VEHICLE PACKET

FOR

MODIFIED MINI-VAN WITH RAMP



STATE OF MICHIGAN



Office of Passenger Transportation

Version Date: 4/29/2022

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I. Introduction

<u>Purpose</u>

This packet contains vehicle ordering information and related forms for purchasing from the State Vehicle Purchasing Program.

Instructions

- 1. Please read the *Guidelines for State Vehicle Purchasing Program* (available on the MDOT website <u>https://www.michigan.gov/mdot/travel/mobility/pub-transit/state-vehicle-contracts-and-procurement</u>) before ordering any vehicle. These Guidelines provide information, procedures, and a checklist to assist with a vehicle purchase.
- 2. Contact the dealer under "Ordering Information" (section II) to order a vehicle.
- 3. After receiving the vehicle, complete the Post Delivery Audit Work Sheets (section IV) and MDOT forms 3188 and 3189 (available on the MDOT website https://www.michigan.gov/mdot/travel/mobility/pub-transit/state-vehicle-contracts-and-procurement).

II. Ordering and Service Information

To order a vehicle, complete the separate New Vehicle Order Form (found on the MDOT State Vehicles & Contracts website under "<u>Accessible Passenger Vehicles</u>". The form is a Microsoft Excel file and allows agencies to enter data while calculating costs.

| Vehicle Type | Minivan with Ramp | |
|--|--|--|
| Vendor | Transportation Equipment Sales Corp. (TESCO) | |
| Mini-van State Vehicle Purchasing Program Contract No. | 22000000793 | |
| Contract Period | 05/01/2022 - 04/30/2024 | |
| Funding Sources | 100% paid State and Federal on rear entry vans and up to low bid price | |
| | on order form for side entry vans except optional equipment purchased | |
| | outside of the contract. | |
| Order Contact | Blair Taseff | |
| | 6401 Seaman Road PO Box 167230 | |
| | Oregon, OH 43618 | |
| | 800-227-3572 Office | |
| | 440-653-0193 Mobile | |
| | 419-836-8460 Fax | |
| | <u>btaseff@tescobus.com</u> | |
| Manufacturer | FR Conversions | |

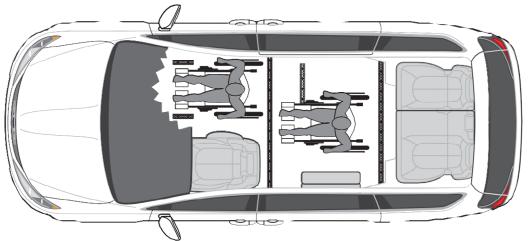
| Vehicle Type | Minivan with Ramp | |
|--|---|--|
| Vendor | Hoekstra Transportation Inc. | |
| Mini-van State Vehicle Purchasing Program Contract No. | 22000000792 | |
| Contract Period | 05/01/2022 - 04/30/2024 | |
| Funding Sources | 100% paid State and Federal on side entry vans and <u>up to low bid price</u> <u>on order form</u> for rear entry vans except optional equipment purchased outside of the contract. | |
| Order Contact | Steve Bolin 3741 Roger B. Chaffee Memorial Drive Grand Rapids, MI 49548 (616)389-1130 Fax: (616) 245-7736 SBolin@HoekstraTruck.com | |
| Manufacturer | Braun | |

State of Michigan Contacts

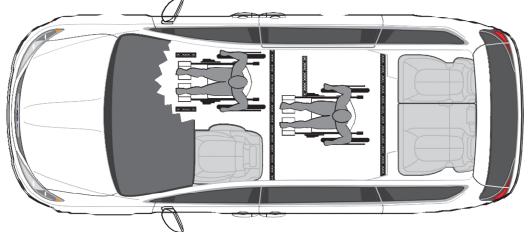
| Department of | Yvon Dufour |
|----------------|---|
| Technology, | Purchasing Operations |
| Management and | (517) 249-0455 |
| Budget | E-mail: <u>DufourY@michigan.gov</u> |
| MDOT | Jeff Turner Office of Passenger Transportation (517) 335-1700 Fax: (517) 373-1702 E-mail: <u>turnerj3@michigan.gov</u> |

III. Accessible Passenger Vehicle Floor Plans

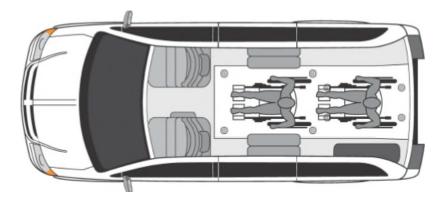
Modified Minivan



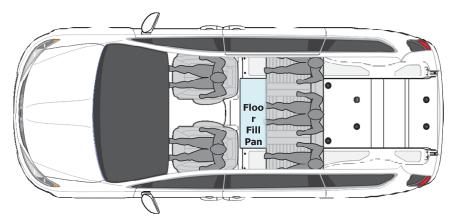
3+2 Modified Chassis Vehicle with ramp and one double fold-away seat (vinyl).



3+2 Modified Chassis Vehicle with ramp – vinyl (less double fold- away seat).



