#### Town of Arlington Purchasing Department

#### INVITATION FOR BID #18-36

#### **Transportation for Senior Citizens and Disabled Residents**

Sealed bids pursuant to the Uniform Procurement Act, Chapter 30B are invited and will be received by the Town Manager, Town of Arlington, Massachusetts, until **<u>10:00 A.M.</u> Wednesday, July 18, 2018** at the following address:

> Town of Arlington Office of the Purchasing Agent 730 Massachusetts Avenue Arlington, Massachusetts 02476

At that time and place they will be publicly opened and read for furnishing. Bids received after this time will not be accepted. Specifications and Proposal Forms may be obtained at the Office of the Purchasing Agent, 730 Massachusetts Avenue, Arlington, MA 02476.

Proposals must be submitted on the forms provided and in a sealed envelope plainly marked: <u>Bid #18-36 Transportation for Senior Citizens.</u>

Further information may be obtained by contacting Domenic Lanzillotti, Purchasing Officer at (781) 316-3003 or <u>dlanzillotti@town.arlington.ma.us</u>.

The Town Manager reserves the right to cancel any invitation for Bid, to reject in whole or in part any and all bids, when it is deemed in the best interest of the Town or Arlington to do so.

> Adam W. Chapdelaine Town Manager

July 2, 2018

#### Town of Arlington

### **Transportation for Elderly**

## INVITATION FOR BID

#### SECTION I: PURPOSE AND OBJECTIVES OF THIS REQUEST FOR PROPOSALS

The Town of Arlington, Massachusetts, (the "Town") seeks bids from qualified independent firms ("Respondents") to provide transportation services to the senior citizens of Arlington as described in the following Invitation for Bid ("IFB").

In summary, the Town seeks transportation services in the following area:

A. a taxi dial-a-ride service transporting senior citizens within the Town limits.

#### SECTION II: Background

Currently, the Town of Arlington operates a Taxi dial-a-ride service that transports eligible senior citizens within town limits. The service is currently operating between the hours of: <u>Monday-Friday</u>: 9 AM to 4 PM; <u>Saturday</u>: 1 PM to 6 PM

Approximately 200-250 rides are provided monthly for 100 clients.

## SECTION II: GENERAL TERMS AND CONDITIONS

## 2.1 Acceptance of Proposal

A bid submission will remain in effect for a period of 90 calendar days from the deadline for submission of bids or until it is formally withdrawn, or a contract is executed. The Town reserves the right to reject any and all bids.

## 2.2 Administration of Contract

The contract for this service will be between the Town of Arlington and the Respondent(s) that is awarded the contract ("Contractor") and will be administered by the Town of Arlington's Purchasing Officer.

## 2.3 Term and Duration of Contract

The contract will begin July 23, 2018 and end on June 30, 2019, for the first contract period. The contract may be renewed, subject to funding availability, for two additional one-year periods from July 1, 2019 through June 30, 2020 and July 1, 2020 through June 30, 2021. Additionally, the Town will determine whether to renew the contract following a review of the quality of the service provided by the current Contractor.

## 2.4 Termination of Contract

The Town may terminate the contract without cause provided that written notice is given to the Contractor thirty (30) days prior to the effective termination date.

#### 2.5 Contractor's Insurance Obligations

The contractor must provide insurance policies to the Town as stated below - at the expense of the Contractor. The Insurance Certificate must be written in the name of the Town as an Additional Insured in order to protect the interest of the Town from any liability that might be incurred against it as a result of any operation of the Contractor, its subcontractors, or their employees.

The insurance required shall include all major divisions of coverage, and shall be on a commercial, general liability basis. Such insurance shall be written for not less than any limits of liability required by law. The insurance policy must cover the entire contract period and must be extended and furnished to the Town in the event that the contract is renewed for years two and three.

Certification of insurance must be presented to the Town at the time the contract is signed by the Contractor. The Contractor and all subcontractors waive subrogation rights against the Town for all losses. The Town reserves the right, at its sole discretion, to amend the insurance requirements.

