



Contr  
a  
Costa  
County  
CONTRA COSTA COUNTY

GENERAL SERVICES DEPARTMENT  
PURCHASING DIVISION  
(925) 313-7300  
FAX (925) 313-7319

## REQUISITION

DATE 1/23/2012

S H - 0 1 0 - 2 44266

CONTROL NO.

VENDOR NO.

SHIP TO CODE SH090 INVOICE TO CODE SH010

MOTOR COACH INDUSTRIES

1700 EAST GOLF ROAD, SUITE 300

SCHAUMBURG IL 60173

SHIP TO CODE SH090

INVOICE TO CODE SH010

VENDOR

DEPT. OFFICE OF THE SHERIFF

REQUISITION NO.

DATE REQUIRED

ALTERATION NUMBER

FOR PURCHASING USE ONLY  
PURCHASE ORDER NUMBER

SHIP TO CODE / FOB CODE

TERMS

BUYER

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE  
ACCOUNT NUMBERS: USE ONE CHARGE PER LINE. YOU MUST USE SUPPLEMENTAL  
REQUISITION CODING SHEET FOR MULTIPLE CHARGE CODES

LINE NO.	CCC ITEM NO. For Purchasing use	ITEM DESCRIPTION BE SPECIFIC	QUANTITY	UOM	UNIT PRICE	TOTAL	ORG.	SUB OBJECT	TASK	OPT.	ACTIVITY
		REQUEST FOR A PURCHASE ORDER FOR:									
		MODEL: D4000; TYPE: ISTV "MULTIPLEX" MOTOR									
1		COACH; CUSTOMIZE ACCORDING TO SPECIFICATIONS FOR THE PURPOSE OF TRANSPORTING INMATES;	1	LOT	\$509,600.00	\$509,600.00	2575	4953			
		CUMMINS EXTENDED COVERAGE PLAN	1	LOT	\$6,270.00	\$6,270.00	2575	2270			
		5 YEARS/ 500,000 MILES									
3		ALLISON TRANSMISSION B500 INTERCITY/TOUR	1	LOT	\$1,660.00	\$1,660.00					
		EDGE LEVEL 1: EXTENDED COVERAGE FOR A									
		TOTAL OF FIVE (5) YEARS.									

Reason for purchase/comments

ATTACHMENTS: QUOTE/SPECS; SOLE SOURCE FORM; SUPPLEMENTAL FORM; BOARD ORDER

DEPARTMENT CONTACT: MELISSA LANWAY - 335-1554

REQUESTED

SUB TOTAL \$517,530.00

TAX (8.25%) \$42,696.23

REQUISITION TOTAL AMT \$560,226.23

BY MELISSA LANWAY

PHONE EXT. 5-1554 DATE 1/23/2012

APPROVED BY DIVISION HEAD

DATE 1/23/12

Certification is hereby made that the above is a legal charge against the appropriation indicated.

EBF - Reg 4/05

PURCHASING COPY

AUTHORIZED SIGNATURE

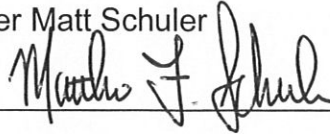
*[Signature]*

## SUPPLEMENTAL APPROVAL FORM FOR ITEMS OVER \$25,000

Department: Contra Costa County, Office of the Sheriff Date: 01-23-2012

Authorized Requestor: Commander Matt Schuler Telephone: (925) 335-4645

Authorized Requestor Signature: \_\_\_\_\_



1. Item: 2012 ISTV MCI Inmate Transport Coach
2. Description: Customized according to attached specifications.
3. Estimated Cost: \$ 560,226.23

4. Single Item

☐

Integrated System

☒

5. How does this purchase meet the Departments operational needs? This Coach replaces unit # 6608 and will give the Detention Facility Transportation Unit the ability to transport more inmates with fewer personnel in a safer more secure manner.

6. Fiscal Impact:

7. County Administrator Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VEHICLE AND EQUIPMENT REQUEST FORM  
(See Instruction Sheet)

Department : Contra Costa County Ofc of the Sheriff

Date: 1/23/2012

Authorized Signature: \_\_\_\_\_

Telephone: 335-4645

Printed Name: Commander Matt Schuler

1. Reason and justification for vehicle request: This Coach replaces unit # 6608 which exceeds the minimum required mileage of 180K set by the County and will be used to transport inmates.

2. Funding Source: (Budget information will be used to prepare Board Order): 4284 - 4953

Is an appropriation adjustment needed?

