

REQUEST FOR  
QUALIFICATION  
No. 19-02

Fayette Area Coordinated Transportation  
Public Transit Bus Service

April 2019

THIS IS A NEGOTIATED CONTRACT

## INTRODUCTION

Fayette Area Coordinated Transportation will continue to provide public transit services to the residents of Fayette County. This service continues to be under the direction of the County of Fayette, FACT, the Federal Transit Administration and the Pennsylvania Department of Transportation. For-profit transportation companies and non-profit agencies, both of which will be under contract with the County of Fayette, can provide the public transit services. Non-profit agencies can not compete for fixed route service unless they have proper PUC certification.

Transit organizations are being sought through this solicitation process to become part of the coordinated transportation program serving Fayette County. It is the intention of this solicitation to further strengthen and improve this network, and ensure that all qualified transit organizations are afforded the opportunity to participate. This is a negotiated contract. FACT will determine and interview the most qualified provider first and attempt to reach a fair cost per hour. If unable to reach an agreement then they will negotiate with the next qualified bidder and so on until they reach an agreement on their cost per hour. The selection of public transit operators from among those deemed qualified, and the assignment of service areas and service responsibilities to those selected, will be based on the following factors:

Experience-Proven ability to provide high quality transportation services.

Capacity-The ability to expand fleet size and provide adequate amount of drivers to provide assigned trips to meet service demand. Must also have the capability of providing a full range of transportation services.

The County of Fayette will provide sufficient vehicles to perform fixed route service that you are bidding on. The successful bidder must provide all spare vehicles.

Public transit operators will be responsible for telephone communications with users as well as for vehicle dispatching, control and fleet management within their designated service area.

Contracts negotiated between Fayette County and each selected operator will be written for a period of twenty-four (24) months commencing on July 1, 2019. Contracts will specify the terms of compensation, service area and types of service to be provided, and will contain explicit provisions for vehicle equipment, driver qualification standards and training, vehicle liability insurance requirements, trip documentation and service quality standards.

Successful Contractors shall not subcontract or assign any portion of their contract to any other individual or firm without the expressed written consent of the County of Fayette. The county reserves the right to provide maintenance service at any time during the life of this contract. Fayette County has the option (with carriers consent) to extend this agreement up to twenty-four (24) months from date of signing or on a month to month basis.

Contractors will have option to obtain diesel fuel from FACT storage facility. FACT will assess carriers the charge of fuel plus an additional charge of ten cents per gallon of fuel used each month.

Tablets and/or ConnectCard equipment will be installed in revenue generating vehicles meeting FACT standards (ADA accessible), whether vehicle is used as a spare or for regular service. All paratransit and public transit trip data will be collected and distributed electronically. No vehicle will be authorized for use without a tablet and/or ConnectCard equipment being installed prior to being put into service. No reimbursement for shared ride trips will be made if vehicle does not have a tablet installed. In addition, all fixed route vehicles must have a smart card validator installed including a spare. A vehicle must be taken out of service if the smart card validator is not working.

#### Determination of eligibility

To assist prospective public transit operators in assessing their own qualifications for the purpose of this solicitation, the following is a list of minimum standards and requirements:

- For-profit carriers must be in possession of a current PUC permit issued by the Pennsylvania Public Utility Commission for the provision of public transit service
- Possession of a broad form comprehensive general and vehicle liability insurance coverage with a minimum combined single limit of at least \$1,000,000 for bodily injury, property damage, and personal injury. A copy of said policy will be provided to the County for retention. The County of Fayette must be named as co-insured on all policies applicable to this contract.
- Possession of satisfactory inspection ratings from any applicable enforcement agency.
- Evidence of capability to attract, provide adequate training, and retain qualified public transit drivers, possessing CDL driving license and qualifications, particularly in the service area of interest. Provide coverage of Workmen's Compensation, complying with State Laws, to all employees.
- Provide proof of radio dispatching capability and/or telephone coverage throughout service area of interest.
- Evidence of capability to efficiently operate a public transit services and maintain the time schedule for designated route(s) as per contract.
- Must comply with the County's start-up, pre-employment, reasonable cause, and random drug and alcohol testing of employees in safety sensitive positions. Contractor must provide proof of testing that is in compliance with federal regulations and this must be submitted prior to execution.
- Responsible for keeping all vehicles assigned to public transit services (Operator or County owned vehicles) washed on the outside weekly and cleaned inside daily. Responsible for maintaining records of all work performed on the vehicles and able to present these records for review by the County upon request of such records.

