



County of Lackawanna Transit System

REQUEST FOR QUALIFICATIONS
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

September 17, 2021

REQUEST FOR QUALIFICATIONS MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

The County of Lackawanna Transit System (COLTS), the public transportation provider in Lackawanna County, Pennsylvania, in accordance with directives from the U.S. Department of Health and Human Services and the Pennsylvania Department of Public Welfare, is seeking qualified agencies for the medical transportation of eligible County residents for the contract period (A period that can be as long as two years or, as short as, six months.).

All proposals and related documents will be subject to the financial assistance contract between the Federal funding agency, the Pennsylvania Department of Public Welfare (DPW) and COLTS. COLTS will not discriminate against any bidder because of race, color, religion, sex, or national origin. Any firm or person who enters into a contract with COLTS must agree to comply with any and all Federal and Commonwealth of PA laws regarding the prohibition of discrimination. All Agencies, by submitting a proposal, shall accept the affirmative duty to ascertain and comply with such laws.

Copies of the RFQ package can be requested by e-mail at mdanchak@coltsbus.com or obtained from our website, www.coltsbus.com. Any firm obtaining the RFQ package from COLTS' website must register with Michael Danchak, via e-mail, in order to submit a proposal or to receive addenda or other correspondence. All questions regarding the RFQ are to be directed to Michael Danchak, Director of Finance and Administration.

One (1) original and one (1) copy of the proposal must be submitted in the format outlined and marked "Medical Assistance Transportation Program". Completed proposal packages are due at the offices of COLTS no later than noon (12 P.M. EST) on November 30, 2021. Proposals should be addressed to:

Michael Danchak
County of Lackawanna Transit System
800 North South Road
Scranton, PA 18504

Proposals received later than noon (12:00 P.M. EST) on November 30, 2021 shall be rejected. The County of Lackawanna Transit System reserves the right to reject any and all proposals. The RFQ does not commit the County of Lackawanna Transit System to award a contract, to pay any cost incurred in the preparation of the proposal, or to procure on contracts for services.

1.1 Submission Instructions

COLTS desires to contract with qualified agencies for the medical transportation of eligible County residents throughout the contract period (Contract period could be as short as six months or, as long as, two years.). COLTS reserves the right to reject any and all proposals as a result of this request or to negotiate separately with competing Agencies.

1.1.1 Quantity

The agency shall submit one (1) original and one (1) copy of its proposal. Any attachments or supplemental material will only require a single copy.

1.1.2 Due Date

In order to be considered, proposals must be received at COLTS' administrative office by noon (12:00 P.M. EST) on Tuesday, November 30, 2021. Failure by the U.S. Postal Service or other delivery service used to deliver proposals on time shall result in the proposal not being opened or considered. Proposals should be clearly marked "Medical Assistance Transportation Program" and delivered to:

Michael Danchak
County of Lackawanna Transit System
800 North South Road
Scranton, PA 18504

1.1.3 Proprietary Information

Any information contained in the proposal that the agency considers proprietary must be clearly identified as such. COLTS will respect requests for non-disclosure of proprietary information to the extent that information so restricted conforms to the Freedom of Information Act and the Pennsylvania Sunshine Laws.

1.1.4 Forms

Appendices A, B & C of this solicitation contain certain forms that are mandatory. These forms must be executed and submitted in their exact format in order for the proposal to be considered responsive. Precise, unedited computer reproductions to expedite the proposal preparation process are acceptable.

1.1.5 Availability of Electronic Version of this Document

The Request for Qualifications and all related forms contained herein are available electronically in Portable Document Format (PDF). Interested parties who desire an electronic copy of this document should contact Michael Danchak (mdanchak@coltsbus.com). Files will be sent via e-mail to the requesting party. COLTS does not warrant the integrity or format accuracy of any file or document sent in this manner.

