



700 NE. 2nd Street • Suite 100 • Meridian • Idaho 83642

Request for Proposals – 2019-06-20

Application

ACQUISITION OF SERVICE PROVIDERS

who can provide transportation services to Seniors and persons with disabilities in Ada and Canyon Counties.

SECTION 8

SERVICE PROVIDER'S APPLICATION & CERTIFICATION

Instructions for Application:

- All organizations submitting proposals please complete the application in its entirety.
- Be clear and concise in describing and answering the questions.
- Describe your organization as you would to someone that is unfamiliar with your agency and its operations. *Individuals evaluating these applications may NOT be familiar with your agency.
- Type or clearly write your answers to each question.

a. **SERVICE PROVIDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDA(S):**

ADDENDA	DATE
1.	
2.	
3.	

b. **SCOPE of SERVICES and PROVIDERS BASIC INFORMATION AND PROVIDER CAPABILITY**

This project is for a traditional 5310 purchase of service in portions of Ada and Canyon Counties that will improve mobility for seniors (65 and older) and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program acquires transportation services from partners who can plan, design and carryout services to those with special transportation needs such as seniors and individuals with disabilities.

The Service Provider will be a private, non-profit agency that will offer and provide effective mobility options in an efficient manner. Service Provider acknowledges that it is a sub-recipient Service Provider of 5310 Acquisition of Service grant funds received by VRT.

Legal Name of Provider: _____

Business Name: (if different from above): _____

Contact Person: _____ Title: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ County: _____

State: _____ Zip: _____

Telephone number: _____ Fax: _____

Email of business: _____

1. IRS Employer ID #: _____

2. DUNS #: _____

3. Legal status of Provider: Private Non-Profit Public Non-Profit
 For-Profit Other, describe:

c. If you are a Non-Profit Provider –

1. Attach copies of the Provider's:
 - a. Article of Incorporation, **(Label Attachment #1)**
 - b. Bylaws **(Label Attachment #2)**
 - c. 501(c)(3) status **(Label Attachment #3)**
2. Did the Provider receive over \$750,000 of Federal funding in past year?
 - a. No
 - b. Yes – please attach the most recent audit. **(Label Attachment #4)**

d. If you are a For-Profit Provider –

1. What type of For-Profit Provider is your organization?
 Incorporated Sole Proprietorship LLC Partnership
 Other: _____

a. Business Types:

(To qualify you must have certified through the U.S. Small Business Administration, <https://certify.sba.gov/>)

- Woman-Owned, 51% or more owned by 1 or more women
- Veteran-Owned, 51% or more owned by a Veteran
- Disabled Veteran-Owned, 51% or more owned by a Disabled Veteran
- HUB Zone Small Business Concern (Historically Underutilized Business Zones as Certified with SBA)
- Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged individuals, including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans **(Label Attachment #5)**

e. Provide **ONE** of the following documents to this application which demonstrates the Provider's financial soundness: (**Label Attachment #6**)

- Audit Report, within the past 12 months
- Credit Report
- Income Tax Statements

f. Provider submits the application to provide service in the following location(s):

Transportation	Service Area
	Ada Co.
	Boise
	Eagle
	Garden City
	Kuna
	Meridan
	Star

Transportation	Service Area
	Canyon Co
	Caldwell
	GreenLeaf
	Melba
	Middleton
	Notus
	Nampa
	Parma

g. If Provider chooses a specific city or locale, will Transportation service have boundaries?
 Yes No

Explain Boundaries: _____

h. Attach job descriptions, by title, for **all** personnel, paid and volunteer, including administrative personnel who will support the Transportation program. (**Label Attachment #7**)

i. Attach a current list of member's names, addresses, telephone numbers, office positions, year elected, and terms of office. (**Label Attachment #8**)

j. What is the mission of the Provider? _____

k. What governing body will be responsible for the oversight of the program? Complete chart below:

Position Title	Paid/Volunteer	Major Responsibilities

I. Summarize the history of your organization, describing the programs and clients you serve.

m. Attach copies of the Provider's current insurance policies: **(Label Attachment #9)**

Assurances

- a. The Provider will ensure access to the Transportation program will be equally available to all eligible seniors (individuals aged over 65 years or older and persons with disabilities).
 Yes No

- b. The Provider has read, understands in full, and will follow the VRT's Scope(s) of Work – as outlined in the Contract Terms and Conditions.
 Yes No

- c. The Provider is an equal opportunity employer and has an affirmative action policy, if applicable.
 Yes No

- d. The Provider will electronically report accurate fiscal and program data, on time, as required in the General Terms and Conditions of the VRT Service Provider agreement or as requested.
 Yes No

NOTE: For Section Below, additional pages are allowed for your answers, if necessary.

