

## INSTRUCTIONS AND VENDOR INFORMATION

The County will enter into a contract with all applicants who meet the minimum qualifications, are found to be responsible, and complete and submit the mandatory submissions described below in this document. After an applicant submits the required information and documents, the County will review the submissions and determine whether the applicant meets the minimum qualifications. If the County accepts an application, the contract will be executed, and a copy of the contract will be sent to the applicant. Please keep a copy of the entire Open Solicitation packet for your records. *Applicants are strongly encouraged to carefully review all the documents and information provided with this packet before completing and returning the Pre-Approved Form Contract. **Incomplete applications will not be processed.***

The County makes no guarantee that any Contractor will receive requests for escorted transportation services under contract(s) resulting from this solicitation. The County reserves the right to cancel this Open Solicitation at any time.

Questions related to open solicitation should be directed to:  
[HHS.Open.Solicitations@montgomerycountymd.gov](mailto:HHS.Open.Solicitations@montgomerycountymd.gov)

Please complete and attach all the below-listed mandatory submission/application documents and e-mail to: [AdultProtectiveServices@montgomerycountymd.gov](mailto:AdultProtectiveServices@montgomerycountymd.gov)

- I. Submission/Application Documents - The following items must be submitted:
- A. Application Form (Attachment E)  
Please complete in its entirety. Applicant must indicate its organization tax status as either “profit” or “non-profit”.
  - B. References (Attachment F)  
Please provide three (3) references from individuals or firms for whom work of a similar scope has been performed within the last three years. If you have not provided similar services, please narrate what prepares you or your entity to provide the required services under this Open Solicitation.
  - C. Insurance Certificate  
A Certificate(s) of Insurance that provides evidence of meeting the insurance requirements set forth in Article VII. of the Pre-Approved Form Contract.
  - D. Form Contract  
The Form Contract must be filled out correctly and submitted. Please follow these steps:
    1. Sign the Form Contract – If the applicant is a corporation, an officer of the corporation with authority to sign contracts for the corporation must sign the Form Contract.
    2. On the signature page, PLEASE DO NOT PUT A DATE IN THE PARAGRAPH AT THE TOP OF THE PAGE. ENTER A DATE ONLY IN THE SIGNATURE BLOCK.
    3. Submit all the pages of the Form Contract (not just the signature page), including all attachments.

- E. General Conditions of Contract Between County & Contractor (Attachment A)  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-45.pdf>
- F. Business Associate Agreement (Attachment B)  
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
- G. Minority, Female Disabled (MFD) Person Subcontractor Performance Plan  
Please submit your MFD plan or request a waiver.  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-65.pdf>
- H. Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor.  
[www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-177.pdf](http://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-177.pdf)
- I. Narrative  
A description of the organization's layout, amenities, facilities, and accommodations, including the maximum capacity of each vehicle proposed for use in providing escorted transportation services to elderly and disabled County residents. Applicants must describe their qualifications and ability to pick up a Client from his/her home or another location; drive the Client to his/her destination, remaining at the destination for the duration of an appointment, and drive the Client back to his/her home or location of origin. Applicants must describe how they will facilitate annual training for their staff, which should include an annual staff training session on how to work with Clients who have physical, psychiatric, and cognitive limitations and require assistance. Training must also include wheelchair securement annually for staff who provide wheelchair transportation. This information must be provided in no more than eight double-spaced typewritten pages, using Times New Roman, 12-point font.
- J. Resume(s)  
Please provide a copy of an up-to-date resume for each person who holds a management position and/or will have direct one-to-one contact providing services to elderly and disabled individuals under the contract resulting from this Solicitation.
- K. Proof of legal name  
A copy of the current Maryland Business License displaying the appropriate legal name is acceptable.
- J. W-9 tax form or a copy of the Social Security card, if sole proprietorship.

- K. Proof of tax-exempt status  
Determination letter from IRS, if applicable.
- L. Certificate of Good Standing from the Maryland State Department of Assessments and Taxation
- M. Evidence that all vehicles to be used for services within this Open Solicitation meet the requirements of the federal Americans with Disabilities Act (ADA).