1.2 Questions Concerning the Project

1.2.1 Verbal and Written Questions

Prospective agencies are encouraged to submit substantive questions, comments, and concerns in writing. Written questions no later than 3:00 P.M. EST on October 29, 2021 will be answered in writing and distributed via addendum to those listed on the RFQ distribution list, including those firms who registered after obtaining a copy of the RFQ from the website. Questions should be addressed to Michael Danchak of COLTS at 800 North South Road, Scranton, PA 18504. E-mailed questions will be considered written; however, no telephone solicitations will be honored.

1.3 Proposal Format

1.3.1 General

COLTS desires to contract with qualified agencies for the medical transportation of eligible County residents. It is expected that if an award is made, it will be for 6 months to two years commencing January 1, 2022. COLTS reserves the right to reject any and all proposals received as a result of this request or to negotiate separately with competing agencies.

1.3.2 Submission of Supplemental Material

Agencies will be permitted to submit any additional information they consider relevant to the project scope of work and the project at hand. Such supplemental materials, if submitted, should be in addition to the proposal, not contained in the proposal itself. Only one copy of any supplemental material should be submitted.

1.3.3 Minimum Requirements – Technical Proposal

At a minimum, each technical proposal should contain the following elements organized in the following fashion and in the order listed.

- **Cover:** RFQ project title and agency's name
- **Letter of Transmittal:** This letter must include the name, address, and phone number of the agency's contact person and that of the firm and the period of time for which the offer will be honored, which should be at least 90 days from the date of the proposal. One original must be signed by an authorized officer of the agency.
- **Official proposal form** – See Appendix B
- **Table of Contents**
- **Proposal:** The proposal shall be a comprehensive, accurate and effective presentation. One (1) copy should be submitted. The proposal shall be submitted on 8 ½" x 11" paper with foldouts

as required. No more than 30 sheets (60 pages) should be contained in the proposal and printing on both sides of the sheets will be permitted.

- **Section 1 – Firm Profile** – The agency should include a company history including the size of the firm, the qualifications of key personnel assigned to this project, and the location of the office that will service this proposal. If the agency is a joint venture or consortium, the qualifications of each firm comprising the joint venture or consortium should be separately identified and firm that is to serve as principal should be noted, if applicable.
- **Section 2 – Experience** – The agency should state the length of time it has provided the transportation services requested in this RFQ. The agency should also include three references (business name, contact person, address, phone number, and e-mail address) for which similar work has been performed.
- **Section 3 – Work Plan** – The agency should describe its method of delivery, type of vehicles used, and a statement explaining why your agency is uniquely qualified to provide this service. Please note that all drivers must have the appropriate child abuse clearances. Please include any geographic limitations as a result of P.U.C. regulations.
- **Section 4 – Cost Proposal** – See Appendix C. This form requires the agency to list the unit of service cost for each service listed. The bottom of the form includes a budget summary of indirect expenses. These expenses will be used to determine the reasonableness of the unit service cost. The County of Lackawanna Transit System will not be responsible for expenses incurred in preparing and submitting the proposal.
- **Section 5 – Appendix A** – The agency must indicate its compliance with certain Federal and State Executive orders, laws, statutes, and regulations to be considered for award.
 - Commonwealth of Pennsylvania Non-discrimination Clause
 - Receipt of Addenda (submit whether or not any addenda are issued)
 - Disclosure of Ownership and Control
 - Disclosure of Ownership and Convictions
 - Disclosure of Significant Business Transactions
 - Non-Collusion Affidavit
 - County of Lackawanna Transit System’s Protest Procedures
 - Compliance Screening for Suspension or Debarment

1.4 Disadvantaged Business Enterprise

If not addressed under subcontractors, please identify any participation in the project by a disadvantaged business enterprise. A listing of all certified DBE firms in the Commonwealth of Pennsylvania can be viewed at www.paucp.com.

The County of Lackawanna Transit System (COLTS) has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26. COLTS has received Federal financial assistance from the Department of Transportation, and as a condition of receiving this assistance, COLTS has signed an assurance that it will comply with 49 CFR Part 26.

It is the policy of COLTS to ensure that DBE’s as defined in Part 26 have an equal opportunity to receive and participate in DOT-assisted contracts. It is also our policy:

1. To ensure nondiscrimination in the award and administration of DOT-assisted contracts;

2. To create a level playing field on which DBE's can compete fairly for DOT-assisted contracts;
3. To ensure that the DBE Program is narrowly tailored in accordance with applicable law;
4. To ensure that only firms that fully meet 49 CFR Part 26 eligibility standards are permitted to participate as DBE's;
5. To help remove barriers to the participations of DBE's in DOT-assisted contracts;
6. To assist in the development of firms that can compete successfully in the market place outside the DBE Program.

The Executive Director has been delegated as the DBE Liaison Officer. In that capacity, the Executive Director is responsible for implementing all aspects of the DBE Program. Implementation of the DBE program is accorded the same priority as compliance with all other legal obligations incurred by COLTS in its financial assistance agreements with the Department of Transportation.

COLTS has disseminated this policy statement to the Board of Directors and all of the components of our organization. We have distributed this statement to DBE and non-DBE business communities that perform work for us on DOT-assisted contracts. COLTS' policy statement will appear in local and transit-oriented publications once a year and will be included in all Requests for Proposals and Invitations for Bids.

1.5 Contract

1.5.1 Award of Contract

COLTS anticipates award of a contract at its regularly scheduled Board meeting on December 15, 2021. A Notice to Proceed is anticipated after the meeting, following receipt of necessary documentation, such as insurance certificates from the selected agency.

1.6 Evaluation Methodology

1.6.1 Evaluation Criteria

Proposals for this project shall be evaluated by a committee using the following rank-ordered criteria with their respective weights:

- **Agency Experience – 35%** This category includes responses from references and qualifications of the firm, including experience in medical transportation.
- **Cost Proposal – 35%** This category includes the unit cost of service for the three-year contract term.
- **Proposed Work Plan – 30%** This category includes the vehicles used, the method of delivery, and drivers' credentials, if applicable.

1.6.2 Evaluation Committee

COLTS shall form an Evaluation Committee for this solicitation. Agencies shall not contact any member of the Evaluation Committee during this procurement other than the contact's name specified in the RFQ.

Each committee member will review all proposals individually and complete an evaluation form. Once all forms are completed and tabulated, the committee will convene to recommend agency to the COLTS Board of Directors. Interviews between the committee and finalists may or may not be necessary.

The committee reserves the right to accept or reject any or all proposals.

1.7 Proposal Summary

1.7.1 Procurement Schedule (Tentative)

Advertisement of Request for Proposal	September 17, 2021
Release Date for RFQ	September 17, 2021
Deadline for written questions	October 29, 2021
Proposals due	November 30, 2021
Contract Award / Notice to Proceed	December 15, 2021

2.1 Project Goals

2.1.1 General Goals

COLTS desires to contract with a qualified firm for the medical transportation of eligible County residents for a contract period (Six months to two years) commencing on January 1, 2022.

2.2 Cost Proposals

2.2.1 Cost Proposal Form

The agency shall fill out Appendix C, which requires the unit of service cost.

2.3 Insurance Coverage

The successful agency shall procure and maintain for the duration of the contract insurance against claims for injured to persons or damages to property which may arise from or in connection with the performance of work hereunder by the successful agency, its agents, representatives, employees, or subcontractors.

The successful agency will be required to submit a Certificate of Insurance duly attested by officers or authorized representatives of the responsible insurance company authorized to do business in Pennsylvania, evidencing that it had obtained coverage herein required. The Certificates of Insurance must identify the types of insurance, the party to be benefited, the effective dates of the insurance, the limits of liability for both bodily injury including death, and property damage, a paragraph pertaining to collapse and explosive hazards, a clause requiring thirty (30) days advance written notice to COLTS of cancellation, and a specific reference to the location and nature of the work.

COLTS must be identified on the Certificate of Insurance as an additional insured to this coverage.

