

NEW HANOVER, WILMINGTON, NC

REQUEST FOR PROPOSALS

NON-EMERGENCY TRANSPORTATION SERVICES

DEPARTMENT OF SOCIAL SERVICES & SENIOR RESOURCE CENTER

RFP 15-0326



COUNTY COMMISSIONERS

JONATHAN BARFIELD JR., CHAIRMAN

BETH DAWSON, VICE-CHAIRMAN

WOODY WHITE

SKIP WATKINS

ROB ZAPPLE

CHRIS COUDRIET, COUNTY MANAGER

NEW HANOVER, WILMINGTON, NC

REQUEST FOR PROPOSALS

NON-EMERGENCY TRANSPORTATION SERVICES

DEPARTMENT OF SOCIAL SERVICES & SENIOR RESOURCE CENTER

RFP # 15-0326

Sealed proposals addressed to Lena L. Butler, Purchasing Supervisor, 230 Government Center Drive, Suite 165, Wilmington, North Carolina 28403 and marked "**NON-EMERGENCY TRANSPORTATION SERVICES-RFP # 15-0326**" will be accepted until **5:00 P.M. EST, May 8, 2015**.

Submitted proposals are not subject to public inspection until a contract is awarded and executed. Proposals will be evaluated and bidders may be requested to provide a demonstration of their proposed services offered.

A pre-proposal meeting will be held **April 24, 2014, 2:00 PM EST** at New Hanover Finance Department, 230 Government Center Drive, Suite 165, Wilmington, NC, 28403, Finance Conference Room 500. All Service Providers who desire to submit their proposal for consideration for this service are invited to attend. Attendance is not required in order to submit a proposal. Any written questions submitted and any clarification of this RFP will be addressed.

Instructions for submitting proposals and complete requirements and information may be obtained by visiting the County's website at <http://www.nhcgov.com/business-nhc/bids> or at the [State of North Carolina Interactive Purchasing System site](#).

New Hanover reserves the right to accept or reject any or all proposals and to make the award which will be most advantageous to the County.

Lena L. Butler, Purchasing Supervisor
New Hanover
(910) 798-7190

Published: Wednesday, April 15, 2015

Section 2 Information, Requirements and Conditions

This serves as official notice that New Hanover, through its Department of Social Services (NEW HANOVER COUNTY) and Senior Resource Center, is soliciting and will receive proposals for Non-Emergency Transportation Services as outlined in the following specifications. This Request for Proposals (RFP) process is the means by which New Hanover will determine which Service Providers are most qualified to meet the Non-Emergency Transportation needs of NEW HANOVER COUNTY and Senior Resource Center passengers. The proposal must include all requirements, as defined below.

Schedule

DATE	EVENT
April 15, 2015	<i>Issuance of RFP 15-0326</i>
April 24, 2015	<i>Pre-proposal meeting</i> will be held at 2:00 pm. All interested Service Providers should attend. Any written questions submitted and any clarification of this RFP will be addressed.
April 29, 2015	<i>All Questions and Clarifications addressed at Pre-proposal meeting will be issued in Addendum.</i>
May 8, 2015	<i>Proposal Submission.</i> Complete proposals are due by 5:00 PM as described.
May 11-15, 2015	<i>Evaluation.</i> During this period, the Evaluation Committee will conduct a full detailed evaluation of Proposals and References.
June 8 , 2015	<i>Recommendation to County Board of Commissioners.</i>
July 1 , 2015	<i>Contract starts. Service Begins</i>

Questions

Any inquires, requests for interpretation, clarification, or additional information shall be directed to **Lena Butler, Purchasing Supervisor** by emailing lbutler@nhcgov.com or faxing (910) 798-7806. All questions concerning this proposal shall reference the section number and page. All questions and responses will be provided by issuance of an Addendum and posted online at <http://www.nhcgov.com/business-nhc/bids> and at the [State of North Carolina Interactive Purchasing System site](#). **All questions shall be received no later than 5:00 P.M., EST, April 29, 2015.**

Pre-proposal Meeting

A pre-proposal meeting will be held **April 24, 2014, 2:00 PM** EST at New Hanover Finance Department, 230 Government Center Drive, Suite 165, Wilmington, NC, 28403, Finance Conference Room 500. All Service Providers who desire to submit their proposal for consideration for this service are invited to attend. Attendance is not required in order to submit a proposal. Any written questions submitted and any clarification of this RFP will be addressed.

Submittal Process

Proposals must be received no later than **Friday, May 8, 2015 at 5:00 PM EST**. Proposals may be hand delivered or mailed to the attention of Lena Butler, Purchasing Supervisor, 230 Government Center Drive, Suite 165, Wilmington, NC 28403. Faxed or late proposals will not be accepted.

Interested Service Providers must submit all required information as requested below, responding to each section and corresponding letter and numeral in order:

1. One (1) original signed proposal.
2. Four (4) copies of the proposal.
3. One (1) USB drive containing proposal

Selection Process

County may, in its discretion, require one or more Service Providers to make presentations to the evaluation team or appear before Management and/or its representatives for an interview. During such interview, the Service Provider may be required to orally and otherwise present its proposal and to respond in detail to any questions posed. Additional meetings may be held to clarify issues or to address comments, as deemed appropriate. Service Providers will be notified in advance of the time and format of such meetings. Since New Hanover may choose to award a contract without engaging in discussions or negotiations, the Proposals submitted shall define the Service Provider's best offer for performing the Services described in this RFP.

The commencement of such discussions, however, does not signify a commitment by the County to execute a contract or to continue discussions. The County can terminate discussions at any time and for any reason.

The County will have a period up to sixty (60) days, unless otherwise stated, to decide which proposal best meets the criteria outlined in the Request for Proposals. The County reserves the right to award contracts to one or multiple companies.

1

New Hanover County reserves the right to waive any minor informalities or irregularities, which do not go to the heart of the proposal or prejudice other offers, or to reject, for good and compelling reasons, any and all proposals submitted. Conditional proposals, or those which take exception to the Request for Proposals, will be considered non-responsive and will be rejected. All addenda to this information package will be posted online at <http://www.nhcgov.com/business-nhc/bids> or at the [State of North Carolina Interactive Purchasing System site](#).

Should a Service Provider find discrepancies or omissions in this RFP or any other documents provided by New Hanover County, the Service Provider should immediately notify the County of such potential discrepancy in writing via email as noted above, and a written addendum will be made available, via the Internet, if the County determines clarification necessary.

Service Providers are encouraged to make a good faith effort to include environmental considerations supporting waste reduction, recycling and buy-recycled products supporting markets for recycled and other environmentally preferable products whenever practical. New Hanover has an equal opportunity purchasing policy.

The County seeks to ensure that all segments of the business community have access to supplying the goods and services needed by County programs. The County affirmatively works to encourage utilization of minority business enterprise in our procurement activities and provides equal opportunity for all businesses and does not discriminate against any Service Provider regardless of race, color, religion, age, sex, and national origin or disability.

The Service Provider shall comply with the County's purchasing policy. New Hanover reserves the right to reject any and/or all proposals in connection with this project, and to waive formalities in a proposal.

Final award of contract is contingent upon availability of funds from Federal, State and/or local governing bodies.

Section 3 Description of Requested Services

A. Scope

Service Provider will provide Non-Emergency Transportation Services to Medicaid approved adults, children, seniors (60 and older), veterans, and persons with disabilities. DSS and Senior Resource Center will determine eligibility for those passengers needing transportation. These services will be accomplished by working in close relationship with DSS and Senior Resource Center and any other Federal, State and/or local governing agencies providing funding and other resources for this service.

Non-Emergency Transportation Services are provided on a demand response and standing order basis. Most of all trips are provided within New Hanover. On occasion, trips for DSS eligible passengers are provided for appointments outside New Hanover County. DSS and Senior Resource Center coordinates all non-emergency transportation services for eligible passengers. Services are provided 24 hours per day/7 days per week, 364 days per year.