II. The **minimum qualifications** for this Open Solicitation are as follows:

- A. Organizations, including all escort drivers, must have a minimum of two (2) years' experience and the ability to serve Clients with physical, psychiatric, or cognitive limitations who require assistance.
- B. Applicants must be able to provide annual training to their staff, which must include an annual staff training on how to work with Clients with physical, psychiatric, and cognitive limitations who require assistance. Training must also include wheelchair securement annually for staff who provide wheelchair transportation.
- C. Applicants must comply with applicable ethical and legal standards for protection of health information under the Health Insurance Portability and Accountability Act (HIPAA), and other federal, State, and local laws and regulations governing the privacy of medical information.
- D. Applicants must have one or more vehicle(s), which must not exceed 10 (model) years old, which meets all requirements to facilitate one or more of the transportation types as listed in Article II. Scope of Services, Paragraph E within the Form Contract. All vehicles must be fully insured, registered in the State of Maryland, and meet all State and federal safety standards.

**I. BACKGROUND/INTENT**

- A. Montgomery County, Maryland (County), through its Department of Health and Human Services' (DHHS) Aging and Disabilities Service Area (A&D), is seeking experienced and qualified entities to provide escorted transportation services for County residents who are elderly and/or have physical or mental disabilities (Clients).
- B. DHHS recognizes the need for a County-wide escorted transportation services for elderly and disabled County residents who are not able to drive or take mass transportation to their destinations. Clients may require these transportation services due to frailty, physical limitations, or mental limitations such as dementia.
- C. The Contractor was selected under Open Solicitation #1191513, Escorted Transportation Services for Elderly and Disabled Residents, to provide services in accordance with the Open Solicitation and this Contract.

**II. SCOPE OF SERVICES**

- A. The Contractor must provide staff who have experience working with Clients who require assistance with physical, psychiatric, and cognitive limitations to provide escorted transportation services for Clients. Upon the County's request, the Contractor must provide individual Clients with escorted transportation services, which include, but are not limited to, picking up a Client from their home or another location, driving the Client to their destination, and returning the Client to their residence or the location of origin.
- B. Requests from the County will be made by DHHS case managers, supervisors, or other designated DHHS staff. The Contractor must not accept requests directly from Clients or their caregivers. The DHHS staff will provide the following information:
  - 1. Date, timeframe, pick up location, destination, and return drop off location. No additional stops are permitted without prior approval from DHHS staff. If a Client makes a request to add a stop or change the destination or drop-off location, DHHS staff must be notified by phone call and Contractor must get approval from DHHS staff prior to making the change.
  - 2. Whether the ride is one-way or includes a return trip, including the estimated length of the trip. If the trip is extended by 30 minutes or more due to reasons outside the Contractor's control, the Contractor must call and notify the DHHS staff of the change, updating the estimated length of the trip accordingly.
  - 3. Type of vehicle requested.
  - 4. Specific escort service needs of the Client.
- C. The Contractor must provide escort services for Clients to various locations in the County, as requested and approved by the County. The Contractor must provide all escort staff training as

outlined in Article III.A.2.c. The type of escort services will be requested explicitly by the Client's DHHS staff and may include, but is not limited to, the following assistance:

1. Help the Client navigate to the pick-up location, into a vehicle, and navigate into the drop-off location.
2. Sit with the Client through an appointment.
3. Transport the Client back to their residence or location of origin.
4. Assist the Client in the grocery store, pharmacy, or other shopping venues.
5. Assist the Client with completing forms or taking notes as requested by the DHHS case manager.
6. Other escort services as requested by the DHHS staff.

D. The Contractor may be required to transport Clients to the following locations:

1. Doctor appointments
2. Dentist appointments
3. Other medically necessary destinations
4. Grocery store or pharmacy
5. Social Security Administration
6. DHHS locations
7. Other locations as approved by the County

E. The Contractor must be able to provide one or more of the following transportation types:

1. **Escorted Transportation:** Transportation assistance for Clients who require personal support, but not specialized medical equipment. A standard vehicle equipped with a communication device (cell phone, two-way radio, or similar device). Services may include assistance with entering and exiting the vehicle, navigating routes, reaching appointments, and additional support as needed.
2. **Wheelchair Transportation:** Transportation assistance for Clients requiring wheelchair accessibility. The vehicle must be equipped to accommodate a ramp or lift, and the driver must be equipped with a communication device (such as a cell phone or two-way radio, or similar device). Services must include securing a wheelchair (manual or motorized) during transport, transferring the Client, and providing additional support as needed.
3. **Stretcher Transportation:** Transportation assistance for Clients requiring a stretcher or gurney. The vehicle must be equipped with appropriate medical equipment, a communication device (such as a cell phone or two-way radio, or other similar device). Services must include transferring the Client to and from a stretcher, monitoring vital signs, and providing basic medical assistance during transport. The Contractor must comply with State and local licensing, permitting, and safety standards for Non-Emergency Medical Transport.