- Provide accurate and timely monthly reports containing, but not limited to, passengers, fares collected, mileage, fuel, hours, manifest, invoices, copy logs and maintenance records.
- Must comply with all certifications and assurances as directed by the County of Fayette, the Federal Transit Administration, and the Pennsylvania Department of Transportation.

## REQUIREMENTS OF SUCCESSFUL CONTRACTOR

--The contractor must comply with the Executive order 11246, entitled "Equal Employment Opportunities", as amended by Executive Order 11375 and as supplemented in Department of Labor Regulations, the contractor must also agree to terms and conditions as set forth in the Assurance of Compliance with the United States Department of Health and Human Services Regulations, under Title VI of the Civil Rights act of 1964 and State Non-discrimination Clause. The Executive order and the Title VI regulations are available during normal working hours at the FACT office for you review.

--The contractor must agree to provide the County of Fayette any and all information requested of the organization by the County pursuant to or necessary for any applications made by the County for inclusion in State, Federal, or other funding programs applicable to the organization.

--The Contractor must acknowledge the Disadvantage Business Enterprise Requirements of Section 105(F) of the Surface Transportation Assistance Act of 1982 and regulations adopted pursuant thereto and agree to make all reasonable efforts to cooperate with the County in carrying out said requirements, including hiring of a contract with DBE regulations and requirements. Contractor must report on DBE goals and effort on their quarterly invoices. (i.e. every three (3) months) FACT retains the right to assure that the Contractor is in compliance with the DBE goals. The triennial goal for 2016-2019 is .02% of all contracts.

--The Contractor must be willing to enter into a contract in accordance with the terms and performance standards set by the County of Fayette, the Federal Transit Administration, and the Pennsylvania Department of Transportation for the provision of public transit bus services.

--The Carriers will be required possession of a broad form comprehensive general and vehicle liability insurance. The Carrier must submit all documents prior to executing contract.

--The contractor must maintain Commercial General Liability coverage (CGL) singly or in combination with a Commercial Umbrella Liability policy, with a total limit of not less than \$5,000,000 per occurrence and \$1,000,000 annual aggregate and/or whatever limits of insurance that may be required by the Pennsylvania Public Utility Commission, whichever is greater. A copy of said policy will be provided to the County.

--The Contractor must operate in accordance with the general accepted rules of accounting.

--Under the guidelines of the Federal Transit Administration and the Pennsylvania Department of Transportation, carriers must undergo an annual line-item audit and a compliance review of services provided under contract for the provision of public transit bus services.

--The Contractor must agree to cooperate with any officials designated by the County of Fayette, the Federal Transit Administration, and the Pennsylvania Department of Transportation for the purpose of audit and/or compliance reviews. The Contractor must be willing to participate in the Fayette County Emergency Operations Plan in coordination with Fayette County 911/Emergency Management Services and Fayette Area Coordinated Transportation.

--The Contractor will be required to collect fares as identified by the County. The Contractor must follow FACT'S policies and procedures established by the County. All monies collected by contractor must be turned in at the FACT Transit Center by noon of the following day, unless weekend or holiday by noon of the next working day. If proper funds are not received by FACT, contractor will be notified in writing of non-compliance of contract.

