**Notice of Request for Proposals (RFP)**

**RFP No. P22/10044L**

**Chartered Ground Transportation Services**

PimaCounty Community College District (“**College**”) is seeking proposals from qualified firms to provide Chartered Ground Transportation Services.

|  |  |  |
| --- | --- | --- |
|  | **Required Submittal Forms**………………………………………….................... |  |
|  | Certification Form |  |
|  | Exceptions Requested Form |  |
|  | Confidential and/or Proprietary Declaration Form |  |
|  | Mandatory Certifications Form |  |
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|  | 1. Boycott of Israel
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|  | 1. Worker Eligibility Verification
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|  | Appendix Form |  |
|  | 1. Litigation
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|  | 1. Product/Service Discontinued Use
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|  | e) Cooperative, Subcontract, Third Party Agreement |  |
|  | 1. Non- Collusion Affidavit
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|  | **Request for Proposals Forms**…………………………………………………… |  |
|  | Instructions |  |
|  | 1. Company Experience and Service Form
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|  | 1. Operational and Safety Activities Form
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|  | 1. Cost & Compensation Proposal Form
2. References Form
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|  | **Proposal Completion Checklist**………………………………………………… |  |

**Required Submittal Forms**

**Proposal Certification Form**

In response to **RFP No. P22/10044L Title: Chartered Ground Transportation Services** this proposal is submitted

by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Company Name)

□ a corporation organized and existing under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

□ a partnership, registered in the State of \_\_\_\_\_\_\_\_\_\_\_\_, and consisting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

□ an individual trading as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address)

Federal Tax Id No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, as a duly authorized officer, hereby agrees to be bound by the content of this Proposal and agrees to comply with the terms, conditions and provisions of the referenced RFP and any addenda thereto in the event of an award. Exceptions are to be noted as stated in the RFP. The proposal will remain in effect for a period of ninety (90) calendar days as of the Due Date for proposals to the RFP.

The undersigned understands that the College reserves the right to reject any or all Proposals or to waive any formality or technicality, as determined by the College in its sole discretion, in any Proposal in the interest of the College.

The undersigned hereby acknowledges receipt of the following Addenda, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Addendum No. | Date:  |  | Addendum No. | Date: |
|  |  |  |  |  |
|  |  |  |  |  |

The undersigned hereby certifies that this Proposal is genuine and not a sham or collusive, nor made in the interest or behalf of any person not herein named, and that the undersigned has not directly or indirectly induced or solicited any other Offeror to put in a sham proposal, or any other person or entity to refrain from submitting proposals, and that the Offeror has not in any manner sought by collusion to secure for itself an advantage over any other Offeror.

The undersigned further certifies that your firm (check the appropriate areas):

□ women-owned business; □ minority-owned business; □ labor surplus area firm

□ does ***or*** □ does not meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102). If it does, please “CHECK” one of the following:

□ small business; □ veteran-owned small business; □ service-disabled veteran-owned small business;

□ HUB Zone small business; □ small disadvantaged business; or □ women-owned small business.

The undersigned further certifies that as a duly authorized officer, he or she is authorized to negotiate in good faith on behalf of this firm for purposes of this RFP.

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |
| **Email address** |  | **Phone #** |  |

**Exceptions Requested Form/Vendor Order Form**

|  |  |
| --- | --- |
| **Company Name** |  |

Any exceptions to the requirements of this RFP, including the Contract and Scope of Work, that the Offer requests the College to consider must be addressed on this form.

Each Exception or Alternate should be addressed separately with specific reference to the requirement, specification including the page number, paragraph, and sentence and section number. For each exception, the Offeror will provide all of the following information: (i) Name of the Document/Attachment; (ii) Agreement Page Number and Section Number; (iii) Exception; (iv) Justification for Exception. Blank, unjustified, or unsupported requests will be disregarded.

Any exceptions requested from the College’ Sample Agreement must be provided, using this Exception Form.

If there are **NO** proposed alternates or exceptions, a statement to that effect must be provided.

**\_\_\_\_\_\_\_\_(initial)** Contractor certifies this proposal has taken **NO** exceptions and does not propose alternates.