#### 2.6 Payment for Contractor Services

The contractor shall be paid no more frequently than monthly, in proportion to the work completed upon presentation of an invoice, in a form acceptable to the Town. The contractor must provide a list of clients, purpose of trip, and destination by the 15<sup>th</sup> of each month for the previous month's activity. The contractor will not be reimbursed for vouchers received by the Council on Aging more than forty days after the date of the ride.

#### SECTION III: BID REVIEW PROCESS

#### 3.1 Cost of Services

The lowest price bid for each service will be one for which the price per ride is the lowest. In accordance with M.G.L. Chapter 30B, the contract award given to the lowest price bid.

Multiple pickups (Service B), with the same pickup point and the same destination, will be billed at half rate.

#### 3.2 References

The Respondents must provide three references. References will be contacted to determine if the Respondent is responsive and responsible. References will be asked about their overall impression of the Respondent, quality of the work performed, understanding of factors affecting service delivery, quality of vehicles, driver and driver training, adherence to the Americans with Disabilities Act (ADA), sensitivity to the needs of the clients, ability to administer the program, driver courtesy, and the timeliness of service.

#### 3.3 Interviews

At the Town's discretion, an interview may be conducted with each Respondent. The interview will be conducted to evaluate the Respondent's ability to communicate effectively and to provide efficient and effective transportation services to the clients.

#### 3.4 Award of Contract

The Town will award a contract for the service to the lowest responsive and responsible, eligible Respondent. The Town reserves the right to reject any and all proposals if it determines that it is in the best interest of the Town to do so.

#### SECTION IV: SCOPE OF SERVICES

#### Taxi Dial-A-Ride Services

The Contractor will be responsible for scheduling, coordination, data collection, reporting, dispatching and transport of eligible residents.

The will operate between the hours of: <u>Monday-Friday</u>: 9 AM to 4 PM; <u>Saturday</u>: 1 PM to 6 PM;

Service must be limited to in-town trips for purposes approved by the Council on Aging.

The total number of trips to be provided is expected to range from two hundred to three hundred per month.

The contractor must be TDD equipped for hearing impaired riders and must have TDD-trained reservationists.

Passengers may be grouped for efficiency. A rider will not be required to ride more than 15 minutes due to grouping.

#### SECTION V: PROPOSAL

The proposal should describe the Respondent's plan for providing the service(s) described in the Scope of Services (Section VI) and should include the following information:

- 1. Name and address of the entity submitting the proposal; contact person; telephone and fax number.
- 2. A description of the Respondent's fleet, including number of vehicles, seating capacity, compliance with ADA, and number of vehicles that can transport passengers in wheelchairs.
- 3. What type of vehicles the Respondent proposes to use under this contract.
- 4. Description of the number and types of drivers (e.g., number of full-time and part-time drivers employed).
- 5. The Respondent's capacity to take initial client data, schedule rides, dispatch drivers, handle cancellations, and provide statistics on ridership.
- 6. Any limitations the Respondent may have in providing transportation (time, hours, radius of travel, limits in assisting clients).
- 7. Details on the medical dial-a-ride service including; what days and hours the Respondent will provide services; the proposed system for picking up clients for return trips from the doctor.