Passengers are assessed, approved and assigned to use the least costly and appropriate mode of transportation. The County provides no guarantee of any number of trips.

Proposals must comply with the Federal requirements found in 49 CFR Parts [27](#) and [609](#) (Non-discrimination on the Basis of Handicap in Federally Assisted Programs) and 49 CFR Parts [27](#), [37](#) and [38](#) (Transportation for Individuals with Disabilities). Failure to comply may result in criminal or civil sanctions and fines.

B. Term of Contract

For purposes of this RFP and the Service Provider's Proposal, assume an initial term of one (1) year, with the County having an option to renew for four (4) additional consecutive one (1) year terms thereafter unless earlier terminated pursuant to the terms and conditions of the contract. Service Provider shall be available and ready to commence services immediately upon contract execution.

Section 4 Proposal Format and Provider Response

Address each section providing as much detail as possible. Provide documents, manuals, procedures, processes applicable to each section.

Responses to this RFP must correlate with the alphanumeric characters in order. List the letter, numeral, brief numeral descriptor and the response. Provide all type written responses in size 12 font. Each item in the RFP must be addressed in the proposal.

A. Letter of Transmittal

The Proposal must include a letter of transmittal attesting to its accuracy, signed by an individual authorized to execute binding legal documents on behalf of the Service Provider.

1. The letter shall present the Service Provider's understanding of the RFP.
2. Provide the name, email, physical and mailing address, telephone and facsimile numbers for the Service Provider and Executive that has authority to contract.
3. Each Service Provider shall make the following representations and warranty in the letter, the falsity of which will result in rejection of its proposal:
 - a. "The information contained in this proposal or any part thereof, including any exhibits, schedules, and other documents and instruments delivered or to be delivered to New Hanover County, are true, accurate, and complete. This proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead New Hanover County as to any material facts."

B. Minimum Requirements

1. Service Provider shall procure all necessary permits and licenses and abide by all applicable laws, regulations and ordinances of all Federal, State, and local governments in which work under any resulting contract is performed. These minimum requirements must be met prior to award of contract if your company is selected.
2. The following requirements must be met and documents are to be included with the proposal, before your company's qualifications will be considered:
 - a. Evidence of Adequate Insurance, a Certificate of Insurance or letter from your insurance carrier:

Taxi Transportation Services

The requirements listed below are the GENERALLY ACCEPTED insurance requirements for this class of business.					
Insurance Description		Minimum Limits of Insurance Required <i>**Subject to change depending on size/location/description of work**</i>			
Commercial General Liability**		\$1mil Ea. Occurrence; \$1mil Products/Completed Operations; General Aggregate Limit shall apply separately to this project/location or the general aggregate limit shall be twice the required limit.			
Business Auto Liability		\$100,000 Bodily Injury (Per Person); \$300,000 Bodily Injury (Per Accident); \$50,000 Property Damage (Per Accident; Any Auto including Hired & Non-owned Liability; \$2K Medical Payments Coverage			
Worker's Compensation Employer's Liability		<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Statutory Limits</td> <td rowspan="2" style="width: 40%; text-align: center;">This policy must include a Waiver of Subrogation.</td> </tr> <tr> <td>\$100,000/\$100,000/\$500,000</td> </tr> </table>	Statutory Limits	This policy must include a Waiver of Subrogation.	\$100,000/\$100,000/\$500,000
Statutory Limits	This policy must include a Waiver of Subrogation.				
\$100,000/\$100,000/\$500,000					
Additional Insured CG 20 26		** New Hanover County (<i>not the department</i>), its officers, officials, agents and employees			

Medical and Workfirst Transportation Services (Seating Capacity less than 15 Passenger (Except Taxi))

The requirements listed below are the GENERALLY ACCEPTED insurance requirements for this class of business.		
Insurance Description	Minimum Limits of Insurance Required <i>**Subject to change depending on size/location/description of work**</i>	
Commercial General Liability**	\$1mil Ea. Occurrence; \$1mil Products/Completed Operations; General Aggregate Limit shall apply separately to this project/location or the general aggregate limit shall be twice the required limit.	
Business Auto Liability	\$1,500,000 Bodily Injury (Per Person); \$1,500,000 Bodily Injury (Per Accident); \$1,500,000 Property Damage (Per Accident); Any Auto including Hired & Non-owned Liability; \$2K Medical Payments Coverage	
Worker's Compensation Employer's Liability	Statutory Limits	This policy must include a Waiver of Subrogation.
	\$1,000,000/\$1,000,000/\$1,000,000	
Additional Insured CG 20 26	** New Hanover County (<i>not the department</i>) , its officers, officials, agents and employees	

- b. Secretary of State Certificate of Authority if Service Provider out of state.
- c. Articles of Incorporation, if applicable.
- d. Passenger Vehicle for Hire Company Operating Permit
- e. For any proposal to be considered responsive, provide an affidavit attesting that the company is in compliance with the E-Verify provisions of Article 2 of Chapter 64 of the North Carolina General Statutes and shall ensure that any subcontractors used by Service Provider on this County Project will also comply with the E-Verify provisions. Complete and submit the [E-Verify](#) form.
- f. Complete and submit the [Overdue Tax Letter](#) form.
- g. Complete and submit the [Certification Regarding Lobbying](#) form.
- h. Complete and submit the [Certification Regarding Debarment](#) form.
- i. Audited Financial Statement is required for the last period audited. Service Providers with total revenue, from all sources, **of more than one hundred thousand dollars (\$100,000) in annual funding are REQUIRED** to submit an annual Audited Financial Statement (AFS) prepared by a Certified Public Accountant. The AFS must include the following:
 - i) Balance Sheet, Statement of Financial Position or Statement of Assets, Liabilities and Owner's Equity
 - ii) Statement of Income or Statement of Revenues and Expenses.
 - iii) Statement of Cash Flows.
 - iv) iv) Independent Auditors' Opinion.
 - v) Notes to Financial Statements and Supplement Information.
 - vi) The Notes to the Financial Statements are required as they provide additional detail and further explanation of the financial statements.
 - vii) The AFS may also include additional information such as management discussion, analysis, schedules, and/or exhibits that provide further detail on line items included in the basic financial statements.
- j. Audited Financial Statement is required for the last period audited. Service Providers with total revenue, from all sources, **of less than one hundred thousand dollars (\$100,000) in annual funding are REQUIRED** to submit at a minimum an Annual Financial Compilation prepared by a Certified Public Accountant. An AFC refers to financial statements that include the following:
 - i) Balance Sheet, Statement of Financial Position or Statement of Assets, Liabilities and Owner's Equity.

- ii) Statement of Income or Statement of Revenues and Expenses.
- iii) Statement of Cash Flows.

C. Financial Information

Credit ratings and credit reports (bank and vendor references will be used to evaluate the credit worthiness of each company).

1. Provide three bank and/or vendor references; include contact name, email and mailing address and contact telephone number.
2. Indicate whether or not your company (and/or predecessor, guarantor or subcontractor) has declared bankruptcy within the last five (5) years.
3. Description of the financial impact of any past or pending legal proceedings and judgments that could materially affect the financial position or ability to provide Services to the County. This information will be reviewed and assessed in accordance with the information provided.
4. All credit reports, credit bulletins, and any other published statements by the most recognized agencies (Standard & Poor's Rating Group, Moody, Investor Services, Dun & Bradstreet, and Value Line) that have been issued or published about the entity within the past five (5) years.
5. Describe any organizational changes such as divestitures, acquisitions, or spin-offs business segments that have occurred in the last two (2) years or that are anticipated in the future.
6. Provide the latest Audited Financial Statement see [B Above- Minimum Requirements](#).

D. Company Information

This section should highlight aspects of this proposal which make it superior or unique in addressing the needs of New Hanover County.

1. Submit an executive summary, outlining the proposal including the proposed general management philosophy.
2. Legal name of the company if doing business under some name other than that by which the company is commonly recognized and years in business.
3. Origin, state of incorporation, background, and current size.
4. Ownership structure of your company, including any significant or controlling equity holders.
5. Summary of the approach to be undertaken to perform Non-Emergency Transportation Services.
6. Detail information regarding the business segments of your company, showing the reporting structures within these segments and among these segments and the overall company.
7. Organizational changes such as divestitures, acquisitions, or spin-offs business segments that have occurred in the latest two (2) years or are anticipated in the future.
8. Central operations physical address, office location.

E. Background and Experience

1. Company's experience providing transportation services to persons with special needs.
2. Communications scheme that your company will use to keep the County informed about the Project.
3. Company name, contact name, email and mailing address, and contact telephone number for three (3) customers of comparable size and scope of service that your Company has been under contract with providing this service.
4. Comprehensive listing of prior and/or existing similar contracts you have had within last three (3) years.
5. Any risks associated with this contract and what contingencies have been built in to mitigate those risks. Include any plan for managing the risk of terrorism.
6. List the steps your company will take to ensure that the transition/implementation for the Project runs smoothly.

F. Staffing/Organization

1. Management organization chart of your overall company, showing director, officer positions and names and the reporting structure.
2. Provide a point of contact to communicate with the County regarding passenger transportation needs or complaints. Staffing and experience of the proposed project team, list responsibilities of the project team.
3. Job descriptions of all individuals who will be assigned to work with this project. Job descriptions should be specific to the project.
4. Criteria for recruiting, hiring and evaluating dispatch staff and drivers. Provide minimum qualifications, experience, and background checks required for each position used in the organization chart.
5. Approach to total quality management and total quality plan. Continuous improvement program and how your current customers benefit from your service improvements.
6. Experiences in adapting to changing technologies. Explain how your company ensures that personnel performing technical support services are qualified and proficient.
7. Approach, policies, and experience with respect to deployment of your personnel. Has your company been the subject of a dispute or strike by organized labor within the latest five (5) years? Describe the circumstances and the resolution of the dispute.
8. Quality assurance procedures, expectations and measurements.

G. Customer Service

1. Customer service philosophy and how it is communicated and reinforced throughout the company.
2. Handling Customer Complaints
3. Minimum standards on the following types of complaints:
 - a. Late drop off
 - b. Late pick up
 - c. Ride time
 - d. Driver no-show

H. Employee Training

1. Required trainings. Description of training provided, dates, and evaluation tools used. . Provide samples of materials used. Include trainings required and provided to any subcontractors.
2. Safety and security program, including accident and incident reporting. Provide data regarding accident frequency rates.
3. Anti-drug and alcohol misuse prevention and testing requirements.
4. Customer service training for all staff and drivers.
5. Wheelchair securement training.

I. Operations

1. Central Operations Site physical address.
2. Mobile Communications System listing equipment and procedures. What is the process from dispatcher to driver? What are after hour call procedures?
3. Current computer hardware and software (processors, internet connections, etc.)
4. Type of transportation services you can/will provide: ambulatory, non-ambulatory or both.

5. Geographic market currently served.
6. Quality assurance procedures, expectations and measurements. Submit data pertaining to on-time performance, customer complaints per passengers transported, miles between mechanical failures, accidents per miles driven.
7. Communication between the dispatcher and driver.
8. After hour call procedures.
9. System Safety Program Plan (SSPP) addressing the following six (6) core elements:
 - a. Driver/Employee Section
 - b. Driver/Employee Training
 - c. Safety Data Acquisition Analysis
 - d. Drug, Alcohol and Abuse Program
 - e. Vehicle Maintenance
 - f. Security
 - g. Blood Borne Pathogens Exposure and Control Plan

The SSP must align with the [NCDOT Standard Operation Procedure SSPP-001](#) and the State Management Plan.