***Exceptions/Alternates*** *are noted in the space below or are included as an Attachment to this section.*

|  |
| --- |
|  |

***Order Form*:**

**\_\_\_\_\_\_(initial)** The firm utilizes an Order Form, Sales Form or similar document for placement of orders and has included a sample attached herein for College’s review and approval for subsequent use during the agreement’s term**.** The Order Form does not contain provisions contradicting or conflicting with the Pima Community College Contract.

**\_\_\_\_\_\_(initial)** Order Form, Sales Form or similar document is not applicable.

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Proprietary/Confidential Information Form**

|  |  |
| --- | --- |
| **Company Name** |  |

In the event the Offeror elects to include in its proposal any information deemed "proprietary" or "protected," it will package such information separately from the balance of the proposal and clearly mark as to any proprietary claim.  Indicate in the space below specific reference to the requirement, specification including the page number, paragraph, and sentence and section number that which is deemed confidential or proprietary by the Respondent.

The College discourages the submission of such information and undertakes to provide no more than reasonable efforts to protect the proprietary nature of such information.  The College, as a public entity subject to Arizona public records law, cannot and does not warrant that proprietary information will not be disclosed.

The College will have the right to use any and all information included in the proposals submitted unless the information is expressly restricted by the Offeror.

If the proposal contains **NO** confidential/proprietary information, a statement to that effect must be provided.

**\_\_\_\_\_\_\_\_(initial)** Contractor certifies this proposal contains **NO** confidential and/or proprietary information.

***Confidential/Proprietary Information****. Contractor as indicated in the space below certifies the following pages, sections, paragraphs contain confidential and/or proprietary information****. If additional space is required, provide information on a separate page and submit as an attachment to this form.***

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Mandatory Certifications Form**

|  |  |
| --- | --- |
| **Company Name** |  |

**A. Conflict of Interest Certification**

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_(*initial*)** The Offeror certifies that to the best of his/her knowledge there is no officer or employee of College who has, or whose relative has, a substantial interest in any contract resulting from this Request for Proposal. |
|  |
| **\_\_\_\_\_\_\_\_\_(*initial*)** The names of all public officers or employees of College who have, or whose relative has, a substantial interest in any contract resulting from this Request for Proposal, and the nature of the substantial interest, are included below or as an attachment to this certification form. |
| First, Last Names  | Title |
|  |  |
|  |  |

**B. Boycott of Israel Certification**

As required by the Arizona Revised Statutes § 35-393.01, College is prohibited from awarding a contract to any Contractor for delivery of services, supplies, information technology or construction unless the contract includes a written certification that the Contractor is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of Israel.

A breach of the forgoing warranty certification will be deemed a material breach of the resulting contract. In addition to the legal rights and remedies available to College under the law. In the event of such breach, College will have the right to terminate the resulting agreement with the Offeror.

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_(*initial*)** Accordingly, the Offeror by initialing certifies Offeror is not currently engaged in boycott of Israel, and will not for the duration of the resulting contract with College under this RFP engage in a boycott of Israel.  |

**C. Worker Eligibility Verification**

As required by the Arizona Revised Statues § 41-4401, College is prohibited from awarding a contract to any Contractor who fails, or whose subcontracts/subrecipients fail, to comply with A.R.S § 23-214 governing the employee verification requirements through the federal e-Verify program.

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_(*initial*)** Accordingly, by initialing certifies that Offeror (1) complies fully with all applicable federal immigration laws and regulations that relate to its employees; that it will, as applicable or required under A.R.S § 23-214, verify, through the e-Verify program as jointly administered by the U.S. Department of Homeland Security and Social Security Administration or any of its successor programs, the employment eligibility of each employee hired to work on the resulting agreement with College; and (2) that it will, as applicable or required under A.R.S § 23-214, require its subcontractor and subrecipients to provide the same warranties to the Offeror.A breach of the forgoing warranty certification will be deemed a material breach of the resulting contract. In addition to the legal rights and remedies available to College under the law. In the event of such breach, College will have the right to terminate the resulting agreement with the Offeror. Upon request, the College will have the right to inspect the papers of each Contractor, subcontractor or any employee of either who performs work hereunder for the purposes of ensuring that the Contractor or subcontractor is in compliance with the warranty certification set forth herein. |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Appendix Form**

|  |  |
| --- | --- |
| **Company Name** |  |

In each space provided below, provide a detailed answer or indicate Not Applicable (N/A). If additional space is needed, answers may be provided on a separate document and be attached to this form.

