MT. DIABLO
UNIFIED SCHOOL DISTRICT

Appendix B – Fee Proposal
RFP Form – RFP #1957
2025 CHARTER BUS SPAB TRANSPORTATION SERVICES
FOR MT. DIABLO UNIFIED SCHOOL DISTRICT
(To Be Submitted With RFP)

Proposers should provide all information required in the below table. Proposers can copy and use the table to provide the required information. Use extra sheets if needed.

SPAB SIZE	4 HOURS MINIMUM $ DOLLAR AMOUNT (NUMBERS)	WRITTEN DOLLAR AMOUNT (WORDS)
47 Passenger Coach	$	
56 Passenger Coach	$	
School Bus	$	
Excess Hourly Rate after Minimum	$	
Excess Mileage - Fee	$	
Other Size Coach with Description of vehicle	$	
% or Dollar Amount Discount Offered for Early Payment: _____		

CANCELLATION FEES *	**DOLLAR AMOUNT**
Less than 7 days prior to trip (Numbers)	**$**
Less than 7 days prior to trip (Words)	*Written Dollar Amount (Words)*
Less than 14 days prior to trip (Numbers)	**$**
Less than 14 days prior to trip (Words)	*Written Dollar Amount (Words)*
Less than 21 day prior to trip (Numbers)	**$**
Less than 21 day prior to trip (Words)	*Written Dollar Amount (Words)*
CLEANING FEE	**DOLLAR AMOUNT**
Fee for excessive cleaning $ (Numbers)	**$**
Fee for excessive cleaning (Words)	*Written Dollar Amount (Words)*

No cancellation charges shall be incurred for cancellations made Twenty-one (21) days or more prior to the trip.

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Bidder shall honor RFP prices for ninety (90) days or for the stated contract period - whichever is longer

RFPs must be on these RFP forms and signed by Contractors'/Bidders' authorized representative

RFP will be declared invalid unless signed by the authorized representative making this quote

I have read, understand, and agree to the terms and conditions on all pages of RFP #1957. The undersigned agrees to furnish the service stipulated in this RFP as stated above.

Company Name: _____

Address: _____

Phone No.: _____

Email: _____

Name & Title (print): _____

Signature: _____

Date: _____