**CITY OF TACOMA**

**\* PRICE PROPOSAL FORM \***

**Request for Proposal CS17-0145F**

**Remote Pay Station Kiosks**

* All prices are to be in U.S. dollars and include all associated fees. The City will not pay any additional fees, tariffs, add-ons or surcharges.
* We agree to furnish the following items F.O.B. Destination, freight prepaid and allowed (included in unit price).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ITEM NO. | DESCRIPTION | ESTIMATED QUANTITY | UNIT | UNIT PRICE | EXTENDED PRICE |
|  |  |  |  |  |  |
| 1. | Remote Pay Station Kiosks (configured per Section 2.02) | 14 | EA | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| 2. | Kiosk Delivery, Set-Up, and Installation | 14 | EA | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| 3. | Remote Pay Station Kiosks – Potential Additional Units | 4 | EA | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| 4. | Kiosk Delivery, Set-Up, and Installation – Potential Additional Units | 4 | EA | $\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
|  | SubTotal: |  |
|  |  |  |
|  | Sales Tax (10.1%): | $\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | **TOTAL:** | $\_\_\_\_\_\_\_\_\_\_ |

**Note:** The unit price and extended price are to be shown in the spaces provided. Extended price shall be determined by multiplying the unit price by the quantity.

1. **Prompt Payment Discount \_\_\_\_\_% \_\_\_\_\_ days, net 30.**

Payment discount periods of 20 calendar days or more will be considered in determining lowest responsive bid.

1. **If a volume discount is offered, provide the quantities at which the price break will be given and the corresponding percentage:**

 Quantity \_\_\_\_\_\_\_\_\_\_\_\_ Discount \_\_\_\_\_\_\_\_\_\_\_\_%

 Quantity \_\_\_\_\_\_\_\_\_\_\_\_ Discount \_\_\_\_\_\_\_\_\_\_\_\_%

 Quantity \_\_\_\_\_\_\_\_\_\_\_\_ Discount \_\_\_\_\_\_\_\_\_\_\_\_%

1. **Training (3.02 H Training Plan)**
2. Provide the cost for training city four to six city technical staff. (3.02 H. 3.)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the cost for training four business office staff on reporting and exception handling. (3.02 H. 4.)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Software Licensing, Support, and Maintenance (1.05 Contract Term)**
2. Provide the cost for the initial three-year contract term.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the cost for subsequent annual renewals.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Hardware Maintenance (1.05 Contract Term)**
2. Provide the cost for the initial three-year contract term.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the cost for subsequent annual renewals.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Kiosk Base Unit**
	* + 1. Provide the cost for the base unit without upgrades or optional features. Describe the base features that are included.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Parts List**
2. Price list for any replacement parts or items not covered under warranty is attached.

Yes \_\_\_ No \_\_\_

1. **Kiosk Optional Features – Armored Transport and Cash Balancing Services (2.02 G)**
2. If offered, provide costs for combined armored transport services and cash balancing services.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If offered, provide costs for stand-alone cash balancing services.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Small Business Enterprise (SBE)**

Is your firm a certified City of Tacoma [Small Business Enterprise](http://www.cityoftacoma.org/government/city_departments/community_and_economic_development/small_business_enterprise/)?

Y\_\_\_\_ N\_\_\_\_

Is your firm partnering with, or subcontracting to, a certified City of Tacoma [Small Business Enterprise](http://www.cityoftacoma.org/government/city_departments/community_and_economic_development/small_business_enterprise/)?

Y\_\_\_\_ N\_\_\_\_

1. **Minority and Women’s Business Enterprise (MWBE)**

Is your firm a minority/woman owned firm certified with the [Washington State Office of Minority and Women’s Business Enterprises](http://omwbe.wa.gov/)?

Y\_\_\_\_ N\_\_\_\_

Is your firm partnering with, or subcontracting to, a minority/woman owned firm certified with the [Washington State Office of Minority and Women’s Business Enterprises](http://omwbe.wa.gov/)?

Y\_\_\_\_ N\_\_\_\_

1. **Most Favorable Prices and Terms**
2. All prices, terms and benefits offered are equal to or better than the equivalent prices, terms and benefits being offered by Respondent to any other government unit or commercial customer.

Y\_\_\_\_ N\_\_\_\_

1. If any contract, agreement or arrangement for comparable products and volumes provides lower prices, more favorable terms or greater benefits to any other government unit or commercial customer, during the term of this Contract, this Contract shall thereupon be deemed amended to provide the same or better prices, terms and benefits to the City.

Y\_\_\_\_ N\_\_\_\_

1. **Does your firm collect and remit sales tax to the state of Washington?**

Y\_\_\_\_ N\_\_\_\_

1. **Does your firm accept payment by Visa credit card?**

NOTE: The City of Tacoma will not accept price changes or pay additional fees when a credit card is used.

Y\_\_\_\_ N\_\_\_

1. **Does your firm accept payment by EFT/ACH?** (Electronic Funds Transfer (EFT) by Automated Clearing House (ACH))

Y\_\_\_\_ N\_\_\_\_