A. 4+2 Modified Chassis Vehicle with rear ramp and OEM Quad Seats



B. 5 Passenger Modified Chassis Vehicle with rear ramp with 1 WC and Cargo

IV. TITLE/DELIVERY INFORMATION AND POST DELIVERY AUDIT WORKSHEETS

DATE_____

TRANSIT AGENCY_____

CONTRACT NO._____ FED I.D. # _____

| TITLE INFORMATION | | |
|--|----------|--|
| Name of City, County, or Agency | | |
| | | |
| Street Address (Post Office Box Not Acce | ptable) | |
| | | |
| First Secured Party (if required) | | |
| | | |
| Tax I.D. Number | | |
| | | |
| City | Zip Code | |
| | | |

| DELIVERY ADDRESS | | | |
|----------------------|--------------------|-----------------|--|
| Name of Operating | Fransit Agency | | |
| Street Address (Post | Office Box Not Acc | ceptable) | |
| City | Zip Code | County | |
| Contact Person | Te | elephone Number | |

ATTACHMENT A-8 CHECKLIST

| Contract # | Vehicle Description |
|---------------|-------------------------------------|
| Dealer | Manufacturer |
| Contract Term | Contract Admin. (MDOT or Agency) |

Post Delivery Audit

| | Item | Completion Date | Initials |
|-----|--|--------------------|----------|
| 1 | Total cost of vehicles purchased in this order: <u></u> | | |
| 1.1 | Buy America Certification stating regulations are still being met, if required | | |
| 2 | Bid Certification | | |
| 2.1 | Vehicle inspection | | |
| 2.2 | Vehicle road test | | |
| 2.3 | Were there 11 or more (Urban over 200,000 population) or 21 or more for (Rural or Urban under 200,000 population) vehicles purchased? Yes No | | |
| 2.4 | If yes obtain Inspectors report* | | |
| 2.5 | Certification vehicle meets bid specifications | | |
| 2.6 | Federal Motor Vehicle Safety Standard's certification | | |

To be completed by Transit Agency

*The resident inspector's (Administrative Fee can be used to hire inspector) report must include, at a minimum:

• Accurate records of all bus construction activities (such as component manufacturing processes, final assembly activities, and quality control data collected)

and

• A description of how the construction and operation of the bus(es) fulfills the contract specifications (the report should reference the above cited manufacturing processes, final assembly activities, and quality control data).

Michigan Department of Transportation Office of Passenger Transportation POST-DELIVERY AUDITS ATTACHMENT A-9 FEDERAL MOTOR VEHICLE SAFETY STANDARDS CERTIFICATIONS

Check one that applies:

- The vehicles proposed under this contract are subject to the Federal Motor Vehicle Safety Standards (FMVSS) issued by the National Highway Traffic Safety Administration (NHTSA) in part 571 of this title.
- The vehicles proposed under this contract are not subject to the Federal Motor Vehicle Safety Standards (FMVSS) issued by the National Highway Traffic Safety Administration (NHTSA) in part 571 of this title.

As required by Title 49 of the CFR, Part 663 – Subpart D, I have received a copy of the manufacturer's self-certification in formation concerning these vehicles compliance with relevant Federal Motor Vehicle Safety Standards. I have had this certification in my possession at both the pre-award and post-delivery stages of the procurement.

| Vehicle Description | |
|----------------------|--|
| Dealer | |
| Manufacturer | |
| Recipient | |
| Contact Name | |
| Position Title | |
| Recipient Authorized | |
| Signature | |
| Date | |

To be completed by Transit Agency

Vendor to provide Post-delivery FMVSS Certification

Michigan Department of Transportation Office of Passenger Transportation POST-DELIVERY AUDITS ATTACHMENT A-10 BUY AMERICA CERTIFICATION Post-delivery

As required by 49 CFR part 663 – Subpart C, _______ (the recipient) is satisfied that the vehicles to be received, _______ (the number and description of vehicles) from _______ (the manufacturer), meet the requirements of 49 U.S.C. 5323(j), as amended. The recipient \Box , or its appointed auditor \Box _______ (the auditor – not the manufacturer or its agent), has reviewed documentation provided by the manufacturer, which lists (1) the actual component and subcomponent parts of the vehicles identified by the manufacturer, country of origin, and cost; and (2) the actual location of the final assembly point for the vehicles, including a description of the activities that took place at the final assembly point and the cost of final assembly.

| Print Name | |
|---------------------------|----------|
| Recipient Authorized | |
| Signature | |
| | |
| Position Title | |
| Date | |
| To be completed by Transi | t Agonov |

To be completed by Transit Agency

ATTACHMENT A-11 BUY AMERICA POST-DELIVERY AUDIT Component Parts

| | Component | Supplier/Manufacturer | Address | Country of Origin | Cost or % of Domestic Origin |
|----|-----------|-----------------------|---------|----------------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Vendor:

Vendor's Signature:

PLEASE MAKE ADDITIONAL COPIES IF NECESSARY

Completed by vendor – vendor can provide actual domestic content worksheet

ATTACHMENT A-12 BUY AMERICA POST-DELIVERY AUDIT Sub-component Parts

| | Subcomponent | Supplier/Manufacturer | Address | Country of Origin | Cost or % of Domestic Origin |
|----|--------------|-----------------------|---------|----------------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Vendor:

Vendor's Signature:

PLEASE MAKE ADDITIONAL COPIES IF NECESSARY

Completed by vendor – vendor can provide actual domestic content worksheet

ATTACHMENT A-13 BID SPECIFICATION AUDIT CERTIFICATION Post-Delivery

I have road tested and visually inspected the vehicle purchased. I certify that the vehicle delivered under this contract meets the contract specifications used for this solicitation.

There were fewer than eleven vehicles procured under this purchase.

There were eleven or more vehicles procured under this purchase. A copy of the inspector's report is attached.

| Vehicle Description | |
|-----------------------------------|--|
| Dealer | |
| Manufacturer | |
| Recipient Contact Name | |
| Position Title | |
| Recipient Authorized Signature | |
| Date | |

To be completed by Transit Agency

V. Acceptance/Inspection Checklist

Accessible Passenger Vehicle Acceptance/Inspection Checklist can be found on Office of Passenger Transportation web site:

<u>https://www.michigan.gov/mdot/travel/mobility/pub-transit/state-vehicle-contracts-and-procurement</u>