## **REQUEST FOR QUALIFICATION SUBMISSION INFORMATION**

**Qualification packages are available through contact with:**

**Amy Revak  
Fayette County Commissioner's Office  
61 W Main Street  
Uniontown, PA 15401  
(724) 430-1200, extension 1504  
Email: [arevak@fayettepa.org](mailto:arevak@fayettepa.org) or online at [www.fayettecountypa.org](http://www.fayettecountypa.org)**

**Sealed proposals of qualifications will be received in the Fayette County Office of the Controller, Fayette County Courthouse, First Floor, 61 East Main Street, Uniontown, PA 15401 until 3:00 pm Thursday, April 25, 2019 for the provision of public transit bus service. Proposals received after the date and time specified will not be considered and will be returned to the Contractor unopened.**

**All qualification packages consisting of an original and five (5) copies submitted pursuant to this solicitation process should be clearly marked on the outside of the package "Request for Qualification NO. "19-02" and MUST BE SEALED WITH TAPE. Contractors use mail or courier service at their own risk. This is a negotiated contract.**

**Any party submitting a proposal shall not contact or lobby any FACT department staff, county, or municipal official, employee, or agent regarding the RFQ. Any party attempting to influence the proposal and review process through contact of any official may have their proposal rejected.**

**Also, no prior, current, or post award, verbal conversation or agreement with any officer, agent, or employee of the County shall effect or modify any terms or obligations of the RFQ, or any contract resulting from this process.**

**The County reserves the right to postpone, accept, or reject any or all proposals received, in part or in total, and to waive any irregularities in such proposals, also in part or in total.**

**The County is not liable for any cost incurred by contractors prior to issuance of a contract.**

**The County reserves the right to withdraw this RFQ at any time without prior notice. Further, the County reserves the right to modify the RFQ schedule described above. The County also makes no representations that any agreement will be awarded to any Contractor responding to this RFQ. The County reserves the right to reject any and all proposals or to waive any irregularity or informality in any proposal or in the RFQ procedure and to be sole judge of the responsibility of any Contractor and the suitability of the materials and/or services to be rendered.**

## PART II

### Statement of Qualifications

**All respondents must use this packet in developing their qualification submission. The answers to these questions will assist Fayette County in evaluating your organization's capability to serve as a FACT public transit operator. There is an opportunity at the conclusion of this questionnaire to provide additional information, which may be relevant but has not been specifically requested.**

### Transmittal Letter

Please transmit this statement of qualifications with a brief cover letter signed by the Chief Executive Officer or Owner of the responding organization that states:

- (1) The information contained in this submission is accurate and complete to the best of my knowledge and belief as of the date of submission.
- (2) The responding organization is willing to comply with contractual requirements pertaining to equal employment opportunity and fair employment practices.
- (3) The responding organization is willing to comply with all certifications and assurances as directed under the County of Fayette, the Federal Transit Administration, and the Pennsylvania Department of Transportation.
- (4) The responding organization understands that this is a negotiated contract.
- (5) The responding organization's bidding documents will be a part of the contract.

Public Utility Commission Certification

Please describe below all (if any) PUC certificates and PUC services areas held by your organization in Fayette County.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



Identification of Offerer and General Information

Name of Organization: \_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Legal Status of Organization: (Check One)

- For-profit corporation or joint venture corporation
- For-profit partnership or sole proprietorship
- Non-profit corporation
- Public agency
- Other: (Identify)

\_\_\_\_\_

Name and Title of Chief Executive Officer or Owner of Organization: \_\_\_\_\_

\_\_\_\_\_

Name of individual designated to represent the organization in subsequent discussions of negotiations related to this solicitation:

(Name) \_\_\_\_\_

(Telephone) \_\_\_\_\_

Describe the major business functions or activities of the offering organization:  
(Attach extra page, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience and Background of Responding Organization

1. Using Table 1, identify the basic types of transportation services currently provided by your organization. (Write N/A if not applicable or not available)
  
2. In order to establish the capability of your organization, please provide the names of any agencies for which the offering organization is providing service and/or has provided contract services over the past three years. Fayette County may call these agencies for references.

