

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030538

1. REQUESTED MOTION:

ACTION REQUESTED: Award RFP-03-03 ADA PARATRANSIT SERVICES, to the sole proposer whose proposal was evaluated by the Evaluation Committee as being in the best interest of Lee County, Good Wheels, for the following fees: 1a. \$11.75; 1b. \$11.75; 1c. \$6.75; 1d. \$6.75; 2a. \$21.80; 2b. \$26.79; 2c. \$14.11; 2d. \$17.70; 3a. Individual Rate \$7.10, Group Rate \$3.60; 3b. Individual Rate \$11.60, Group Rate \$6.60; 4a. Individual Rate \$9.75, Group Rate \$4.75; 4b. Individual Rate \$9.75, Group Rate \$4.75. This contract is for an initial period of 3 years with an option of being renewed for two (2) additional one (1) year periods, subject to satisfactory performance, acceptance, and determination that renewal is in the best interest of Lee County.

WHY ACTION IS NECESSARY: In accordance with the Lee County Contract manual, approved by the Board on September 25, 200, services estimated to be over (\$50,000) shall be executed through the formal process.

WHAT ACTION ACCOMPLISHES: Will provide paratransit services to individuals who, because of physical or cognitive conditions, are unable to access the fixed route bus service under the direction of Lee Transit.

DEPARTMENTAL CATEGORY: 06

Independent Divisions
COMMISSION DISTRICT #:

ALA

3. MEETING DATE:

05-13-2003

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:

- (Specify)
- STATUTE
 - ORDINANCE
 - ADMIN. CODE *AC-4-4*
 - OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER _____
- B. DEPARTMENT _____
- C. DIVISION *Lee Transit*
- BY: **Steve Myers, Lee Transit Director**

7. BACKGROUND:

The Lee Transit office submitted a request to Contracts Management to obtain proposals for ADA Paratransit Services. The anticipated cost required the use of the formal proposal process.

The deadline for receipt of proposals was April 21, 2003. A total of one (1) proposal was received by the established deadline. The proposal was considered at the Proposal Evaluation Committee meeting held on April 28, 2003. The Proposal Evaluation Committee consisted of the following staff members: Holly Schwartz, Assistant County Manager, as Chairman; Steve Myers, Lee Transit Director; Susan Oliver, Department of Human Services.

Based on the information submitted by the proposer in the proposal and after obtaining clarifications, it was the consensus of the Committee to recommend award to the sole proposer Good Wheels, for the following fees: 1a. \$11.75; 1b. \$11.75; 1c. \$6.75; 1d. \$6.75; 2a. \$21.80; 2b. \$26.79; 2c. \$14.11; 2d. \$17.70; 3a. Individual Rate \$7.10, Group Rate \$3.60; 3b. Individual Rate \$11.60, Group Rate \$6.60; 4a. Individual Rate \$9.75, Group Rate \$4.75; 4b. Individual Rate \$9.75, Group Rate \$4.75. The estimated cost of this service for FY-03 is \$953,939. Based on the same number of trips at the new pricing, the annual contract cost is estimated to be \$1,175,862.00, or an increase of 23.3%.

This contract is for an initial period of 3 years with an option of being renewed for two (2) additional one (1) year periods, subject to Satisfactory performance, acceptance, and determination that renewal is in the best interest of Lee County.

Funding will be available in account string: KI 5440148600.503490.08

- Attachment: 1) Overall Evaluation Sheet
2) Tabulation Sheet

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services			G County Manager
					OA	OM	Risk	GC
<i>AS for Steve Myers</i>	<i>[Signature]</i> <i>5/2/03</i>	<i>N/A</i>		<i>[Signature]</i> <i>5/1/03</i>	<i>[Signature]</i> <i>5/2/03</i>	<i>[Signature]</i> <i>5/2/03</i>	<i>[Signature]</i> <i>5/2/03</i>	<i>[Signature]</i> <i>5/2/03</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY
[Signature]
DATE
5/2
COUNTY ATTORNEY
FORWARDED TO

Rec. by CoAtty
Date: *5/2/03*
Time: *1:03 PM*

Forwarded To:
[Signature]
5/2/03
Public Rec.

PROPOSAL PRICE SHEET

RFP-03-03 ADA PARATRANSIT SERVICES	DEADLINE DATE: 4/21/03
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ITEM NO.	DESCRIPTION	Good Wheels	
1a	Cost per Individual ADA Ambulatory Passenger Trip minus \$2.00 retained fare = County Cost per Trip	\$11.75	
1b	Cost per Individual ADA Wheelchair Trip minus \$2.00 retained fare = County Cost per Trip	\$11.75	
1c	Cost per Multi-Load ADA Ambulatory Passenger Trip minus \$2.00 retained fare = County Cost per Trip	\$ 6.75	
1d	Cost per Individual ADA Wheelchair Trip minus \$2.00 retained fare = County Cost per Trip	\$ 6.75	
2a	Cost per Individual ADA Ambulatory Passenger Trip provided in anon-county owned vehicle minus \$2.00 retained fare = County Cost per Trip	\$ 21.80	
2b	Cost per Individual ADA Wheelchair Trip provided in anon-county owned vehicle minus \$2.00 retained fare = County Cost per Trip	\$26.79	
2c	Cost per Multi-Load ADA Ambulatory Passenger Trip provided in anon-county owned vehicle minus \$2.00 retained fare = County Cost per Trip	\$14.11	
2d	Cost per Individual ADA Wheelchair Trip provided in anon-county owned vehicle minus \$2.00 retained fare = County Cost per Trip	\$17.70	
3a	Fee paid by the proposer to Lee County for transportation of non-ADA sponsored Ambulatory passengers provided by the carriers in County vehicles = Net Paid to Lee County	Since sponsoring agency rates vary, the unit price will be the sponsoring agency rate minus the applicable ADA rate.	Clarification Letter: <u>Individual Rt.</u> - \$7.10 <u>Group Rate</u> - \$3.60
3b	Fee paid by the proposer to Lee County for transportation of non-ADA sponsored Wheelchair passengers provided by the carriers in County vehicles = Net Paid to Lee County	Since sponsoring rates vary, the unit price will be the sponsoring agency rate minus the applicable ADA rate.	<u>Individual Rt.</u> - \$11.60 <u>Group Rate</u> - \$6.60
4a	Fee paid by the proposer to Lee County for transportation provided by Lee Tran of non-ADA sponsored Ambulatory passengers provided by the carriers in County vehicles = Net Paid to Lee County	Since sponsoring rates vary, the unit price will be the sponsoring agency reimbursement rate minus the trip coordination fee.	<u>Individual Rt.</u> - \$9.75 <u>Group Rate</u> - \$4.75
4b	Fee paid by the proposer to Lee County for transportation provided by Lee Tran of non-ADA sponsored Wheelchair passengers provided by the carriers in County vehicles = Net Paid to Lee County	Since the sponsoring agency reimbursement rates vary, the unit price will be the sponsoring agency rate minus the trip coordination fee.	<u>Individual Rt.</u> - \$9.75 <u>Group Rate</u> - \$4.75

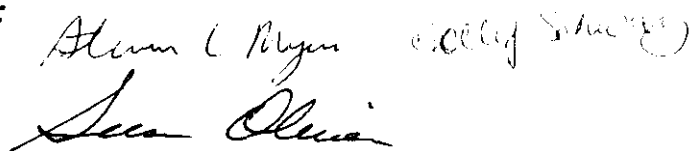
**LEE COUNTY PROPOSAL EVALUATION SHEET
FOR
RFP-03-03
ADA PARATRANSIT SERVICES**

DATE: 5-1-03

PROPOSER: Good Wheels

Criteria 1=Poor Maximum Points=Excellent	Points Possible	Points Received
Capability & Experience of the firm in coordinating demand response transportation services, particularly ADA services.	15	15
Capability & experience of key personnel to be assigned to the project in coordinating demand response transportation services, particular ADA services.	20	20
Adequacy of proposed facilities, equipment & vehicles	5	4.5
Adequacy of financial, managerial, and technical resources to successfully carry out the required services and meet required service standards.	10	8
Adequacy & quality of proposer's staffing, implementation & training plans.	10	10
Quality and reporting capabilities of the firms trip reservation software program	10	7.5
Adequacy of proposer's response to all other requirements, terms, and conditions of this Request for Proposal.	5	4.5
Price for Services	25	15
Total	100	84.5

COMMITTEE MEMBERS SIGNATURE:



**LEE COUNTY PROPOSAL EVALUATION SHEET
FOR
RFP-03-03
ADA PARATRANSIT SERVICES**

DATE: 5-1-03

PROPOSER: Good Wheels

All responding firms must submit the following required information using the prescribed format.

Provided the most recent Financial Statement, and include a Cash Flow Analysis which will show adequate cash flow to provide service.

Pass Fail

Listed the name of your insurance agent, and all companies who insure you. Attach copies of Insurance Certificates.

Pass Fail

Provide a listing of any Pending Litigation.

Pass Fail

Qualification of the Firm

This section of the proposal should establish the qualifications of the presenter to satisfactorily provide the required work by reason of the strength and stability as a business concern.

Included resumes of key personnel proposed for this project. Key positions for this solicitation shall be considered the Project/Operations Manager.

Pass Fail

Identified subcontractors, if any, by company name, address, contact person, telephone number and project function. Provided the same information for each subcontractors as requested above.

Pass Fail

Related Experience and References of the Firm

This section should establish the ability of the firm to satisfactorily provide the required service by reasons of demonstrated competence, by the nature and relevance of recently completed work; record of current contracts; and supportive client references.

Provided examples of similar services that your firm has completed within the last three years. For each reference cited as related experience, furnish the name, title, address and telephone number of the person(s) at the client organization who is most knowledgeable about the work performed.

Pass Fail

Listed all Business and/or Operating License(s) issued by Lee County or the State of Florida.

Pass Fail

Provided if company as ever had their Operating and/or Business License(s) terminated or suspended?
(If yes, provided a detailed explanation of the circumstances.

Yes No

Service Plan

Provided a detailed work plan and description for providing services as described herein. The firm's response should present highlights demonstrating their technical knowledge and capabilities of providing the service as described. Firm's approach should be clearly defined and should include but not be limited to the following.

Proposed Facility/Facilities
Drug Free Work Place Policy
Start-up Plan
Operations
Screening
Hiring
Training
Uniforms

Pass Fail
Pass Fail
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Pass Fail

Safety Plan

Compliance with Chapter 14-90, Florida Statutes
Accident reporting, standards, procedures
Complaint procedures
Dispatch procedures
Dispatch and supervisory staff
Radio communications
Emergency procedures

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Operations Plan
Personnel
Days/Hours of Operation
Record keeping system
Performance monitoring
Security plan
Training program

Pass Fail

Provided documentation of past D.B.E. effort and proposed D.B.E. efforts for this contract.

Pass Fail