

BID FORM

FOR

**SPECIAL EDUCATION PUPIL TRANSPORTATION SERVICES
FOR TWO (2) DISTRICTS OF THE EAST SAN GABRIEL
VALLEY SPECIAL EDUCATION LOCAL PLAN AREA**

BID NO. 15-16-112

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ **FAX:** (_____) _____

E-MAIL ADDRESS: _____

BID FORM (15-16-112)

Home to School Transportation (per IEP) for Regular School Year and Extended School Year program.	
	<i>Daily Rate</i>
Local – within East San Gabriel Valley SELPA boundaries	
Rate per pupil per day, ambulatory	
Rate per pupil per day, wheelchair	
Out of the Area – Outside the East San Gabriel Valley SELPA boundaries	
Rate per pupil per day, ambulatory	
Rate per pupil per day, wheelchair	
Field Trip Rate – trip as specified by special request on equipment in normal use for the above service:	
	<i>Hourly Rate</i>
Rate per hour of service -Ambulatory	
Rate per hour of service - wheelchair	

I, the below-indicated bidder, declare under penalty of perjury under the laws of the State of California, that the information provided, and representations made in the proposal, are true and correct.

Name of Bidder Firm– please print

Proper Name of Bidder – please print

Address

By: _____ Date: _____

Signature of Bidder