☒ Yes

☐ No

Fiscal Officer: Name: Liz Arbuckle

Telephone: 335-1529

3. Description of vehicle or equipment requested (If applicable, complete an accessories form): 2012 MCI - Model D4000, ISTV Motorcoach

4. Is an alternative fuel vehicle acceptable?

☒ Yes

☐ No

If no, reason clean air vehicle will not work: This is a Diesel Coach

5. If replacement, which vehicle or equipment is being replaced: Type: Yes

Vehicle/Equipment Number: 6608

Odometer/Hours: 183553

6. Reason purchase cannot wait until next budget cycle: Vehicle needed as replacement for Unit #6608 which exceeds minimum replacement mileage for safety.

7. CAO Release to GSD Fleet Management:

☒ Yes

☐ No

Date: \_\_\_\_\_

CAO Signature: \_\_\_\_\_

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**FOR GSD FLEET MANAGEMENT'S USE**

1. Is vehicle/equipment an addition to the fleet?

☐ Yes

☐ No

2. If vehicle/equipment is for replacement, an inspection/evaluation to be completed by Fleet Manager:

Date Inspected: \_\_\_\_\_

Vehicle/Equipment: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Condition of vehicle and/or equipment and life expectancy:

Accumulated Depreciation: \_\_\_\_\_ Estimated Salvage Value: \_\_\_\_\_

Estimated Cost of Request: \_\_\_\_\_

3. Fleet Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions

1. Use a separate request form for each vehicle.
2. Funding Source: Information to be descriptive and is to include funding source (i.e., grant funds, etc.) and department charge numbers. This information is used to prepare "Financial Impact" paragraph on Board Order and requisition. *No vehicle or equipment will be ordered until funding is transferred into the proper General Services Department Accounting fund and approval by the Board of Supervisors has been received.*
3. Purchase of a car, van or pick-up requires an accessories form to be completed and attached to the Vehicle and Equipment Request Form. Accessories forms (pdf files) are available for download from the intranet site or by calling (925) 313-7071.
4. Alternative Vehicles: CNG = Compressed Natural Gas  
Hybrid = Combination of gasoline and electric  
Electric= Charging stations available at 1220 Morello Avenue or 2467 Waterbird Way, Martinez
5. Describe vehicle or equipment type being replaced. Vehicle and odometer or equipment number and hour usage must be completed.
6. Reason must be specific. Poor planning is not a justification.

### **General Information:**

Purchase Time: No vehicle or equipment will be ordered until funding is transferred into the proper General Services Department Accounting fund and approval by the Board of Supervisors has been received. Purchase time varies in length depending on type of vehicle or equipment requested and the supplier. On average, the process takes approximately 90 days after the Fleet Manager receives Board of Supervisors approval.

Rev 8-1-03 JE

**CRITERIA FOR  
SOLE SOURCE/BRAND**

Please address by specific reference each question listed below (1-5) in your justification. Failure to respond to any of the questions may result in the rejection of your request.

**1. Why was the particular product and/or vendor selected?**

The Vendor, MCI, currently provides / builds inmate transportation Motor coaches for the California Department of Corrections, Los Angeles County Sheriff, as well as other Sheriff's offices throughout the State of California.

**2. What are the unique performance factors of the selected product/service?  
(Provide detailed specifications and descriptions)**

Cummings Diesel Motor – Long lasting durability  
Allison Transmission – Same  
Designed and engineered to have a useful life span of approximately 600,000 miles  
Power ability to haul heavy weight over altitude passes

**3. Why are these specific factors required?**

Motor and Transmission combination are industry standard for large long haul trucks designed to last a very long time.

With these features, it is anticipated the MCI Coach will 3X as long as a Thomas Built bus

**4. What other products/services have been examined and rejected?**

Thomas Built Bus – Determined not to last as long

**5. Why are other sources providing like goods or services unacceptable? (Full Explanation)**

More capacity to transport 46 inmates vs. 42  
Safety Features – Installed Surveillance Cameras  
Solid Metal Windows with small opening 6" to prevent escapes  
Hydraulics – Can lower bus to enable inmates wearing leg irons to exit safely

I HEREBY CERTIFY THAT:

I am an approved department representative and I understand the County's requirements for competitive bidding, as well as the criteria for justification for sole source.

I have gathered the required technical information and have made a good faith effort to review comparable and/or equal equipment. Copies are attached.

I certify to the best of my knowledge the validity of the information contained here in.

Dated: 1/23/12

Department representative signature Matthew F. Schulz

**PURCHASING OFFICE USE ONLY:**

BUYER: \_\_\_\_\_ PURCHASING AGENT/DESIGNEE \_\_\_\_\_

APPROVED: \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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