

# Gainesville.

## Citizen centered

## People empowered

### ADDENDUM NO. 3

**Date:** March 20, 2019

**Bid Date:** March 27, 2019  
3:00 P.M. (Local Time)

**Bid Name:** ADA Paratransit Service in City of Gainesville  
and Alachua County

**Bid No.:** RTSX-190028-DS

**NOTE:** This Addendum has been issued to the holders of record of the specifications and attendees of the non-mandatory pre-bid meeting held on March 14, 2019.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. The question submittal deadline has passed. No additional questions will be answered.
2. Final questions received and City's response:

**Question 1:** On page 20 of the RFP, It states that 100% of the vehicles provided should be wheelchair accessible. On average 75-77% of the trips are going to be ambulatory. Is it acceptable if the contractor provides ambulatory vehicles such as mini vans as well as wheelchair accessible vehicles?

**Answer 1:** **Yes, as long as the company has the resources to provide wheelchair trips when needed.**

**Question 2:** Provided that the maintenance is in compliance with all requirements; may the contractor subcontract all or part of the maintenance?

**Answer 2:** **No, FDOT has tasked RTS with doing Maintenance and Operational inspections and trying to get another contractor to be in full compliance with maintenance requirements is not acceptable.**

**Question 3:** RFP Section I.C, pages 3-4, states: "and the separate sealed price envelope, if required" and "Both the Technical Proposal and the Price Proposal, if required to be submitted in a separate envelope." Please confirm if the price proposal is required to be submitted in a separate envelope.

**Answer 3:** **No, the price proposal is not required to be submitted in a separate envelope.**

**Question 4:** Please clarify that contractor for RFP NO. RTSX-190028-DS will only provide ADA Paratransit operations and not TD transportation.

**Answer 4:** **Refer to Addendum #1, Question/Answer 28 and Question/Answer 29.**

Question 5: Please provide the number of vehicles used in ADA Paratransit services.

**Answer 5: Refer to Addendum #1, Question/Answer 4.**

Question 6: Is the current contractor using any vehicles other than those provided by the city or owned by the contractor to operate trips for the city?

**Answer 6: Refer to Addendum #1, Question/Answer 6.**

Question 7: Please confirm there is no labor union.

**Answer 7: Refer to Addendum #1, Question/Answer 44.**

Question 8: Has service experienced problems due to driver shortages?

**Answer 8: Both RTS and the current provider have experienced driver shortages.**

Question 9: Is the contractor responsible for fueling cost?

**Answer 9: Refer to Addendum #1, Question/Answer 13.**

Question 10: What are the percentage of trips outside the city of Gainesville?

**Answer 10: The majority of the ADA trips are within the City limits of Gainesville because the ADA service area extends to the Gainesville city limits. The only trips that are provided outside the city limits are the 5310 trips and 5311 trips when funds are available (they require 50-50 funding match).**

Question 11: Please provide the average daily subscription trips?

**Answer 11: Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.131(b), paratransit service must be provided to eligible individuals on a next-day basis (i.e., at any time tomorrow in response to a request made today). Section 37.133 permits the use of subscription service (i.e., trips provided to eligible ADA paratransit riders who make trips on a repeated or recurring basis, such as to school, work, religious services, dialysis treatment, etc.), as long as it does not absorb more than 50% of the available trips at a given time of day.**

Question 12: Please provide number of No Show in the last three months by day.

**Answer 12: Statistics by day are not available. Refer to Addendum #2, Question/Answer 2.**

Question 13: Please provide last six months of operations reports and monthly billing from current contractor.

**Answer 13: Refer to Addendum #1, Question/Answer 48 for November 2018 through January 2019 invoices. Refer to Addendum #2, Question/Answer 2 for operations reports. Invoices for August through October 2018 are attached at the end of this document.**

Question 14: Respectfully request that the due date be delayed by two weeks to ensure that all answers to questions be analysis in order to provide a responsible bid.

**Answer 14: No, the due date of March 27, 2019 will not be extended.**

Question 15: The RFP provides a price sheet, do you require that proposers provide a cost breakdown?

**Answer 15: No, only the Unit Price for Line Items 1-3 are required.**

3. Revision of City's response to Question 6 from Addendum #2:

Question 6: What version is Drivemate?