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- F.** The Contractor must provide its own vehicle(s) for use in escorted transportation services, and is responsible for maintaining, insuring, and registering the vehicle(s) in the State of Maryland, and ensuring the vehicle(s) meet all State and federal safety standards. The Contractor must provide an annual list of drivers and vehicles used in transportation services, along with annual vehicle inspection and registration documentation upon County request.
- G.** In the event the County is dissatisfied with a particular driver employed by the Contractor, the County reserves the right to request a replacement driver from the Contractor. At no additional cost to the County, the Contractor must provide a replacement driver and agree not to use the driver in question to transport any Clients served by this Contract.
- H.** The Contractor's driver must assist Clients in securing their wheelchairs, fastening seatbelts, and implementing other safety and security measures required for transporting passengers.
- I.** The Contractor must not charge fees to Clients served under this Contract and must not accept any tips or other forms of compensation from Clients.
- J.** The Contractor must report any incidents via email that occur during transportation of a Client to the County within 24 hours. An incident is defined as anything that may result in liability on the part of the Contractor or the County. In the event of an accident or injury to a Client while under the care of the Contractor, the Contractor must notify the County by telephone immediately and provide a written follow-up of the incident within two (2) business days.
- K.** The Contractor must comply with the U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS), which can be found at:  
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
- L.** The Contractor must comply with all federal, State, and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must also sign a Business Associate Agreement (BAA) with the County prior to execution of the Contract and must comply with its provisions (Attachment B).
- M.** The Contractor must comply with the Department of Health and Human Services Background Clearance Policy requirements for staff as stated in the link listed below. At a minimum, any and all staff and volunteers having unsupervised contact with a vulnerable population, including children and/or the elderly, must be appropriately screened prior to providing services under this Contract. The Contractor must check the link for updates to the policy. The Background Check Policy is located here: <http://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>.

### III. STAFF QUALIFICATIONS

- A.** The Contractor must have staff who can provide escorted transportation services. The driver must meet the minimum qualifications to provide driving services as outlined below. The driver must also meet the minimum qualifications of an escort service staff, as described below, or the Contractor must provide staff in addition to the driver during the ride to provide the escort services. The Contractor must only utilize staff who meet all the following requirements:
1. Drivers:
    - a. At least 21 years of age;
    - b. Valid State of Maryland driver's license appropriate to the type of vehicle driven;
    - c. Clean driving record documenting no convictions for driving while intoxicated or driving while under the influence of drugs or alcohol, reckless driving, speeding tickets, suspended license, all during the past three years; Other moving violations should be reported immediately to the County's representative, who will have discretion to request remedial action;
    - d. Clean criminal background check as outlined in Article II. Scope of Services, Paragraph M; and
    - e. Training in wheelchair securement and on best practices in working with all types of wheelchairs (if applicable).
  2. Escort Service Staff:
    - a. At least 21 years of age;
    - b. Clean criminal background check as outlined in Article II. Scope of Services, Paragraph M.; and
    - c. Training in the following:
      - i. HIPAA Compliance;
      - ii. Working with Clients with physical, psychiatric, and cognitive limitations who require assistance;
      - iii. Wheelchair securement and on best practices in working with all types of wheelchairs (if applicable); and
      - iv. Patient care procedures (only required if providing Stretcher Transportation).
- B.** The Contractor must provide copies of staff background checks, driver's licenses, driving records, and proof of training completion, upon County request.

### IV. RECORDS AND REPORTS

#### A. Data Management

The Contractor must maintain an internal ride management system capable of capturing all required data elements for each ride, as specified in the Data Reporting Format (Attachment C). The Contractor must submit complete and accurate ride data to the County on a monthly basis, using the Data Reporting Format.

