



**Town of La Ronge**

## Tender Bid Form

**Tender # xxxx**

Date: **April 27<sup>th</sup>, 2021**

From: Keaton Cloud – Fire Chief

Town of La Ronge

La Ronge Regional Fire Rescue Services

701 Hildebrand Drive

Box 5680

La Ronge, SK S0J 1L0

Phone: 306-425-3230

Fax: 306-425-3076

Email: [laronge.fire@sasktel.net](mailto:laronge.fire@sasktel.net)

### Description:

**2021 (New) Full-size Half-ton 4x4 Emergency Equipped Truck**

Tenders will be received until **4:00pm (CST) May 26<sup>th</sup>, 2021**. All unit prices shall be **F.O.B. La Ronge, SK**

Quantity	Description	Total Price
1	2021 (New) Full-size Half-ton 4x4 Emergency Equipped Truck	\$ _____
(STATE):	Manufacturer: _____	
(STATE):	Model: _____	
(STATE):	Emergency Vehicle Features Total (Includes Outfitting & Decals)	\$ _____

State Delivery \_\_\_\_\_ days. (After Receipt of Order)

Sub-Total

\$

GST (5%)

\$

PST (6%)

\$

TIRE TAX

\$

**Grand Total**

### Conditions of the Tender:

- ♦ Delivery time (ARO) must be stated in the space provided.
- ♦ Any goods or services found to be defective or fail to meet the specifications herein, by reason of poor material or workmanship will be replaced at NO CHARGE.
- ♦ The Town reserves the right to accept or reject all or any part of this Tender.
- ♦ The Tender prices shall be open and irrevocable for Thirty (30) calendar days from the Tender closing time and date.
- ♦ Unit prices must be extended and totaled accordingly.
- ♦ All pricing provided to be quoted in **Canadian Funds** inclusive of all applicable taxes, duties and fees at the time of closing, where applicable.
- ♦ Any Tender is not necessarily accepted.
- ♦ The Town reserves the right to give preference to the Bidder whose Tender includes any material, specifications or methods of execution that are deemed by the Town to be superior to those of the lowest bidder.
- ♦ Lowest bidder isn't necessarily awarded the Tender.

Full Name of Company (please print)

Address

City

Province

Postal Code

Name and Title (please print)

Signature of Authorized Officer

Date: (mm/dd/year)

Phone

Email