

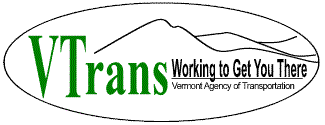
VERMONT AGENCY OF TRANSPORTATION

Policy, Planning and Intermodal Development Division

Public Transit Section

Intercity Bus Operating Assistance

Application



Vermont Agency of Transportation

Public Transit Section

1 National Life Drive

Montpelier, VT 05633-5001

**February 15, 2021**

**APPLICATION INSTRUCTIONS**

Applications are to be submitted using the provided Microsoft Word and Excel files. The purpose of the electronic format is to standardize the way program information is presented and to enable comparisons among all applications.

Each funding award will be dedicated to a specific project. For selected projects, the complete application becomes the Management Plan and is incorporated into the resulting agreement.

**APPLICATION forms (Word and Excel Files)**

Instructions for completing each part are discussed below in each section.

**Word Documents:**

**Part 1: Applicant Information**

**Part 2: Experience of Organization**

**Part 3: Financial Status & Insurance**

**Part 4: Project Staffing and Management Plan**

**Part 5: Maintenance, Safety and Emergency Response Plans**

**EXCEL DOCUMENTS:** Provided as a separate file

**Part 6: Description of Services-Proposed Projects**

**Part 7: Budget**

**NOTE**: Detailed information about the proposed project is requested in the Excel Forms.

**APPLICATION CHECKLIST**

The following items must be submitted as part of your application for it to be considered complete. Mark each item and provide signature at the bottom attesting to the submittal of all required documentation:

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|  | Combined Assistance Application Narrative (Parts 1 - 6) |
|  | Application Worksheets – Worksheets 6A, 6B, 7A, 7B - Separate Excel File |
|  | Federal Certifications and Assurances signature pages **signed** by applicant – Separate Fillable PDF’s |
|  | State Certifications and Assurances **signed** by applicant – Separate Fillable PDF’s |
|  | List of current Applicant Organization Board Membership – Provide with Application |
|  | A copy of the Notice of Public Hearing Opportunity announcement as published – Provide with Application |
|  | Evidence of community and private sector involvement. Please include documentation of any opposition to your application that you may have encountered, or indicate if no opposition occurred. – Provide with Application |

This section to be completed by the person who validated the accuracy and completeness of this application.

Validated By: Date:

Signature

**Please verify your adherence to all requirements of the RFP not just the application. The application is part of the RFP packet that must be submitted.**

**PART 1: APPLICANT INFORMATION**

Lead Agency’s/Organization/Firm Name:

Contact person’s name:

Contact person’s title:

Address:

City:

Phone:

Fax:

Email:

Website address:

Federal Employee ID No.:

1. Please check if you are a new or current applicant with VTrans.

New

Current

2. Please check the box that most accurately describes your organization’s structure

Non-profit

Local government

Transportation Authority

Transit District

Tribal Government

Private for profit

Other (describe)

3. Provide a brief description of your organization’s primary business or mission.

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1. Current Services: Please provide a general description of the services you currently provide, including the types of routes operated, i.e. fixed-route, local, intercity, commuter, rural, tourism, and so forth.

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**PART 2: EXPERIENCE OF ORGANIZATION**

This part of the application is divided into several sections, each covering a different aspect of your organization. Applicants are urged to provide thorough but concise answers to the questions.

1. Please describe the experience of your organization in providing passenger transportation services. How many years has your organization provided passenger transportation services? What types of services have been provided—fixed-route, fixed-schedule (local, regional or intercity), charter, tour, demand-response, limousine, taxi? Where have you provided these services (service area, routes, etc.) are the general service area boundaries? What aspects of these services have been provided by your firm—operation of vehicles, marketing, reservations and ticketing, vehicle maintenance, tour guides, terminal operations, etc. Have any of these services involved coordination of services with other providers or organizations (such as interline ticketing, use of shared facilities, airport access, terminals, participation in web or other shared information providers)? What type of markets does your firm have experience in serving (such as particular charter markets, airport services, commuters, human service trips, regular-route intercity riders, etc.).

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1. Include a list of contracts or grants that your organization has had during the past five years that relate to the ability of the applicant to manage grants or contracts while providing the services requested in the RFP.

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1. Please provide information on any other relevant experience providing evidence of the applicant’s qualifications to perform the services requested in the RFP. This could include relevant contract transportation, staff experience, etc. Please include contract or grant numbers, period of performance, client or customer name and contact information. Applicant must include in the response to this section “[Proposer Name] grants permission to VTrans to independently contact these references at VTrans’ convenience”.

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**PART 3: FINANCIAL STATUS AND INSURANCE**

Applicants must demonstrate the financial and managerial capacity to meet VTrans’ program guidelines. It is imperative that the organization’s ability to absorb costs and continue operation of services while waiting for reimbursements from VTrans, for interline revenues, and to deal with seasonal variations in revenue. While VTrans processes invoices in a timely manner, incorrect or insufficient documentation can extend this process. VTrans will work with the chosen operator to ensure a clear understanding of invoicing requirements.

