



## Request for Proposal

### **Specialized Transportation – Senior Shuttle Program**

**Program # 403**

Direct all replies to:

Bethany Tangerstrom  
Contract Compliance Monitor  
1717 Taylor Avenue  
Racine WI 53403  
262.638.6671

**SEALED PROPOSALS MUST BE RECEIVED NO LATER THAN:**

**Thursday, September 12, 2019 at 4 pm**

At the Racine County Human Services Department  
1717 Taylor Avenue – One North Receptionist  
Racine WI 53403

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Racine County Human Services  
Request for Proposal: Specialized Transportation  
Program #403

**Section I. Specifications**

**1. Introduction, Program Description and Requirements:**

Racine County Human Services Department is requesting proposals to administer a community based senior shuttle program to respond to the transportation needs of Western Racine County seniors. The service priority is for ambulatory seniors (over 60 years of age), as well as adults with disabilities, but others may ride the shuttle on a space available basis. The level of service will be curb-to-curb. The Provider will not be responsible for any packages or groceries brought on board by riders.

The geographic service area will be along a flexible route with designated stops throughout Western Racine County, connecting residences with needed social and medical services, major retail centers and community attractions. The shuttles will operate according to published days and hours scheduled for each route. In order to maintain timeliness along the route, the driver will not wait at any stop longer than necessary to ensure that all passengers are safely boarded and seated. Service hours are Monday through Saturday, 8:00 am – 5:00 pm.

**2. Qualifications:**

Successful proposals must demonstrate an effective history with at least two years of experience in providing specialized transportation services and possess a desire and capacity to work with disabled and elderly individuals. The applicant must be a legally incorporated, licensed business, registered to work in the State of Wisconsin, and carry the required insurances listed below in section 23.

**3. Program Requirements:**

- 3.1** Provider must meet all requirements of TRANS 301, Human Services Vehicle (HSV) Standards and Chapter 221, Laws of 1979, Commercial Motor Vehicle Safety Act of 1986, and subsequent policies relating to TRANS 301 and Chapter 221.
- 3.2** Provider will meet all requirements of the State Department of Health and Social Services and the State Department of Transportation.
- 3.3** Service Provider must be a legally incorporated organization whose primary business is transportation services and can demonstrate at least two years of experience in providing specialized transportation services to the targeted population.
- 3.4** Provider will provide transportation to all ambulatory persons; targeting individuals over (60) years of age, as well as individuals with disabilities.
- 3.5** Provider must have computer capability to schedule routes and provide monthly printout reports that detail required billing and program reports. A sample schedule and detail of computer capability must accompany application.
- 3.6** Provider must provide written description of manner in which they will receive and handle passenger revenues.
- 3.7** All vehicles utilized in the provision of HSD contract services will have a mechanism, approved by HSD for the collection of fares. Drivers will not be required to make change.

- 3.8** The Provider will be charged a flat hourly route rate.
- 3.9** The Provider agrees to the provision of transportation in compliance with the routes, passenger lists, time schedules, and days of operation specified by HSD.
- 3.10** Reciprocal route changes need a 30-day notice.
- 3.11** Provider must complete a Program Application and respond to specific criteria for Specialized Transportation included in Program Specification and Program Description.
- 3.12** Provider shall complete monthly reports that detail required program specifications, including total ridership, trip origin and destination, and fares collected.
- 3.13** Provider will secure required licenses for the operation of the vehicles utilized as may be required by law.
- 3.14** Copies of Insurance Liability Coverage and Inspection Certification vehicles must be attached to proposal.
- 3.15** Provider must assume and pay for all maintenance and operation expenses of vehicles utilized.
- 3.16** Provider shall describe method available for handling disabled vehicles and indicate comparable backup vehicles. It is expected that the Provider should provide a quick and efficient response capability to vehicle breakdown.
- 3.17** Provider must have computer capacity to log all trips by the following categories and to provide HSD with monthly printouts detailing the information needed.

<u>One Way Trips</u>	<u>Trip Purpose</u>
Ambulatory Elderly	Medical
Ambulatory non-elderly	Employment
	Nutrition
	Education / training
	Social / recreation
	Personal business
	Adult Day Care
	Other

- 3.18** Provider must also have capacity to generate monthly lists that indicate the number of trips taken by each rider of specialized transportation, the program, the ride classification and trip purpose. This information will be provided to HSD monthly.
- 3.19** The Provider agrees to comply with all applicable State, County and City laws and regulations governing the conduct of company business.
- 3.20** Provider understands that the units of service provided and the contract dollars available is the maximum funding level available for Racine County and may not be exceeded. Cost for trips in excess of contract shall be responsibility of provider.
- 3.21** Provider will ensure two-way radio communication that will be adequate for the range of the vehicles utilized.
- 3.22** The Provider agrees to the provision of backup vehicles substantially equivalent carrying capacity to replace vehicles down for repairs.
- 3.23** The Provider agrees that services will not be provided nor charged to HSD for the following legal holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day. Observance shall be consistent with the bus policies.

**4. Evaluation Outcomes:**

- 4.1 Riders will be picked up within 20 minutes of their scheduled pickup time.
- 4.2 95% of customers surveyed will indicate satisfaction with the service.

**5. Program Reporting:**

The Provider will be required to track data and submit reports by the 10<sup>th</sup> of the required month.

- 5.1 Monthly reports detailing required billing.
- 5.2 Monthly Program report to include the number of rides, the program, the ride classification, and purpose of the trip (reference 3.16 above for a listing of classifications and purposes).
- 5.3 Evaluation Outcome reports are required quarterly. Provider will need to track all necessary information to include client schedules with actual drop off and pick up times and client satisfaction survey results (reference 4. Evaluation Outcomes above).

**6. Contract Period:**

Contract will commence January 1, 2020, upon acceptance of the terms described and execution of the contract by both parties. The initial contract period shall continue in effect for one year. Thereafter, it may renew for two additional one-year periods at Purchaser's discretion based on Provider performance and funding available.

**7. Contract:**

The contract for this project will consist of this Request for Proposals document, the specification documents and any associated exhibits or documents, the proposer's response with all required forms, addenda, any negotiated terms and conditions and a standard Racine County contract.

**8. Cost:**

Cost listed by proposer must be complete and inclusive of all charges at the time of submission. Proposer certifies that prices, terms and conditions in the proposal will be firm for acceptance for a period of ninety (90) days from the date of opening unless otherwise stated by Racine County. Proposal may not be withdrawn before the expiration of ninety (90) days. Prices shall be firm with no escalator clauses unless specified by Racine County. Proposals may be withdrawn after ninety (90) days only upon written notification to Racine County.

**9. Calendar of Events:**

This calendar is subject to change at the sole discretion of Racine County. All attempts will be made to adhere to this calendar however circumstances may require modification of dates and/or times.

<b>Event</b>	<b>Date</b>
RFP issued, posted on website and newspaper	8/15/19
Written questions/requests for clarification due to Racine County	8/22/19 by 4 pm. <b>Questions submitted later will not be considered.</b>
Racine County written responses to questions/clarifications posted on website	8/29/19
Proposals due at Racine County, and dropped off at the One North Receptionist	9/12/19 by 4 pm. <b>Late proposals will not be accepted</b>
Public Opening of Sealed Proposals	9/16/19 at 3 pm Three North Conference Room
Proposal Evaluations Completed by...	10/8/19
Face-to-Face interviews scheduled, if needed	TBD, but no later than 10/8/19
Contract Awarded	TBD, but no later than 10/11/19
Contract Start Date	1/1/20

**10. Right of Rejection:**

Racine County, through its duly authorized agents, reserves the right to reject any or all proposals, any portion of a proposal, waive all technicalities, and to accept the proposal considered most advantageous to Racine County following final negotiations, evaluations and reviews. Racine County does not warrant or guarantee that a contract will be awarded as a result of this Request for Proposals.

