**ATTACHMENT B**

**BID NUMBER 15-16-112**

BID QUESTIONNAIRE

**January 8, 2016**

The *Bid Questionnaire* is integral to this Request for Bid. The responses provided herein will be used to evaluate contractor qualifications to perform the required pupil transportation services. The *Bid Questionnaire* must be filled out accurately and completely. It is to be submitted with the other parts of your Bid. Any errors, omissions or misrepresentations of the information may be considered basis for rejecting the Bid and may be grounds for the cancellation of any agreement executed as a result of the Request for Bid.

Where adequate space is not provided for an answer, or where your answer will not fit into the space provided, please attach additional sheets marked with the question they address (for example I.C.5).

When completed, this *Bid Questionnaire* and the responses contained within it or attached to it shall be considered to be a part of the Agreement for furnishing Pupil Transportation Services (Attachment C). If you expect your firm's policies or practices to change from those it currently uses or if your firm is awarded a contract, you must make explicit the policies and practices your firm will follow during the term of this Agreement in providing pupil transportation services to the DISTRICT.

**Bid 15-16-112**

**I. DESCRIPTION OF CONTRACTOR’S ORGANIZATION**

A. FIRM

Firm Name:

Address:

Telephone:

B. TYPE OF ORGANIZATION

Corporation (List officers and positions):

State in which incorporated:

Subsidiary (Give name and address of Parent Corporation): Is your firm or the parent firm publicly held?

Yes \_\_\_ No \_\_\_

If not, what private individual or families own more than 20% of your firm, or who is the general partner, or who is the sole proprietor?

C. NATURE OF OPERATIONS

1. Is your firm currently engaged in providing home-to-school pupil transportation services under a contract with a school district, non- public school or County Superintendent of Schools?

Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_

Number of school district contracts in California: \_\_\_

Number of school district contracts outside of California: \_\_\_\_

2. List all transportation permits (City and State) under which you currently operate:

3. Are you currently, or have you ever contracted to provide transportation services for any school district, non-public school or County Superintendent of Schools in the State of California?

Yes \_\_\_ No \_\_\_

4. Are you currently, or have you ever provided transportation services in California for special education pupils?

Yes \_\_\_ No \_\_\_ Number of Years: \_\_\_\_

5. For every Local Education Agency (LEA) or non-public school in California to which your firm currently provides, or has provided, pupil transportation under contract within the last five years, please provide the name and location of the LEA or non-public school, and the name and phone number of an authoritative contact person. Also, please provide the:

a. Name of your firm's current or last terminal manager at the location, and the manager's length of service at that location;

b. Types of transportation services your firm provides under the Contract; (regular home-to-school, special education, desegregation, other);

c. Number of buses involved;

d. When the contract term began and when it is scheduled to terminate; and,

e. If employees are covered under a collective bargaining agreement provide the:

1. Name of the labor organization

2. Name of president/business manager and their phone number.

3. Copy of the Collective Bargaining Agreement currently in effect.

**II. MANAGEMENT AT THE TERMINAL**

A. It is the DISTRICT's position that the individuals holding the General Manager, Operations Supervisor, State Certified Safety and Training Supervisor, Lead Dispatcher, and Maintenance Supervisor positions, whether these positions are held by one or by several persons, are critical to the provision of consistently high quality pupil transportation services. While the DISTRICT understands that you may not be able to name the specific individuals your firm will assign to these management positions at the Los Angeles County operation, the DISTRICT requests that for each position, list no more than three candidates who may be assigned to the Los Angeles County operation. If your firm is awarded this contract, you may assign any of the three persons you have proposed for each position to actually take that position under this contract, unless the DISTRICT has specifically rejected one or more of your proposed candidates. If your firm is awarded this contract, you may substitute individuals not named in this Bid with the written permission of the DISTRICT. In any case, you must submit at least two sample resumes of candidates or current managers employed by your firm in each of these positions, so as to provide the DISTRICT with an understanding of the qualities your management staff members possess.

For every individual you propose as a potential management staff member to be assigned to the Los Angeles County operation, please provide the following information:

1. Name and proposed title of the person who may be selected to fill terminal management positions.

2. Tenure with your firm in years.

3. Experience in related positions within your firm or with other firms in years.

4. Current and two most recent previous positions, including the location (County/District) of the position, the position’s title, a description of responsibilities and authority including number of buses and/or drivers, and the dates between which the position was held.

B. On a separate page, please provide a job description for each terminal management position you propose to assign to this contract.

C. On a separate page, please provide an organization chart of your firm as it would relate to the DISTRICT terminal (It should provide the number of layers in your firm and the lines of accountability).