In addition, the grantee must be able to obtain and maintain required the required insurance. VTrans is requiring that the services provided be fully interlined with the national intercity bus network to facilitate the ability of passengers to make trips involving more than one carrier on a single ticket. Consequently, the selected applicant will have to provide liability insurance at the levels required by FMCSA for interstate trips (as the grantee will be selling and accepting tickets for interstate trips). The standards vary by size of vehicle: $5 million for vehicles with passenger capacities equal to or exceeding 16 passengers, and $1.5 million for vehicles with passenger capacities between nine and 15 passengers. Connecting interline carriers may also have additional or different insurance requirements, and the applicant should contact its potential interline partners or terminal operators to determine their insurance requirements. The applicant must indicate in the application and as a condition of grant award that they provide proof of insurance from their insurance carrier explicitly listing the extent of the applicant’s liability coverage.

1. The applicant must provide the last two (2) years of comparative financial statements or annual reports with the name, address, and telephone number of a contact in the company’s principal financing or banking organization.

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1. In this section, the applicant should describe its current insurance coverage levels, and if those do not meet the requirements described above, provide evidence that it has the ability to obtain and keep in force the required insurance. The applicant should state that they will, as a condition of grant award, provide proof of insurance from the applicant’s insurance carrier.

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1. Describe the internal accounting system of the firm or organization and how it accumulates and summarizes project costs and revenues as it would apply to this project. Would mileage costs be determined based on firm or organization average costs, and then applied to the miles operated for the project, or would the entity accumulate costs specifically for the project in separate accounts? How would revenues from these services be accounted for?

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1. Please provide any other pertinent information that would enable evaluators to determine the stability and financial strength of the organization.

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**PART 4: PROJECT STAFFING AND MANAGEMENT PLAN**

1. Please describe the proposed project team structure and internal lines of authority for the personnel involved in the performance of this project. List the employees that will be involved with this service and the job title for each. (e.g. drivers, mechanics, administrative, etc.) Please also attach a current Organizational chart for this project team and show the relationship of these staff members (and any sub-contractors) to the other functions or staff of your firm or organization. Indicate who within the firm will have prime responsibility and final authority for operation of the services if awarded funding.

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1. Identify the staff, including any potential sub-contractors, who will be assigned to this project. Briefly describe their experience as it relates to the proposed project and include resumes for the named staff. Include a statement committing the named staff to actually perform the designated functions on the proposed project services.

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1. Please describe your organization’s experience in managing programs that include Federal and/or state funds and the related requirements.

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1. How will the applicant inform minority individuals, low-income families, and persons with disabilities about the availability of the proposed service in the communities?

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1. How does your transit system provide an opportunity for the public to comment on services? How will they be able to submit comments? How will complaints be addressed? Has the system received any complaints regarding the accessibility of the system in the past year (lifts not working, drivers not announcing stops, etc.), and if so, how was it resolved?

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1. How will the applicant distribute information to riders and the general public about proposed service or fare changes?

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**PART 5: MAINTENANCE, SAFETY AND EMERGENCY RESPONSE PLANS**

In this section information is requested regarding the maintenance, safety, emergency response and Americans with Disabilities Act (ADA) practices as they would be applied to the proposed services.

1. Describe your vehicle maintenance plan. How often is preventive maintenance performed? (i.e., transmission, oil changes, tune ups, etc.)

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1. What maintenance services are provided in-house and what is out-sourced? Are there contracts with local maintenance shops? What are the contract arrangements? How are charges assessed?

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1. How do you keep track of vehicles’ maintenance history? Who reviews repair and expense records? Where are maintenance files kept?

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1. Do you require a pre-trip vehicle inspection? Who performs the inspection? Are the inspection forms kept on file, and if so where? What procedure is followed if the inspection identifies a problem, and how does the procedure vary with the nature of the problem?

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1. Are there established policies or guidelines regarding use of vehicles, loan of vehicles, sign out of vehicles, accident reporting, etc? If so, what are they?

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1. Explain, in detail, how you intend to maintain service levels, should a vehicle breakdown occur. This is to ensure that passengers are swiftly transferred at any possible point along the service route and beyond; i.e. the customers can make it to their intended destination/connection in a safe and timely manner, with the least inconvenience possible.

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1. Please describe your driver safety program. Include information about driver training courses are required for new drivers, as well as ongoing training. Please also describe how the training is provided, e.g. consultants, in-house certified trainers, and so forth.

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1. Describe your organization’s risk management policy in case of an accident, liability claim, or legal action.

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1. Describe your system’s crash history in the last year. List the number and type of crashes . For any crashes that occurred, describe if there was property damage or injuries and identify if they were preventable or non-preventable. For any preventable crashes, what action did the system take?

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1. Please describe how your firm or organization currently meets the ADA requirements applicable to the types of service provided. The ADA rule is available at <http://www.gpo.gov/fdsys/pkg/CFR-2011-title49-vol1/pdf/CFR-2011-title49-vol1-part37.pdf> and 9/19/11 update <http://www.fta.dot.gov/12876_2360.html>

For additional ADA guidance, go to: <http://www.fta.dot.gov/civilrights/12325_3884.html>

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1. Describe how the Americans with Disabilities Act (ADA) requirements are included in your training program.