	<u>Organization</u>	<u>Contact Person</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Table 1

<b>Type of Service</b>	<b>Average Number of Vehicles Operating Per Weekday in 2012</b>
( ) Exclusive Taxi Ride	
( ) Shared-Ride (Contract)	
( ) MATP (Contract)	
( ) Public Transit Service	
( ) Elderly/Handicapped (Contract)	
( ) School Services (Contract)	
( ) Limousine	
( ) Emergency Medical	
( ) Other (Specify):	
<b>Total (All Services)</b>	

Describe the organization structure of the offering organization. (Attach an organization chart, if appropriate)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please provide a brief description of the transportation history of the offering organization.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Drivers and Driver Training

How many full-time and part-time drivers does the organization currently employ to provide public transit bus services? (These drivers must possess the licensure to match the type of vehicle being driven) The organization must submit a copy of drivers' licenses to FACT no more than three (3) days after employees' birthdays. FACT retains the right to check operators' license at any time. All training records to be submitted to FACT on a quarterly basis within five (5) days after the quarter ends.

\_\_\_\_\_ Full-time drivers

\_\_\_\_\_ Part-time drivers

How does your organization differentiate between full-time and part-time drivers?

---

---

---

---

What are the minimum hiring criteria for the organization's public transit bus drivers?

---

---

---

---

---

Does the organization conduct a routine Pennsylvania State Police Record check of prospective drivers?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

What other background checks are performed on the prospective drivers (if any)?

---

---

What employment action is taken with prospective drivers who are found to have committed a misdemeanor? A felony?

What action is taken with drivers who are currently employed with the organization and are found to have committed a misdemeanor? A felony?

---

---

---

---

Describe the driver-training program utilized by the organization, highlighting any special training for public transit bus drivers. (Attach descriptive materials, if applicable)

---

---

---

---

---

---

Are all the policies stated above in the **Drivers and Driver Training** section stated in an employee handbook?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, are copies of the employee handbook given to each employee?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**\*\* Please attach Company/Employee Handbook (if available)**



How many hours are spent with drivers covering the following topics?

- Defensive Driving \_\_\_\_\_ Hours
- Passengers Sensitivity Training \_\_\_\_\_ Hours
- Communication Procedures \_\_\_\_\_ Hours
- Trip Documentation and Fare Collection Procedures \_\_\_\_\_ Hours
- Substance Abuse Orientation/Awareness \_\_\_\_\_ Hours
- Safety Checks, Emergency Procedures \_\_\_\_\_ Hours
- Vehicle Maintenance \_\_\_\_\_ Hours
- First Aid and CPR \_\_\_\_\_ Hours
- Blood borne Pathogen Safety \_\_\_\_\_ Hours
- Company Rules and Procedures \_\_\_\_\_ Hours
- Other: (Specify) \_\_\_\_\_ Hours

How many hours of training is provided for each new driver?  
\_\_\_\_\_ Hours in classroom \_\_\_\_\_ Hours on the road

Is there a manual used in training drivers?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please submit a copy for review.

Are visual/audio aids used in driver training?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the organization's ongoing efforts to periodically retrain its paratransit drivers:

---

---

---

---

---



Personnel Wage and Benefit Information

1. What are the current hourly wages and benefits for new drivers?

CDL driver's \_\_\_\_\_ per hour (full time) \_\_\_\_\_ per hour (part time)

Small Transit bus

Driver's \_\_\_\_\_ per hour (full time) \_\_\_\_\_ per hour (part time)

Benefits:

---

---

---

---

---

---

2. What are the current hourly wages and benefits of drivers with three years or more service?

CDL driver's \_\_\_\_\_ per hour (full time) \_\_\_\_\_ per hour (part time)

Small Transit bus

Driver's \_\_\_\_\_ per hour (full time) \_\_\_\_\_ per hour (part time)

Benefits:

---

---

---

---

---

---

3. Does the organization anticipate making changes in these rates over the coming year?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

if so, when and by how much?

---

4. Will your organization operate in accordance to the Pennsylvania State Minimum Wage Guidelines?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

Vehicle and Fleet Management Capabilities

Using Table 2, list all vehicles regularly used by the organization to provide public transit bus service. Be sure to use the attached list of codes in completing information about manufacturer code and special features.