D. Provide the name(s) of those persons within your firm who would have immediate authority over the General Manager you propose in item A. above, and those who advise terminal management in the areas of:

1) Operations

2) Training and Personnel

3) Safety

4) Maintenance

E. Provide an explanation of the training given to your terminal managers:

1. Number of hours

2. What type of training? (List components covered)

F. Does your company have a terminal manager trainee program?

Yes \_\_\_ No \_\_\_

If so, how many trainees are presently in the program? Explain in detail:

**III. Office Personnel**

A. It is the DISTRICT's position that the individual holding the position of Lead

Dispatcher, whether or not this position is held by one or several persons, is critical to the provision of consistently high quality pupil transportation services. Provide a delineation of duties for the Lead Dispatcher position.

B. It is the DISTRICT's position that the critical daily working hours for this position are from 6:00 a.m. to 6:00 p.m. Our expectation is that a person will be assigned as back up to the Lead Dispatcher during these hours. Provide a delineation of duties for the backup to the Lead Dispatcher.

**IV. Bus Driver Personnel**

A. State the number of bus drivers you now have employed in California:

|  |  |  |
| --- | --- | --- |
| Regular Education: | Special Education: | Other: |
| In all other states: |  |  |
| Regular Education: | Special Education: | Other: |

B. How/where does your firm recruit drivers?

C. What methods do you use in recruiting and applicant screening and how do you gather it?

1. What information do you use and how do you gather it?

2. What criteria or standards do you use and for what reasons might you reject an applicant?

3. Do you require all terminal employees to be drug tested?

If yes, describe the criteria and frequency of such testing.

4. How do you conduct background checks on drivers?

5. Do you conduct such checks at both the time of hire and periodically during employment, such as every three years?

6. How do you inform the DISTRICT of any crimes committed by drivers?

D. Do you check driver applicant references?

Yes \_\_\_ No \_\_\_

E. Do you require your drivers to be fingerprinted as a condition of employment?

Yes \_\_\_ No \_\_\_

F. Do you use any objective qualification and driver testing procedures? If so, briefly describe the procedures or provide samples of your testing material.

G. What percentage of driver applicants eventually begin your training programs?

H. What percentage of your driver applicants are hired directly as certified school bus drivers?

I. Are Department of Motor Vehicles driving records of all of your applicant drivers evaluated during the selection process?

Yes \_\_\_ No \_\_\_

J. What is the current rate of annual turnover among drivers employed by your firm?

K. Do you have driver training programs as a part of your current operational procedures?

Yes \_\_\_ No \_\_\_

L. Describe your current or proposed training program for new driver applicants who have no experience driving school buses. Describe the program components and content of your training program. (If available, provide the outline or course of study and who conducts the driver training session.)

1. How long is the program?

2. Number of hours in the classroom?

3. Number of hours behind the wheel?

4. Describe the components of the program and the number of hours devoted to each component.

5. Are driver applicants paid while they receive training?

Yes \_\_\_ No \_\_\_

6. Do you evaluate applicants immediately before they are tested for certification?

Yes \_\_\_ No \_\_\_

7. What proportion of new driver applicants entering your program gain certification as a School Bus Driver within a specified period after entering the program?

M. Describe your in-service driver training and retraining program, including the field supervision components in this program on the content of training. (If available, provide the outline or course of study).

1. How frequently do you offer in-service training sessions?

2. Are any independent reviews of training quality conducted on your training programs?

Yes \_\_\_ No \_\_\_

If so, describe the most recent reviews:

3. How do you identify those drivers for whom retraining will be required?

N. If you currently have a driver training program, does the program include a section on transportation service for special education pupils?

Yes \_\_\_ No \_\_\_

If available, provide the outline or course of study:

O. Describe your current or proposed driver motivation and discipline programs. Explain how the programs take into account safety, absences, tardiness, on time route performance, tenure on the job, and complaints (those which can be verified and are deemed serious).

1. Do your motivation and discipline programs offer progressive rewards and penalties?

Yes \_\_\_ No \_\_\_

2. Can drivers participate in defining and developing standards, rewards and penalties?

Yes \_\_\_ No \_\_\_

3. What monetary rewards and penalties are offered?

4. What non-monetary rewards and penalties are offered?

P. Describe the wage and benefit plan you would expect to implement for this contract, including:

Explanation of fringe benefits other than those required by law. Life insurance (Amount, cost, etc.)

Retirement Plan (eligibility, benefit formula, employee cost, employer contributions, etc.)

Medical/Hospitalization Plan (maximum benefit, annual deductible, co-insurance amount, stop-loss amount, employee cost, employer contribution, etc.)

Dental Plan (coverage, cost, etc.) Sick Leave Provision

Holidays (paid) Vacation (paid)

Unemployment Compensation

Profit Sharing Plan Uniform Policy Dress Code Seniority

**V. SAFETY PROGRAM AND ACTIVITIES**

A If you have an established, continuing safety program, describe the operation, contents and requirements of the program, including the number of hours per year required per employee.

