



**State Price Quote Specification**  
**TYPE A—ELECTRIC**  
Use this document to bid both non-lift and lift buses.

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

<b>ITEM</b>	<b>STATE-SUPPORTED SPECIFICATIONS</b> Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.	<b>VENDOR SPECIFICALLY IDENTIFY ITEM BID</b> Price of items bid will establish the state cost.
Seating Capacity	Maximum passenger capacity based upon an average center-to-center seat spacing of at least 27.5" with a lap-shoulder belt for each seating position.	Capacity w/o lift _____ Capacity w/lift _____
Axle—Front	Manufacturer's recommendation.	Mfr. _____ Capacity _____
Axle—Rear	Manufacturer's recommendation.	Mfr. _____ Capacity _____
Axle Ratio	Must comply with power and gradeability formula. Refer to Washington State School Bus Specifications Manual.	Mfr. _____ Capacity _____
Back-up Lights	All required backup lights to be LED (Light Emitting Diode). Refer to Washington State School Bus Specification's Manual.	Round: <input type="checkbox"/> Diameter _____ Other: <input type="checkbox"/> Square inches _____
Battery(ies) Low Voltage	535 CCA 12 volt minimum w/o lift. 1070 CCA 12 volt minimum w/lift.	Number of batteries _____ CCA _____
Battery(ies) Propulsion	Battery propulsion must meet a minimum of 80 kWh.	Number of batteries _____ kWh _____

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Brakes	Hydraulic: Drum or Disc. Refer to Washington State School Bus Specifications Manual.	Disc Front <input type="checkbox"/> Rear <input type="checkbox"/> Drum Front <input type="checkbox"/> Rear <input type="checkbox"/> Size Front _____ Rear _____
Doors, Service	Power operated.	<input type="checkbox"/> Air <input type="checkbox"/> Folding <input type="checkbox"/> Electric <input type="checkbox"/> Split, Outward Opening <input type="checkbox"/> Other _____
Heaters	Front—manufacturer's standard. Rear—40,000 B.T.U. minimum.	Front B.T.U. _____ Rear B.T.U. _____ Total B.T.U. _____
Lights	LED (Light Emitting Diode). Includes Clearance Lights, Stop Lights—7", Tail Lights, Turn Signals, Eight-Light System, and Dome-Light System.	Check if as specified <input type="checkbox"/> If not, explain _____
Motor	160 H.P. minimum.	Engine Mfr. _____ Model _____ Net torque _____ @ _____ R.P.M. Net H.P. _____ @ _____ R.P.M.
P.A. System	AM/FM/PA radio with 2 interior and 1 exterior speakers.	Mfr. _____ Model No. _____
Seat Spacing	To permit specified passenger capacity based on an average center-to-center seat spacing of at least 27.5".	Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____  Mfg.'s C/C seat measurement of vehicle (inches): w/o lift _____ w/lift _____

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Steering Wheel	Tilt.	Check if as specified <input type="checkbox"/>
Step Tread	Studded or pebbled top tread covering.	Mfr. _____
Tires	6 first quality, radial ply.	Mfr. _____ Size _____ Load range _____
Toolbox	Exterior, manufacturer standard.	Size (cubic feet) _____
Two-way Communications	45-watt, VHF, mil. spec.	Mfr. _____ Model No. _____
Wheels	6 to be compatible with tire size.	Size _____ Rim width _____
<b>SPECIAL NEEDS REQUIREMENTS—CHASSIS AND BODY</b>		
Wheelchair Lift—Installed	Must meet state specification. Platform shall be a minimum of 32" x 52".	Mfr. _____ Model No. _____
Wheelchair/Occupant Tie-down System—Installed	Must meet state specification.	Mfr. _____ Model No. _____

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<b>ADDITIONAL REQUIREMENTS—CHASSIS AND BODY</b>		
Line Setting Ticket	Legible copy of manufacturer's Line Setting Ticket will be delivered with each vendor's packet at the time of delivery.	Check if as specified <input type="checkbox"/>
Owner's/Operator's Handbook	One copy of the chassis manufacturer's owner's/operator's handbook or manual will be furnished with each bus at delivery.	Check if as specified <input type="checkbox"/>
Repair Manuals	A complete set of chassis, engine, transmission, and body repair manuals, including wiring diagram for all components, will be made available at time of delivery, with instructions available on accessing repair materials.	Check if as specified <input type="checkbox"/>
Service and Cleaning	Cleaning and service by vendor prior to delivery will include: <ul style="list-style-type: none"> <li>• Chassis lubrication.</li> <li>• Check fluid levels: verify all are at recommended full levels.</li> <li>• Cooling system protected at -20°F.</li> <li>• Interior and exterior will be clean (including glass).</li> <li>• All systems (electric, air, hydraulic, mechanical and manual) be inspected to ensure proper operation at time of delivery.</li> <li>• All components and accessories will be installed and operational at time of delivery.</li> </ul>	Check if as specified <input type="checkbox"/>
Warranty	A complete copy of all warranty agreements will be furnished at time of delivery.	Check if as specified <input type="checkbox"/>



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**  
2021-2022

STUDENT TRANSPORTATION  
Old Capitol Building  
PO BOX 47200  
Olympia, WA 98504-7200  
(360) 725-6120 TTY (360) 664-3631

**VEHICLE DATA SHEET AND OFFICIAL PRICE QUOTATION  
TYPE A—ELECTRIC**

VENDOR'S COMPANY NAME	REPRESENTATIVE'S NAME	TELEPHONE NUMBER
ADDRESS	Estimated delivery date to school district from time purchase order is received: _____ _____ Firm where engine and chassis can be serviced or repaired and parts obtained: _____ _____ Firm where body can be serviced or repaired and parts obtained: _____ _____	

BODY				
MAKE	Warranty: Years _____	Inside measurement from rear of stepwell to appropriate point at rear of passenger seating area: w/o lift _____ w/lift _____	Equipped seating capacity: w/o lift _____ w/lift _____	
MODEL	Miles _____		Overall vehicle length (inches): w/o lift _____ w/lift _____	
YEAR	Seat color: _____			
	Floor color: _____			

CHASSIS		MOTOR		
MAKE	Warranty: Years _____	MANUFACTURER		Torque: _____ @ _____ RPM
MODEL	Miles _____			H.P.: _____ @ _____ RPM
YEAR	Wheel base: _____	MODEL	YEAR	Fuel type: _____

BATTERIES		Warranty: Years _____	Miles _____
12 Volt	Propulsion		
Battery type/grp: _____	Number batteries: _____		
Number batteries: _____	Total KWH: _____		
Total CCA: _____			

QUOTED PRICE	
Quoted price is based upon payment within 30 days after delivery to the school district (without sales tax).	
Electric Bid—w/o lift \$ _____	Electric Bid—w/lift \$ _____
VENDOR REPRESENTATIVE'S SIGNATURE	DATE

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**DISTRICT-SUPPORTED OPTIONS**  
**TYPE A**

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

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<b>CHASSIS</b>			
ITEM	Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.	VENDOR SPECIFICALLY IDENTIFY ITEM BID Price of items bid will establish the district cost.	
Small A	Type A bus—10,000 lbs or under GVWR chassis.	Deduct _____	
		Mfr. _____	
		Capacity w/o lift _____	
		Dual Wheel _____	
		Single Wheel _____	
Air Conditioning	To cool passenger compartment as required in the Washington State School Bus Specifications manual.	Mfr. _____ Cost \$ _____	
Back-up Alarm	Must meet state specification.	Mfr. _____ Cost \$ _____	
Color	Exterior white roof.	Cost \$ _____	
Steering Wheel	Tilt and telescoping column.	Cost \$ _____	
Strobe Light	Exterior roof mounted white strobe light.	Mfr. _____ Model No. _____ Cost \$ _____	
Student Protection System—Installed	Electronic system to insure driver post-trip inspection of passenger compartment.	Mfr. _____ Model No. _____ Cost \$ _____	
Toolbox	Interior, manufacturer standard.	Cost \$ _____	Deduct \$ _____

State Price Quote Specification  
**DISTRICT-SUPPORTED OPTIONS**  
**TYPE A**

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**PART II (cont.)**

Vendor: \_\_\_\_\_

Mfr.: \_\_\_\_\_

ITEM	Vendor must meet or exceed these specifications. Item bid shall be specified in column to right.	<b>VENDOR SPECIFICALLY IDENTIFY ITEM BID</b> Price of items bid will establish the district cost.	
Video Camera Systems—Installed	Digital audio/video system for monitoring the passenger compartment with more than two cameras.	Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____	
Video Camera Systems—Stop Sign Camera—Installed	Must meet state specification.	<b>Stand Alone System</b>	<b>Added to Interior System</b>
		Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____	Mfr. _____ Model No. _____ Cost \$ _____ How many cameras _____
Warning Light Monitor	16 light monitoring system.	<b>Incandescent</b>	<b>LED Lights</b>
		Cost \$ _____	Cost \$ _____
Additional Wheelchair/Occupant Tie-down System—Installed	Must meet state specification.	Mfr. _____ Model No. _____ Cost per station \$ _____	
Windows	Laminated passenger-compartment side or rear glass.	Side Cost \$ _____	
		Rear Cost \$ _____	
		Both Cost \$ _____	
Windows	Tinted.	Cost \$ _____	