* 1. **Litigation:** Details of any litigation your company or any of its subsidiaries or affiliates has had in the past five (5) years related to the performance of services provided by your firm.

|  |
| --- |
|  |

* 1. **Canceled;debarred,suspended:** If a firm has had any previous contracts canceled or is currently debarred, suspended, or proposed for debarment by any government entity, the current status must be documented in this section.

|  |
| --- |
|  |

* 1. **Prior Use:** If any customer has stopped using the product(s) or service(s) you are proposing, provide details including customer name, date when product was installed, date when product was discontinued (usage) and reason for discontinuation, including contact details of the customer.

|  |
| --- |
|  |

* 1. **Cooperative:** If the firm intends to use any cooperative, for the purposes of this proposal, the firm must submit a copy of the Cooperative Contract.
	2. **Subcontract, third party agreement**, or the like to perform under their proposal:, the firm must supply the name, address, qualifications and criteria used by the firm for selection of any third party, and the intended services to be performed. **The services provided under the Scope of Work proposed, in part or in whole, shall not be subcontracted without prior written permission of the College.**

|  |  |
| --- | --- |
| **Authorized Signature/Date** |  |
| **Print Name** |  | **Title** |  |

**Non-collusion Affidavit**

**(must be completed by contractor)**

**STATE OF: )**

**)**

**COUNTY OF: )ss**

**)**

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

(Name of Individual)

being first duly sworn upon oath deposes and says:

That he/she is

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

(Title)

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Company, Firm, or Corporation)

that, pursuant to Subsection 112(c) of Title 23, United States Code and Title 44, Chapter 10, Article 1, and Title 34, Chapter 2, Article 4 of the Arizona Revised Statutes, he certifies that neither he nor anyone associated with the company, firm, or corporation mentioned above has, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of full competitive bidding in connection with the associated project:

Subscribed and sworn to before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 2022. (Signature)

 If by a Corporation (Seal)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Notary Public

**Proposal Forms**

**Instructions**

Each firm will be limited in the total number of pages submitted as part of their Proposal packet.

Due to the offeror's time and cost in preparing this document, along with the challenge of thoroughly reading and evaluating these documents, the College will limit the total number of content pages to (single sided using minimum 11 point font). **A "page" is limited to one side of an 8-1/2 by 11 inch sheet of paper**:

Documents that will not be considered in this total number of content pages will be resumes, financial statements, letters from financial/insurance institutions, cover page, index, offer acceptance form, insurance certificates, non-collusion affidavit, and tab pages.

The tab pages will be used to reference each section and can be used for pictures or art work.

Appendices may be attached as back up information.

The College has attempted to streamline the amount of required information as noted on each Form.

Firms are strongly encouraged to present their offers in strict accordance with the noted outline.

**The Proposal must adhere to the order and response length indicated per each Criteria Response**

|  |  |
| --- | --- |
| **Company Name** |  |

**Company Experience and Service Form (25 points maximum)**

*Description of Company Qualifications and Experience may be noted in the space provided below or included as an Attachment to this form.* (Note: When responding to this form as an attachment, clearly identify in your proposal response each paragraph number shown below and your response to that paragraph.

The proposal must describe the firm’s qualifications and experience to provide the requested ground transportation services, and include the following:

1. **Company Background Information:**

Company legal name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

headquarters: address, phone number, and email address;

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

facility (supporting College): address, phone number and email address

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

other facility locations supporting the College (if different: address, phone number and email address)

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

1. **Qualifications and Experience Information:**

Years in ground transportation business.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A summary of qualifications, to include a description of the nature of the firm’s business; a description of experience, competencies, and overall organizational capabilities (not to exceed two (2) pages).

A summary of company’s Customer service standards (not to exceed one (1) page).

Give the name of the manager/supervisor who will be assigned to PCC on behalf of any resultant contract. Identify key contact personnel who may be involved with the contract.

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

Provide 24/7 emergency contact names and phone numbers.

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

**Fleet of Vehicles Form (25 points maximum)**

|  |  |
| --- | --- |
| **Company Name** |  |

Provide the following information for each **TYPE OF VEHICLE** in your fleet that would be used to serve the College. Make copies of this form as needed and attach to this form.

