

ATTACHMENT 7 BID SCHEDULE AND HELICOPTER DATA

Bidders are to submit their bid using this Bid Schedule. Bidders that fail to complete this bid schedule shall be considered non-responsive and their bids rejected. Bid prices are to remain firm for the duration of the contract and are to include all costs associated with providing required services, including, but not limited to, direct expenses, payroll, supplies, equipment, overhead, and profit. The Total Cost shown on this form is the cost that will be used for evaluation and award purposes under this ITB.

Quantities shown are a guaranteed number of exclusive use helicopter service days that are required for the Forest Inventory Project. These numbers are guaranteed and will be used only for evaluation and award purposes. The State will guarantee a minimum of 76 calendar days from approximately June 01, through approximately August 15 every year, the State cannot guarantee services or dollar amount over 76 calendar days. The dollar amount shown on the contract will be a maximum dollar amount to be spent for all services provided under the contract.

1. BID SCHEDULE

The State guarantees 76 calendar days exclusive use (availability) period per year.

Hourly flight rate is fixed at \$1,000.00. **This is a DRY RATE contract.**

The State estimates 200 flight hours. The Contractor recognizes that the State may require more flying hours than the amount cited and agrees to fly the additional hours at the same rate.

HELICOPTER BID PRICE

Year 1 - Availability rate per day \$ _____ X 76 days exclusive use = \$ _____ per year.

Year 2 - Availability rate per day \$ _____ X 76 days exclusive use = \$ _____ per year.

Year 3 - Availability rate per day \$ _____ X 76 days exclusive use = \$ _____ per year.

Year 4 - Availability rate per day \$ _____ X 76 days exclusive use = \$ _____ per year.

Year 5 - Availability rate per day \$ _____ X 76 days exclusive use = \$ _____ per year.

Total combined five years \$ _____

2. BIDDER INFORMATION

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

COMPANY WEBSITE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FACSIMILE (FAX) NUMBER: _____

EMAIL ADDRESS: _____

3. HELICOPTER DATA

HELICOPTER MAKE: _____ MODEL NO.: _____

ENGINE MAKE: _____ HORSEPOWER: _____

ORIGINAL EMPTY WT.: _____ WT. W/MODIFICATIONS: _____

LIST MODIFICATIONS: _____

DATE OF MANUFACTURE: _____ PAYLOAD: _____

FUEL CAPACITY: _____ FUEL CONSUMPTION: _____

RANGE/AIRSPEED: _____ WORKING RANGE: _____

FAA LICENSE NO.: _____ LAST FAA INSPECTION: _____

HOURS SINCE LAST AIRFRAME OVERHAUL: _____

HOURS SINCE LAST ENGINE OVERHAUL: _____

OWNERS VALUATION AT TIME OF BID: _____

HELICOPTER AVAILABLE FOR INSPECTION AT: _____

CONTACT: _____ TELEPHONE NO.: _____

CHECK ONE

_____ MY HELICOPTER/OFFEROR DOES MEET ALL SPECIFICATIONS AND REQUIREMENTS OF THIS BID.

_____ MY HELICOPTER/OFFEROR DOES NOT MEET THE SPECIFICATIONS AND REQUIREMENTS OF THIS BID (Bid will be rejected if the helicopter does not meet specifications).

7.	Company Name:
	Authorized Representative's Printed Name:
	Authorized Representative's Signature:
	Date Bid Schedule Signed: