

**Pomona Valley Transportation Authority
Request for Proposal
PVRTA Transportation Services
Exhibit C COST PROPOSAL FORM
Page One: Dedicated Vehicle Services**

This COST PROPOSAL FORM is to be used to submit the OFFEROR'S firm fixed price proposal for all work described in EXHIBIT "A" - SCOPE OF WORK and EXHIBIT B - DRAFT SERVICE AGREEMENT.

A. DEDICATED VEHICLE SERVICES PRICE PROPOSAL

| | <u>Year 1</u> | <u>Year 2</u> |
|---|---------------|---------------|
| 1 Fixed Monthly Rate <i>(from Pg 3 Item #3)</i> | \$0.00 | \$0.00 |
| 2 Fixed Dedicated Service Hourly Rate | \$0.00 | \$0.00 |
| Calculation of Total Annual Cost | | |
| 3 Annual Fixed Rate <i>(Item #1 above X 12)</i> | \$0 | \$0 |
| 4 Annual Dedicated Vehicle Cost <i>(Item #2 above X 35,000)</i> | \$0 | \$0 |
| 5 Total Annual Dedicated Service Cost <i>(Total of Items #3 and #4 above)</i> | \$0 | \$0 |

Note: Shaded cells are filled automatically. Do not overwrite.

Page Two: Demand & Supplemental Services (Dedicated Service)

B. DEMAND AND SUPPLEMENTAL SERVICES PRICE PROPOSAL

| | <u>Year 1</u> | <u>Year 2</u> |
|---|----------------------|----------------------|
| 1 <u>Get About Supplemental Services</u> | | |
| Estimated Annual Trips | 3,000 | 3,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |
| 2 <u>Get About Ready Now</u> | | |
| Estimated Annual Trips | 4,000 | 4,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |
| 3 <u>Claremont Dial-a-Ride</u> | | |
| Estimated Annual Trips | 1,000 | 1,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |
| 4 <u>San Dimas Dial-A-Cab</u> | | |
| Estimated Annual Trips | 1,000 | 1,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |
| 5 <u>One Step Over the Line</u> | | |
| Estimated Annual Trips | 7,000 | 7,000 |
| Average Trip Mileage | 11.4 | 11.4 |
| Proposed Per Trip Fee (Flag Drop) | <input type="text"/> | <input type="text"/> |
| Proposed Per Mile Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |
| | <hr/> | <hr/> |
| Total Annual Demand and Supplemental Services Cost | \$0.00 | \$0.00 |
| 6 Proposed Rate for Dedicated Driver for Demand & Supplemental Services | <input type="text"/> | <input type="text"/> |

Page Two: Demand & Supplemental Services (TNC) Allowances for Uber

C. DEMAND AND SUPPLEMENTAL SERVICES PRICE PROPOSAL

1 Get About Supplemental Services

| | | |
|------------------------|----------------------|----------------------|
| Estimated Annual Trips | 7,000 | 7,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |

2 Get About Ready Now

| | | |
|------------------------|----------------------|----------------------|
| Estimated Annual Trips | 10,000 | 10,000 |
| Pass through Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |

3 Claremont Dial-a-Ride

| | | |
|------------------------|----------------------|----------------------|
| Estimated Annual Trips | 6,000 | 6,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |

4 San Dimas Dial-A-Cab

| | | |
|------------------------|----------------------|----------------------|
| Estimated Annual Trips | 6,000 | 6,000 |
| Proposed Per Trip Rate | <input type="text"/> | <input type="text"/> |
| Projected Annual Cost | \$0.00 | \$0.00 |

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Page Three
COST PROPOSAL FORM

| Dedicated Services Annual Fixed Rate Costs | Year 1 | Year 2 |
|---|---------------|---------------|
| 1 <u>Fixed Rate Cost Elements</u> | | |
| Project Manager Salary | _____ | _____ |
| Project Manager Fringes | _____ | _____ |
| Dispatch/Info. Staff Wages | _____ | _____ |
| Dispatch/Info. Staff Fringes | _____ | _____ |
| Clerical Staff Wages (if any) | _____ | _____ |
| Clerical Staff Fringes | _____ | _____ |
| Maintenance Supervisor Salary | _____ | _____ |
| Maintenance Supervisor Fringes | _____ | _____ |
| Mechanic Wages | _____ | _____ |
| Mechanic Fringes | _____ | _____ |
| Other Maintenance Wages | _____ | _____ |
| Other Maintenance Fringes | _____ | _____ |
| Other Wages | _____ | _____ |
| Other Fringes | _____ | _____ |
| Hiring/Training Expenses | _____ | _____ |
| Safety Expenses | _____ | _____ |
| Janitorial | _____ | _____ |
| Telephone | _____ | _____ |
| Utilities | _____ | _____ |