**11. Instructions to Proposers:**

- 11.1** Thoroughly examine the scope of work, schedule, instructions and all other Solicitation documents and make all investigations necessary to be familiar with conditions that affect the proposal. No pleas of ignorance by the proposer as a result of failure to investigate or examine conditions or failure to fulfill details of the contractual documents will be accepted as a basis for varying the requirements of the County or changing the compensation due.
- 11.2** Racine County contracts are subject to all legal requirements of Racine County, State of Wisconsin or Federal statutes and regulations, as applicable. Laws of the State of Wisconsin apply.
- 11.3** Provide all required information on the forms furnished in this document. Print or type your name and that of your agency on the Proposal Cover Sheet. **Do not include your name or the name of your agency in the body of the proposal!** If you obtained this solicitation electronically; you may complete your responses on the electronic forms however a hardcopy of the proposal must be submitted with your signature on the Proposal Cover Sheet. Do not alter the solicitation documents

- when completing the forms. Submission of the proposal affirms that you did not alter the original documents beyond filling in the required information.
- 11.4** Note that there are two separate packets of documents to complete. One will contain an original plus five (5) copies of your proposal and the other your original plus five (5) copies of your budget information. When submitting your hardcopy proposals, seal each packet in a separate envelope.
- 11.5** All proposals must be current and final at the time of opening to be considered responsive. No proposal will be accepted for consideration, and no award will be made if, at the time of opening, anything contained therein is contingent upon or subject to any outstanding review, certification or approval by any party that has not been received.
- 11.6** The following chart illustrates the required proposal documents and specifies the minimum content of the proposal sections. Proposals should be organized in tabbed sections following this chart and each point listed below should be addressed in your proposal.

Appendix	Title	Contents
A	Proposal Cover Sheet	Complete this form for each packet of the proposal...the program and the budget documents.
B	Vendor Acceptance Form	Complete this form and attach it to the proposal.
C	Reference Document and letters of support	On the form included in this packet, list three (3) references who are familiar with your work and your ability to fulfill the requirements of this proposal.  Racine County may also consider reference responses from agencies or individuals not listed in your proposal.  All information provided must be current and correct. Racine County will not attempt to search for current information that is not provided.
D	Agency Overview	DO NOT LIST YOUR NAME OR THAT OF YOUR AGENCY IN THE NARRATIVE OR CRITERIA SECTIONS. Describe your agency and how your mission relates to the need listed in the RFP.
E	Proposal Criteria	Provide detailed information in response to each specific criterion listed.

F	Past Performance	Provide any past experience you have with Racine County.
		<b>In a separate sealed envelope:</b>
G	Budget Worksheet	Use the spreadsheet to illustrate the costs for which Racine County will be billed. Provide a written description if more information is necessary.

**12. Submission of Proposals:**

**Submit one original master copy (so marked) and five photocopies (so marked) of your proposal. Also include a digital copy on a USB drive.** On the front of the envelope containing your proposal and copies, indicate the following:

Name & Address of Bidder  
Due Date of Bid  
Proposal Number & Title

All proposals must be manually signed by an authorized official of the agency.

Telegraphic, fax, email and on-line responses WILL NOT BE ACCEPTED. The original, signed proposal must be delivered to the address indicated below:

Bethany Tangerstrom  
Contract Compliance Monitor  
Racine County Human Services Department  
1717 Taylor Avenue  
Racine WI 53403  
[Bethany.Tangerstrom@racinecounty.com](mailto:Bethany.Tangerstrom@racinecounty.com)

Proposals can also be dropped off at the ONE NORTH Receptionist at the Racine County Human Services Department between 9 am and 4 pm Monday through Friday. **Late proposals will not be accepted and will be returned unopened.**

**13. Contact Person:**

**13.1** The Racine County Human Services Contract and Compliance Monitor will act as the County representative in the issuance and administration of this RFP and contract, and shall issue and receive all documents, notices and correspondence pertaining to this RFP. Such documents, notices, and correspondence not issued by or received by the Contract Compliance Monitor shall be null and void.