2.3.1 Commercial General Liability

The successful agency shall maintain no limits less than \$1 million combined single life occurrence for bodily injury, personal injury and property damage (or higher depending on the size of the contract).

2.3.2 Automobile Liability

The successful agency shall maintain no limits less than \$1 million combined single life occurrence for bodily injury, personal injury and property damage.

3.1 General Information

3.1.1 COLTS' History

The County of Lackawanna Transit System (COLTS) was created on November 1, 1972 under the provisions of the Municipal Authorities Act of 1945, P.L. 382. COLTS provides fixed route and Shared Ride service, including complimentary ADA para-transit service to 25 communities in Lackawanna County and six additional rural and suburban communities. COLTS provides nearly 1.2 million rides annually.

3.1.2 Agency's Responsibilities

All agency responsibilities are outlined in this specification under Section 2.

The agency's responsibilities shall include the following:

- Maintain required insurance coverage
- Provide daily manifests
- Ensure that all drivers have appropriate child abuse clearances
- Determine eligibility and schedule trips, if applicable

3.1.3 COLTS' Responsibilities

COLTS will:

- Provide the Director of Shared Ride Operations to serve as the single point of contact once a contract has been negotiated.
- Determine eligibility and schedule trips when applicable.
- Reserve the right to remove any ads that violate COLTS' Advertising Policy
- Provide access to vehicles for the successful agency to install and remove all ads.

APPENDIX A – REQUIRED FORMS AND CERTIFICATIONS

Please be sure to execute each of the following affidavits, certifications, and assurances. Failure to do so will render your proposal non-responsive and it will not be granted further consideration.

- Commonwealth Of Pennsylvania Non-Discrimination Clause
- Receipt of Addenda (submit whether or not any addenda are issued).
- Disclosure of Ownership and Control
- Disclosure of Ownership and Convictions
- Disclosure of Significant Business Transactions
- Non-Collusion Affidavit
- County of Lackawanna Transit System’s Protest Procedure
- Suspension and Debarment

COMMONWEALTH OF PENNSYLVANIA
NON-DISCRIMINATION CLAUSE

1. Contractor shall not discriminate, against any employee, applicant for employment, independent contractor or any other person because of race, color, religious creed, national origin, age or sex.

Contractor shall take affirmative action to ensure that applicants are employed, and that employees or agents are treated during employment, without regard to their race, color, religious creed, ancestry, national origin, age or sex. Such affirmative action shall include, but is not limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training.

Contractor shall post in conspicuous places, available to employees, agents, applicants for employment and other persons, a notice to be provided by the contracting agency setting forth the provisions of this non-discrimination clause.

2. Contractor shall in advertisements or requests for employment placed by it or on its behalf state that all qualified applicants will receive consideration for employment without regard to race, color, religious creed, ancestry, national origin, age or sex.

3. Contractor shall send each labor union or workers' representative with which it has a collective bargaining agreement(s) or other contract or understanding, a notice advising said labor union or workers' representative of its commitment to this non-discrimination clause. Similar notice shall be sent to every other source of recruitment regularly utilized by Contractor.

4. It shall be no defense to a finding of noncompliance with the Contract Compliance Regulations issued by the Pennsylvania Human Relations Commission or this non-discrimination clause that the Contractor has delegated some of its employment practices to any union, training program or other source of recruitment which prevents it from meeting its obligations. However, if the evidence indicates that the Contractor was not on notice of the third-party discrimination or made a good faith effort to correct it, such factor shall be considered in mitigation in determining appropriate sanctions.

5. Where the practices of a union or any training program or other source of recruitment will result in the exclusion of minority group persons, so that the Contractor will be unable to meet its obligations under the Contractor Compliance Regulations issued by the Pennsylvania Human Relations Commission, or this non-discrimination clause. The Contractor shall then employ and fill vacancies through other non-discriminatory employment procedures.

