

BID PROPOSAL FORM**REQUEST FOR PROPOSALS
FOR DRIVER SERVICES
FOR PUBLIC TRANSPORTATION
CITIES OF FARGO, NORTH DAKOTA
AND
MOORHEAD, MINNESOTA**

Sealed proposals must be received by the City of Fargo by 2:00 p.m. Central Standard Time on day, September 23, 2020, in the Metro Transit Garage, 650 23rd Street North, Fargo, ND 58102.

If additional space is needed, additional sheets may be attached to this form, which must be clearly referenced back to the specific section addressed, for example "1.7-List of Owners and/or Officers of the Organization."

SECTION 1. FIRM DATA/QUALIFICATIONS

1.1 Firm's Name: _____

1.2 Firm's Address: _____

1.3 Firm's Phone Number: _____

1.4 Contact Person (Name & Title): _____

1.5 Legal Status of Organization: _____
(i.e. corporation, non-profit, partnership, sole proprietorship, other)

1.6 Date Firm Started Business: _____

1.7 List Owners and/or Officers of the Organization:

1.8 Description of Organization: Provide a brief description of the major business functions, history and organization structure of the responding organization. Attach and label as "1.8 - Description of Respondent Organization."

1.9 Credit References: Provide names, addresses, phone number and relation to Proposer of at least three (3) credit references, including organization's bank. Attach and label as "1.9 - Credit References."

1.10 Service References: Provide references from clients for which the respondent organization has provided similar service during the past five (5) years using the forms attached labeled "1.10 - Service References."

- 1.11 Subcontractors: Provide names, addresses, telephone numbers and role of proposed subcontractors; specify if the firm is a DBE/SBE or not. Attach and label as "1.11 – Subcontractors Information."

- 1.12 Has respondent, or any officer or partner of respondent, failed to complete a contract? If yes, explain.

- 1.13 Pending Litigation: Is any litigation current or pending against respondent or any officer or partner of respondent? If yes, give details - attach and label as "1.13 – Pending Litigation."

- 1.14 Describe how your firm will accomplish the transition of service from the current contractor-operated service. Include your firm's strategy and time lines for implementing transportation services. Attach and label as "1.14 – Transition of Service."

- 1.15 Briefly indicate why you consider your firm to be the best to perform this contract. Explore new or creative ideas or programs that would provide a high quality, safe, efficient, and responsive transit operation. Attach and label as "1.15 – Respondent Organization's Ability to Perform Contract."

SECTION 2. PERSONNEL

- 2.1 Project/General Manager: Provide name, address and telephone for person designated as Project/General Manager for this contract. Attach resume and at

least three references for Project/General Manager and label as "2.1 – Project/General Manager."

- 2.2 Describe the amount of time you anticipate the Project/General Manager to devote to this project.

- 2.3 Intentionally Left Blank

- 2.4 Intentionally Left Blank

- 2.5 Personnel Resources: Detail out personnel resources (position, number of personnel, names if available, employment status--full or part-time, etc.) and their qualifications and/or job descriptions dedicated to properly operate and maintain the Fargo/Moorhead transit system. Attach and label as "2.5-Personnel Resources."

- 2.6 Hiring Standards/Training/Safety: Describe your current hiring standards and training and safety programs for your drivers. Describe the program you plan to follow for hiring, training and safety under this contract. Also, include the names of agencies you will utilize in the defensive driving, first aid, sensitivity and abuse prevention portions as required. Attach this, describe and label "2.6-Hiring Standards/ Training/Safety."

- 2.7 Describe the proposed method of ensuring on-time performance. Indicate road supervision activities in terms of daily coverage and specific tasks to be undertaken. Provide checklists as applicable. Attach and label "2.7-On-time Performance and Road Supervision."

- 2.8 Safety Performance: Describe your company's safety record/performance over the past three years. Provide safety statistic information, including the number and type of preventable vehicle crashes as well as incidents resulting in potential injury or medical attention to passengers that have occurred in transit operations managed by the Contractor. Attach and label as "2.8-Safety Performance."

SECTION 3. OTHER

- 3.1 Describe your plans to meet current or pending federal drug or alcohol testing regulations. Attach a copy of your current drug and alcohol testing program – at a minimum, it must include lab testing sites, the Medical Review Officer, and the Substance Abuse Professionals – label "3.1 - Drug/Alcohol Testing Program."

