

SILICON VALLEY JOINT POWERS TRANSPORTATION AGENCY

ADDENDUM #01

FOR REQUEST FOR PROPOSAL RFP #21-22-01

This addendum shall be considered part of the bid documents for the above mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Please acknowledge receipt of this addendum and make sure to include the completed addendum with the RFP when it is submitted.

If you have any questions, please contact Rick Magana @ 408-522-2217

BIDDER INFORMATION AND FORMS

A. CONTRACTORS INFORMATION

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

By: \_\_\_\_\_

(Name of individual completing statement)

Date: \_\_\_\_\_

**B. CURRENT ORGANIZATION AND STRUCTURE OF THE BUSINESS**

**1. For firms that are Corporations:**

- a. Date incorporated: \_\_\_\_\_
- b. Under the laws of what state: \_\_\_\_\_
- c. Provide all the following information for each person who is either (a) an officer of the corporation (president, vice president, secretary, treasurer), or (b) the owner of at least 10% of the corporation's stock.

Name	Position	Years with Co.	% of Ownership
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**2. For Firms that are Partnerships:**

- a. Date of formation: \_\_\_\_\_
- b. Under the laws of what state: \_\_\_\_\_
- c. Provide all the following information for each partner who owns ten percent (10%) or more of the firm.

Name	Position	Years with Co.	% of Ownership
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**3. For Firms that Are Sole Proprietorships:**

- a. Date of commencement of business: \_\_\_\_\_

**4. For Firms that Intend to Bid as a Joint Venture:**

- a. Date of commencement of joint venture: \_\_\_\_\_
- b. Provide all of the following information for each firm that is a member of the joint venture that expects to bid on one or more projects.  
Attach all additional references and/or information on separate signed sheets.

Name of Firm	% of Ownership of Joint Venture
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Attach all additional references and/or information on separate signed sheets.

C. HISTORY OF THE BUSINESS AND ORGANIZATIONAL PERFORMANCE

1. How long have you been engaged in the student transportation business under your present business name? \_\_\_\_\_

2. Are you currently providing, or have you ever provided, transportation services for special education students?

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

If "yes", how many years? \_\_\_\_\_

3. Have you contracted to provide special education student transportation for any school district of County Office of Education in the State of California?

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

If "yes", please provide the following:

a. Name and location of the school district/County Office of Education

\_\_\_\_\_

b. Name and phone number of a contact person \_\_\_\_\_

\_\_\_\_\_

c. Number of students transported daily \_\_\_\_\_

d. Number of buses in operation daily \_\_\_\_\_

e. Beginning and end dates of contract \_\_\_\_\_

f. Was the contract(s) cancelled for any reason? Why? \_\_\_\_\_

\_\_\_\_\_

MANAGEMENT AND ADVISORY PERSONNEL

4. Please provide the name and title of the company executives.

5. Provide the name, title, tenure with your firm, related experience, and brief description of responsibilities for Management Personnel.
6. Provide the name, title, tenure with your firm, related experience, and brief description of responsibilities for personnel who would be directly involved with the daily operations of the Agreement.

#### DRIVERS

7. State the number of school bus drivers now in your regular employment: \_\_\_\_  
Van drivers \_\_\_\_\_
8. Describe the procedures used in your driver selection process, including recruitment, checking references, and driver testing.
9. Describe your school bus driver training program.
10. Describe your safety program for school bus drivers, including number of annually scheduled safety meetings, name/title/experience of person(s) responsible, school bus accident rate for preventable and non-preventable accidents per thousand miles of operations.
11. Have any of your drivers been involved in accidents involving injuries or death in the last 5 years?

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

If "yes", please explain.

#### VEHICLE INFORMATION

12. Describe the types of buses that will be provided, including the make of chassis, make of body, model, type, and year of manufacture.
13. Describe your program and schedule for preventative maintenance and repair of school buses, including location of maintenance facilities, name/title/experience of personnel responsible for management of the facilities, method of evaluating road failures, and name/title/experience of personnel who will service and repair the school buses.
14. Attach copies of safety Compliance reports (California Highway Patrol Form 343 or equivalent/current form) for each terminal that you operate in California.

15. Have any of your buses been involved in accidents involving injuries or death in the last 5 years?

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

If "yes", please explain.

#### LICENSES

16. Please provide the following information:

a. Name of license holder exactly as on file: \_\_\_\_\_  
\_\_\_\_\_

b. License classification(s): \_\_\_\_\_

c. License #: \_\_\_\_\_

d. Expiration Date: \_\_\_\_\_

17. Has any license held by your firm been suspended or revoked within the last 5 years?

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

If "yes", explain on a separate signed sheet.

#### DISPUTES

18. At any time in the last 5 years, has your firm, or any owners, officers or partners, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any contract with a public entity?

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

If "yes", explain on a separate signed sheet, including the name of the person who was associated with that company, the year of the event, owner, owner's address and basis for the action.

19. In the past 5 years, has any claims against your firm or by your firm against an owner been filed in court or arbitration concerning your firm's services?

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

If "yes", explain on a separate signed sheet, including the project name, court or arbitration case name and number, and a brief description of the status of the claim.

#### CRIMINAL MATTERS AND RELATED CIVIL SUITS

20. Has your firm or any of its owners, partners or officers ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

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

If "yes", explain on a separate signed sheet, identifying who was involved, name of the public agency, date of the investigation and grounds for the filing.

#### D. ACCIDENT HISTORY

Will you authorize your insurance carriers to furnish in writing your accident loss ratio and workers' compensation loss ratio for the past three (3) years?

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

If "yes", please provide the name, address, coverage, and contact person (name, address and telephone number) of your insurance carrier(s).

#### E. ALCOHOL AND DRUG POLICY

Please provide a copy of your company's policy regarding the use by employees of alcohol and illegal drugs.

#### F. PROJECT REFERENCES

Please include at least three (3) of your company's most recent contracts with California K-12 public schools using the form attached as Exhibit A and sign the form. Please use and attach additional signed sheets when needed to explain or clarify any response or to include more references with all requested information.

#### G. FINANCIAL INFORMATION

Contractor must submit a reviewed or audited financial statement with accompanying notes and supplemental information for the past two (2) full fiscal years. A letter verifying

availability of a line of credit may also be attached: however, it will be considered supplemental information only, and is not a substitute for the required audited or certified financial statement.

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date: \_\_\_\_\_

Proper Name of Contractor: \_\_\_\_\_

\_\_\_\_\_

Signature by an officer of the Contractor: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

(Print Name)

Title: \_\_\_\_\_



EXHIBIT A

Reference # \_\_\_\_\_:

- a. District Name: \_\_\_\_\_
- b. Contact Name and Title: \_\_\_\_\_
- c. Contact address: \_\_\_\_\_
- d. Contact telephone no: \_\_\_\_\_
- e. Contact email address: \_\_\_\_\_
- f. Scope of Work: \_\_\_\_\_
- g. Dates of contract: \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_

Name