**13.2** Questions related to this Request for Proposal shall be delivered in writing (email, postal delivery or hand delivered) to the Contract Compliance Monitor. **Final date for questions is listed in the Calendar of Events.** No questions will be accepted over the phone and no other Racine County representative is authorized to interpret any portion of this RFP.



- 13.3** All questions received by the Contract and Compliance Monitor will be researched and responded to on the date listed in the Calendar of Events and posted on the Racine County Human Services website which can be accessed by the following links:

<https://racinecounty.com/government/finance/purchasing-rfps-and-bids>

<http://racinecounty.com/government/human-services/contracts-and-budget>

No verbal or written information, which is obtained other than through this Request for Proposals or its addenda, shall be binding upon Racine County. Proposers are expected to raise any questions, exceptions or additions they have concerning this document as soon as possible during the RFP process.

**14. Confidentiality/Non-Disclosure:**

- 14.1** It is the intent of the County that all proposals received will remain sealed and confidential until reviewed by the Proposal Evaluating Committee.
- 14.2** Once the process is complete, no information submitted as part of this RFP process shall be considered proprietary or confidential.
- 14.3** By submitting a proposal, vendors acknowledge that the County may be required under the law to make its records available for public inspection at any time during this RFP process. All vendors acknowledge and agree that the County will have no obligation or any liability to the vendor if the County must disclose these materials.

**15. Errors or Omissions:**

- 15.1** If a vendor discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this bid, the vendor should immediately notify the above-named individual of such error and request modification or clarification of the RFP document.
- 15.2** Racine County reserves the right to permit cure of, or waive as an informality, any irregularities or technicalities contained in any proposal submitted, at the sole discretion of Racine County provided such waiver does not substantially change the offer or provide a competitive advantage to any other vendor. Contracts will be awarded in the best interests of Racine County.

**16. Addenda:**

Changes to this RFP will be made only by formal, written addendum issued by Racine County's Contract Compliance Monitor and posted on the Racine County Human Services Website. All addenda issued as part of this RFP shall become part of the specifications of this RFP and will be made part of the contract. It is the vendor's responsibility to check and assure receipt of all addenda.

**17. RFP Evaluation Process:**

- 17.1** Racine County will receive proposals from interested vendors having relevant experience, resources and qualifications in the proposed scope of work. Proposals for this project must contain evidence of the vendor's experience and abilities in

the applicable field.

- 17.2** All proposals received will be evaluated by a selection team that consists of Racine County representatives. The team will review and evaluate all detailed proposals submitted and may conduct in-person interviews with proposers if deemed necessary. The selection team will have only the response to this solicitation to review for selection of a finalist. It is therefore important that proposers emphasize specific information considered pertinent to the services provided. Racine County reserves the right to request clarification of any portion of any submittal.
- 17.3** Racine County will be under no requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by the County. It is anticipated, however, that the review/evaluation process will be completed in a timely manner.
- 17.4** A Proposal Evaluation Committee will be established to review and evaluate all proposals submitted in response to this RFP. The Contract Compliance Monitor will be a non-voting member and, as such, will prepare the proposals for the committee so that no vendor identifying information will be available to the evaluators. The Committee will conduct a preliminary evaluation of all proposals based upon the information provided and other evaluation criteria as set forth in this RFP. The contract will be awarded to the most qualified contractor per the evaluation criteria listed below.

EVALUATION CRITERIA	WEIGHT
Agency Experience and Competency	20%
Proposal Criteria	40%
Data Tracking and Reporting System	15%
Overall Cost to Racine County	25%
Total	100%
<p>Past Performance</p> <ul style="list-style-type: none"> <li>• There is no weight for this category. It allows vendors with a past experience with Racine County the opportunity to be recognized for their contributions.</li> <li>• For those vendors with no prior experience, this category will not be calculated in their scoring and therefore will not impact their overall rating in any way.</li> <li>• To maintain the blind process, this section represents scores obtained from other officials within Racine County who are not part of the evaluation committee. They will be selected for</li> </ul>	15 points maximum

having a direct experience with all the agencies who submitted proposals. Supporting evidence will be attached to the final scoring sheet.	
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**17.5** Refer to the accompanying “Program Criteria” document (Appendix E) for specific information to include in your proposal.

