| CITY OF GAINESVILLE   |            |  | 1       | <                                       | 7   |    | 1   |     |       |                |  |
|---|------------|--|---------|---|-----|----|-----|-----|-------|----------------|--|
| GENERAL GOVERNMENT PURCHASING DIVISION  |            | * BIDS OPENED B  | Y: Napl | upu Des                                 | ÇO  |    |     |     |       |                |  |
| BID RECORD  |            | * BIDS WRITTEN BY: Cran tel all  |         |   |     |    |     |     |       |                |  |
| BID #: RTSX-180001-DS   |            | * This is to contifut  |         | -h/                                     | /   |    |     |     |       |                |  |
|   |            | * This is to certify that I (staff listed above) have / do not have actual or potential conflict of interest with any of the responsive proposers. |         |   |     |    |     |     |       |                |  |
| BID NAME: ADA Eligibility and Certification Determination, Etc.   |            |  | 1       |   |     |    | E   |     |       |                |  |
|   | LEGEND:    | X = Received   | Y = Yes | (blank) = nothing received/acknowledged |     |    |     |     |       |                |  |
| <b>DUE DATE:</b> March 28, 2017 @ 3pm   |            | A = Acknowledged   | N = No  |   |     |    |     |     |       |                |  |
| USER DEPARTMENT: Regional Transit System  |            |  |         |   |     |    |     |     |       |                |  |
| NO. PLAN HOLDERS: 13  |            |  |         |   |     |    |     |     |       |                |  |
| V=1100000000000000000000000000000000000   |            |  |         |   |     |    |     |     |       |                |  |
| VENDORS RESPONDING  | ADD#1      | ADD#2  | QLSB    | SDVB                                    | Lob | DL | Deb | CRC | SL/BS | DFWP           |  |
| Transitional Living of North Central Florida dba Center for Independent Living of North Central Florida | Υ          | Y  |         |   |     |    |     |     |       |                |  |
| Living of North Ochital Florida   | I          | ľ  | N       | N                                       | Y   | NA | Y   | Y   | NA    | Υ              |  |
|   |            |  |         |   |     |    |     |     |       | -              |  |
|   |            |  |         |   |     |    | +   |     |       | -              |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     | 4  |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
| BID RECORD HAND DELIVERED / SENT TO USER DEPART BIDS HAND DELIVERED / SENT TO USER DEPARTMENT _         | MENT 3/29/ | 17 (DATE)  |         |   |     |    | -   |     |       |                |  |
| DIDO VI HAND DELIVEDED I DENTE TO HOED DEDIVITIES   | 2/29/12    |  |         |   |     |    | -   |     |       |                |  |
|   | 7/0 // (DA | TE)  |         |   | -   |    |     |     |       |                |  |
| BIDS TO BE EVALUATED BY USER DEPARTMENT   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   | -   |    |     | -   |       |                |  |
| Local Preference: impact \$   |            |  |         |   | -   |    | -   |     |       |                |  |
|   |            |  |         | -                                       | -   |    | -   |     |       |                |  |
| NOTES   |            |  | -       |   | +   |    | -   |     |       |                |  |
|   |            |  |         |   | -   |    | -   |     |       |                |  |
|   |            |  |         |   |     |    | -   |     | -     | <del>-  </del> |  |
| WITNESSES:  |            | WITNESSES:   |         |   | -   |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       | -              |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   | -   |    |     |     |       |                |  |
|   |            |  |         |   | +   |    | -   |     |       | -              |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |
|   |            |  |         |   |     |    |     |     |       |                |  |