

Vendor's Offer

It is required that Offeror complete, sign and submit the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Offer", late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: <u>Jon Dixon - Terrance O'Neill Inc DBA Miracle Auto Printing and Body Repair</u>		
Company Mailing Address: <u>2025 E Rio Salado Pkwy # 101</u>		
City: <u>Tempe</u>	State: <u>AZ</u>	Zip: <u>85281</u>
Contact Person: <u>JON DIXON</u>	Title: <u>President / General Manager</u>	
Phone No.: <u>480 829-8300</u>	FAX: <u>480 829-0380</u>	E-mail: <u>j.dixon3@prodigy.net</u>
<u>Company Tax Information:</u>		
Arizona Transaction Privilege (Sales) Tax No.: <u>07-2997696</u>		or
Arizona Use Tax No.: _____		
Federal I.D. No.: <u>93-0863052</u>		
City & State Where Sales Tax is Paid: <u>Tempe</u> , <u>AZ</u>		
If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>113113</u>		

THIS PROPOSAL IS OFFERED BY

Name of Authorized individual (TYPE OR PRINT IN INK) JON DIXON

Title of Authorized Individual (TYPE OF PRINT IN INK) President / General Manager

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. In accordance with A.R.S. 35-393, et seq., the Offeror hereby certifies that it does not have scrutinized business operations in Iran or Sudan. Failure to sign and return this form with proposal offer will be considered nonresponsive and rejected.

[Signature]
Signature of Authorized Offeror

1-12-2010
Date

Proposal Questionnaire

1. Please provide the address of your local facility that will supply services to the City of Tempe.

2025 E. RIO SALADO PKWY. #101
Tempe, AZ 85281

2. Please provide contact information for the account representative to be assigned to the City of Tempe account, if awarded – name, phone, cell phone and e-mail.

JON DIXON W 480 829-8320
C 602 376-8608
email jdixon3@prodigy.net

3. Describe your company and its history.

Full Service Auto Body and Paint facility
located in Tempe since 1984.

4. What services will you offer to the City of Tempe?

Auto Body Repair and Paint including Trucks,
Interior and Trim Work and Miscellaneous
Including Glass AS DESCRIBED ON PAGE 23

5. Please provide certifications and describe the years of service for technicians and managers employed by your firm.

- ① General Manager AND MANAGER 30 yrs experience each. I CAR certified
② Body Repair Tech's 10 yrs + 7 yrs experience
currently attending I CAR classes.
③ Techs are under supervision of I CAR certified personnel

6. Provided the following information:

Job description	Quantity employed by your firm
Painters	2 + prep pasavell
ICRA certified paint technicians <i>Sheew Williams / BASE</i>	2
Bodywork Technicians	2
ICRA certified body technicians <i>/MANAGERS</i>	2
Qualified frame straightening technicians	1
Upholsters	<i>Sublet</i>
Others – Specify below:	

7. What other related services can you provide to the City?

8. What brands of paint do you utilize?

Dupont, Sheew Williams

9. Is your facility ADEQ compliant?

Yes No

10. Is your firm insured for vehicle transport?

Yes No

11. What warranties do you offer for your parts, products, services and workmanship?
Please describe each warranty separately and in detail.

3 years warranty on body and paint repairs and parts.

12. List three (3) local government or large corporate references for which you have provided similar products and services.

Firm	Contact	Phone
<u>City of Tempe</u>	<u>Dave Boczar</u>	<u>480 350-8183</u>
<u>Eberhart Toyota</u>	<u>Tom Fouchee</u>	<u>602 291-1756</u>
<u>Coca Cola</u>	<u>Chris Richards</u>	<u>480 768-3520</u>

13. Do you agree to the Terms and Conditions of this RFP?

Yes No

If No, explain below:

Pricing Section

Labor		Rate (per hour)	Billing increment (1/4 hr, 1/2 hr, full hour)
1.	Body Work (per hour rate)	\$ 25 ⁰⁰	1/4 Tenths of hr
2.	Paint Work (per hour rate)	\$ 25 ⁰⁰	Tenths of hr
3.	Mechanical repairs (per hour rate)	40 ⁰⁰	Tenths of hr
4.	Alignment	69 ⁹⁵	N/A
5.	Installation of decals (per hour rate)	\$ 25 ⁰⁰	Tenths of hr
6.	Glass and Lighting Repair (per hour rate)	\$ 25 ⁰⁰	Tenths of hr
7.	Frame and body component straightening	\$ 25 ⁰⁰	Tenths of hr
8.	Undercarriage and suspension work (per hour rate)	40 ⁰⁰	Tenths of hr
9.	Miscellaneous labor – provide description and rates (per hour rate) below:		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Miscellaneous charges			
10.	Environmental fee rate structure	\$5 ⁰⁰ per vehicle	
11.	Shop supplies rate structure	N/A N/A	
12.	Other charges – provide description and rates below:		
	Paint Materials \$ 25 ⁰⁰ per hour		
	of paint labor		
Parts & Supplies		Percentage	Mark-up or Discount
13.	Parts Mark up or discount offered – if required, list specific brands/lines below and include applicable mark-up or discount offered:	%	
	GM, FORD, TOYOTA, NISSAN, HONDA	10 %	DISCOUNT
	AFTER MARKET OR USED	30 %	MARKUP
		%	
		%	
		%	

* Applicable Tax 8.1 %

* **State correct jurisdiction to receive sales tax on the Vendor's Bid Offer, form CS-P201 (B) included in this Invitation for Bid document.**

Less prompt payments discount terms of 2 % 10 days/ or net thirty (30) days. (To apply after receipt and acceptance of an itemized monthly statement.) For bid evaluation purposes, the City cannot utilize pricing discounts based upon payments being made in less than thirty (30) days from receipt of statement.

Ordering and Invoice Instructions

In order to facilitate internal control and accounting, each City Department will order and must be invoiced separately. Monthly invoices must be segregated by City Department number and mailed or delivered directly to the City Customer Department. For most materials, there will be between three (3) and six (6) ordering departments. At the time an order is placed, the Contractor must obtain the ordering department's cost center numbers for billing purposes. The use of the department's cost center numbers will be in addition to the purchase order number. Once a month, the Contractor shall submit a consolidated statement which shall itemize the invoice numbers, invoice date, invoice amounts, and the total amount billed to Accounting. Discount offering will be based upon days from receipt of the consolidated monthly statement. Invoice(s) shall not show previous balances.

Invoices shall include:

1. Listing Of All Delivery/Pickup Receipt Numbers Being Invoiced.
2. Total Cost Per Item.
3. Applicable Tax.
4. Payment Terms.
5. Blanket Purchase Order Number.

Invoices that do not follow the above minimum invoicing requirements will not be paid. Payment must be applied to only invoices referenced on check/payment stub. The City reserves the right to bill contracted vendor for researching invoices that have been paid, but not properly applied by vendor account receivables office.

Statement mailing address: City of Tempe
Accounting (see below for your contact)
P.O. Box 5002
Tempe, Arizona 85280
Phone: 480-350-8355

Accounting Contacts: Cecilia Miller Letters A-C
Ramona Zapien Letters D-O
Candace Duke Letters P-Z