- 3.2 Insurance: Attach and label "3.2 - Insurance" either: 1) Certificates of insurance for the prescribed coverage; or 2) A letter from a reputable insurance agent stating intent to provide insurance for the prescribed coverage.
- 3.3 Contractor's Bond: Attach and label "3.3 - Contractor's Bond" a letter from a reputable bonding company stating intent to provide a bond for the prescribed amount.

SECTION 4: BID PROPOSAL & SUPPORTING DATA

- 4.1 Cost Summary/Bid Price: Based upon the service requirements as detailed in this RFP, attach a bid price and supplemental information on the estimated budget used to determine this price using the spreadsheet provided and labeled "4.1-Cost Summary/Bid Price." Utilize the Excel spreadsheet included in the RFP package and provide both a disk and paper copy of the completed forms. DO NOT LOCK OR PROVIDE PASSWORDS TO UNLOCK ELECTRONIC FILES.
- 4.2 Wage & Fringe Benefits: Please describe the employee fringe benefit package which will be provided such as holidays, medical insurance, dental, educational assistance, retirement, paid time off (vacation/sick), incentive bonuses, disability coverage, employee assistance program, etc. (see minimum requirements in Appendix 15)
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- 4.3 Employee Incentive Program: Please describe how his/her firm will provide a detailed incentive program for employees; such a program should include, but not be limited to, incentives for employees who have had no preventable accidents, acceptable attendance, and no preventable complaints or service violations during the month. Attach and label "4.3 –Employee Incentive Program."
- 4.4 Special Events: Specify the cost per hour you propose to charge for special bus arrangements and emergency service.
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- 4.5 Optional Services/Bid Price: Describe any optional and/or innovative services which you offer for consideration, as well as any minimum requirements you wish to exceed. Provide a detailed budget for these optional services on the attached form labeled "4.5-Optional Services/Bid Price."
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SECTION 5: COVENANT AGAINST CONTINGENT FEES

The Proposer has () has not () employed any company or person (other than a full-time, bona fide employee working solely for the Proposer) to solicit or secure this Contract and has () has not () paid or agreed to pay any company or person (other than a full-time, bona fide employee working solely for the Proposer) any fee, commission, percentage, or brokerage fee contingent upon or resulting from the award of this Contract; and agrees to furnish information relating to the above, as requested by the Contract Administrator.

SECTION 6: ACKNOWLEDGMENT OF ADDENDA

The undersigned acknowledges receipt of the following addenda to the RFP solicitation:

Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____
Addendum No. _____	Dated _____

Failure to acknowledge receipt of all addenda may cause the proposal to be considered non-responsive, which will require rejection of proposal.

SECTION 7: PROPOSER CERTIFICATION STATEMENT

The undersigned certifies that he/she is legally authorized by the Proposer to make the statements and representations contained in this document and represents and warrants that the foregoing information is true and accurate to the best of his knowledge and intends that the Cities of Fargo, North Dakota and Moorhead, Minnesota, rely thereon in evaluating the Proposer.

PROPOSER'S NAME: _____

DATE OF SIGNING: _____

SIGNATURE BY: _____

TITLE:

NOTARY:

NOTARY SEAL:

1.10 - SERVICE REFERENCES

Firm Name: _____

Street: _____

City, State, Zip Code: _____

Contract Person: _____

Telephone Number: (____) _____

Length of Service: from _____ to _____

Please describe the services respondent provided to this organization by checking as many of the following as apply:

Transit Operations Services

_____ Fixed Route

_____ Demand Response

_____ Charter

_____ Daily School Bus Service

Service Features

_____ Vehicles

_____ Drivers

_____ Road Supervision

_____ Dispatching

_____ Mechanics

_____ Fuel

_____ Parts

_____ Tires

_____ Telephone Information

_____ Scheduling

_____ Facilities

Average number of miles operated per weekday: _____

Days of operation: _____

Weekday hours of operation: from _____ to _____
Format 00:00 Format 00:00

Average number of vehicles operated per weekday: _____

Types of vehicles operated: _____

Types of users (ex. general public, disabled, etc.): _____

NOTE: Include completed Appendix 17 (References Release)