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**PART 6: DESCRIPTION OF SERVICES-PROPOSED PROJECTS**

In this part of the application, the applicant should provide detail on the services it will provide should it be selected in response to this application. As noted, VTrans is seeking applicants to provide services between Burlington and Albany, specifically linking to the train, bus and air ports.

In this section the responses should address the specific routes and services that are proposed. Schedules can be entered in attached worksheets, and if additional information or tables are required that cannot be entered in the box the applicant can make reference in the box to any needed attachments.

1. Route(s)—please list the route(s) that the applicant is applying to operate. Attach maps of the proposed routes, in black and white on 8 ½” x 11” paper.

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1. Identify Stops, by type (flag stop, agency stop, terminal). To the extent possible list addresses or intersections where stops are proposed. If additional space is needed, provide as attachments.

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1. Using Worksheet 6 (making a separate copy for each proposed route), provide the anticipated schedules for the services, including days of the week service will be provided, holiday services (or exceptions), and times at stops for each direction (recognizing need for fine-tuning when operations commence). List the one-way route-miles (revenue-miles) for each proposed service, along with the weekly and annual bus-miles for that route.

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1. List other transportation and public transportation providers, including rail, air or other bus service to which the proposed route will connect. Provide schedules of connecting intercity bus services, demonstrating times of connections. Note whether or not the proposed services will have interline ticketing with connecting intercity bus service, or only separate fares. If separate fares, attach a copy of fare schedule information. If additional space is needed, provide as attachments.

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1. Please provide the physical location of connecting points (terminal or station), including proximity of stops of connecting services, to demonstrate that passengers will be able to make a usable and convenient connection to the national intercity bus network.

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1. Proposed vehicle fleet—please use the attached worksheet to list the vehicles that will be used to provide the proposed services. Include spare, peak, or backup vehicles (noting which vehicles are so designated). Include information on the accessibility equipment on each vehicle—lift or ramp, number of wheelchair tie-down positions, additional doors, folding seats, etc.

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1. Describe how route, schedule and fare information will be made available to prospective customers, including inclusion in the information systems of other carriers. Applicants are encouraged to submit a complementary route-specific marketing plan to promote the new service. Include anticipated presence on the Web, phone information, inclusion in industry timetable guides (Russell’s Official National Motorcoach Guide), purchased advertising, other media or promotional plans.

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1. Describe efforts to communicate with and involve communities along the route, including efforts as part of this application and planned efforts at coordination and involvement once the project is awarded.

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1. Coordination and partnerships with local public transit providers is strongly encouraged. Please describe any current or proposed efforts or plans to coordinate with or partner with providers/carriers on the route, including shared stops, cross-marketing or shared information, ticket sales, etc.

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1. If the applicant anticipates using in-kind match (see Part 8 below), describe connecting unsubsidized services, and note the attachment of a letter of support for the applicant from the provider of the unsubsidized connecting services.

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1. Describe ticketing procedures or systems to be used, including Interlining arrangements, use of MAXX or other carrier ticketing systems, forms of payment (credit card, cash, use of internet), use of agents/agencies for ticket sales, and how passengers boarding en route (not at staffed stations) will be able to purchase a ticket or pay for transportation.

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**PART 7: BUDGET**

In this solicitation only operating assistance is being offered, as the applicants are expected to provide their own vehicles and include their cost, and the cost of marketing the service, in a fully-allocated project cost for each proposed route. Operating assistance will be provided to offset the difference between the operating cost of the service and the revenues from that service, which is the net operating deficit.

**Operating Assistance Worksheets**

The attached workbook includes several worksheets that should be completed to present the proposed budget for each proposed route. These include:

* **Worksheet 7A-Operating Expenses, Revenues, Net Operating Deficit and Total Project Budget:** This is an Excel table (provided in the workbook at the end of this section) that allows the applicant to present their operating costs, which are then divided by the estimated revenue miles to result in a cost per revenue bus-mile. This is combined with the applicant’s estimates of revenues per mile to arrive at a net operating deficit for each of the three years. Chapters 5 and 6 of the Vermont Statewide Intercity Bus Study Update, Final Report, January 2013 included estimates of ridership and revenues based on particular assumptions about fare levels. The applicant may wish to utilize these estimates or revise them based on their own fare structure and experience. The study can be accessed at:

The applicant should indicate the basis for their estimate of revenues (previous service experience, surveys, etc.) Worksheet 7A should be completed separately for each route or service and clearly marked. Because the anticipated term of agreement is two-years, with two potential one-year extensions, Worksheet 7A requires the applicant to present a separate operating cost estimate for each of the two years, allowing the applicant to reflect anticipated changes in costs from one year to another.

Applicants approved for participation in the intercity bus program must complete **monthly report information** documenting expenses by cost category, revenues by source, passenger trips, and days of operation and total miles, and the calculated performance measures of farebox recovery and subsidy per passenger **for the route.** Sample reporting forms are provided in the Excel Workbook at the end of this solicitation.