***TYPE OF VEHICLES:*** *Motor Coaches and Mini-Coaches,* Mini*-Buses, Passenger Vans, School buses (local travel only)*

**VEHICLE AMENITIES** (preferred) include, but are not limited to: Power Outlets, USB Charging Stations, WiFi, TV Monitors, A/V Entertainment Systems, Audio Jacks

|  |
| --- |
| **Type of Vehicle:** |
| Year |  |
| Make |  |
| Model |  |
| Seating Capacity |  |
| Describe the following |  |
| Amenities |  |
| Safety Features |  |
| Climate Control System |  |
| ADA and Wheel Chair Accessible |  |
| US DOT Number |  |

|  |
| --- |
| **Type of Vehicle:** |
| Year |  |
| Make |  |
| Model |  |
| Seating Capacity |  |
| Describe the following |  |
| Amenities |  |
| Safety Features |  |
| Climate Control System |  |
| ADA and Wheel Chair Accessible |  |
| US DOT Number |  |

|  |
| --- |
| **Type of Vehicle:** |
| Year |  |
| Make |  |
| Model |  |
| Seating Capacity |  |
| Describe the following |  |
| Amenities |  |
| Safety Features |  |
| Climate Control System |  |
| ADA and Wheel Chair Accessible |  |
| US DOT Number |  |

**Operational and Safety Activities Form (25 points maximum)**

|  |  |
| --- | --- |
| **Company Name** |  |

(Note: When responding to this form as an attachment, clearly identify in your proposal response each paragraph number shown below and your response to that paragraph.

1. **Maintenance & Safety:** Provide the information describing the Company’s vehicle maintenance and safety programs. Include a description of facilities and resources available to support vehicle operations. Explain maintenance schedules. How quickly can a replacement vehicle be dispatched? (Not to exceed two (2) pages – attach to this form)
2. **Training:** Describe the training a driver receives, if any. Include any background checks that are done on your drivers. Are drug screens utilized, if so how often are they done? Describe your licensing requirements for your drivers. (Not to exceed two (2) pages – attach to this form)
3. **Pandemic:** Describe protocols put in place for working in COVID -19 environment (not to exceed two pages – attach to this form).

**4**. In the space provided below - List the last 2 years of any accidents involving chartered vehicles of your company. Include any findings of fault/responsibility against your company.

**5.** In the space provided below - Describe your Cancellation policies, procedures, and time frames

**6.** In the space provided below – indicate the Minimum advance notification (lead time) to request bus service.

# Cost & Compensation Proposal Form (25 points maximum)

|  |  |
| --- | --- |
| **Company Name** |  |

Increases up to 3% annually with written justification may be allowed upon the approval of the

College Transportation Department.

Pima Community College expects that all costs are included in the overall fee for services proposed, and

that there will be no additional expenses billed to the college for any reason. Note: All costs will be included here; No additional expenses will be billed to College for any reason.

* Unit Prices will be shown by item and individually extended, unless otherwise indicated. In case of a conflict between unit price and extension, unit price prevails.
* Sales Tax: Do not include Sales Tax in Unit Prices. Equipment or materials should include itemized sales tax in the amount in the space provided herein; Proposals for services only, are not taxable. Note, the College is not exempt from paying State and local transaction privilege tax (sales tax).
* Optional Items/Services: Indicate if any items are optional and specify them in a separate section.

**LABOR:**

* Labor Rates accrue from scheduled arrival time at the pick-up site.
* Labor is billed at a Straight Time Hourly Rate when performed during regular business hours from 7:00 am to 5:00 pm, Monday – Friday. Labor Rate includes mode of transportation.
* Labor is billed at an Overtime Time Hourly Rate when performed during non-regular hours from 5:01 pm to 6:59 am, anytime Saturday or Sunday. Labor Rate includes mode of transportation.
* **Travel and Mileage** charges accrue from the point and time City of Tucson/Marana limits are passed. Travel time is billed at an hourly rate and in fifteen (15) minutes increments.

**DESTINATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Alphabetical Order by City, State** |  | **State** | **City** |
| Albuquerque, NMAthens, TXBenson, AZBisbee, AZCasa GrandeChandler, AZGoodyear, AZCoolidge, AZDouglas, AZEl Paso, TXEphraim, UTFlagstaff, AZGlendale, AZGrand Canyon, AZHenderson, NVLas Vegas, NVLos Angeles, CALubbock, TXMesa, AZParadise Valley, AZPeoria, AZPhoenix, AZPrescott, AZRoswell, NMSan Diego, CAScottsdale, AZSilver City, NMTempe, AZThatcher, AZTucson, AZ (local)Walnut, CAYuma, AZ |  | **Arizona** | Benson, AZBisbee, AZCasa GrandeChandler, AZGoodyear, AZCoolidge, AZDouglas, AZFlagstaff, AZGlendale, AZGrand Canyon, AZMesa, AZParadise Valley, AZPeoria, AZPhoenix, AZPrescott, AZScottsdale, AZTempe, AZThatcher, AZTucson, AZ (local)Yuma, AZ |
|  | **California** | Los Angeles, CASan Diego, CAWalnut, CA |
|  | **Nevada** | Henderson, NVLas Vegas, NV |
|  | **New Mexico** | Albuquerque, NMRoswell, NMSilver City, NM |
|  | **Texas** | Athens, TXEl Paso, TXLubbock, TX |
|  | **Utah** | Ephraim, UT |

Round Trip from any PCC location to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per standard day (10 hours maximum).

**For trips not listed above, provide pricing for trips from:**

One PCC location to any location within Arizona $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/per mile or hour or day *(circle one)*

One PCC location to any location outside Arizona $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/per mile or hour or day

 *(circle one)*

Additional Hours (overtime) past the fixed pricing rate (day trip) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/per hour

Charge for additional hour past a standard 10 hour day.

Price Per Day for out of town multi-day trips $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price per day for extra driver/other OTR costs if needed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price for one (1) day trips that go overnight $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Sales Tax Rate (i.e. 8%)** | **Jurisdiction (i.e. City of Tucson)** | **Taxable Item #s** |
|  |  |  |
|  |  |  |

**Other Items or Services Available**

Please indicate other costs not listed that are normally part of your service. Also include any minimum charges and travel costs.

|  |  |  |
| --- | --- | --- |
| **Description** | **Unit of Measure** | **Unit Price $** |
|  |  |  |
|  |  |  |
|  |  |  |

**BILLING**

Original invoices are to be sent to the College District Office at:

*Pima Community College District, Accounts Payable, 4905 E. Broadway Blvd, Tucson, AZ 85709*

A copy of the invoice must be sent to College Transportation Department electronically via email. The contact person will be provided.

Invoices shall state:

1. The travel group name
2. Passenger Count
3. Destination
4. Pickup Location
5. Leave Date/Time
6. Spot Time
7. Return Date/Time
8. Vehicle/Equipment
9. Total Cost, Rate Information and Calculation
10. Total Miles Traveled
11. Total House of Service
12. Fuel Surcharge, Driver Lodging and Meals, or Other Charges (if applicable)

**References Form (five points maximum)**

Evidence of ability to provide the requested services demonstrated by providing at least three (3) references of which you have performed chartered transportation services for within the last three years.

|  |
| --- |
| **REFERENCE 1** |
| Entity Name |
| Contact Name, Title, Phone Number, and Email address |
| Year(s) service(s) provided |
| Brief description of service (day trip, overnight), type of vehicle used |

|  |
| --- |
| **REFERENCE 2** |
| Entity Name |
| Contact Name, Title, Phone Number, and Email address |
| Year(s) service(s) provided |
| Brief description of service (day trip, overnight), type of vehicle used |

|  |
| --- |
| **REFERENCE 3** |
| Entity Name |
| Contact Name, Title, Phone Number, and Email address |
| Year(s) service(s) provided |
| Brief description of service (day trip, overnight), type of vehicle used |

**RFP Completion Checklist**

This checklist is a summary of some of the required components of the RFP. Offeror must ensure supporting documentation and attachments are included.

This Check-List is provided as a convenience to Offerors, but is not intended to be all-inclusive or to imply acceptance or evidence of compliance by its use. It is the responsibility of the Offeror to submit complete and compliant proposals.

* **Cover Letter**

**Required RFP Submittal Forms**

* **Proposal Certification Form**
* **Exceptions Requested/Vendor Order Form**
* **Confidential and/or Proprietary Declaration Form**
* **Mandatory Certifications Form**

**Proposal Forms**

* **Company Experience & Service Form**
* **Fleet of Vehicles Form**
* **Operational Activities Form**
* **Reference Form**
* **Cost & Compensation Proposal Form**