**18. Interviews:**

If requested, proposers may be required to participate in an interview at the site of the proposed program or in the offices of the Racine County Human Services Department. Proposers should be prepared to discuss and substantiate any of the areas of the proposal submitted, as well as its qualifications to furnish the specified program. The interviews will be scored by the Evaluation Committee.

**19. RFP Preparation Expense**

Racine County shall not be liable for any expense incurred in replying to any request for proposal or invitation to bid.

**20. County RFP Notice of Rights:**

Racine County reserves the following rights to:

- 20.1** Conduct pre-award discussion and/or pre-award/contract negotiations with any or all responsive and responsible proposers who submit proposals determined to be reasonably acceptable of being selected for award; conduct personal interviews or require presentations of any or all proposers prior to selection; and make investigations of the qualifications of proposers as it deems appropriate, including but not limited to a background investigation conducted by the County or its agents.
- 20.2** Request that proposer(s) modify its proposal to more fully meet the needs of the County or to furnish additional information as the County may reasonably require.
- 20.3** Accord fair and equal treatment with respect to any opportunity for discussions and revisions of proposals. Such revisions may be permitted after submission of proposals and prior to award.
- 20.4** Process the selection of the successful proposer without further discussion.
- 20.5** Request Best and Final Offers from any or all proposers at the sole discretion of the County.

**21. Indemnity and Insurance Requirements:**

- 21.1** Upon execution of a contract, contractor agrees to indemnify, hold harmless and defend Racine County, its officers, agents and employees from all liability including claims, demands, losses, costs, damages and expenses of every kind and description or damage to persons or property arising out of or in connection with or occurring during the course of this agreement where such liability is founded upon or occurring out of the acts or omissions of the contractor, its agents or employees.
- 21.2** Contractor agrees to protect itself and Racine County under the Indemnity

- Agreement set forth in the above paragraph. Contractor will at all times during the term of this contract keep in force and effect commercial general liability, professional liability, automobile liability, worker's compensation insurance policies issued by a company or companies rated A-VII or better by AM Best and authorized to do business in the State of Wisconsin with the following minimum limits of coverage:
- 21.3 General Liability**
    - 21.3.1** \$1,000,000 each occurrence
    - 21.3.2** \$1,000,000 personal and advertising injury
    - 21.3.3** \$1,000,000 general aggregate
    - 21.3.4** \$1,000,000 products and completed operations
    - 21.3.5** There shall be no exclusion for abuse or molestation
  - 21.4 Auto Liability Insurance**
    - 21.4.1** \$1,000,000 Combined Single Limit
  - 21.5 Umbrella Liability Insurance on a following form basis**
    - 21.5.1** \$4,000,000 each occurrence
    - 21.5.2** \$4,000,000 aggregate
      - 21.5.2.1** Any combination of underlying coverage and umbrella equaling \$5,000,000 shall be acceptable
      - 21.5.2.2** There shall be no exclusion for abuse or molestation
  - 21.6 Workers Compensation Statutory Limits plus:**
    - 21.6.1** \$100,000 E.L. Each Accident
    - 21.6.2** \$100,000 E.L. Disease Each Employee
    - 21.6.3** \$500,000 E.L. Disease Policy Limit
  - 21.7** Purchaser, acting at its sole option, may waive any and all insurance requirements. Waiver is not effective unless in writing. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by Purchaser's risk manager taking into account the nature of the work and other factors relevant to Purchaser's exposure, if any, under this agreement.
  - 21.8** Upon execution of a contract and at any other time if requested by Racine County, contractor shall furnish Racine County with written verification of the existence of such insurance.

