

**NJ TRANSIT
REQUEST FOR PROPOSAL No. 0000241
ATLANTIC CITY RAIL SHUTTLE SERVICE**

ATTACHMENT B

TECHNICAL AND COST PROPOSAL PACKAGE

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**NJ TRANSIT
REQUEST FOR PROPOSAL No. 0000241
ATLANTIC CITY RAIL SHUTTLE SERVICE**

TECHNICAL PROPOSAL PACKAGE

- | | |
|-----|---|
| 511 | Atlantic City Rail Terminal - Tropicana |
| 513 | Atlantic City Rail Terminal – Resorts/Hard Rock – Ocean
Casino |
| 515 | Atlantic City Rail Terminal – Marina Casinos |

COMPANY NAME: _____

DATE SUBMITTED: _____

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

INSTRUCTIONS

Contract Name: _____

Company Name: _____

Company Address: _____

Executive Officer: _____

Contact Person: _____

Telephone Number: _____

E-Mail Address: _____

GENERAL:

- The Proposal package must address completely all items requested in the RFP. These items do not limit the size or content of the Proposal package.
- **Proposals which do not comply with all of the requirements of the RFP, may be rejected by NJ TRANSIT as non-responsive.**

ATLANTIC CITY RAIL SHUTTLE SERVICE TECHNICAL PROPOSAL PACKAGE

INSTRUCTIONS (CONTINUED)

The purpose of this section is to ascertain and evaluate the Carrier's understanding of the service to be provided.

- The Carrier should provide the information requested on Pages 9-11 concerning the Garage Facilities. The Carrier may add any additional information to this form that it feels provides a better understanding of the facilities to be provided.
- The Carrier should maintain adequate staffing levels to operate the proposed service.

EXPERIENCE AND QUALIFICATIONS OF THE COMPANY IN PROVIDING LOCAL TRANSIT SERVICE:

The purpose of this section is to ascertain and evaluate the experience and qualifications of the company in providing local transit service.

- The Carrier must supply evidence of having successfully operated service of a similar nature to those described in the RFP and must provide a description of its ability to provide such services (complete Pages 12-16).
- The Carrier must provide a minimum of **three (3) credit references**; to include at least one (1) reference from a bank which indicates the Carrier's credit worthiness and one (1) reference from the transit industry.
- The Carrier must provide a list of all other companies or agencies that it or any of its affiliates provided contract bus service to during the past five (5) years. Said list must include a description of the service and the name and telephone number of a contact person at that agency.
- The Carrier must provide at least **three (3) trade references** from major suppliers such as fuel, parts, insurance, etc. References should include the number of years associated, credit terms extended, etc.
- Each Carrier having performed services for NJ TRANSIT must provide references as stated above for all prior local transit service performed for NJ TRANSIT.

Carriers having performed services for NJ TRANSIT will be evaluated on the basis of their history of compliance with all contract provisions, including but not limited to: quality assurance, budget adherence, insurance and indemnification responsibility provisions.

Carriers who have not performed services for NJ TRANSIT but have performed similar services for other agencies, may be required to submit information reflecting their history of compliance with all contract provisions, including but not limited to: quality assurance, budget adherence, insurance and indemnification responsibility provisions.

ATLANTIC CITY RAIL SHUTTLE SERVICE TECHNICAL PROPOSAL PACKAGE

PROPOSED PERSONNEL

Job Title	Number of Employees	Union (Y/N) Name & Local #	# of Hours per week	Overtime Eligible Y/N
TRANSPORTATION PERSONNEL:				
MAINTENANCE PERSONNEL:				
TOTAL				
FACILITY GARAGE PERSONNEL:				
TOTAL				
ADMINISTRATIVE PERSONNEL:				
TOTAL				
Total Number of Employees:				

Total number of peak vehicles necessary to operate service: _____, spares: _____

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

INSURANCE EXPENSES

A QUOTE FROM AN INSURANCE AGENT MUST BE INCLUDED AS AN ATTACHMENT ALONG WITH ALL CORRECT CERTIFICATES OF INSURANCE.

TYPE OF COVERAGE	INSURANCE CARRIER
BUS LIABILITY (Include All Layers of Coverage)	
BUS PHYSICAL DAMAGE	
OTHER VEHICLE LIABILITY	
GENERAL LIABILITIES	
WORKERS COMPENSATION	

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

COMPANY INFORMATION

1. List all affiliated companies, corporations, partnerships, individual proprietorships, or trusts. Indicate any type of transaction that will occur with these affiliates. If none, please indicate with N/A.

2. List the names, addresses and compensations paid, including any expense allowances of all company officers and executives (Including all applicable affiliates).

3. List all management personnel to be utilized in operation/oversight of this service. Include a brief resume and summary of responsibilities relating to this service.