6. The Contractor shall comply with the Contract Compliance Regulations of the Pennsylvania Human Relations Commission, 16 PA Code Chapter 49 and with all laws prohibiting discrimination in hiring or employment opportunities. In the event of Contractor's non-compliance with the non-discrimination clause of this contract or with any such laws, this contract may, after hearing and adjudication, be

terminated or suspended, in whole or in part, and the Contractor may be declared temporarily ineligible for further Commonwealth contracts, and such other sanctions may be imposed and remedies invoked as provided by the Contract Compliance Regulations.

7. The Contractor shall furnish all necessary employment documents and records to, and permit access to its books, records and accounts by, the contracting agency and the Human Relations Commission, for purposes of investigation to ascertain compliance with the provisions of the Contractor Compliance Regulations, pursuant to PA Code Chapter 49.35 of these regulations. If the Contractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the contracting agency or the Commission.

8. The Contractor shall actively recruit minority Subcontractors or Subcontractors with substantial minority representation among their employees.

9. The Contractor shall include the provisions of this non-discrimination clause in every subcontract, so that such provisions will be binding upon each Subcontractor.

10. The terms used in this non-discrimination clause shall have the same meaning as in the Contract Compliance Regulations issued by the Pennsylvania Human Relations Commission, 16 PA Code Chapter 49.

11. Contractor obligations under this clause are limited to the Contractor's facilities within Pennsylvania or where the contract is for purchase of goods manufactured outside of Pennsylvania, the facilities at which such goods are actually produced.

Wherever herein above the word Contractor is used it shall also include the word Engineer, consultant, Researcher, or other Contracting Party as may be appropriate.

Name of Individual, Partnership, or Corporation

Address

Authorized Person

Signature

Title

Date

RECEIPT OF ADDENDA

Certification of Receipt of Addenda to the Request for Proposal

Failure to submit this form in a properly executed manner will result in the bid/proposal being found non-responsive and rejected. This certification required for all procurements.

Acknowledgement of Receipt of Addenda

The undersigned hereby acknowledges receipt of the following addenda to the above referenced RFQ:

Addendum Number: _____, dated: _____

Addendum Number: _____, dated: _____

Addendum Number: _____, dated: _____

Name of Individual, Partnership or Corporation:

Address:

Name of Authorized Person:

Signature:

Title of Authorized Person:

Date:

Disclosure of Ownership and Control
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program
42 C.F.R. §455.104

1. List the name and address of each person with an ownership or control interest of 5 percent or more

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: _____			

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: _____			

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: _____			

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
Address: _____	City: _____	State: _____	Zip Code: _____
Telephone: _____			

2. Indicate whether any of the persons identified in number one above are related to another as a spouse, parent, child or sibling:

Name:	Name:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the name of any other entity in which a person with an ownership or control interest in this entity also has an ownership or control interest.

Name of Person:	Name of Other Entity:
_____	_____
_____	_____
_____	_____
_____	_____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing the form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.

Name of Authorized Person:	Title:
_____	_____
Signature:	Date:
_____	_____

Disclosure of Ownership and Control
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program
42 C.F.R. §455.106

List the name of any person who:

1. Has ownership or control interest in the entity or is an agent or managing employee of the provider; **and**
2. Has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs:

Name: _____ Date of Birth: _____ SSN: _____ Date of Conviction: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Entity: _____

Name: _____ Date of Birth: _____ SSN: _____ Date of Conviction: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Entity: _____

Name: _____ Date of Birth: _____ SSN: _____ Date of Conviction: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Entity: _____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing the form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.

Name of Authorized Person: _____ Title: _____

Signature: _____ Date: _____

Disclosure of Ownership and Control
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program
42 C.F.R. §455.105

Request Date: September 17, 2021

Within 35 days of the request date, submit full and complete information concerning the following:

1. The ownership of any entity with whom COLTS has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of this request:

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
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Address: _____	City: _____	State: _____	Zip Code: _____
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Telephone: _____

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
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Address: _____	City: _____	State: _____	Zip Code: _____
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Telephone: _____

Name: _____	Date of Birth: _____	SSN: _____	% of Ownership/ Interest : _____
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Address: _____	City: _____	State: _____	Zip Code: _____
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Telephone: _____

2. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of this request:

Name: _____	Name: _____	Relationship: _____
_____	_____	_____
_____	_____	_____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing the form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.