**22. Background Checks:**

Upon execution of a contract, contractor will conduct criminal, caregiver background and driver's license checks through the State of Wisconsin on all employees who provide services in this program. No employee may have contact with anyone in the program without a successful caregiver background check. Documentation of these background checks must be maintained and made available to Racine County Human Services upon request. For existing agency staff, background checks must be current within 90 days.

**23. Audit Requirements:**

Unless waived by Racine County, contractors must submit an annual audit to Racine County if the total amount of annual funding provided by Racine County (from any and all of its Divisions taken collectively) for all contracts is \$100,000 or more.

**24. Racine County Standard Terms and Conditions:**

Proposer must agree to comply with the following terms and conditions:

- 24.1** Standard contract language
- 24.2** Certification standards where applicable
- 24.3** Fiscal and program reporting criteria
- 24.4** Allowable Cost Policy
- 24.5** Audit criteria
- 24.6** Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- 24.7** Maintain adequate liability coverage
- 24.8** Civil Rights/Affirmative Action Policies
- 24.9** Fair Labor Standards Act
- 24.10** Criminal background checks, drug screening, driver's license checks for all staff working within the project scope.
- 24.11** Recognize that authorization for services is approved by Racine County Human Services Department
- 24.12** All informational materials (program descriptions, brochures, posters, etc.) must identify it as a Racine County Human Services Department (RCHSD) program through the use of a standardized Racine County Human Services format provided by Racine County.
- 24.13** The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

**END OF PROPOSAL INSTRUCTIONS—  
PROCEED TO APPENDICES TO COMPLETE  
THE PROPOSAL**

**APPENDIX A**

Proposal Code Letter: _____ (for Racine County use only)
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# Racine County Human Services

## Request for Proposal Cover Sheet

### **Specialized Transportation – Senior Shuttle Program**

RFP # 403

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

Authorized Signature: \_\_\_\_\_

Authorized	Date
Printed Name: _____	Submitted: _____

**NOTE: Complete one Cover Sheet for your proposal and a separate Cover Sheet for your Budget Worksheet.**

Documents Included (check all you are attaching):

\_\_\_\_\_ Vendor Acceptance Form (Appendix B)

\_\_\_\_\_ Reference List (Appendix C)

\_\_\_\_\_ Agency Narrative (Appendix D)

\_\_\_\_\_ Proposal Criteria (Appendix E)

\_\_\_\_\_ Past Performance (Appendix F)

\_\_\_\_\_ Budget Worksheet (Appendix G)

Proposal Code Letter: \_\_\_\_\_

(for Racine County use only)

## APPENDIX B

### Vendor Acceptance Form

Program Name: Specialized Transportation – Senior Shuttle Program

Program #: 403 Date of Issue: August 15, 2019

By signing and submitting this Proposal, I \_\_\_\_\_ hereby  
(Print Name)

certify and swear that I am a duly authorized agent of this company, I have examined and carefully prepared this proposal from the written specifications and information of Racine County and have checked the same in detail before submitting said proposal to Racine County. I have full authority to make such statements and submit this proposal, and all statements submitted are true and correct.

I FURTHER CERTIFY that no agreement has been entered into to prevent competition for said work. I have carefully examined all materials related to this proposal.

I FURTHER CERTIFY that any data sheets and descriptive literature attached hereto are true and correct and are intended to be made part of this bid/proposal response.

I FURTHER CERTIFY that neither this company nor any of its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal, State, County, Municipal or any other department or agency thereof. I certify that this company/agency will provide immediate written notice to the County if, at any time, it is learned that this certification was erroneous when submitted or has become erroneous by reason of changed circumstance.

I acknowledge that Racine County reserves the right to reject any and all bids and to select the vendor considered by Racine County to be most advantageous, at the sole discretion of Racine County.

In compliance with this Request for Proposals and subject to all the terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted, to furnish any or all of the items, deliverables or services herein at the prices, terms and delivery stated.