J. Fleet

1. Proposed fleet vehicles, including back-up vehicles. (Year, Manufacturer, Model, etc.)
2. Vehicle ownership, lease
3. Vehicles meeting ADA requirements of accessibility
4. Vehicle seating capacity, each type
5. Restraints and safety equipment available
6. Paint and identification or decal scheme
7. Mobile data units for each vehicle. If no mobile data units, identify if your company is willing to incur the cost for purchase/installation.

K. Preventive Maintenance

1. Overall maintenance program for vehicles and equipment
2. Provide copies of forms used for maintaining vehicles
3. Vehicle cleaning standards

Section 5 Service Provider Responsibilities/Requirements

A. Qualifications

In order to respond to this RFP, Service Provider must have a minimum of three (3) years successful history of providing transportation services as defined in this RFP.

B. Vehicles/Fleet

Furnish vehicles to Ensure efficient and adequate service to New Hanover County passengers. Vehicles shall be compliant with specification in the Americans with Disabilities Act of 1990. All vehicles, labor, materials, supplies and equipment used in the transport of New Hanover County passengers must:

1. Comply with all applicable Federal, State and Local safety and mechanical standards/requirements which includes but is not limited to the [Federal Transit Administration \(FTA\)](#) and [North Carolina Division of Transportation \(NCDOT\)](#) regulations and policies.
2. Meet all City of Wilmington ordinances. Vehicles and Drivers must have a current permit at all times. Vehicle fleet age is not to exceed requirements.
3. Be equipped with a functioning two-way radio or other equipment capable of providing communication between the Service Provider's base radios and dispatch station and the vehicle at any and all times and from any locations within the service area.
4. Be clean, sanitary, and in safe operating conditions. Vehicle heating/air conditioner and seat belts must be operable at all times. Vehicles with inoperable heating/air conditioner or seat belts are not allowed to be used in service to transport New Hanover County passengers.
5. ONLY those vehicles scheduled and approved by New Hanover County will be used. Vehicle schedule must be maintained and kept current at all times. Any change in schedules must be approved by DSS and Senior Resource Center prior to the change occurring.
6. Contingency plan for vehicle breakdown must be in place to transport New Hanover County passengers in the event of a service disruption. Contingency plan may not include rental or leased vehicles as they are prohibited and may not be used to transport any New Hanover County passengers.
7. New Hanover County reserves the right to inspect Service Provider vehicles at any time and require removal of any given vehicle from service when deemed necessary because of maintenance or safety concerns.

C. Employees - Drivers/Subcontractors

Service Provider must be wholly responsible to ensure that the Drivers comply with all of the terms and conditions of the Contract. Service Provider must ensure that each Driver:

1. Employed or subcontracted must have a valid appropriate North Carolina driver's license and a safe driving record with no DUI/DWI's in the past ten years. All Drivers must have a satisfactory criminal background check. No driver with a history of violent behavior or sexual offenses will be allowed to transport New Hanover County passengers. Service Provider must submit schedule list of drivers to be used in the performance of the contract along with copy of each driver's permit and driver's license. List of drivers must be maintained and kept current at all times. Any change in the drivers must be approved by DSS and Senior Resource Center prior to the change occurring.
2. Clean in appearance, clothing has visible driver and company name/logo identification. Polite and courteous to passengers. Smoking is not allowed inside the vehicles at any time.
3. Use the highest degree of care in the operation of equipment and when assisting passengers entering and existing the vehicle.

4. Establish and implement anti-drug and alcohol misuse prevention program in accordance with the Federal Transit Administration Regulation [49CFR Part 655 and 40](#). Maintain and keep current Drug and Alcohol Training as well as any other training as required by New Hanover County.
5. Certify that the employee training conducted meets the requirements of 49CFR Part 655 and 40. Records of the drug and alcohol-testing program shall be made available to New Hanover County, Federal Transportation Administration, North Carolina Division of Transportation (NCDOT), and their representatives. Service Provider will be responsible for all costs for drug and alcohol testing
6. All drivers will be randomly tested for both drugs (10 panel test) and alcohol a minimum of one (1) time per year (a twelve month period). Service Providers will be responsible for all costs.
7. In the event of an accident or allegation of driving while under the influence of an illegal substance, the driver must submit to a post-accident 10-panel drug and alcohol test at an approved facility within two (2) hours of the accident.
8. Documentation is required indicating that all new drivers have been tested and that current drivers have been randomly tested. In addition, current drug testing records must be available for audit review by New Hanover County.

