

# BID SUMMARY AND AWARD RESULT REPORT

This form, along with a copy of the agreement with the transportation provider, must be returned before the start of the school year along with the annual program application. Schools that outsource transportation operations will not be permitted to participate in the program without this document.

Please complete and return in a sealed envelope to:

NYC Department of Education  
Office of School Support Services  
Finance Reimbursement Unit  
44-36 Vernon Boulevard, Room 403  
Long Island City, NY 11101

## SERVICE PERIOD

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## SCHOOL INFORMATION

OPT Code: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

## BID SUMMARY & RESULTS

Bid #	Vendor Name	DOT #	# of Runs	# of Days	Billing Rate	Total Cost
1						
2						
3						

## AWARD BIDDER INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_ DOT ID #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

School's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_