**B. Monthly Reporting**

1. The Contractor must submit ride data using the Data Reporting Format (Attachment C) to the County, no later than fifteen calendar days following the last day of the month in which services were provided. These reports must accompany the monthly invoice and must include the following summary description of:
  - a) Any service delivery challenges or barriers encountered;
  - b) Client feedback, complaints, or compliments;
  - c) Any operational changes (e.g., staffing, scheduling adjustments).
2. Any changes to data submission will be communicated by the County in advance, and the County will collaborate with the Contractor to ensure feasibility and alignment with service requirements.

**C. Annual Summary Report**

1. The Contractor must submit an annual report by the 15<sup>th</sup> day of the month following the end of the Contract term to accompany the year-end invoice. The report must include a summary of the following:
  - a) Total services delivered
  - b) Total number of unique Clients served
  - c) Trends in service utilization
  - d) Recommendations for service improvement
  - e) Spreadsheet of all vehicles to include the make, the model, the model age, and the date of last annual inspection
  - f) List of drivers and escort service staff
  - g) List of staff training, including attendance logs, date, and duration of the trainings

**V. PROGRAM OUTCOMES AND PERFORMANCE MEASURES**

**A. SURVEYS**

1. The County will:
  - a. Conduct surveys annually to evaluate the following information:
    - i. Performance Measures, including Client satisfaction and Client experience.
    - ii. Program-specific, Client-reported Outcomes – The perceived impact of services on the Clients’ health, well-being, and/or quality of life.
    - iii. Client characteristics and participation history, to support equity analysis and contextualize outcomes.
  - b. Share a draft of the survey tool with the Contractor prior to distribution to Clients. The Contractor will have an opportunity to provide input on survey content, program outcome, and performance measures. However, DHHS will retain final authority over the content of the survey.

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Required Measures	Type of measure	Calculation
Percent of Clients better able to get to services or activities important to their health or well-being	Outcome	% who strongly agreed: “Program services helped me get to services or activities important to my health or well-being.”
Percent of Clients who felt respected	Performance (experience)	% who strongly agreed: “ <i>I was treated with respect.</i> ”
Percent of Clients who received timely services	Performance (experience)	% who strongly agreed: “ <i>I was served in a timely manner.</i> ”
Percent of Clients who felt their needs were met	Performance (satisfaction)	% who strongly agreed: “ <i>My needs were met.</i> ”
Percent of Clients satisfied with services	Performance (satisfaction)	% who strongly agreed: “ <i>Overall, I am satisfied with the services I received.</i> ”

- c. Develop and share a survey distribution plan with the Contractor that identifies the target population(s) and outcome strategies to effectively reach them, and includes a proposed sample size with justification, and specifies the timing of the survey distribution.
  - d. Analyze and share results in an accessible and digestible format.
2. The Contractor must:
- a. Distribute the survey using materials provided by the County (e.g., sharing the survey link or QR code, or distributing paper copies) to the Client at the conclusion of each escorted transportation trip.
  - b. Maintain the integrity of the data collection process by ensuring that Clients complete the survey independently and without undue influence. The Contractor must not assist or coach Clients in ways that could bias or compromise the validity of their responses.
3. The survey must include the following required measures listed below, at a minimum. The County reserves the right to revise, add, or remove these survey measures to reflect evolving program goals, regulatory requirements, or data needs. Any changes will be communicated by the County in advance and coordinated with the Contractor.

## B. COLLABORATION

1. The Contractor must collaborate with the County to review survey results, data routinely reported by the Contractor, and other County data relevant to the program. This may include, but is not limited to:
  - a. Number of Clients served
  - b. Client demographics
  - c. Service unitization (e.g., frequency, duration, and type of services provided)
  - d. Cost of services

## VI. COMPENSATION

The County will compensate the Contractor for services provided under this Contract at the fully-burdened, fixed hourly rate for escorted transportation services in effect at the time the services are provided. The hourly rate will be established via a fixed Rate Sheet for contracts awarded as a result of Open Solicitation #1191513, Attachment D, which will be posted on the DHHS website at [Current Solicitations - Contract Management - Department of Health and Human Services - Montgomery County](#). The County will compensate the Contractor only up to the amount stated in the purchase order(s) issued to the Contractor. The maximum amount payable under this Contract must not exceed the total amount shown on the purchase order(s) issued to the Contractor for that fiscal year that is based on the rates set forth on the DHHS website.

