



## 40+ Years Proudly Serving Flathead, Lincoln, Lake and Sanders Counties.

### Main Office

214 Main Street  
PO Box 88  
Kalispell, MT 59903  
Phone: 406-752-6565  
Fax: 406-752-6582

### Outreach Offices

933 Farm to Market Rd.  
Suite B  
Libby, MT 59923  
Phone: 406-293-2712  
Fax: 406-293-2979

110 Main Street  
PO Box 132  
Polson, MT 59860  
Phone: 406-883-3470  
Fax: 406-883-3481

HRDC District 10

www.capnm.net



Equally Housing  
Opportunity

May 2, 2023

Dear Vendor:

Northwest Montana Human Resources, Inc. dba Community Action Partnership of Northwest Montana is a private, **non-profit** agency. We provide community services to eligible clients with funding from the Montana Department of Health and Human Services, and other grantors and contributors.

We are soliciting competitive sealed proposals for the purchase of a new 4-door vehicle with four-wheel drive, per attached specifications.

Each proposal shall be submitted in a sealed envelope, showing the name and address of the bidder. Please address to Cassidy Kipp, Community Action Partnership 214 Main Street, Kalispell MT. 59901 and plainly marked on the outside of the envelope: ***“Proposal on Vehicle Procurement”***. Or email proposals to [ckipp@capnwmmt.org](mailto:ckipp@capnwmmt.org)

Please complete **all** the requested information and return to this office no later than 4:30 PM., Friday, May 26<sup>th</sup> 2023. All proposals will be reviewed for complete information.

**Late and/or incomplete proposals may not be accepted.**  
**Agency has the right to accept or reject all bids.**

If you have any questions, please contact me at 752-6565.

*Cassidy Kipp*

Cassidy Kipp  
Deputy Director

Enc: Specifications  
Financial Calculation Sheet  
Bid score sheet



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PLEASE NOTE: You may do a proposal for more than one vehicle. However, please quote each vehicle separately. You are welcome to photocopy, the Financial Calculation Summarization sheet if you choose to complete a proposal on more than one vehicle.

### MINIMUM VEHICLE SPECIFICATIONS;

1. New – 2022 or 2023
2. Extended Warranty options
3. Service Agreement
4. 4-wheel drive
5. 4-door
6. Automatic
7. Cruise Control
8. Air Conditioning
9. Non-profit discount or in-kind services
10. Availability / Delivery Date?

### Other

All proposals will be reviewed for complete information. Efforts will be made by Community Action Partnership of NW MT to utilize small businesses, women owned enterprises and minority-owned businesses in accordance with **2 CFR § 200.321**. An Offeror qualifies as a small business firm, if it meets the definition of "small business" as established by the Small Business Administration (13 CFR 121.201).

**Please specify any additional features not listed above.**

Financial Calculation Summarization

This Sheet is intended to summarize the financial calculations for the purchase price of the vehicle transaction. This cost sheet **does not** replace an itemized cost sheet of each of the vehicles. Please complete separate form for each vehicle.

Price will **not** be the only factor for determining the vehicle purchase. We are basing our decision on the following items: (Please fill in blanks)

Vehicle Base Price: \$ \_\_\_\_\_

Requested Minimum Specifications: \$ \_\_\_\_\_

Fees and Taxes: \$ \_\_\_\_\_

GRAND TOTAL DUE: \$ \_\_\_\_\_

In addition, we will take into consideration:  
Guaranteed Delivery Date

Vehicle must be delivered upon agreement date. If vehicle is not delivered to 214 Main Street, Kalispell, on agreement date, we reserve the right to reject the offer and negotiate a sale with the next vendor.

**NOTE: Financing will not be required. A purchase order will be issued upon acceptance of bid, payable next 30 days.**

Company Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Company Representative

\_\_\_\_\_  
Phone Number

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Please indicate if you qualify for any of the above listed categories.

Yes Please Explain:

No

**FY 2023 CAPNM Vehicle SELECTION PROCESS – EVALUATION SCORING SHEET**

**PROPOSER NAME:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

**Evaluation**

Evaluation of each proposal will be based on the following criteria:

**Factors**

	<u>Point Range</u>	<u>Awarded</u>
1. Did vendor submit proposal for vehicle specifications listed?		
a. Yes	4	___
b. No	1	___
2. Non-profit discount	2	___
3. Extended Warranty Quote		
a. Yes	2	___
b. No	1	___
4. Over all reviews of this vehicle	1 - 9	___
5. Women or minority owned business	2	___
<b>MAXIMUM POINTS (19)</b>		___

**DISCUSSION/COMMENTS:**