D. Non-Emergency Transportation Service

1. The maximum one-way ride time for any passenger shall not exceed sixty (60) minutes from the time the passenger boards or enters the vehicle except as required due to distance for Out of County travel. In the event of tie-ups or other unavoidable delays, DSS and /or Senior Resource Center must be contacted.
2. Properly utilize his/her seat belt while driving/riding. Must comply with child safety provisions as noted in [\(NC Child Passenger Safety Law - G.S. 20-137.1\)](#). The number of passengers in a vehicle shall not exceed the number of seat belts in the vehicle.
3. Meet appointment times. Arrival times must be within scheduled appointment times and pick up for outbound trip will not exceed 45 minutes of the call requesting the outbound trip.
4. With the exception of training other drivers, no other fares are allowed while transporting New Hanover County passengers.
5. Allow approved attendants to ride with and assist authorized passengers at no charge to New Hanover County. Individuals shall not be transported to other destinations without the expressed consent and authorization of New Hanover County.

E. COMMUNICATION

1. The point of contact must be available at any time, including nights, weekends, and holidays. All complaints received against the Service Provider will be investigated by DSS and/or Senior Resource Center.
2. Service Provider must respond to all complaints in a format and within timeframe specified. Valid complaints as determined by the County may be assessed liquidated damages.
3. Service Provider agrees to adhere to liquidated damages assessed by the County.
4. Any and all accidents and/or incidents, including traffic violations or citations received while transporting New Hanover County passengers must be reported within 15 minutes of the occurrence by phone with accident/incident form to follow within 24 hours of the accident and/or incident.
5. Any driver for the Service Provider who is charged with a serious traffic violation or criminal act shall be removed from service for the County pending the outcome of a joint investigation by the Service Provider and the County.

F. RECORD KEEPING

Maintain electronic records to document that service has been provided.

Section 6 Criteria for Evaluation

Proposals will be evaluated by an evaluation team based on the Service Provider's ability to meet the performance requirements of this RFP. Failure to submit information requested may result in the elimination of the proposal from further evaluation. Proposals will be assessed to determine the most comprehensive, competitive and best value solution for NEW HANOVER COUNTY based on, but not limited to, the criteria below. NEW HANOVER COUNTY reserves the right to modify the evaluation criteria or waive portions thereof.

	Criteria	Weight
1.	Experience and qualification of the company: <ul style="list-style-type: none">• Financial strength• Paratransit experience• Experience of local / regional support staff• Support services rendered	25
2.	Experience and qualities of the proposed contract management team	25
3.	Contractors proposed programs and staffing plan	25
4.	Price	25

Section 7 Bid Protest Procedures

As a custodian of public funds, the County must adhere to applicable bidding practices established by State law, County policy, and good administrative practice. Bids may be protested for any bid solicited. All protests must be in the writing and must be delivered to the Finance Director prior to award by the Board of Commissioners or issuance of purchase order.

The protester (bidder) shall adhere to the following procedures:

1. The protester (bidder) who protests a bid will deliver a written statement to the Finance Director detailing the reason for the protest within five (5) business days or prior to award and/or issuance of a purchase order whichever is later.
2. The Finance Director will review the data submitted and provide a formal response to the protester (bidder) within five (5) business days after receipt of the written protest.
3. A protester (bidder) not satisfied with that response may appeal the decision to the County Manager, provided such appeal is received within five (5) business days after the response from the Finance Director. If an appeal is not filed within the specified period, no other County redress is available.
4. No further appeal is available as of right; provided, however, the dis-satisfied protester (bidder) may request that the Board of Commissioners elect to hear an appeal from the decision of the County Manager. The decision rendered by the Board of Commissioners is final.
5. Any and all cost incurred by a protesting party in connection with a protest shall be the sole responsibility of the protesting party.