Price increase requests beyond the County's set forth fixed Rate Sheet, posted on the DHHS website at [Current Solicitations - Contract Management - Department of Health and Human Services - Montgomery County](#) will not be approved. In the event these rates change, within 30 days of the effective date, the Department of Health and Human Services' Director or her/his designee will promptly notify the Director, Office of Procurement, and the Contractor and forward the updated Rate Sheet, indicating the effective date of the new rates.

No services will be performed or compensated under this Contract prior to the execution of a County Purchase Order and the Contractor's receipt of said County Purchase Order containing a maximum compensation amount. The County makes no guarantee that any Contractor will receive requests for escorted transportation services.

## VII. INVOICES

The Contractor must submit invoices, electronically, via email to [AdultProtectiveServices@montgomerycountymd.gov](mailto:AdultProtectiveServices@montgomerycountymd.gov) with all required supporting documentation in a format approved by the County no later than 15 days following the end of each month. Upon receipt, acceptance, and approval of the Contractor's invoice, the County will make payment, net 30 days, at the established current Contract term rate, Attachment D, which can also be found at the DHHS website, [Current Solicitations - Contract Management - Department of Health and Human Services - Montgomery County](#), for services provided by the Contractor.

**VIII. TERM**

This Contract is effective on the date of signature by the Director, Office of Procurement and is effective for a two (2) year term. Before the Contract term ends, the Director may (but is not required to) renew this Contract, if the Director determines that renewal is in the best interest of the County. The Contractor's satisfactory performance does not guarantee renewal of this Contract. The Director may exercise this option to renew the Contract for two (2) additional two-year terms. Any additional renewal of this Contract is contingent upon fiscal appropriations, and County needs.

**IX. GENERAL CONDITIONS AND INSURANCE**

The General Conditions of Contract Between Contractor and County ("General Conditions") are incorporated by reference and made part of this Contract as Attachment A. The following insurance requirements supersede those outlined in Provision 21, Insurance, of the General Conditions:

Prior to the execution of the Contract by the County, the Contractor must obtain, at their own cost and expense, the following minimum (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this Contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the Contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the Contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of Contractor's obligation to provide the insurance coverage specified. The Contractor's insurance shall be primary with the County's being non-contributory.

Commercial General Liability

A minimum limit of liability of one million dollars (\$1,000,000), per occurrence, and three million (\$3,000,000) in the aggregate, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

Contractual Liability

Premises and Operations

Independent Contractors & Subcontractors

Products and Completed Operations

Sexual Molestation and Abuse – \$1,000,000 limit required unless provided within Professional Liability coverage

Business Automobile Liability

A minimum limit of liability of one million dollars (\$1,000,000), combined single limit, for bodily injury and property damage coverage per occurrence including the following:

Owned automobiles

Hired automobiles

Non-owned automobiles

Loading and unloading

Applicable Hazardous Materials endorsements

Workers' Compensation/Employer's Liability

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employer's Liability limits:

Bodily Injury by Accident - \$100,000 each accident

Bodily Injury by Disease - \$500,000 policy limits

Bodily Injury by Disease - \$100,000 each employee

Professional Liability (Errors and Omissions Liability)

The policy shall cover professional errors and omissions, negligent acts, misconduct or lack of ordinary skill during the period of contractual relationship and services rendered with the County with a limit of liability of at least:

Each Claim                    \$1,000,000

Sexual Abuse & Molestation    \$1,000,000 \*\*required unless provided within General Liability coverage

In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of three (3) years beginning at the time work under this Contract is completed.

Subcontractor Requirements

Unless otherwise stated below the Contractor shall require all subcontractors to obtain, and maintain, insurance with limits equal to, or greater, than those limits required within the contract.

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's commercial general, automobile insurance, and Contractor's excess/umbrella insurance policies, if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of Contractor's products, goods and services provided under this Contract. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor.

Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to "cross-liability" or "insured vs insured" exclusion provisions.

Policy Cancellation

Should any of the above policies be cancelled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland  
Dept of Health & Human Services  
401 Hungerford Dr., 6th Floor  
Rockville, MD 20850

**X. CONTRACT ADMINISTRATOR**

The Contract Administrator for this Contract is: Phil Royston, Team Lead, Contract Management Team, 401 Hungerford Drive – 6th Floor, Rockville, MD 20850; Telephone #: 240-777-3807.

