**A.01 RESPONDENT INFORMATION & CERTIFICATION**

**IFB #20-001 REGULAR PUPIL / EXCEPTIONAL EDUCATION NEEDS**

**PUPIL TRANSPORTATION SERVICES FOR THE RACINE UNIFIED SCHOOL DISTRICT**

COMPANY Representative ­

E-mail address

Address

Zip +4

Local Phone

Toll Free Phone

Payment Address

Check all that apply:

□ Women owned business □ Minority owned business □ Veteran owned business

□ Disabled owned business □ Locally owned business

I have read the RFP and I understand the content and my firm's obligations with regard to providing the specified services and products. I hereby submit the attached proposal. The prices being submitted shall be binding on our firm until 90 days from the date proposals are due, or until I am notified that I am not a successful Respondent, whichever comes first. If my firm is awarded a contract as a result of the quoted prices, or subsequently negotiated prices, I guarantee that the prices shall be the maximum amount that my firm may charge for the products identified.

I certify that I have the authority to sign this proposal and bind my firm to the terms and prices specified and the obligations associated with the award of all or any part of the items so specified.

I acknowledge receipt of addendum.

We will accept payment in the form of a purchasing card with no additional fees. Yes\_\_\_\_\_ No\_\_\_\_\_\_

Date: \_\_\_\_ Signed:

Title:

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**A.02 Proposal Response Form**

**RFP #20-001 REGULAR PUPIL / EXCEPTIONAL EDUCATION NEEDS**

**PUPIL TRANSPORTATION SERVICES FOR THE RACINE UNIFIED SCHOOL DISTRICT**

**Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To aid in the evaluation, it is desired that all proposals follow the same general format.** The “answer” areas below are expandable as your response is typed in.

**Do not include any cost information within this response document.**

|  |
| --- |
| **Transmittal Letter:** Briefly state your understanding of the services to be provided and offer a positive commitment to perform the services as defined in the request for proposal. Indicate who will be the Respondent’s authorized representative; give name, title, address, e-mail address, phone and fax. The person identified shall be empowered to make binding commitments for the Respondent. |

**ANSWER:**

**Eligibility Requirements:** Listed below are the eligibility requirements. Confirm your eligibility by line item providing a brief description on how you meet the requirement.

* Must possess a minimum of five (5) years of verifiable experience in the business of regular and exceptional education needs (EEN) pupil transportation services.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Have a record of performance with reasonable financial support, personnel, equipment and organization to ensure that they can satisfactorily execute the services required and specified herein if awarded. Respondents who have failed to perform in the past may not be considered for award.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Have properly licensed and insured, in the State of Wisconsin, vehicles to provide transportation services multiple times per day to District locations stated within this Request for Proposal.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Be registered to do business in the State of Wisconsin.

**Complies\_\_\_ Does Not Comply\_\_\_**

* Must not be on the Federal list of debarred contractors.

**Complies\_\_\_ Does Not Comply\_\_\_**

|  |
| --- |
| **Experience and Qualifications of your Company and Staff** |
| **Firm Experience and Qualifications**   1. Provide a description of the organization submitting the proposal, including its location, size, services offered, number of employees, number of years in business (minimum of 5 required) and legal status (corporation or partnership, etc.). Include your major project types and areas of expertise. If you have multiple offices, provide specific information on the office that will be providing services to Racine Unified School District. |

**ANSWER:**

2. Through narrative means, show reason why your company believes it is qualified to undertake the project. Beyond the requirements in this RFP, what other services are you able to provide that would set you above the rest?

**ANSWER:**

3. Provide a list of references, which shall include (20) twenty current busing clients plus (20) twenty public school Districts, which have been clients at any time during the past twenty (20) years.

NOTE: Discovered references not listed may be contacted.

**ANSWER:**

**Current Clients**

Reference #1

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #2

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #3

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #4

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #5

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #6

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #7

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #8

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #9

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #10

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #11

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #12

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #13

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #14

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #15

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #16

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #17

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #18

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #19

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #20

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

**School Districts**

Reference #1

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #2

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #3

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #4

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #5

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #6

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #7

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #8

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #9

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #10

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #11

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #12

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #13

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #14

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #15

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #16

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #17

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #18

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #19

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:

Reference #20

1. Name of School District:
2. Contact Name:
3. Contact Title:
4. Mailing Address:
5. Telephone Number:
6. E-Mail Address:
7. Number of years providing service:
8. Provide the name of any officer, director or agent who is also an officer or employee of the District. Also provide the name of any the District officer or employee who owns, directly or indirectly, any interest in your company or any of its branches.

**ANSWER:**

1. Is/has your company been barred from doing business with either the State of Wisconsin or the Federal Government, or is any such action pending? If yes, please indicate the reason(s) for the debarment and the date(s) your company was debarred.

**ANSWER:**

**Staff Experience & Qualifications**

1. Years of experience in real estate consulting is important. List the name, title, experience and qualifications of all personnel that will have active roles in providing the services. Indicate if they are an employee of the company or a subcontractor. Include specific relevant experience with pupil transportation which may be appropriate to the scope of the Work. The format of the individual resumes for key personnel should be as follows:

a. Name, position title

b. Total years’ experience with current company and others

c. Licenses and credentials, if any

d. Summary of pertinent experience and qualifications (resume)

e. Specific role on the account if awarded the contract

f. Provide any other information that would assist the District in determining the qualifications of the individuals and their ability to complete the services required.