Describe below the vehicle maintenance program presently utilized by the organization. Describe both preventive and corrective maintenance programs.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

There shall be no school buses used in fixed route or shared ride services. Spare buses must have a minimum capacity of 12 passengers plus two wheel chair lifts

If FACT vehicles are returned in a condition that is more than normal wear and tear, the contractor will be given a work order showing all costs needed to comply and will be given the option of repairing vehicles themselves or FACT will have the vehicles repaired and charge the contractor \$45.00 per hour plus parts and outside vendor costs.

The bidder understands that this is a negotiated contract and is subject to negotiations.

Tires

All contractors will be responsible for providing appropriate tires that meet transit requirements.



List for Completion of Table 2

1. Manufacturer's Codes

- BB- Blue Bird
- CMD- Chevrolet
- DTD- Dodge
- FRD- Ford
- GMC- General Motors Corporation
- GML- General Motors of Canada Ltd.
- PLY- Plymouth
- SUP- Superior Coach
- TBB- Thomas Built
- WAY- Wayne Manufacturing
- RTS- RTS
- OTH- Other (please specify) \_\_\_\_\_

2. Special Features

- A- Air Conditioning
- B- Rear Auxiliary Heater/AC
- C- Stanchions-Entrance and Seating
- D- Center Aisle Seating Plan
- E- Accessible Entry-Low Step Well and Grab Bars
- F- Space or Racks for Grocery Bags
- G- Extra Heavy Duty Suspension
- H- Audible Back-up Signal
- I- Fire Extinguisher
- J- First Aid Kit
- K- Break Retarder
- L- Lift Equipped
- M- Full Raised Roof with Insulated Liner, Roll Cage and 72" Clearance
- R- Two-way Radio

Communications Equipment

Provide the following information on county-owned/operator owned radio equipment:

Base Station

Location of Transmitter \_\_\_\_\_

Manufacturer \_\_\_\_\_

Power \_\_\_\_\_

Estimated effective range \_\_\_\_\_

Frequencies \_\_\_\_\_

FM Repeater

Community/Business Channel? \_\_\_\_\_

Owned or Leased? \_\_\_\_\_

Megahertz \_\_\_\_\_

Estimated effective range \_\_\_\_\_

Estimated number of other mobile units  
Units (not your own) using this channel \_\_\_\_\_

Mobile Units

Number of unit's \_\_\_\_\_

Manufacturer of units \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Cell Phones

Type \_\_\_\_\_

Number of Units \_\_\_\_\_

Estimated effective range \_\_\_\_\_

\*\* If none on the previous page is used, how is daily/hourly communication with drivers maintained?

---

---

---

---

Fayette Area Coordinated Transportation operates an 800 MHz trunked radio system in partnership with the Fayette County 911/Emergency Management office. If your organization does not currently operate on this system, is your organization willing to use this communication system?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Vehicle and General Liability Insurance

What are the current limits of the organization's vehicle liability insurance coverage?

\$ \_\_\_\_\_ Per person

\$ \_\_\_\_\_ Per Occurrence

\$ \_\_\_\_\_ Property Damage

What are the current limits of the organization's general liability insurance coverage?

\$ \_\_\_\_\_ Per person

\$ \_\_\_\_\_ Per Occurrence

\$ \_\_\_\_\_ Property Damage

Does your organization carry an umbrella policy?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, please specify the amount. \_\_\_\_\_

Is your organization willing to additionally insure the Fayette County Board of Commissioners and the County of Fayette?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

**\*\* Please provide proof of insurance indicating the above amounts**

Substance Abuse Policy and Procedures

1. Does the organization have a written substance abuse policy in effect for employees?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, do employees receive a copy of the written substance abuse policy?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please submit a copy for our review.

If no, is the organization willing to implement a substance abuse policy, and drug and alcohol testing program for its employees?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Does the organization currently require any of its employees or prospective employees to submit to drug and alcohol tests?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, under what circumstances is testing required?

