

# **MECOSTA COUNTY ROAD COMMISSION**

## **REQUEST FOR PROPOSAL**

### **2024 OPERATING FLUIDS**

**INTENT**

Sealed bids will be received by the Mecosta County Road Commission administrative staff at 120 N. DeKrafft Ave., Big Rapids, Michigan, 49307 **until 3:00 p.m. Friday, February 16, 2024**, for Annual Bids. All bids will be opened Tuesday, February 20, 2024, 10:00 a.m. Your proposal must be sealed with the envelope clearly marked with your company name and the words “Operating Fluids” on the outside.

**OPERATING FLUIDS**

Mecosta County Road Commission is accepting bids for the supply of the following operating fluids.

\*\*Include certificate of origin for all operating fluids listed below.

<b><u>PRODUCT:</u></b>		<b><u>SPECIFICATIONS:</u></b>	<b>Price Per Unit</b>	<b>New</b>	<b>Product/Brand Name</b>
15W40	BULK	CK-4	_____		
Hydraulic Oil	BULK	PREMIUM ALL WEATHER	_____		
AW32		ANTI-WEAR, ANTI-RUST AND OXIDATION INHIBITED OIL DESIGNED FOR HIGH PRESSURE SYSTEMS.	_____		
Automatic Transmission Fluid	GALLON	ALLISON TRANSYND	_____		
Transmission Fluid	DRUM	DEXRON III/MERCON	_____		
Hydro-Tran HD30	DRUM	CAT TO-4 ALLISON C4	_____		
50W Trans Oil (Manual)	DRUM		_____		
50W Synthetic Trans Oil (Meeting PS-386)	DRUM		_____		
Anti-Freeze	DRUM	YELLOW EXTENDED LIFE (Truck grade & safe to mix with Red or Green Anti-freeze)	_____		

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#### **NOTICE**

The Mecosta County Road Commission reserves the right to accept or reject any and all bids, or portions of bids, as deemed in the best interest of the Mecosta County Road Commission. The Board of Road Commissioners may waive any irregularities in any bid if it is in the best interest of the Road Commission to do so.

The undersigned understands and agrees that this document will constitute a contract if accepted by the Mecosta County Board of Road Commissioners and by signing agrees with everything from pages 1 and 2 of this document.

NOTE: If it is agreed upon by both parties, this bid may be extended for up to 36 months.

SUBMITTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE/FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_