

**REQUEST FOR PROPOSAL
FOR
TRANSPORTATION SERVICES
FOR
LAKE COUNTY STF AGENCY
2017-2019 Biennium**

The purpose of this Request for Proposal (RFP) is to obtain the services of one or more qualified transportation vendors to provide transportation pursuant to the requirements of the ODOT Special Transportation Fund (STF) to residents of Lake County. All proposals will be evaluated by the Lake County Special Transportation Advisory Committee, with recommendations provided to the Board of Commissioners for consideration. All vendors will be chosen through an RFP process.

The successful vendors will enter into a Special Transportation Fund Services Agreement with Lake County (as the authorized Special Transportation Agency) to provide services for the period relevant to any approved request. **Proposals submitted are to include requests for both Special Transportation Fund Program (STF) funds and Enhanced Mobility of Older Adults and Individuals with Disabilities Program (5310).**

A: Issuing Institution

Lake County - STF Agency.
Contact Person: Denise Thorsted
Telephone No: 541.947.6003
E-mail: dthorsted@co.lake.or.us

Street Address: 513 Center St., Lakeview, OR 97630

All questions related to this RFP should be directed to the above contact person.

*****RFP's are due no later than 5:00 pm February 1, 2017*****

B: Submission and Content of Proposals:

All proposals must be submitted in writing and mailed/delivered to the contact person and address noted in Section A. In order to be considered, interested vendors must complete Section I (Vendor Questionnaire), as well as a technical and cost proposal.

C: Notification of Award

All vendors that submit a proposal will be advised in writing of any decision. Vendor's whose proposals are successful, will be offered a 'Special Transportation Fund Services Agreement' within 10 days for signature.

TRANSPORTATION SERVICES

D: Summary Overview of the purpose of Special Transportation Funds

State STF and federal funds are intended to provide assistance in addressing transportation needs of the elderly and persons with disabilities. The Legislature and federal programs intend for funds to be used in communities for trips that allow the elderly and disabled to gain access to health, education, work, and social/recreational opportunities so that they may live as independently and productively as possible.

Passenger groups other than senior and disabled, such as low income individuals/families, may also access rides for services funded with STF and federal funds. This non-STF use must not diminish the service to the STF eligible passengers and be incidental to the primary purpose of the vehicle. The Lake County STF Agency may determine the level of usage and coordination that is most appropriate to the community. Lake County, in consultation with Oregon Department of Transportation, will determine the designated fund for specific projects. Additional information may be requested during the review process for clarification purposes.

E: DESCRIPTION OF VENDOR RESPONSIBILITIES

The selected vendor(s) will be required to meet the expectations and responsibilities listed below:

- Transportation will be reliable, consistent and timely.
- The appropriate mode of transportation will be provided by the vendor based on the needs of the passengers. For example, the selected vendor will need to have sufficient vehicle equipped to transport passengers in wheelchairs.
- Transportation will be safe and the selected vendor will adhere to all applicable safety standards.
- All vehicles will be clean.
- All vehicles will be equipped with adequate heat in the winter and air conditioning in the summer (if needed).
- Passengers will be treated with courtesy and respect at all times.
- Drivers will have cell phone available at all times for use in emergency situations.
- Drivers will report any accidents or injuries that occur on the vehicle, according to vendor protocol.
- The transportation vendor will ensure all drivers hold current, valid driver's licenses and auto insurance as applicable.
- Agree to and follow the Lake County Community Transportation Management Procedures Policy.
- Sign and adhere to service and operating agreement with Lake County.

F: VENDOR QUESTIONNAIRE

Interested vendors must complete this questionnaire and must submit it along with a technical and a cost proposal.

1. General Information

Name of Vendor: _____

Address: _____

City: _____ State: _____

Zip code: _____ Employer Identification Number: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact Person: _____

Title: _____ Telephone: _____

2. Is your company a subsidiary of another company? _____ Yes _____ No? If yes, what is the name of the parent company? _____
3. In what state is your company incorporated? _____
4. Do the vehicles for use in transport meet all required safety standards? _____ Yes _____ No

G: TECHNICAL PROPOSAL

A transportation vendor must provide a technical proposal that includes the following:

- A description of how you plan to effectively provide transportation services.
This description must include a brief summary narrative of your plan and services provided, the number and kind of vehicles you will use to transport population described in Section D (Overview of the Purpose of STF), and a statement that you will meet all the expectations described in Section E (Description of Vendor Responsibilities). If funding for multiple 'events', please itemize by approximate date, duration and passengers.

- A statement regarding the characteristics that make your company uniquely qualified to provide these transportation services. If applicable, please include any marketing materials that you usually use as part of this description.
- The start and completion dates for providing services.
(Please note length of time will not exceed two-year period and more standardly be issued for a one year period.) If requesting funding for multiple 'events', have dates cover entire period.

H: COST PROPOSAL

Please provide the following information when submitting your cost proposal:

- Effective date of proposal.
- Itemized numbers for the following categories:

Number of Round Trips for:	Monday-Friday	Saturday/Sunday/Holiday
Senior		
Disabled		
Low-Income		
Other		

Operating Expenses:	STF Amount Requested	5310 Amount Requested
Personnel		
Maintenance/Repair		
Supplies		
Equipment		
Liability Insurance		
Other:		
TOTAL:		

Please note STF funding may not be used towards 'administrative expenses'.

TOTAL AMOUNT OF VENDOR REQUEST: \$_____

Please mail or deliver your **signed and dated technical proposal**, cost proposal and completed vendor questionnaire to:

LAKE COUNTY STF AGENCY
Attn: Denise Thorsted
513 Center St.
Lakeview, OR 97630