**XI. Priority of Documents**

The following documents are incorporated by reference and made a part of this Contract and are listed in the following order of precedence to be applied in the event of a conflict in their term:

1. This Contract Document;
2. The General Conditions of Contract Between County and Contractor (Attachment A);
3. Business Associate Agreement (Attachment B); and
4. Data Reporting Format (Attachment C).

SIGNATURE PAGE FOLLOWS

Open Solicitation #1191513  
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Signature Page

This Contract, which incorporates the approved Form Contract, General Conditions of Contract Between County and Contractor and all required forms under Priority of Documents, copies of which have been provided to the Contractor, is effective this \_\_ day of \_\_\_\_\_, 20\_\_, by and between \_\_\_\_\_, hereinafter referred to as the "Contractor" and Montgomery County, Maryland, hereinafter referred to as the "County". This Contract will become effective upon signature by the Director, Office of Procurement. This Contract and any renewals or extensions of this Contract are subject to the appropriation of funds.

*Part A: Contractor's Offer to Provide Services:*

(Prospective Contractor Must Complete)

Contracting Corporation, Partnership Limited Liability Company OR Proprietorship

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Part B: County Acceptance:*

MONTGOMERY COUNTY, MARYLAND

\_\_\_\_\_  
Avinash G. Shetty, Director  
Office of Procurement

\_\_\_\_\_  
Date

RECOMMENDATION

\_\_\_\_\_  
James C. Bridgers, Jr., Ph.D., MBA, Director  
Department of Health and Human Services

\_\_\_\_\_  
Date

This form has been approved as to form and legality by the Office of the County Attorney.

**ATTACHMENT C**  
**Data Reporting Format**  
**Open Solicitation #1191513**

Contractors must submit a file containing ride-level data for all services provided each month. The file must be in a format that can be readily analyzed by the County, such as Microsoft Excel (.xlsx) or CSV (.csv). PDF or image-based reports will not be accepted.

The submitted file must include the following data elements for each ride:

<b>Data element</b>	<b>Categories / Notes</b>
CJAMS Client ID	Provided by Case Manager
Scheduling Case Manager	Name or identifier
Driver Staff	Name and Contract Name
Escort Staff	Name and Contract Name
Ride Date	MM/DD/YYYY
Ride Start Time (scheduled)	
Ride Start Time (actual)	
Ride End Time	
Round Trip?	Yes/No
Stayed with Client for Duration of Appointment?	Yes/No
Pick Up Address	Full address or ZIP
Drop off Address	Full address or ZIP
Ride Status	Completed / Cancelled by Vendor / Cancelled by Client
Trip Purpose	Medical / Dental / Appointment for Benefits (Social Security, Department of Health and Human Services, etc) / Groceries / Other Errands / Other (Specify)
Ride Level	Escorted Transportation / Wheelchair Transportation / Stretcher Transportation
Total Cost	Dollar amount

**ATTACHMENT E**  
**Open Solicitation #1191513**

**APPLICATION FORM**

Please review and complete the following information. By signing this form, you are acknowledging that you have received a copy of this Open Solicitation and understand the requirements of this Open Solicitation.

\_\_\_\_\_  
Legal Name of Firm / Individual's Full Name

\_\_\_\_\_  
Contact Name/Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Tax Identification Number (TIN)\*

\_\_\_\_\_  
Email Address

\*Note: If Applicant does not have a TIN, the County will request the Applicant's Social Security Number at the time of Contract award in order to make payments for services rendered by the Applicant in accordance with the resulting Contract.

Profit or Non-Profit (please check one) Profit  Non-Profit  [Indicate type of non-profit corporation, i.e., 503c(3)]

Please provide the required licensure information for each person and language proficiency, if applicable. Use additional copies of this page if necessary.

**License(s)/Degree(s)**

_____	_____
_____	_____
_____	_____
_____	_____

**ATTACHMENT F**  
**Open Solicitation #1191513**

**REFERENCES**  
**(submit at least three)**

You are requested to provide references to the County with your proposal. The three (3) references must be from individuals or firms for whom work of a similar scope has been performed within the last three years. Names for references shall be of individuals who directly supervised or had direct knowledge of the services or goods provided.

NAME OF FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PH \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PH \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PH \_\_\_\_\_