>Contact E-mail Address for this IFB:</b> <b>Mark@buscrazy.net</b>			
P.R. # 22945-T LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

**CHECKED BY: TARA PAPINEAU**  
**DATE:**

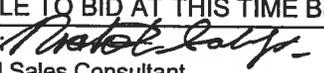




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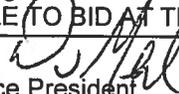
<b>BID OPENING</b>	<b>TITLE: Group 40523 – BUSES, TRANSIT (Adult Passenger)</b>			
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<b>TIME:</b> 11:00 AM ET	Classification Codes: 25			
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<b>PRIMARY CONTACT:</b> Matthew Jones		<b>SECONDARY CONTACT:</b> Wendy Reitzel		
E-mail address: <b>SST_auto@ogs.ny.gov</b>		E-mail address: <b>SST_auto@ogs.ny.gov</b>		
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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number)		<b>NYS Vendor Identification Number:</b> (See "New York State Vendor File Registration" clause)		
16-0979756		1000015136		
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned (check all that apply): _____ #Employees Business Business				
<b>Legal Business Name of Company Bidding:</b> Matthews Buses Inc.				
<b>D/B/A - Doing Business As (if applicable):</b>				
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
2900 Route 9	Ballston Spa	NY	12020	Saratoga
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Manufactured Within <input checked="" type="checkbox"/> Manufactured Outside (check all that apply): _____ New York State _____ 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 _____				
<b>Bidder's Signature:</b> 		<b>Printed or Typed Name:</b> Richard L Solano Jr.		
Title: Commercial Sales Consultant		Date: August 24th, 2015		
Phone : (518 ) 390 - 1243 ext ( )	Toll Free Phone : (800) 330- 1175 ext (433)			
Fax : (518 ) 584 - 1941 ext ( )	Toll Free Fax : ( ) - ext ( )			
<b>Contact E-mail Address for this IFB:</b> rsolano@matthewsbuses.com				
<b>P.R. # 22945-T</b> LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES				

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<b>CONTRACT PERIOD:</b> Three (3) years, plus up to two (2) years renewal options			
<b>DESIGNATED CONTACTS:</b>			
<b>PRIMARY CONTACT:</b> Matthew Jones E-mail address: <b>SST_auto@ogs.ny.gov</b>		<b>SECONDARY CONTACT:</b> Wendy Reitzel E-mail address: <b>SST_auto@ogs.ny.gov</b>	
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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number)  23-2059976		<b>NYS Vendor Identification Number:</b> (See "New York State Vendor File Registration" clause)  1100148606	
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			
<b>Legal Business Name of Company Bidding:</b> Rohrer Enterprises, Inc.			
<b>D/B/A - Doing Business As (if applicable):</b> Rohrer Bus Sales			
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
1515 State Road, P.O. Box 100	Duncannon	PA	17020
		<b>County</b>	
		Perry	
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 _____			
<b>Bidder's Signature:</b> 		<b>Printed or Typed Name:</b> David M. Clawson	
<b>Title:</b> Executive Vice President		<b>Date:</b> August 13, 2015	
<b>Phone :</b> ( 540 ) 729 - 3751 ext ( )	<b>Toll Free Phone :</b> (888) 287 - 1538 ext ( )		
<b>Fax :</b> ( 717 ) 957 - 2141 ext ( )	<b>Toll Free Fax :</b> ( ) N/A - ext ( )		
<b>Contact E-mail Address for this IFB:</b> dclawson@rohrerbus.com			
<b>P.R. # 22945-T</b> LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

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<b>PRIMARY CONTACT:</b> Matthew Jones E-mail address: <b>SST_auto@ogs.ny.gov</b>	<b>SECONDARY CONTACT:</b> Wendy Reitzel E-mail address: <b>SST_auto@ogs.ny.gov</b>
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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number)  45-0414949	<b>NYS Vendor Identification Number:</b> (See "New York State Vendor File Registration" clause)  1100044953
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Small Business <input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned (check all that apply): _____ #Employees Business Business	
<b>Legal Business Name of Company Bidding:</b> New Flyer of America Inc.	
<b>D/B/A - Doing Business As (if applicable):</b>  	
<b>Street</b> 711 Kernaghan Ave. <b>City</b> Winnipeg <b>State</b> MB <b>Zip</b> R2C 3T4 <b>County</b>	
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State (check all that apply):	
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 _____	
<b>Bidder's Signature:</b>  <b>Title:</b> Executive Vice President Sales & Marketing  Chief Financial Officer	<b>Printed or Typed Name:</b> Paul Smith Glenn Asham <b>Date:</b> August 25, 2015
<b>Phone :</b> ( 204 ) 224 - 1251 ext ( ) Toll Free Phone : ( ) - ext ( ) <b>Fax :</b> ( ) - ext ( ) Toll Free Fax : ( ) - ext ( )	
<b>Contact E-mail Address for this IFB:</b> Stephanie_Laubenstein@newflyer.com	
<b>P.R. # 22945-T</b> LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES <input checked="" type="checkbox"/>	

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<b>E-mail address:</b> SST_auto@ogs.ny.gov		<b>E-mail address:</b> SST_auto@ogs.ny.gov	
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<b>Bidder's Federal Tax Identification Number:</b> (Do Not Use Social Security Number)		<b>NYS Vendor Identification Number:</b> (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 <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business <input checked="" type="checkbox"/> #Employees 53			
<b>Legal Business Name of Company Bidding:</b> Shepard Bros., Inc.			
<b>D/B/A - Doing Business As (if applicable):</b>			
<b>Street</b> 20 Eastern Blvd <b>City</b> Canandaigua <b>State</b> NY <b>Zip</b> 14424 <b>County</b> Ontario			
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			
<b>Bidder's Signature:</b> <i>Theodore Shepard</i>		<b>Printed or Typed Name:</b> Theodore Shepard	
<b>Title:</b> VP Bus Sales		<b>Date:</b> 8/12/15	
<b>Phone :</b> (585) 394 - 1000 ext ( ) <b>Toll Free Phone :</b> ( ) ext ( ) <b>Fax :</b> (585) 396 - 1323 ext ( ) <b>Toll Free Fax :</b> ( ) ext ( )			
<b>Contact E-mail Address for this IFB:</b> tjshepard@shepardbrosinc.com			
<b>P.R. # 22945-T</b> LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES			

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