\_\_\_\_\_ Prior to hiring or rehiring

\_\_\_\_\_ Return to Duty (after leave)

\_\_\_\_\_ After an accident

\_\_\_\_\_ Randomly

\_\_\_\_\_ Reasonable Suspicion

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

3. Is the organization willing to submit employees to testing for all of the above circumstances according to Federal Transportation Administration (FTA) requirements?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No



4. Name and address of testing facility:

---

---

---

5. Does the organization conduct a substance abuse awareness/education and training program for its employees?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, how often? \_\_\_\_\_

Length of training? \_\_\_\_\_ hours

Acceptability of Contract Terms

Is the organization willing to accept general and vehicle liability insurance limits of \$1,000,000 per occurrence?

Yes       No

Is your organization willing to provide public transit service seven (7) days a week from 5:00 a.m. through 12:00 p.m.?

Yes       No

Is your organization willing to enter into a contract in accordance with the terms and performance standards set by the County of Fayette, the Federal Transit Administration and the Pennsylvania Department of Transportation for the provision of public transit bus service?

Yes       No

Will your organization operate in accordance with the general accepted rules of accounting?

Yes       No

Under the guidelines of the Federal Transit Administration and the Pennsylvania Department of Transportation, transit operators must undergo an annual line-item audit and a compliance review of services provided under contract for the provision of public transit bus service. Will your organization agree to cooperate with any officials designated by the County of Fayette, the Federal Transit Administration, and the Pennsylvania Department of Transportation for the purpose of audit and/or compliance reviews?

Yes       No

Will your organization agree to comply with the Executive Order 11246, entitled "Equal Employment Opportunities," as amended by Executive Order 11375 and as supplemented in Department of Labor Regulations?

Yes       No

Will your organization agree to terms and conditions as set forth in the Assurance of Compliance with the United States Department of Health and Human Services Regulations, under Title VI of the Civil Rights Act of 1964 and State Non-discrimination Clause?

Yes       No

Will your organization agree to provide the County of Fayette any and all information requested of the organization by the County pursuant to or necessary for any applications made by the County for inclusion in State, Federal, or other funding programs applicable to the organization?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Please describe your organizations method of accountability for the collection of fares and data?

---

---

---

---

---

Will your organization acknowledge the Disadvantage Business Enterprise Requirements of Section 105(F) of the Surface Transportation Assistance Act of 1982 and regulations adopted pursuant thereto and agree to make all reasonable efforts to cooperate with the County in carrying out said requirements, including hiring of a contract with DBE regulations and requirements?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Additional Information

Provide or describe any additional information that may be relevant to the assessment of the organization's qualifications and interest. (Attach additional sheets as needed)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Financial Capability

In order to establish the financial capability of the offering organization, please **attach a copy** of the most recent annual financial statement for the offering organization, and a copy of the most recent reports submitted to the Pennsylvania Public Utilities Commission (applicable to PUC-certificated operators only).

Are there any liens against property owned by the offering organization or existing legal suits, governmental actions, hearings or procedures pending?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please explain:

---

---

---

---

---

---

# Attachment A

This attachment A will be a part of the R.F.Q., the Contract Agreement and the Lease Agreement.

## **Non Compliance with DBE**

- 1<sup>st</sup> quarter written notification of non-compliance
- 2<sup>nd</sup> quarter two hundred-fifty dollars (\$250.00)
- 3<sup>rd</sup> quarter four hundred dollars (\$400.00)
- 4<sup>th</sup> quarter four hundred dollars (\$400.00)

## **Meetings (Carriers and CEO)**

The Chief Executive Officer will be expected to attend all meetings called by FACT. Carriers must provide name and address of their C.E.O.

## **Reporting**

Daily Fixed Route Driver Sheets or electronic farebox passenger data must be submitted by noon of the following day. In the case of a weekend or holiday, the first day by noon after the weekend or holiday.

Tablets and ConnectCard equipment must be used correctly and data entered daily. Contractor will be responsible for damaged equipment costs.

Invoices and maintenance records must be submitted by the 10<sup>th</sup> of the following month.

Pre Trip Inspection forms must be submitted at the end of each shift for review by the Maintenance Department.