All signatures **MUST** be original. No facsimile, stamped or copied signature will be accepted and is cause for rejection of the proposal. **By signing this form, I affirm that the original Request for Proposals documents have not been altered in any way.**

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State Zip: \_\_\_\_\_

**APPENDIX C**

Proposal Code Letter: \_\_\_\_\_

(for Racine County use only)

# Racine County Human Services

## Request for Proposal Reference List

### Specialized Transportation – Senior Shuttle Program

#### RFP #403

It is important to provide accurate contact information for each reference listed. Racine County will not attempt to locate incomplete or inaccurate information in names, location or phone numbers. Prior experience on previous Racine County projects may be considered by the County, even if not listed here as a reference.

1. Project/Program Name: \_\_\_\_\_

Individual to be contacted at this site: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

2. Project/Program Name: \_\_\_\_\_

Individual to be contacted at this site: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

3. Project/Program Name: \_\_\_\_\_

Individual to be contacted at this site: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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



# Racine County Human Services

## Request for Proposal Agency Overview Sheet Specialized Transportation – Senior Shuttle Program Program # 403

Present a clear and concise description of your agency. Points you may want to address include:

**1. Agency Overview:**

- a. What is the location of your primary headquarters and what areas do you serve?
- b. What are your agency's mission and vision statements? How do they relate to this RFP?
- c. What is your organizational structure? Please provide your organizational chart.
- d. Are you a legally incorporated, licensed business, registered to work in the State of Wisconsin?
- e. Are you Title XIX certified?
- f. Do you carry the required insurance coverage listed in the RFP or are you able to obtain it prior to the start of this contract?
- g. What other pertinent agency specifics would provide the evaluation committee with a sense how your company operates?

**2. Experience and Competency:**

- a. How long has your agency been in operation? Please specify agency growth and historical milestones.
- b. What are your agency's areas of specialty?
- c. Please describe any prior relevant experience as it relates to this project scope.

**APPENDIX E**

# Racine County Human Services

## Request for Proposal Criteria Sheet

### Specialized Transportation – Senior Shuttle Program

#### Program #403

All proposals must address each of the following criteria. **You must clearly identify which question each of your answers pertains to** by labeling it with the number of the specific question. **Failure to include all the criteria listed will disqualify the entire proposal.**

**1. Vehicles and Drivers**

- a) How many vehicles do you have available and how many are wheelchair accessible?
- b) What is your method for handling disabled vehicles? Do you have comparable back-up vehicles?
- c) How many drivers do you have on staff?
- d) What are your driver application, screening, and hiring practices?
- e) What experience and qualifications will be required of the drivers?
- f) How are new drivers trained? Provide a copy of your driver training program.

**2. Reporting**

- a) What is your method for logging trips to include the number of rides, the program, the ride classification, and purpose of the trip? Provide a sample report of what will be submitted to the Transportation Coordinator monthly.
- b) Detailed billing reports are required monthly. Provide a sample report and computer program used to track this information.

**3. Passenger Information and Revenues**

- a) Provide a user's guide that is available to all certified riders regarding activities and information about specialized transportation.
- b) Describe how you will receive and handle passenger revenues?
- c) What is your system for collecting fee-for-service rides by private paying riders?

**4. Scheduling**

- a) What is your scheduling process?
- b) What is your computer program used for scheduling?
- c) How will you ensure schedules are met in the event a driver is absent?

**5. Additional Information**

- a) What challenges you foresee and how will you address those challenges?
- b) Why do you believe your agency is better able to operate this program than others?
- c) Any additional information that will help evaluators understand your proposal.

# Racine County Human Services

## Request for Proposal Past Performance

### **Specialized Transportation – Senior Shuttle Program**

RFP #403

What previous experience have you had with Racine County Human Services?

***\*Please note, this section must be answered on a separate document.***

- There is no weight for this category. It allows vendors with a past experience with Racine County the opportunity to be recognized for their contributions.
- For those vendors with no prior experience, this category will not be calculated in their scoring and therefore will not impact their overall rating in any way.
- To maintain the blind evaluation process, this section represents scores obtained from other officials within Racine County, who are not part of the evaluation committee. Supporting evidence will be attached to the final scoring sheet.