Name of Authorized Person:

Title:

Signature:

Date:

NON-COLLUSION AFFIDAVIT

INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT

1. This Non-Collusion Affidavit is material to any contract awarded pursuant to this Bid. According to the Pennsylvania Anti- bid-Rigging Act, 73 P.S. 1611 et sec., governmental agencies may require Non-Collusion Affidavits to be submitted together with bids.
2. This Non-Collusion Affidavit must be executed by the member, officer or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
3. Bid rigging and other efforts to restrain competition, and the making of false SWORN statement in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the associated approval or submission of the bid.
4. In the case of a bid submitted by a joint venture, each party to the venture must be identified in the Bid Documents, and an Affidavit must be submitted separately on behalf of each party.
5. The term "Complementary Bid" as used in the Affidavit has the meaning commonly associated with that term in the bidding process, and includes the knowing submission of bids higher than the bid of another firm, any intentionally high or non-competitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
6. Failure to file an Affidavit in compliance with these instructions may result in disqualification of the bid.

NON-COLLUSION AFFIDAVIT

FOR BID FOR _____
(Name of project or item being bid upon)

State of _____

County of _____

I state that I am _____ of _____
(Title) (Name of my Firm)

and that I am authorized to make this affidavit on behalf of my firm, and its Owners, Directors, and Officers. I am the person responsible in my firm for price(s) and the amount of this bid.

I state that:

1. The price(s) and amount of this Bid have been arrived at independently and without consultation, communication or agreement with any other contractor, bidder or potential bidder.
2. Neither the price(s) nor the amount of this bid, and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
3. No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or non-competitive bid or other form of competitive bid.
4. The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive bid.
5. _____, its affiliates,
(Name of my firm)
subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal Law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that _____ understands and
(Name of my firm)

Acknowledges that the above representations are material and important, and will be relied on
by _____ in awarding the contract(s) for which this
(Name of my firm)

bid is submitted. I understand and my firm understands that any misstatement in this affidavit
is and shall be treated as fraudulent concealment from

(Name of public entity)

of the true facts relating to the submission of bids for this contract.

(Name) (Company Position)

SWORN TO AND SUBSCRIBED

BEFORE ME THIS _____ DAY OF _____, 20_____.

Notary Public

My Commission Expires

County of Lackawanna Transit System's Protest Procedure

If a bidder/agency perceives that a segment of the specifications is either too restrictive for competition or if the bidder/agency perceives any improprieties in the solicitation or specifications, a written protest must be filed with the COLTS Executive Director at least five (5) business days prior to bid opening or the due date for proposals. Any protests concerning the award of a contract after the bid opening, or after a public announcement by COLTS of a contractor selection decision, or after an evaluation of proposals submitted under an RFQ, must be made within five (5) days after the bid opening, or public announcement in the case of an RFQ, in order to permit COLTS the opportunity to resolve the issue prior to contract award.

Contents of Protest to COLTS

A bidder or agency filing a protest with COLTS must submit the protest in writing, via certified United States mail with a return receipt request, to County of Lackawanna Transit System (COLTS) c/o Executive Director, 800 North South Road, Scranton, PA 18504. The protest must include:

1. The name and address of the bidder;
2. Project number and the number of the solicitation;
3. A detailed and factual statement of the grounds for protest and any supporting documentation. The documentation submitted to COLTS must be fully supported to the extent possible;
4. The desired relief, action or ruling from COLTS.

Following an adverse decision by the Executive Director, the bidder or agency may file a protest with FTA Regional Office III for resolution.

FTA Review of Protest: A protester must exhaust all administrative remedies with COLTS before pursuing a protest with FTA. Review of a protest by FTA will be limited to:

- (1) COLTS' failure to have or follow its protest procedures, or its failure to review a complaint or protest; or
- (2) Violations of Federal law or regulation.