Employee Name	Description of Responsibilities Related to Service

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**COMPANY INFORMATION
(CONTINUED)**

4. PROVIDE THE FOLLOWING REFERENCES:

- a. Bank(s) (detailing years of association and credit worthiness)
- b. Trade (three references from major suppliers including years of association and current credit terms)
- c. Transit Industry (regarding previously contracted work, chartered work or any other transportation services)

5. List all relevant facts concerning LEGAL PROCEEDINGS AGAINST the company/affiliates as required by the Request for Proposal (attach additional sheets if necessary). All written complaints and lawsuits alleging discrimination must be listed separately.

6. List all relevant facts concerning CRIMINAL CONVICTIONS AGAINST company/affiliate officers or executives as required by the Request for Proposal (attach additional sheets if necessary).

7. List all relevant facts concerning LEGAL PROCEEDINGS BY the company/affiliates against others as required by the request for Proposal (attach additional sheets if necessary).

ATLANTIC CITY RAIL SHUTTLE SERVICE TECHNICAL PROPOSAL PACKAGE

COMPANY INFORMATION (CONTINUED)

8. Attach current copy of Certificate of Operating Authority (STB, DOT) that evidences your authority to operate this service. Also, attach a copy of the most recent U.S. DOT Safety Compliance Inspection, showing a satisfactory rating.
9. Attach most recent audited financial statement for operating company (if newly formed venture, attach audited financial statement pertaining to parent company).
10. Proposals shall include a copy of the Carrier's existing policy addressing employee drug and alcohol testing and copies of the Carrier's FTA or FHWA (Federal Highway Administration) drug and alcohol testing MIS Data Collection Forms for the most recent period completed.
11. Provide information relative to the completion of the Small Business Enterprise (SBE) / Disabled Veteran-Owned Business (DVOB) Goal assigned to this contract. This information must be submitted for each SBE/DVOB subcontractor the Carrier plans on using and reporting for the duration of the contract. Include the following:
 - Name of Company
 - Address of Company
 - Products or services provided by the company
 - Contact person with phone number and e-mail address
 - Title or position of contact person
 - Copy of each SBE/DVOB firm's current SBE/DVOB Certification Profile from the SBE and/or DVOB Business Directory SAVI at https://www20.state.nj.us/TYTR_SAVI/vendorSearch.jsp

Additionally, include partially completed SBE/DVOB forms A, A1, A2, B, and D (if applicable), without the dollar values with the Technical Proposal. The fully completed SBE/DVOB forms must be submitted with the Cost Proposal or within five (5) calendar days after the Cost Proposal due date.

12. As an aid in meeting the commitment of New Jersey's Small Business Enterprise (SBE)/Disabled Veteran-Owned Business (DVOB) Set-Aside Program, NJ TRANSIT has assigned a **two percent (2%) Category three (3) SBE/DVOB goal** relative to the gross sum amount of the Proposal or contract for SBE and/or DVOB utilization. Proposers shall refer to the "SBE/DVOB Requirements" attachment to this RFP for instructions, guidance, explanations, and mandatory required forms for SBE/DVOB Program obligations under this Contract.
13. A Business Registration Certificate evidencing Carrier's authority to conduct business in the State of New Jersey is needed prior to Contract award.

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

GARAGE FACILITIES

Instructions: **Carriers shall provide the following information as requested below:**

- 1.** Address and location of garage:

- 2.** State whether garage is owned or leased (if leased, provide name and address of owner and attach hereto a copy of current lease).

- 3.** State size of facility area (inside and outside), including storage and parking capacity.

- 4.** Include site drawing denoting: maintenance work area(s), washing and servicing area(s), fueling area(s), vaulting area(s), dispatch area(s), driver's rest area(s), locker area(s), administrative area(s), and storage/parking areas.

- 5.** Describe the security systems, barriers and procedures that are in place to maintain the integrity of funds, vehicles, and equipment for both the outside grounds and facility.

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**GARAGE FACILITIES
(CONTINUED)**

6. Total number of work-stalls (work-bays) _____
(Includes work-stalls with pits or lifts)

6a. Number of pits: _____

6b. Number and type of lifts:

7. Describe washing and cleaning equipment and facilities:

8. List number of fuel tanks, capacity, and location:

9. Describe system for handling bulk fluid storage, means, capacities and disposal procedures:

10. List and describe:

- (1) Indoor bus storage area-capacity;
- (2) Driver locker room facilities and capacity; and,
- (3) Lost and found procedures (reporting, securing and reclamation):

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**GARAGE FACILITIES
(CONTINUED)**

11. Describe safety procedures in effect:

12. Describe fire protection system and procedures in effect:

13. State whether other operations utilize your garage facilities (include name and copy of service agreement, if any): Indicate the number of buses operating out of the garage for each company.