Customer complaint forms sent by FACT must be responded to in writing within 48 hours. All customer complaints and complaints against drivers must be resolved.

First failure twenty-five dollars (\$25.00)

Second failure fifty dollars (\$50.00)

Third failure one hundred fifty dollars (\$150.00) up to 4<sup>th</sup> failure and then the contractor will be suspended from continuing their service.

## **Fuel, Oil, and Lubricants**

FACT will charge five cents (\$0.05) for each gallon in and five cents (0.05) for each gallon pumped; i.e. ten cents (\$0.10) per gallon that you consume plus cost of fuel.

If the FACT inspector (employee, consultant, police agency) determines that a vehicle is unsafe and pulls the vehicle out of service and if the contractor has no spare available FACT will provide a spare at a cost of \$40.00 per service hour.

FACT will be responsible for maintaining all tablets, fare boxes and ConnectCard equipment at a cost of \$45.00 per hour plus parts. Fare boxes not working should be reported and turned in at the FACT Transit Center that same day.

FACT will be responsible for maintaining all buses designated to be maintained by the FACT Maintenance Department at a cost of \$45.00 per hour plus parts. All bus maintenance issues must be reported to the Maintenance Department and buses must be turned in at the FACT Transit Center that same day.

**Bid Form**

**Fiscal Year 2019-2020 & 2020-2021**

Route Brownsville Express

Monday - Friday

Service Hours Per Day 11.00

Break Periods Per Day 1.0

Total Billable Service Hours 10.00

Total Miles Per Day 277

Days scheduled to operate - 256 weekdays (All except July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Christmas Day, New Years Day, Easter and Memorial Day).

\*The hours and days listed above are subject to change according to availability of funds.

**Fixed Route Bid Forms FY 2019-2020**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

**Fixed Route Bid Forms FY 2020-2021**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

Signed By: \_\_\_\_\_

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

**Important Note:** Contractor will be considered not to be in compliance with bidding documents if bid forms are not filled out properly and signed by bidder.

**Bid Form**

**Fiscal Year 2019-2020 & 2020-2021**

Route	<u>Brownsville Republic</u>	
	<u>Monday – Friday</u>	<u>Saturday</u>
Service Hours Per Day	<u>12.00</u>	<u>10.00</u>
Break Periods Per Day	<u>.50</u>	<u>.50</u>
Total Billable Service Hours	<u>11.50</u>	<u>9.50</u>
Total Miles Per Day	<u>252</u>	<u>188</u>

Days scheduled to operate – 256 weekdays 52 Saturdays (All except July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Christmas Day, New Years Day, Easter and Memorial Day).

\*The hours and days listed above are subject to change according to availability of funds.

**Fixed Route Bid Forms FY 2019-2020**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

**Fixed Route Bid Forms FY 2020-2021**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

Signed By: \_\_\_\_\_

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

**Important Note:** Contractor will be considered not to be in compliance with bidding documents if bid forms are not filled out properly and signed by bidder.



**Bid Form**

**Fiscal Year 2019-2020 & 2020-2021**

Route Masontown-Fairchance

Monday - Friday

Service Hours Per Day 9.5

Break Periods Per Day .50

Total Billable Service Hours 9.0

Total Miles Per Day 223

Days scheduled to operate – 256 weekdays (All except July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Christmas Day, New Years Day, Easter and Memorial Day).

\*The hours and days listed above are subject to change according to availability of funds.

**Fixed Route Bid Forms FY 2019-2020**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

**Fixed Route Bid Forms FY 2020-2021**

Total Cost Per Hour: \$ \_\_\_\_\_ Written out: \_\_\_\_\_

Signed By: \_\_\_\_\_

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

**Important Note:** Contractor will be considered not to be in compliance with bidding documents if bid forms are not filled out properly and signed by bidder.

**Bid Form 2019-2021**

**After Hour Reimbursement Rate**

\$40 per hour billable from garage to garage

We are interested in providing after hour service, mainly hospital discharges throughout Fayette County.