**ANSWER:**

1. Provide detailed descriptions of the Bus Company’s driver recruitment, training and development, and supervision procedures shall be included with the submission of the bid.

**ANSWER:**

1. Provide a copy of your company’s drug testing policies and procedures.

**ANSWER:**

1. Provide a detailed description of your company’s driver safety handbook and program.

**ANSWER:**

**Approach to Project Scope & Marketing Plan**

|  |
| --- |
| 1. Explain in detail your understanding of the scope of Work including collaboration with the District |

**ANSWER:**

1. Provide an overview of how service will be performed. The overview shall Include labor, equipment (size and special features) and how service will be backed up in case of failure of labor and/or equipment to perform task.

**ANSWER:**

1. Explain your process for documenting and notifying the school, parents and school district of discipline issues.

**ANSWER:**

1. Provide in detail what is included in daily bus maintenance.

**ANSWER:**

1. Detail what is included in routine safety inspections and how often are they are performed.

**ANSWER:**

1. Provide in detail what is performed during routine maintenance procedures on vehicles.

**ANSWER:**

1. Provide a District maintenance schedule with procedures that will be followed.

**ANSWER:**

1. Include what is included in your driver training program.

**ANSWER:**

1. Provide what is included in student discipline training.

**ANSWER:**

1. What is included in your Bus Monitor training program?

**ANSWER:**

1. Explain your process for setting up runs, routes and schedules in accordance with established school times and schedules

**ANSWER:**

1. Explain the process the driver takes for a dry run.

**ANSWER:**

1. What are your hours of business?

**ANSWER:**

1. Telephone services is required 24 hours per day with a minimum of three phone lines for public use and one additional line to be dedicated for District correspondence only. Please explain how your company will meet this requirement?

**ANSWER:**

1. Provide a list of your current fleet including size, capacity, make, model and year that would be used for the District’s contract

**ANSWER:**

1. Describe your Video Camera/GPS/Student tracking systems.

**ANSWER:**

1. Provide your Cold Weather start plan to make sure all buses ready to go in extreme cold weather days.

**ANSWER:**

1. The Bus Company shall make arrangements to allow for the District to have fuel purchases exempt from eligible taxes and fees. Describe how your company will arrange for the purchase of all fuel used in the operation of school buses in a way that assures the lowest practical cost for such fuel. Is the fuel company able to invoice the District directly for fuel?

**ANSWER:**

1. Describe how your company will insure the District is not subsidizing non-school related charter costs.

**ANSWER:**

1. Provide your company’s Audited Financial Statements for the last three (3) years.

**ANSWER:**

1. Provide your company’s Auditors Report for the last three (3) years.

**ANSWER:**

1. Include your Completed Equal Employment Opportunity Certificate.

**ANSWER:**

1. Provide a copy of your Company’s standard contract.

**ANSWER:**

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**A.03 RFP Cost Proposal**

**RFP #20-001 REGULAR PUPIL / EXCEPTIONAL EDUCATION NEEDS**

**PUPIL TRANSPORTATION SERVICES FOR THE RACINE UNIFIED SCHOOL DISTRICT**

**Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regular Pupil Transportation continued**

Pricing based on approximately 89 routes per day.

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **TOTAL** |
| **1** | **REGULAR SERVICE** |  |
| 1a | Rate per full size bus per day |  |
| 1b | Rate per run per day |  |
| 1c | Rate for Point to Point |  |
| 1d | Student tracking added cost |  |
| **2** | **LATE BUSES** |  |
| 2a | Non-Interfering rate per run (9-2) |  |
| 2b | Interfering rate per run (7-9) or (2-4:30) |  |
| **3** | **CHARTER SERVICE** |  |
| 3a | Out of District minimum charge |  |
| 3b | Within District minimum charge |  |
| 3c | Within District one-way trip |  |
| **4** | **BUS MONITOR** |  |
| 4a | Rate per hour |  |

**Exceptional Education Needs Transportation**

Pricing based on approximately 50 routes per day.

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **TOTAL** |
| **5** | **REGULAR SERVICE** |  |
| 5a | Rate per full size bus per day |  |
| 5b | Rate per run per day |  |
| 5c | Rate for Point to Point |  |
| 5d | Student tracking added cost |  |
| **6** | **LATE BUSES** |  |
| 6a | Non-Interfering rate per run (9-2) |  |
| 6b | Interfering rate per run (7-9) or (2-4:30) |  |
| **7** | **SUMMER SCHOOL (approximately 8 routes)** |  |
| 7a | Rate per full size bus per day |  |
| 7b | Rate per run per day |  |
| **8** | **CHARTER SERVICE** |  |
| 8a | Out of District minimum charge |  |
| 8b | Within District minimum charge |  |
| 8c | Within District one-way trip |  |
| **9** | **BUS MONITOR** |  |
| 9a | Rate per hour |  |