MONTHLY RATE COST ELEMENTS CONTINUE ON NEXT PAGE

Page Four
FIXED RATE COST ELEMENTS -- CONTINUED

| <u>Fixed Rate Cost Elements</u> | Year 1 | Year 2 |
|--|---------------|---------------|
| Office Supplies | _____ | _____ |
| Preventive Maintenance Parts/Supplies | _____ | _____ |
| Vehicle Repair Parts/Supplies | _____ | _____ |
| Tires | _____ | _____ |
| Outside Repairs | _____ | _____ |
| Radio System Maintenance | _____ | _____ |
| Insurance - Liability Coverages | _____ | _____ |
| Insurance - Collision Comprehensive | _____ | _____ |
| Computer - Hardware Costs | _____ | _____ |
| Software Costs | _____ | _____ |
| Accounting | _____ | _____ |
| Start-up Costs | _____ | _____ |
| Other Expense | _____ | _____ |
| Management Fee/Profit | _____ | _____ |
| Other (Describe): | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2. Total Fixed Monthly Costs | \$0.00 | \$0.00 |
| 3. Fixed Monthly Rate <i>(fixed Monthly Costs /12)</i> | \$0.00 | \$0.00 |

Note: Shaded cells are filled automatically. Do not overwrite.

Note: Listing of typical cost items on this provided form does not require Contractor to provide this position, utility or service.

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Page Five
 COST PROPOSAL FORM
 DEDICATED SERVICES HOURLY RATE

(Annual total based on 35,000 Vehicle Revenue Hours)

| | Year 1 | Year 2 |
|---|--------|--------|
| 1 Fixed Hourly Rate Cost Elements | | |
| Driver Wages | | |
| Driver Workers Compensation | | |
| Driver Health Insurance | | |
| Other Driver Fringe Benefits | | |
| Fuel ___gallons @ ___per gallon | | |
| Maintenance Parts | | |
| Maintenance Supplies | | |
| Outside Repairs | | |
| Other (Specify) | | |
| | | |
| | | |
| | | |
| | | |
| Overhead | | |
| Profit/Fee | | |
| 2 Total Hourly Costs | \$0.00 | \$0.00 |
| 3 Fixed Vehicle Revenue Hour Rate (Total hourly costs /26,000 VRH) | \$0.00 | \$0.00 |

Note: Shaded cells are filled automatically. Do not overwrite.

Note: Listing of typical cost items on this provided form does not require Contractor to provide this position, utility or service.

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**EXHIBIT C
PROPOSAL FORM CHECKLIST**

Attached to this proposal form are the following items:

- 1 Cover Letter
- 2 Experience, References, Financial Viability
- 3 Proposed Personnel and Management Plan (including salary and benefit schedules, resumes)
- 4 Description of Operations
- 5 Description of Management Information System (Accounting and Reporting)
- 6 Description of insurance (including loss experience and pending claims)
- 7 Financial Statements
- 8 Description of Proposed Operations
- 9 Reservation, Scheduling & Dispatch System
- 10 Coverage and Driver Resourcing Plan for Supplemental & On Demand Services
- 11 Reporting and Accounting
- 12 Insurance and Indemnity
- 13 Facility and Maintenance Program
- 14 Transition Plan/Time Schedule
- 15 Cost Reduction, Service Improvement and Optional Proposals
- 16 EXHIBIT C Cost Proposal Form and Proposal Form Checklist
 - Form 1: Certification Regarding Lobbying
 - Form 2: Certification of Lower Tier Participants Regarding Debarment
 - Form 3: Drug-Free Workplace Act Certification
 - Form 4: Bidder DBE Commitment
 - Form 5: DBE Bidder List
 - Form 6: DBE Good Faith Efforts (If Required)
 - Form 7: Telecommunications and Video Surveillance
 - Form 8: Tax Liability & Felony Convictions
- 17 Acknowledge receipt of all Addenda issued by PVTA in connection with this RFP.

Addenda:

| | | | |
|---|-------|-----------------|-------|
| # | Dated | Acknowledged by | |
| # | Dated | Acknowledged by | _____ |
| # | Dated | Acknowledged by | |
| # | Dated | Acknowledged by | |

Offeror:

Phone:

Fax:

Address: _____

Signature

Date:

Title: