

ATTACHMENT 2 – REQUIRED
PROPOSAL FORMS



**FORM A
PROPOSAL COVER LETTER**

TO Amanda Marino
SCCRTC SAFE
1523 Pacific Ave
Santa Cruz, CA 95060

DATE _____

FROM _____

BEAT(S) Highway 17 Beat 1
(check all that apply) Highway 1 Beat 2

In response to the Request for Proposal (RFP) for the Freeway Service Patrol, we the undersigned hereby declare that we have carefully read and examined the RFP documents and hereby propose to perform and complete the Work as required in the RFP and as indicated in these Proposal Documents.

The undersigned agrees to supply the proposed services at the price indicated in its price proposal if its proposal is accepted within 180 days from the date specified in the RFP for receipt of proposals. Further, the undersigned agrees to initiate such services within 90 days of notification of award.

If awarded a Contract, the undersigned agrees to execute a Contract substantially similar in form to the Contract included in this RFP, Attachment 3, and to deliver to the SCCRTC SAFE prior to execution of the Contract the necessary original Certificates of Insurance and endorsements, as required therein. If changes in the attached contract are desired, they are attached to this Proposal; if no changes are attached, the undersigned agrees to execute the contract substantially "as is."

The undersigned hereby certifies that it will not unlawfully discriminate against any employee or applicant for employment or any motorist intended to be a beneficiary of the FSP service with regard to race, color, religion, sex, national origin, physical or mental disability, marital status, sexual orientation or age.

The undersigned acknowledges receipt, understanding and full consideration of any Addenda to the RFP Documents: Addenda Nos. _____, _____, _____, and _____.

Proposer represents that the following person is authorized to negotiate on its behalf with the SCCRTC SAFE in connection with this RFP:

Name Title Phone

Contractor Name

Signature of Authorizing Official

Street Address/ P.O. Box

Type or Print Name

City, State, ZIP

Title

Business License Number

Telephone/Fax

Business License Classification

Tax I.D. Number

Proposer is a (check one: sole proprietorship; corporation; partnership).
If a corporation, insert State of Incorporation: _____.

Optional-For Information Purposes Only: Is your business a Disadvantaged Business Enterprise? (check one) Yes No

A DBE is defined as a small business concern which is (a) at least fifty-one percent owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least fifty-one percent of the stock of which is owned by one or more of the socially and economically disadvantaged individuals; and (b) whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it. Socially and economically disadvantaged individuals include citizens of the United States (or lawfully admitted permanent residents) who are Black persons, Hispanic persons, Native Americans, Asian-Pacific persons, Asian-Indian persons, women, or any other groups or individuals found to be disadvantaged by the Small Business Administration (SBA) pursuant to Section 8(a) of the Small Business Act (15 USCA § 637(a) and implementing regulations). Other individuals may be determined to be socially or economically disadvantaged if SBA criteria are met.



**FORM B
VEHICLE INFORMATION**

Beat 1 – Highway 17	
Mt. Hermon Rd to Summit Rd	
Parking/ Staging/ Satellite Location (if applicable)	
Estimated Travel Time to Beat	
Total No. of Trucks	

Beat 2 – Highway 1	
Highway 9 to Research Park Dr.	
Parking/ Staging/ Satellite Location (if applicable)	
Estimated Travel Time to Beat	
Total No. of Trucks	

Main Office Address	
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Provide vehicle information on the proposed FSP trucks and back-up FSP truck. If you do not currently own all trucks needed for beat service, include an explanation of how you plan to acquire them in the space provided on the following page and include a quote for each vehicle that will need to be purchased. If the contractor so indicates his intention to purchase a new vehicle(s), the contractor is obligated to use the vehicle(s) on the specific beat noted on the top of this page.

	Beat 1 Truck	Beat 1 Back-up	Beat 2 Truck	Beat 2 Back-up
Manufacturer				
Model				
Year				
Current Mileage				
VIN #				

(Vehicle quotes must be attached)

EMPLOYEE SATISFACTION

Describe employee satisfaction including discussion of employee turnover rate, benefits (medical, dental, retirement, etc.), driver incentive program:

PROFESSIONAL STANDARDS

Describe how the manager maintains professional standards of performance, safety and appearance:

QUALITY OF PERSONNEL

Describe employee qualifications (i.e. certifications and training), in-house employee training programs, and drug policy. Explain any violations, infractions, or other disciplinary actions tow drivers have received from the CHP or any other similar entity.

ROUTINE MAINTENANCE

Record of consistent routine maintenance of vehicles and equipment



FORM E FINANCIAL RESPONSIBILITY

This following information is for determining financial responsibility only. **This information will be received as confidential and will not become part of SCCRTC SAFE's public records.** Please submit one copy of two of the four financial documents listed below and package separately from the proposal:

1. Reference letter from your bank, indicating financial responsibility.
2. Federal Income Tax Returns for two most recent years available.
3. Profit/Loss Statement for two most recent quarters available.
4. Dunn and Bradstreet Report issued after January 1, 2020 or credit report by a recognized credit reporting service.



FORM F PRICE PROPOSAL SPREADSHEET LINE ITEM DESCRIPTION

Below, is a worksheet designed to assist Proposers with the completion of the Price Proposal Spreadsheet located on the next page. (An electronic copy of the Price Proposal Spreadsheet is also online: [http://scrtc.org/about/opportunities/rfp/.](http://scrtc.org/about/opportunities/rfp/))

This form is a required proposal document and must be completed. All figures listed here should be reflected in the Price Proposal Spreadsheet. For a listing of non-allowable costs, which should NOT be included in the price proposal spreadsheet, see **Attachment 1 – Scope of Work, Non-Allowable Costs.**

VEHICLES AND EQUIPMENT		
1. Vehicles	a. <u>Tow Trucks:</u> List the name of truck dealer and builder and the cost of each completely outfitted truck	
2. Finance Charges	List the name of the company financing the loan and finance charges per year for each truck	
3. Insurance & Vehicle Registration Fees	List the annual cost of insurance for Employer's Liability (\$1,000,000), Commercial General Liability (\$2,000,000), Automobile Liability (\$1,000,000), On-Hook Liability (\$80,000), and Umbrella Liability insurance (\$2,000,000). Also, list the annual cost of vehicle registration per vehicle	

4. Fuel	a. <u>Tow Trucks</u> : List the # of gallons of fuel estimated for TOW TRUCKS per month per truck*	
	b. <u>Motorists</u> : List the # of gallons of fuel estimated for MOTORISTS per month per truck	
5. Vehicle Maintenance	a. <u>Parts Replacement</u> : Specify the type of parts replaced, occurrence of replacement and the cost for replacement per truck	
	b. <u>Labor</u> : Specify the type of routine maintenance, occurrence, and cost per truck	
6. FSP Equipment/Supplies	Specify the quantity and cost of each item included in this category (i.e. driver uniforms, raingear, and equipment.)	

* The SCCRTC has set the tow fuel price included in the price proposal at \$3.63. \$3.63 is the average price of diesel fuel as calculated for the Santa Cruz Area between November 2019 and October 2020.

MANAGEMENT AND DRIVERS		
7. FSP Management Costs	Specify the items included in 'management costs' and list the costs per year	
8. FSP Driver Costs	a. Wages: Specify the wage rate of each FSP driver; list any anticipated raises and overtime	
	b. Workers Compensation: List the annual cost of workers compensation insurance per FSP driver	
	c. Taxes: List the annual cost of taxes per FSP driver per year	
9. Driver Benefits	a. Vacation/ Holidays/ Sick-days: List annual cost of paid vacation, holidays, and sick time per driver or state 'N/A' if non-applicable	

	b. Retirement: List the company retirement contribution and describe retirement plan or state 'N/A' if non-applicable	
	c. Medical/ Dental/ Vision: Describe provided benefits and cost per driver. Specify whether or not dependents are included	
10. Driver Admin	List costs associated with the driver's attendance at FSP and company training sessions and 15 minute pre-operation vehicle inspections	

ADMINISTRATION		
11. Administrative Costs	Specify items and annual cost of each item included in this category	
12. Other	Specify items and annual cost	



FORM G PRICE PROPOSAL SPREADSHEET

An electronic version of the Price Proposal Spreadsheet is available online to download at <http://sccrtc.org/about/opportunities/rfp/>. Blank paper forms are available on the following pages.



FORM H PRICE PROPOSAL

The undersigned's price per hour per truck represents full compensation for all costs relating to labor (including wages, fringe benefits, employer taxes, training, meetings, overtime etc.), all other direct costs (including vehicle, equipment, fuel [for motorist as well as vehicles], supplies and other operating costs), insurance, overhead, Internet access, postage fees and profit allowance. Please refer to **Attachment 1 – Scope of Work** to ensure that you have covered all possible costs in your proposal. (Proposer must also fill out the Price Proposal Spreadsheet on the previous pages). The undersigned also certifies that it shall pay its drivers, at a minimum, the wages and benefits included in **Form G - Price Proposal Spreadsheet** and that it shall pay its drivers to attend the trainings and meetings as specified in **Attachment 1 – Scope of Work**.

NET COST (Line 16 of the Price Proposal Spreadsheet)	\$
HOURLY RATE (Line 18 of the Price Proposal Spreadsheet)	\$

(Signature of Authorized Official)

(Print Name of Authorized Official)

(Print Name of Company)

(Address)

(Office Location [if different])

(phone)



FORM I CONTRACTOR'S REFERENCE FORM

Name of Towing Company _____
Representative Name & Title _____
Phone No. _____
Email _____

Provide three (3) complete and current references from individuals, companies, law enforcement agencies, service clubs, public agencies, etc., who are knowledgeable of the Proposers experience and capabilities with regard to towing services. Proposers are encouraged to include references from public agencies and/or other clients for whom they have performed services similar to those described in this RFP. **References from relatives, current FSP drivers, or RTC staff will not be accepted.** References, for which incomplete and/or inaccurate contact information is provided, may count against the Proposer during the proposal evaluation process.

REFERENCE #1
Client's Name
Contact Person
Phone and Fax
Address
Type of Work Performed

REFERENCE #2
Client's Name
Contact Person
Phone and Fax
Address
Type of Work Performed

REFERENCE #3**Client's Name****Contact Person****Phone and Fax****Address****Type of Work****Performed**



FORM J LEVINE ACT STATEMENT

California Government Code § 84308, commonly referred to as the "Levine Act," precludes an officer of a local government agency from participating in the award of a contract if he or she receives any political contributions totaling more than \$250 in the twelve months preceding the pendency of the contract award, and for three months following the final decision, from the person or company awarded the contract. This prohibition applies to contributions to the officer, or received by the officer on behalf of any other officer, or on behalf of any candidate for office or on behalf of any committee.

SCCRTC SAFE's commissioners include:

Jacques Bertrand
City of Capitola

Sandy Brown
City of Santa Cruz

Randy Johnson
City of Scotts Valley

Trina Coffman-Gomez
City of Watsonville

Ed Bottorff
Santa Cruz Metropolitan Transit District

Mike Rotkin
Santa Cruz Metropolitan Transit District

Aurelio Gonzalez
Santa Cruz Metropolitan Transit District

John Leopold
County of Santa Cruz, 1st District

Zach Friend
County of Santa Cruz, 2nd District

Ryan Coonerty
County of Santa Cruz, 3rd District

Greg Caput
County of Santa Cruz, 4th District

Bruce McPherson
County of Santa Cruz, 5th District

Tim Gubbins
Caltrans District 5 Ex Officio

ANSWER THE FOLLOWING QUESTIONS (CHECK YES OR NO)	YES	NO
1. Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$250 to any SCCRTC commissioner in the 12 months preceding the date of the issuance of this request for qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please identify the Commissioner:		

2. Do you or your company, or any agency on behalf of you or your company, anticipate or plan to make any political contributions of more than \$250 to any SCCRTC commissioners in the three months following the award of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please identify the Commissioner:		

Answering 'Yes' to either of the two questions above does not preclude SCCRTC from awarding a contract to your firm. It does, however, preclude the identified commissioner(s) from participating in the contract award process for this contract.

Date

(Signature Of Authorized Official)

(Print Name, Title)