**Answer 6: The current contractor uses Trapeze. Since the current contractor decided to use tablets, the remaining Mobile Data Terminal (MDT) Ranger 4's were turned in to Surplus. Those units are no longer available but would have required, at a minimum, Trapeze version 12. A new contractor must employ or procure Transportation Management Software that will interface with MDT devices or GPS capable tablets and have the capability necessary to provide location and changes to scheduled pickups or drop offs.**

4. The following new section is hereby added to the RFP:

### **QUALIFICATIONS/STATEMENT OF QUALIFICATIONS**

Bidder must initial all the following requirements which serves as acknowledgement that either the bidder *already* complies with the requirement (4.) or *will* comply with the requirements (1., 2., 3., and 5.) if awarded the contract:

1. \_\_\_ Bidder's operating facility must be located in the City limits and off of a fixed route.
2. \_\_\_ Bidder must be willing to employ or procure Transportation Management Software that will interface with Mobile Data Terminal (MDT) devices or GPS capable tablets and have the capability necessary to provide location and changes to scheduled pickups or drop offs.
3. \_\_\_ Bidder must have either operational MDTs or tablets in all vehicles.
4. \_\_\_ Bidder must have a minimum of 5 years of providing ADA paratransit service.
5. \_\_\_ General Manager must be 100% dedicated to this contract

5. The **RFP Time Table** has been revised as shown below in **red**:

#### **B. RFP TIME TABLE**

The anticipated schedule for the RFP and contract approval is as follows:

RFP available for distribution	February 8, 2019
Non-Mandatory Pre-Proposal Conference	March 14, 2019 (10:00 a.m. local time)
Deadline for receipt of final questions	March 19, 2019
Deadline for receipt of proposals	March 27, 2019 (3:00 p.m. local time)
Evaluation/Selection process	Week of <b>April 26, 2019</b>
Discussions, if conducted	Week of <b>May 15, 2019</b>
Projected award date	<b>June/July 2019</b>
Projected contract start date	October 1, 2019

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 3 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 3 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: \_\_\_\_\_

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

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

**MV Contract Transportation, Inc.**

Department 33552  
 P.O. Box 39000  
 San Francisco, CA 94139  
 707-863-8980, fax 707-863-8943

Invoice No. **95343**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **Station 5 P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **9/6/2018**  
 Terms: **30 days**  
 Due Date: **10/6/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
<b>PO: 68068401020170003</b>				
<b>August 2018 E&amp;D - Grant 5310 Service</b>				
37	Ambulatory Trips	4010	\$30.07	\$ 1,112.59
28	Wheelchair Trips	4010	\$34.14	\$ 955.92
1	Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	9.04
0	Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	-
0	Certification Rides - Ambulatory	4010	\$30.07	\$ -
0	Certification Rides - Mobility Aided	4010	\$34.14	\$ -
0	Cert Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	-
0	Cert Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	-
<b>SubTotal</b>				<b>\$ 2,077.55</b>
<b>Less Fares</b>				<b>\$ (198.00)</b>
<b>TOTAL</b>				<b>\$ 1,879.55</b>



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**MV Contract Transportation, Inc.**

Department 33552  
 P.O. Box 39000  
 San Francisco, CA 94139  
 707-863-8980, fax 707-863-8943

Invoice No. **95339**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **9/6/2018**  
 Terms: **30 days**  
 Due Date: **10/6/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
<b>PO: 68068401001170002</b>				
<b>August 2018 Service</b>				
3363	Ambulatory Trips	4010	\$30.07	\$ 101,125.41
1733	Mobility Aided Trips	4010	\$34.14	\$ 59,164.62
6	Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	\$ 54.24
31	Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	\$ 280.24
45	Certification Rides - Ambulatory	4010	\$30.07	\$ 1,353.15
27	Certification Rides - Mobility Aided	4010	\$34.14	\$ 921.78
2	Certification Rides - Companions	4010	\$9.04	\$ 18.08
52	Sunday Ambulatory Trips	4010	\$30.07	\$ 1,563.64
70	Sunday Wheelchair Trips	4010	\$34.14	\$ 2,389.80
0	Sunday Companions (25% of AM trip cost)	4010	\$9.04	\$ -
0	Sunday Companions (25% of WC trip cost)	4010	\$9.04	\$ -
SubTotal				\$ 166,870.96
Less Fares				(\$15,765.00)
<b>TOTAL</b>				<b>\$ 151,105.96</b>



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Invoice No. **95822**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **Station 5 P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **10/3/2018**  
 Terms: **30 days**  
 Due Date: **11/2/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
PO: 68068401020170003				
<b>September 2018 E&amp;D - Grant 5310 Service</b>				
43	Ambulatory Trips	4010	\$30.07	\$ 1,293.01
35	Wheelchair Trips	4010	\$34.14	\$ 1,194.90
4	Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	36.16
0	Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	-
0	Certification Rides - Ambulatory	4010	\$30.07	\$ -
0	Certification Rides - Mobility Aided	4010	\$34.14	\$ -
0	Cert Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	-
0	Cert Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	-
SubTotal				\$ 2,524.07
Less Fares				\$ (246.00)
<b>TOTAL</b>				<b>\$ 2,278.07</b>