Following any adverse decision by the Executive Director, the bidder may file a protest if there has been a violation in connection with 1 and 2 above. An appeal to FTA must be received by the U. S. Department of Transportation, Federal Transit Administration ("FTA"), Region III, 1760 Market Street, Suite 500,

Philadelphia, PA 19103, within five (5) working days of the date the protester learned or should have learned of an adverse decision by the Executive Director or other basis of appeal to FTA.

Contents of Protest to FTA

A bidder filing a protest with FTA must submit the protest in writing, via certified United States mail with a return receipt request, to the U. S. Department of Transportation, Federal Transit Administration (“FTA”), Region III, 1760 Market Street, Suite 500, Philadelphia, PA 19103. The protest must include:

1. The name and address of the bidder;
2. Identification of the grantee (COLTS), project number and the number of the solicitation;
3. A detailed and factual statement of the grounds for protest and any supporting documentation. The documentation submitted to FTA must be fully supported to the extent possible;
4. A copy of the protest filed with COLTS, and a copy of the COLTS decision, if any; and
5. The desired relief, action or ruling from FTA.

FTA will not consider any data that was not submitted to COLTS. If new data becomes available after the exhaustion of administrative remedies with COLTS, that data should be submitted to COLTS with a request for reconsideration. If the request is denied or if the protestor’s administrative remedies with COLTS are again exhausted, the protestor may then submit the new data to FTA.

No formal briefs or other technical forms of pleading or motion are required, but a protest and other submission should be concise, logically arranged, and clear.

Bid protests must be filed with FTA no later than five (5) days after the exhaustion of administrative remedies with COLTS is known or should have been known, whichever is earlier.

Authorized Official of Firm

Title of Authorized Official

Date

Compliance Screening for Suspension or Debarment
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program

COLTS' participation in the Medical Assistance Transportation Program requires COLTS to contract with vendors or independent contractors/service providers whose functions are a necessary component of furnishing, ordering or prescribing items or services to Medical Assistance recipients. As such, these vendors or independent contractors/service providers are required to be in good standing with the Federal Government.

All employees, vendors, contractors, service providers and referral sources whose functions are a necessary component of furnishing, ordering or prescribing items or services to Medical Assistance recipients should be screened for exclusion before employing and/or contracting with them and, if hired, should be re-screened on an ongoing monthly basis to capture exclusions and reinstatements that have occurred since the last search.

1) COLTS Medical Assistance Transportation Program will conduct exclusion checks at time of hire or contracting and on a monthly basis thereafter to verify that designated employees and independent contractors have not been excluded from Federal Health Care Programs. An exclusion check is a search of the following to determine if the individual or entity's name appears on any of the following lists:

a) **Pennsylvania Medichex List:** a database maintained by the Pennsylvania Department of Public Welfare that identifies providers, individuals and other entities that are precluded from participation in Pennsylvania's MA Program:

http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/medichexprecludedproviderslist/S_001152

If an individual's resume indicates that he/she has worked in another state, providers should also check that state's individual list.

b) **List of Excluded Individuals/Entities (LEIE):** database maintained by HHS-OIG that identifies individuals or entities that have been excluded nationwide from participation in any Federal Health Care Program. An individual or entity included on the LEIE is ineligible to participate, either directly or indirectly, in the MA program. Although the Pennsylvania Department of Public Welfare makes best efforts to include on the Medichex List all federally excluded individuals/entities that practice in Pennsylvania, providers must also use the LEIE to ensure that the individual/entity is eligible to participate in the MA Program:

<https://oig.hhs.gov/exclusions/index.asp>

c) **Excluded Parties List System (EPLS):** Worldwide database maintained by the General Services Administration (GSA) that provides information about parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and non-financial assistance and benefits:

<https://www.epls.gov/>.