14. Please provide any other information, which may be of assistance in evaluating your garage facility:

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

OPERATING INFORMATION

1. Carrier's experience in operating service similar to this service. Has Carrier operated prior service under contract with **NJ TRANSIT**:

2. List total number of vehicles currently operated by company and affiliate(s), including type and make:

Company Name	Bus Type	Bus Make	Total Buses

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**OPERATING INFORMATION
(CONTINUED)**

3. List all types of maintenance work to be performed by an outside contractor, or to be performed by the parent/affiliate company at a facility different from the proposed site:

4. Provide a complete description of the preventive maintenance procedures for the vehicles that will be utilized in the operation of this service. Include scope of work to be performed, service intervals, inspection procedures, handling of daily defects, road failures and maintenance record keeping. **Include full size copies of all applicable forms and documents.** Describe in detail how the forms are used, including mileage, time intervals, oil analysis intervals and procedures, and handling of deferred work. (Refer to Exhibit J - Maintenance Standards & Requirements)

5. Provide a separate preventive maintenance program for the vehicle air conditioning systems that meets or exceeds NJ Transit's and the manufacturers recommended or specified preventive maintenance program. This will include a sample inspection form, which will detail how it is used, and include: mileage intervals and deferred work categories.

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**OPERATING INFORMATION
(CONTINUED)**

6. Provide a vehicle cleaning schedule and sample inspection form. The schedule and inspection form will show what operations are performed on a daily, weekly and monthly basis.

7. A summary of the training/experience of the maintenance personnel should be included with the Proposal, ASE (Automotive Service Excellence) certification of the maintenance personnel in the pertinent areas is recommended.

8. Please provide any other information which may be of assistance in evaluating your operating experience (attach additional sheets if necessary):

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**OPERATING INFORMATION
(CONTINUED)**

9. Fuel Costs:

Cost Per Gallon:	FY 2027:_____
(net of taxes)	FY 2028:_____
	FY 2029:_____
	FY 2030:_____
	FY 2031:_____
	FY 2032:_____

Projected Number of Gallons:	FY 2027:_____
(diesel)	FY 2028:_____
	FY 2029:_____
	FY 2030:_____
	FY 2031:_____
	FY 2032:_____

Projected Miles Per Gallon:	FY 2027:_____
	FY 2028:_____
	FY 2029:_____
	FY 2030:_____
	FY 2031:_____
	FY 2032:_____

**ATLANTIC CITY RAIL SHUTTLE SERVICE
TECHNICAL PROPOSAL PACKAGE**

**OPERATING INFORMATION
(CONTINUED)**

Projected Annual Mileage: FY 2027: _____
 FY 2028: _____
 FY 2029: _____
 FY 2030: _____
 FY 2031: _____
 FY 2032: _____

FUEL VENDOR NAME: _____

10. Attach detailed schedules for maintenance of equipment in accordance with maintenance standards provided as part of the RFP package. **NJ TRANSIT** will provide no equipment for the contracted service. The Carrier shall utilize Exhibit E (Revenue Vehicles Operating the Service) to the RFP to specify the equipment that will be used to provide services.
11. Attach all scheduling documents (i.e., run-guides and paddles) relating to the construction of the service to be operated. Utilizing the head-ways/schedules provided by **NJ TRANSIT in the RFP**, demonstrate how all runs are constructed, including all hook-ups, reliefs and Deadheads. **A FULL SCHEDULE IS REQUIRED - DO NOT ENCLOSE A SAMPLE OF YOUR PROCESS, AS IT MAY BE GROUNDS FOR DISQUALIFICATION.**
12. Attach a copy of the Driver's Day Card which will include the collection and proper recording of the following information: arrival and departure time at beginning and ending time points.

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COST PROPOSAL PACKAGE

511	Atlantic City Rail Terminal - Tropicana
513	Atlantic City Rail Terminal – Resorts/Hard Rock – Ocean Casino
515	Atlantic City Rail Terminal – Marina Casinos

COMPANY NAME: _____

DATE SUBMITTED: _____

**ATLANTIC CITY RAIL SHUTTLE SERVICE
COST PROPOSAL PACKAGE**

INSTRUCTIONS

Company Name: _____

Company Address: _____

Executive Officer: _____

Contact Person: _____

Telephone Number: _____

The Cost Proposal Package must include the submission of this form along with:

- Attachment E to this RFP, "Cost Proposal"
- Small Business Enterprise (SBE) / Disabled Veteran-Owned Business (DVOB) Forms - Proposers shall refer to the "SBE/DVOB Requirements" attachment to this RFP for instructions, guidance, explanations, and mandatory required forms for SBE/DVOB Program obligations under this Contract. The SBE/DVOB forms must be submitted with the Cost Proposal or within five (5) calendar days after the Cost Proposal due date.

GENERAL:

All forms included, and/or requested in the Technical and Cost Proposal package **must** be submitted by the Carrier when responding to the RFP. The Proposal package must address completely all items requested in the RFP. These forms do not limit the size or content of the Proposal package.