Section 8 Pricing Structure

**Non-Emergency Transportation
RFP # 15-0326**

Fill in the cost for providing the services listed below. You may also submit pricing for other services you provide out only those transit points you wish to service. Flat Rate Pricing is preferred.

TYPE OF SERVICE PROVIDED	FLATE RATE	ROUND TRIP	PRICE PER MILE
Ambulatory (Inside City Limits)	\$	\$	\$
Non-Ambulatory (Inside City Limits)	\$	\$	\$
Ambulatory (Outside City/Within County_	\$	\$	\$
Non-Ambulatory(Outside City/Within County)	\$	\$	\$
Non-Ambulatory to Carolina Beach	\$	\$	\$
Ambulatory to Carolina Beach	\$	\$	\$
Ambulatory (Outside County)	\$	\$	\$
Non-Ambulatory (Outside County)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

The Contractor may complete both columns or just one, each will be reviewed. The undersigned certifies that their service being offered will meet or exceed the minimum specifications as presented in the attached proposal package.

Company Name

Telephone Number

Company Address

Date

Officer Signature/Title

Federal Tax ID / SS#

AFFIDAVIT of COMPLIANCE with NC E-VERIFY STATUTES
(To be submitted with all bids)

STATE OF _____

COUNTY OF _____

I, _____ (hereinafter the "Affiant"), duly authorized by and on behalf of _____ (hereinafter the "Employer") after being first duly sworn deposes and says as follows:

1. I am the _____ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.

2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Dept. of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.

3. _____ Employer employs 25 or more employees in the State of North Carolina, and is in compliance with the provisions of N.C. Gen. Stat. §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.

_____ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. Gen. Stat. §64-26.

4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. Gen. Stat. §64-26.

5. Employer shall keep New Hanover County informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.

This the _____ day of _____, 20____.

Affiant

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Notary Public

[SEAL]

My commission expires: _____

OVERDUE TAXES

(To be submitted with all bids)

Instructions: Use company letterhead. All documents requiring the signature of the authorized representative for the Service Provider must be an **original signature** and the same representative must sign **each copy** of the **Overdue Tax Letter, Conflict of Interest and Contract.**

Date of Certification

To: **New Hanover County**

Certification:

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105- 243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23 c is guilty of a criminal offense punishable as provided by N.C.G.S. 143C-10-1b.

Sworn Statement:

I, [Name of Authorized Official] being duly sworn, say that I am [Authorized Official Title] of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by me. I also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Authorized Official

(Signature must be the same as the person signing the contract)

¹ G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

CERTIFICATION REGARDING LOBBYING

(To be submitted with all bids or offers exceeding \$100,000; must be executed prior to Award)

The undersigned _____ certifies, to the best of his or her knowledge and belief, that:
(Contractor)

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any persons for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding to any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*.)]
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transactions imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Note:

Pursuant to 31 U.S.C. 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 for each such expenditure or failure.

The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Section A 3801 *et seq.*, apply to this certification and disclosure, if any.

Date

Signature of Contractor's Authorized Official

Name and Title of Contractors Authorized Official

Subscribed and sworn to before me this ___ day of _____, 20___, in the State of _____;
and the County of _____.

Notary Public _____

(SEAL)

My Appointment Expires _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY and VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTION
(To be submitted with all bids or offers exceeding \$25,000.)

- (1) The prospective lower tier participant (Bidder/Contractor) certifies, by submission of this bid or proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) The prospective Bidder/Contractor also certifies by submission of this bid or proposal that all subcontractors and suppliers (this requirement flows down to all subcontracts at all levels) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (3) Where the prospective lower tier participant (Bidder/Contractor) is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid or proposal.

The lower tier participant (Bidder/Contractor) certifies or affirms the truthfulness and accuracy of this statement of its certification and disclosure, if any.

SIGNATURE _____

TITLE _____

COMPANY _____

DATE _____

State of _____

County of _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public _____

(SEAL)

My Appointment Expires _____