Required Activities and Application Narrative

a. The Provider will provide Outreach to locate persons in the community who are not participating in available senior programs or receiving senior services for which they qualify. Provider will identify their service needs; provide information about aging program and services available; and assist them in accessing services they need or want to participate in.

b. Describe in detail how you plan to provide outreach and increase usage of your organization.

c. Describe in detail any plans for expansion of this service.

d. Describe in detail how maintaining confidentiality of client information will be handled.

e. Describe in detail the plan to maintain confidentiality of client donations.

f. Describe in detail the Emergency Procedures in the event transportation services are not operational.

g. Describe in detail how annually assess client satisfaction of services will be assessed and completed on an annual basis.

h. Describe in detail the procedures for handling injuries to clients, staff, and volunteers.

i. Describe in detail the procedures for handling, reporting, and documenting client complaints.

j. Describe in detail the transportation service(s) that the Provider has provided to seniors aged (65 years and older) and persons with disabilities within the last 12 months. If none, describe the transportation service(s) for seniors (65 years and older) and persons with disabilities the Provider is planning to undertake. Include funding sources in addition to the funding structure.

k. Describe in detail what strengths uniquely qualify the Provider to provide Transportation Services for seniors?

Partnership, Collaboration and Fund Leveraging.

a. Describe in detail how the Provider has sufficient financial and in-kind resources to meet the local match requirement for the federal funding provided by VRT.

b. Describe any partnerships the Provider has or anticipates ensuring that services are delivered. Include partnering organizations' names, funding sources, partners' cash contributions, in-kind, etc.

Program Sustainability

I. Describe in detail the various activities and methods the Provider employs that are designed to increase community involvement, participation, and donations for Transportation services.

a. How will the Provider assure services are provided throughout the contract within the confines of funding? (I.e. Provider budgeted for 8,000 trips January through December, served 10,000 trips by October, how will this affect the program).

1. **REFERENCES:** Service Provider is to provide at least **three references** for which your organization have provided services similar to the ones that are being required herein.

Reference # 1 **Company Name:** _____
Company Address: _____
Contact Person: _____
Phone: _____
E-Mail: _____

Reference # 2 **Company Name:** _____
Company Address: _____
Contact Person: _____
Phone: _____
E-Mail: _____

Reference # 3 Company Name: _____
Company Address: _____
Contact Person: _____
Phone: _____
E-Mail: _____

2. CERTIFICATIONS & AFFIDAVIT

a. CONFLICT OF INTEREST AFFIDAVIT

The undersigned, being first duly sworn on oath states on behalf of the Service Provider:

Conflict of Interest - That the Service Provider, by entering into this contact with Valley Regional Transit is to perform or provide work, services or materials to Valley Regional Transit, has thereby covenanted, and by this affidavit does again covenant any such interest, which conflicts in any manner or degree with the services required to be performed under this contract and that it shall not employ any person or agent having any such an interest. In the event that the Service Provider, its agents, employees, or representatives, hereafter acquire such a conflict of interest, it shall immediately disclose such interest to Valley Regional Transit and take action immediately to eliminate the conflict or to withdraw from this contract, as Valley Regional Transit may require.

Contingent Fees and Gratuities - That the Service Provider, by entering into this contract with Valley Regional Transit to perform or provide services or materials for Valley Regional Transit has thereby covenanted, and by this affidavit does again covenant and assure:

That no person or selling agency except employees or designated, agents or representatives of the Service Provider has been employed or trained to solicit or secure this contract with an agreement or understand that a commission, percentage, brokerage, or contingent fee would be paid; and

That no gratuities, in the form of entertainment, gifts or otherwise, were offered or given by the Service Provider or any of its agents, employees or representatives, to any official, member or employee of Valley Regional Transit or other governmental agency with a view toward securing this contract or securing favorable treatment with respect to the awarding or amending, or the making of any determination with respect to the performance of this contract.

Service Provider Name: _____

Authorized Signature: _____

Title: _____

(seal)

b. DBE CERTIFICATION

Dear Service Provider:

As required by 49 CFR Part 26.11, STA is required to create and maintain a Service Providers list of all firms bidding on prime contracts and bidding or quoting subcontracts on Department of Transportation-assisted contracts.

To comply with this provision of the regulations, VRT requests the following information required by the Federal Transit Administration. **This information is not used in determining award of contract or in evaluating your proposal in any way. Providing this information is voluntary.**

Company Name: _____

Company Address: _____

North American Industry Classification System (NAICS) Code: _____

Type of Business: _____

Telephone No: _____ Fax No. _____

Email Address: _____

Authorized Signature: _____

Printed Name and Title: _____

Date Signed: _____

Is your firm a Disadvantaged Business Enterprise (DBE) registered with the State of Washington Office of Minority and Women's Business Enterprises?

