

# **BID FORM**

**FOR**

**SPECIAL EDUCATION PUPIL TRANSPORTATION SERVICES  
FOR FIVE (5) DISTRICTS OF THE EAST SAN GABRIEL  
VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)**

**BID NO. 15-16-111**

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**BID FORM (15-16-111)**

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