- 2) The COLTS Medical Assistance Transportation Program will assure that exclusion checks of appropriate employees will occur before hiring and on a monthly basis.
- 3) The COLTS Medical Assistance Transportation Program is responsible for conducting exclusion checks prior to entering an agreement with an independent contractor and monthly thereafter.
- 4) Contracts will contain a certification that the vendor and its employees and any subcontractors are not excluded from Federal or State Health Care Programs and that the vendor is doing monthly exclusion checks. This will be monitored during vendor monitoring.
- 5) If the exclusion checks indicate that any employee or contractor has been excluded from Federal Health Care Programs, the individual or entity cannot be employed by or conduct business with Lackawanna County Human Services Block Grant Programs.
- 6) Any exclusions shall immediately be reported to the Bureau of Program Integrity via email through the Medical Assistance Provider Compliance form at the following link:

- <http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/maprovidercompliancehotlineresponseform/index.htm>

OR

- US mail: Bureau of Program Integrity
Commonwealth of Pennsylvania
Post Office Box 2675
Harrisburg, PA 17105-2675

OR

- Fax: 1-717-772-4655 or 1-717-772-4638

- 7) COLTS Medical Assistance Transportation Program will maintain results of monthly exclusion checks for contractors and employees.

Authorized Official of Firm

Title of Authorized Official

Date

APPENDIX B – OFFICIAL PROPOSAL FORM

Please be sure to complete this form in its entirety. Failure to do so will render your proposal non-responsive and it will not be granted further consideration.

1.1 Agency Guarantee

The agency certifies that it can and will provide, at a minimum, all services set forth in Sections 2.1 through 2.3 and Section 3.1.3.

1.2 Agency Warranties

1.2.1

Agency warrants that it has both a Commercial General Liability insurance policy and an Automobile Liability insurance policy with coverage of not less than \$1,000,000 combined single life occurrence for bodily injury, personal injury and property damage. Proof shall be submitted upon award of the contract.

1.2.2

Agency warrants that all information provided by it in connection with this proposal is true and accurate.

1.3 Agency Small Business Participation

RFQ/IFB: Medical Assistance Transportation Program

Date Advertised: September 17, 2021

NAICS Code: 485991

Average number of employees over the past 12 months: _____

Average annual receipts over the past 3 years: _____

Type of entity (i.e. sole proprietor): _____

Authorized Official of Firm

Title of Authorized Official

Date

APPENDIX C – COST PROPOSAL FORM

Please be sure to complete this form in its entirety. Failure to do so will render your proposal non-responsive and it will not be granted further consideration.

Demand Responsive Ambulatory Service			Shared Ride Ambulatory Service			Escort and Exclusive Ride Service			Grand Total
Units of Service	Unit of Service Cost	Total Cost	Units of Service	Unit of Service Cost	Total Cost	Units of Service	Unit of Service Cost	Total Cost	
2015/2016		0			0			0	\$ -
2016/2017		0			0			0	\$ -
2017/2018		0			0			0	\$ -

LINE ITEM BUDGET SUMMARY YEAR ENDING 2022

LINE ITEMS	ACTUAL DOLLAR AMOUNT	PERCENT OF UNIT OF SERVICE COST
Salaries - Administrative	\$ -	0%
Fringe Benefits - Administrative	\$ -	0%
Salaries - Direct Service	\$ -	0%
Fringe Benefits - Direct Service	\$ -	0%
Rent	\$ -	0%
Utilities	\$ -	0%
Equipment	\$ -	0%
Materials and Supplies	\$ -	0%
Other	\$ -	0%

LINE ITEM BUDGET SUMMARY YEAR ENDING 2023

LINE ITEMS	ACTUAL DOLLAR AMOUNT	PERCENT OF UNIT OF SERVICE COST
Salaries - Administrative	\$ -	0%
Fringe Benefits - Administrative	\$ -	0%
Salaries - Direct Service	\$ -	0%
Fringe Benefits - Direct Service	\$ -	0%
Rent	\$ -	0%
Utilities	\$ -	0%

Equipment	\$	-	0%
Materials and Supplies	\$	-	0%
Other	\$	-	0%

Authorized Official of Firm

Title of Authorized Official

Date