REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF PAGES
1. REQUEST NO. N/A	2. DATE ISSUED 8/24/	3. REQUISITION/PURCHASE REQUEST NO. N/A

4a. ISSUED BY: Trailblazer Joint Powers Board	6. DELIVER BY (Date): 9/2/26 6PM
4b. FOR INFORMATION CALL: Trailblazer Transit	7. DELIVERY ☐ FOB DESTINATION ☒ OTHER (See #10)
NAME: Gary Ludwig, Executive Director — TELEPHONE NUMBER: AREA CODE 320, NUMBER 864-1000	
5. TO: Enter Your Info Below:	8. DESTINATION: Trailblazer Transit
a. NAME / b. COMPANY	a. NAME OF CONSIGNEE: Gary Ludwig
	b. STREET ADDRESS: 207 West 11th Street
c. STREET ADDRESS	c. CITY: Glencoe
d. CITY / e. STATE / f. ZIP	d. STATE: MN / e. ZIP: 55336

Vendor

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 4a ON OR BEFORE CLOSE OF BUSINESS ON (Date) :	IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please indicate on this form and return it to the address in Block 4a. This request does not constitute a commitment to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representation and/or certifications attached to this Request for Quotation must be completed by the quoter.

10. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
X	Send Separate Document				

11. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER	%

NOTE: Additional provision sand representations ☐ are ☐ are not attached.

Vendor

12. NAME AND ADDRESS OF QUOTER			13. SIGNATURE OR PERSON AUTHORIZED TO SIGN QUOTATION	14. DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			15. SIGNER	
			a. NAME (Type or Print)	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP	c. TITE (Type or Print)	NUMBER