- 8. How the Respondent will turn away clients on days when demand for service exceeds available resources.
- 9. For any service in which more than one rider will be picked up in a given vehicle before the trip is completed, the Respondent must indicate the amount of time the first rider to enter the vehicle may expect to be on the vehicle before a one-way trip is completed.
- 10. The Respondent's capacity to substitute vehicles and/or drivers in the event of an emergency or breakdown.
- 11. The Respondent's vehicle maintenance policy and schedule.
- 12. The types and amount of training that the Respondent requires to insure that both new and continuing drivers can assist passengers appropriately. Examples include: Passenger Assistance Techniques, Passenger Sensitivity Training, Standard First Aid, CPR, Emergency Procedures, drug and alcohol awareness.
- 13. Number of years the Respondent had provided transportation services under this business name. Years the Respondent had provided transportation specifically to the elders.
- 14. All contracts that the Respondent has had with other agencies to provide transportation in the past five years (include name of agency, type of service, and dollar award).
- 15. Contact names, addresses, and telephone numbers for three references.
- 16. The Respondent's policies and procedures to ensure high quality service at all times, including self-evaluations or rider satisfaction measures.
- 17. The Respondent's safety record over the last three years. Include details on the number of accidents, the number of accidents without injury to persons, the average number of one-way trips provided each week, the number of drivers with any convictions or pending actions or morals violations, dangerous operation of motor vehicles, or driving under the influence within the past five years.
- 18. Confirmation that all drivers are experienced and hold valid Commonwealth of Massachusetts driver's licenses for the class of service being offered.
- 19. Confirmation that the Respondent is TTD equipped.
- 20. Confirmation that the Respondent is in compliance with applicable DOT Drug and Alcohol Testing Requirements.
- 21. Confirmation that the Respondent is in compliance with applicable ADA Requirements.

\* \* \*

#### DIAL-A-RIDE APPLICATION PROTOCOL

1. Arlington residents **62years old and older**, and "severely disabled adults", *are presumed statistically* to be DART-eligible.

A "severely disabled adult" is one who uses a wheel chair, (or) is unable to perform one or more functional activities or needs assistance with ADLs, (or) has a "selected condition" such as autism, cerebral palsy, alzheimer's disease, senility or dementia, or mental retardation.

Persons under 65 years of age who are covered by Medicare or receive SSI are considered to have a severe disability.

All that is needed for verification is proof of age; e.g., "a person's license or birth certificate." Other means of age verification may also be acceptable.

2. Arlington residents **between 60 and 62 years of age** must provide proof of income as well as age Verification. The caps on income are **\$56,800** for a person living alone, and **\$64,900** for a married couple living together (*2018 figures*).

"Tax returns are the easiest for an applicant to provide. If they do not file, they can ask the IRS for a letter stating they do not file because their income is below a certain level. If in public housing, a lease showing the applicant as occupant will suffice."

"Documentation that the applicant receives MassHealth would not be acceptable as proof of income because it is a state (not federal) program."

#### PRICE PROPOSAL FORM

#### TOWN OF ARLINGTON PURCHASING DEPARTMENT

#### TRANSPORTATION FOR SENIORS AND DISABLED RESIDENTS

DEADLINE: Wednesday July 18, 2018 @ 10:00 A.M.

Mr. Adam W. Chapdelaine Town Manager Arlington, MA 02476

We, the undersigned, herewith submit proposal for furnishing and delivering Transportation for Senior Citizens and Disabled Residents to the Town of Arlington, Massachusetts all in accordance with the Invitation for Bid furnished to us for the period of JULY 1, 2015 THRU JUNE 30, 2016.

#### AWARD BASED ON FIRST YEAR ONLY.

#### YEAR 1: JULY 23, 2018 THRU JUNE 30, 2019

TAXI DIAL-A-RIDE

Unit cost per ride: \$\_\_\_\_\_

#### Option Year 1 at the sole discretion of the Town of Arlington.

#### JULY 1, 2019 THRU JUNE 30, 2020

Unit cost per ride: \$\_\_\_\_\_

**Option Year 2 at the sole discretion of the Town of Arlington.** 

#### JULY 1, 2020 THRU JUNE 30, 2021

Unit cost per ride: \$\_\_\_\_\_

COMPANY NAME:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

SIGNED BY:\_\_\_\_\_

(PRINTED)

(SIGNATURE)

DATE:\_\_\_\_\_

PHONE:\_\_\_\_\_ FAX:\_\_\_\_\_

## **CERTIFICATE OF NON-COLLUSION**

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

(Signature of individual submitting bid or proposal)

(Name of individual submitting bid or proposal)

Name of Business

## Date

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I have complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and

withholding and remitting child support.

Social Security Number or Federal Identification Number Signature of Individual or Responsible Corporate Officer and Title

# NON-COLLUSION FORM

## MUST BE SIGNED ANDSUBMITTED WITH BID