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 P.O. Box 39000  
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Invoice No. **95821**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **10/3/2018**  
 Terms: **30 days**  
 Due Date: **11/2/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
<b>PO: 68068401001170002</b>				
<b>September 2018 Service</b>				
2826	Ambulatory Trips	4010	\$30.07	\$ 84,977.82
1568	Mobility Aided Trips	4010	\$34.14	\$ 53,531.52
16	Companions Ambulatory (25% of AM trip cost)	4010	\$9.04	\$ 144.64
32	Companions Wheelchair (25% of WC trip cost)	4010	\$9.04	\$ 289.28
59	Certification Rides - Ambulatory	4010	\$30.07	\$ 1,774.13
20	Certification Rides - Mobility Aided	4010	\$34.14	\$ 682.80
7	Certification Rides - Companions	4010	\$9.04	\$ 63.28
37	Sunday Ambulatory Trips	4010	\$30.07	\$ 1,112.59
83	Sunday Wheelchair Trips	4010	\$34.14	\$ 2,833.62
0	Sunday Companions (25% of AM trip cost)	4010	\$9.04	\$ -
2	Sunday Companions (25% of WC trip cost)	4010	\$9.04	\$ 18.08
<b>SubTotal</b>				<b>\$ 145,427.76</b>
<b>Less Fares</b>				<b>(\$13,678.22)</b>
<b>TOTAL</b>				<b>\$ 131,749.54</b>



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Department 33552  
 P.O. Box 39000  
 San Francisco, CA 94139  
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Invoice No. **96481**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **Station 5 P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **11/5/2018**  
 Terms: **30 days**  
 Due Date: **12/5/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
PO: 68068401020170003				
<b>October 2018 E&amp;D - Grant 5310 Service</b>				
83	Ambulatory Trips	4010	\$30.97	\$ 2,570.51
23	Wheelchair Trips	4010	\$35.16	\$ 808.68
2	Companions Ambulatory (25% of AM trip cost)	4010	\$9.31	18.62
0	Companions Wheelchair (25% of WC trip cost)	4010	\$9.31	-
0	Certification Rides - Ambulatory	4010	\$30.97	\$ -
0	Certification Rides - Mobility Aided	4010	\$35.16	\$ -
0	Cert Companions Ambulatory (25% of AM trip cost)	4010	\$9.31	-
0	Cert Companions Wheelchair (25% of WC trip cost)	4010	\$9.31	-
SubTotal				\$ 3,397.81
Less Fares				\$ (324.00)
<b>TOTAL</b>				<b>\$ 3,073.81</b>



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Department 33552  
 P.O. Box 39000  
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Invoice No. **96474**

**INVOICE**

**Customer**

Number: **6508** Name: **City of Gainesville**  
 Address: **P. O. Box 490**  
 City: **Gainesville** State: **FL** ZIP: **32602**  
 Contact: **Jesus Gomez**

Date: **11/5/2018**  
 Terms: **30 days**  
 Due Date: **12/5/2018**

Trip Quantity	Description	Account code	Unit Price	TOTAL
<b>PO: 68068401001170002</b>				
<b>October 2018 Service</b>				
3414	Ambulatory Trips	4010	\$30.97	\$ 105,731.58
1511	Mobility Aided Trips	4010	\$35.16	\$ 53,126.76
17	Companions Ambulatory (25% of AM trip cost)	4010	\$9.31	\$ 158.27
26	Companions Wheelchair (25% of WC trip cost)	4010	\$9.31	\$ 242.06
62	Certification Rides - Ambulatory	4010	\$30.97	\$ 1,920.14
25	Certification Rides - Mobility Aided	4010	\$35.16	\$ 879.00
4	Certification Rides - Companions	4010	\$9.31	\$ 37.24
38	Sunday Ambulatory Trips	4010	\$30.97	\$ 1,176.86
56	Sunday Wheelchair Trips	4010	\$35.16	\$ 1,968.96
0	Sunday Companions (25% of AM trip cost)	4010	\$9.31	\$ -
0	Sunday Companions (25% of WC trip cost)	4010	\$9.31	\$ -
SubTotal				\$ 165,240.87
Less Fares				(\$15,186.00)
<b>TOTAL</b>				<b>\$ 150,054.87</b>



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