NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing

CONTRACT NUMBER MC250182005	**CONTRACT TITLE** Statewide New Motor Vehicles Qualified Vendor's List
AMENDMENT NUMBER 01	**CONTRACT PERIOD** July 1, 2025 through June 30, 2026
REQUISITION/REQUEST NUMBER N/A	**MissouriBUYS PROACTIS/MOVERS SYSTEM ID** MB00089555/1001907
CONTRACTOR NAME AND ADDRESS Don Brown Chevrolet 2244 South Kingshighway St. Louis, MO, 63110	**STATE AGENCY'S NAME AND ADDRESS** Various State Agencies Located Throughout the State of Missouri
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract MC250182005 is hereby amended pursuant to the attached amendment #01, dated 09/22/2025.	
BUYER Kelsey Huwe	**BUYER CONTACT INFORMATION** Email: Kelsey.Huwe@oa.mo.gov Phone: (573) 522-1308 Fax: (573) 526-9816
SIGNATURE OF BUYER Kelsey Huwe	**DATE** 9/25/25
DIRECTOR OF PURCHASING Karen S. Boeger	

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT AMENDMENT

AMENDMENT NO.: 01
CONTRACT NO.: MC250182005
TITLE: Statewide New Motor Vehicles Qualified Vendor's List
ISSUE DATE: 09/22/2025

REQ NO.: N/A
BUYER: Kelsey Huwe
PHONE NO.: (573) 522-1308
E-MAIL: kelsey.huwe@oa.mo.gov

TO: Don Brown Chevrolet
2244 South Kingshighway
St. Louis, MO, 63110

RETURN AMENDMENT BY NO LATER THAN: 09/29/2025 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL OR FAX:

SCAN AND E-MAIL TO:	allyson.daro@oa.mo.gov
FAX TO:	(573) 526-9816

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Various State Agencies
Located Throughout the State of Missouri

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
DON BROWN CHEVROLET	
MAILING ADDRESS	
2244 S. KINGSHIGHWAY BLVD.	
CITY, STATE, ZIP CODE	
ST. LOUIS, MO 63110	

CONTACT PERSON	EMAIL ADDRESS
DAVE HELTERBRAND	DAVE@DONBROWNCHEVROLET.COM
PHONE NUMBER	FAX NUMBER
314-772-1400	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
_X__ Corporation ___ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	9/22/2025
PRINTED NAME	TITLE
DAVID HELTERBRAND	FLEET MANAGER

AMENDMENT #01 TO CONTRACT MC250182005

CONTRACT TITLE: **Statewide New Motor Vehicles Qualified Vendor's List**

CONTRACT PERIOD: **July 1, 2025 through June 30, 2026**

The State of Missouri desires to amend the above-referenced contract, to revise paragraph 2.6.6 and Attachment 1, Price Quote Request Form, New Motor Vehicles.

The following language has been revised as stated below:

1. Paragraph 2.6.6 is revised as follows:

   2.6.6 Any motor vehicle preparation costs or a round trip per mile delivery charge shall be included in the contractor's ***firm, fixed price, offered*** in the contractor's PQF response.

2. Attachment 1, Price Quote Request Form, New Motor Vehicles is revised to remove the "Delivery Price to Location" identified in the QVL contractor's response to pricing for vehicle section:

PRICING FOR VEHICLE:

The QVL contractor shall provide a firm, fixed price for the proposed vehicle below:

Line Item	Firm, Fixed Price
Vehicle Price	$_____
Price for Additional Options/Features in Addition to Vehicle Price	$_____
DELETED	***DELETED***
Total Price	$_____

All revisions are included in ***bold italics***.

All other terms, conditions and provisions of the contract shall remain the same and apply hereto.

The contractor shall sign and return this document, on or before the date indicated, signifying acceptance of the amendment.

ATTACHMENT REVISED PER AMENDMENT 01

ATTACHMENT 1

Price Quote Request Form, New Motor Vehicles

The Price Quote Request Form may be modified by state agencies as necessary to identify any unique or special requirements related to the vehicle required by the agency.

TO BE COMPLETED BY THE STATE AGENCY

State Agency Name: _____

State Agency's Address: _____

Point of Contact at State Agency: _____

State Agency Point of Contact's Phone Number: _____

State Agency Point of Contact's Email Address: _____

Return Price Quote Request Form to the Following Email Address: _____

Price Quote Request Form Issue Date: _____

Price Quote Request Form Return No Later Than Date: _____

STATE AGENCY'S VEHICLE REQUIREMENTS:

The state agency must provide a brief description of the vehicle required of the QVL contractor below:

Fleet or Off the Lot*:* _____
Brand: _____
Model: _____
Year: _____
List of Requested Options/Features from the Manufacturer: _____
List of Requested Options/Features from a Third Party (aftermarket): _____
List of Required Options/Features from the Manufacturer: _____
List of Required Options/Features from a Third Party (aftermarket): _____
Quantity: _____
Delivery Location (if applicable)*:* _____

QVL CONTRACTOR'S PROPOSED VEHICLE INFORMATION:

The QVL contractor must provide the following information regarding the vehicle proposed:

Fleet or Off the Lot*:* _____
Brand: _____
Model: _____
Vehicle Identification Number (VIN): _____
Year: _____

List of Requested Options/Features from the Manufacturer Proposed: _____
List of Requested Options/Features from a Third Party (aftermarket) Proposed: _____
List of Required Options/Features from the Manufacturer Proposed: _____
List of Required Options/Features from a Third Party (aftermarket) Proposed: _____
Quantity Proposed: _____

Vehicle Spec Sheet: The QVL contractor should attach a spec sheet to their response to the Price Quote Request Form that identifies all the standard specifications of the vehicle proposed along with any options included on the vehicle.

PRICING FOR VEHICLE:

The QVL contractor shall provide a firm, fixed price for the proposed vehicle below:

TABLE REVISED PER AMENDMENT 01

Line Item	Firm, Fixed Price
Vehicle Price	$_____
Price for Additional Options/Features in Addition to Vehicle Price	$_____
DELETED	***DELETED***
Total Price	$_____

NOTE: COST EVALUATION: Objective Evaluation of 200 points

DELIVERY:

If vendor should identify delivery in days after receipt of order: _____ calendar days ARO.

QVL CONTRACTOR'S INFORMATION

QVL Contractor's Name: _____

QVL Contractor's Address: _____

QVL Contractor's Point of Contact: _____

QVL Contractor's Point of Contact's Phone Number: _____

QVL Contractor's Point of Contact's Email Address: _____

Signature of QVL Contractor's Point of Contact: _____