B. How often are safety meetings held?

C. Describe any established safety organization activities in which your organization or its key personnel participate.

D. Describe the safety protocols/system that will be used by all employees to ensure no student remains on any vehicle when the vehicle arrives at the student’s final destination, and at the end of each driver’s route, as well as the penalty for any driver who fails to follow this procedure.

E. Describe the electronic tracking system each bus/vehicle is equipped with and how this tracking system will be used to provide accurate and real-time tracking of all vehicles in service.

F. Provide a description of how you define school bus accidents.

G. What have been the chargeable school bus accident rates for school buses operated by your firm in each of the three most recent academic years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year: | Year: | Year: |
| Pupil Passengers Injured |  |  |  |
| Severe |  |  |  |
| Moderate |  |  |  |
| Complaint of Pain |  |  |  |
| Pupil Pedestrians Injured |  |  |  |
| Other Injuries |  |  |  |
| Property Damage |  |  |  |
| Total School Buses |  |  |  |
| Total Mileage |  |  |  |

**VI. PREVENTATIVE MAINTENANCE AND MECHANICAL REPAIR**

A Describe the formal, scheduled preventative maintenance program for all vehicle fleets managed by your firm.

B. Provide samples of any checklists utilized for each type of preventative maintenance program and describe your methods of ensuring that each vehicle actually receives preventative maintenance within the scheduled interval.

C. Do you require any daily regular written reports from your drivers on the condition of their vehicles?

Yes \_\_\_ No \_\_\_

If so, briefly describe and provide a sample of these reports (including your daily bus checkout report form) and note their frequency.

D. Do you use any other methods of identifying defects in buses? (If so, provide a description.)

Yes \_\_\_ No \_\_\_

E. Describe how your firm ensures that serious safety related or potential vehicle damaging defects are identified in a vehicle and that the vehicle is immediately removed from service until such defects are corrected.

F. Describe how your firm ensures that identified defects are generally corrected in a logical order and within a reasonable time.

G. Does your firm maintain and evaluate records of road failures?

Yes \_\_\_ No \_\_\_

If so, how many road failures, per month, per hundred buses, do the buses your firm maintained experience, on average, during the past year?

H. For what average percentage of time were the buses that you maintained out of service for part or all of each day for inspection, maintenance, repair, or other reasons during the past year?

I. Do you have a manpower or mechanic allotment schedule? (Number of buses per mechanic, etc.) Briefly describe this schedule.\

J. Describe the qualification and experience requirements for your maintenance personnel.

K. Provide a listing of school buses proposed for use in this contract.

Identify vehicles by age, manufacturer, model and school bus specification, VIN number, and passenger type and capacity (ambulatory and wheelchair).

**VII. INSURANCE DATA**

1. Furnish to the DISTRICT your accident loss ratio and workers' compensation loss ratio for the past five (5) years.

2. Furnish data on the number of lawsuits filed, settlements, judgments and jury awards for the past five (5) years.

**VIII.** FINANCIAL AND CREDIT DATA

Submit credit references, including at least five trade or industry suppliers with whom you regularly transact business, including bank references.

**IX.** TRANSITION PLAN

Provide a plan and schedule for implementing the Agreement for furnishing Pupil Transportation Services should your firm be selected as the successful bidder. Your schedule and plan should address:

1. Acquisition of school buses, facility, and equipment,

2. Recruitment/relocation, if necessary, of management and supervisory personnel;

3. Recruitment, training, and hiring of drivers and mechanics; and employee orientation, especially to DISTRICT routes, schedules and other contract requirements.

X. OTHER RELEVANT INFORMATION

1. Explain and list the type of reports your terminal manager will provide to the DISTRICT. (State reports; in-house reports; etc.)

2. Describe your software system/program used for routing.

3. Each vehicle must be equipped with a Zonar system or other comparably equipped electronic tracking system. Describe the electronic tracking system each vehicle contains and the process used to monitor the tracking system to make sure all vehicles are tracked at all times during their service:

4. Explain training that is given to the local office staff (i.e., telephone skills, stress management, etc.)

5. Provide an explanation or description of the evaluation procedure your firm uses to measure customer satisfaction.

6. Provide a sample of any report you have furnished to other school districts or Local Education Agencies showing how you tracked the transportation services provided to individual students. This sample should correspond with the “Contractor Reports” requirement set forth in Section 33 of the Transportation Agreement, included herein.

CERTIFICATION

I, the undersigned, hereby certify that I am a representative of the below named firm, and am duly authorized to execute contracts on behalf of the firm. I further hereby certify that all of the information presented in response to the questions contained in this ***Bid Questionnaire*** is complete and accurate to the best of my knowledge. I understand that if the DISTRICT awards an Agreement for Pupil Transportation Services to my firm that the information and commitments made within this ***Bid Questionnaire*** will become incorporated into the Agreement between the DISTRICT and my firm and therefore, I certify that all information provided herein will remain valid and correct for the entire term of the Agreement..

Name of Firm

Authorized Agent Title

Date