Yes No

How long has your firm been in business? _____

Please check the box that describes your total gross annual receipts:

- | | |
|--|--|
| <input type="checkbox"/> Less than \$500,000 | <input type="checkbox"/> \$3,000,001 - \$3,500,000 |
| <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> \$3,500,001 - \$4,000,000 |
| <input type="checkbox"/> \$1,000,001 - \$1,500,000 | <input type="checkbox"/> \$4,000,001 - \$4,500,000 |
| <input type="checkbox"/> \$1,500,001 - \$2,000,000 | <input type="checkbox"/> \$4,500,001 - \$5,000,000 |
| <input type="checkbox"/> \$2,000,001 - \$2,500,000 | <input type="checkbox"/> \$5,000,001 - \$5,500,000 |
| <input type="checkbox"/> \$2,500,001 - \$3,000,000 | <input type="checkbox"/> greater than \$5,500,000 |

c. CERTIFICATION OF LOWER-TIER PARTICIPANTS

Regarding Debarment, Suspension and Other Ineligibility and Voluntary Exclusion

For use by Service Providers who submitted proposals to who's funding award amount is equal to or greater than \$25,000. Firm/Name: _____ certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participant in this transaction by any Federal department or agency. If unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.

Firm Name: _____ certifies or affirms the truthfulness and accuracy of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. sections 3801 et seq. are applicable thereto.

SERVICE PROVIDER NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME AND TITLE _____

d. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION IN A LOWER TIER COVERED TRANSACTION

The prospective lower tier participant (Service Provider/Respondent) in an FTA-financed procurement certifies, by submission of this bid/proposal, that neither it nor its "principals" [as defined at 49 CFR, Part 29.995] are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

The prospective lower tier participant agrees by submitting this bid/proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in the covered transaction, unless authorized in writing by STA. The prospective lower tier participant further agrees by submitting this bid/proposal that it will include this certification, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

When the prospective lower tier participant is unable to certify to the statements in this certification, such prospective participant shall attach an explanation to this bid/proposal.

THE LOWER TIER PARTICIPANT CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. #6101 ET SEQ. ARE APPLICABLE THERETO.

NAME OF SERVICE PROVIDER_____

AUTHORIZED SIGNATURE_____

PRINTED NAME AND TITLE_____

e. LOBBYING CERTIFICATE

To be submitted with Proposals when Service Provider **agreements exceed \$100,000**

The Proposer or Offeror certifies, to the best its knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Federal department or agency, a Member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a Member of the U.S. Congress in connection with the awarding of 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 thereof.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to 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 instruction, as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96).
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction 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.

THE SERVICE PROVIDER, _____,

CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF EACH STATEMENT OF ITS CERTIFICATION AND DISCLOSURE, IF ANY. IN ADDITION, THE PROPOSER OR OFFEROR UNDERSTANDS AND AGREES THAT THE PROVISIONS OF 31 U.S.C. §§ 3801 ET SEQ. APPLY TO THIS CERTIFICATION AND DISCLOSURE, IF ANY.

Name, Title of the Proposer Authorized Official:

Signature: _____

Title: _____

Date: _____

2. Application Submission Letter

- a. In submitting this application, Provider certifies and acknowledges the RFP 2019-06-20 in its entirety; and that all attached documents (Guide and Application) have been read and Provider understands and agrees to the terms and conditions.
- b. Provider certifies and acknowledges that all information provided is true, complete, and accurate to the best of Provider's knowledge. Should an investigation at any time disclose any misrepresentation or falsification information provided by Provider to VRT hereunder, this application may be rejected and contracts entered terminated.
- c. Enclosed, at a minimum, is **all** information requested in this RFP.
- d. **One original and attachments** are being submitted in a sealed envelope as instructed.
- e. Any RFP addendums received are acknowledged with this application.
- f. Provider certifies that the assurances contained in this application have been signed by the legally authorized official.
- g. Provider certifies that the submission of this application did not involve collusion or other anti-competitive practices.
- h. Provider certifies as to Non-Debarment.
- i. Provider agrees to comply with all applicable Valley Regional Transit (VRT) specifications, agreement terms, manuals, policies and directives, and all applicable federal, state and local laws.
- j. Provider certifies, upon award of contract, to maintain liability insurance as specified in the General Terms and Conditions of the VRT's agreement
- k. The person signing on behalf of the Provider is legally authorized to submit this application and to make this certification.

Signature of Provider Official

Title

Date