**PROPOSAL FORM 1.1**

**BUDGET PROPOSAL**

**OPERATIONS AND MAINTENANCE**

Instructions to Proposers: This Form 1.1 is to be used to submit the budget proposed for all work described in this RFP. The proposed budget must consist of fixed hourly costs, by mode of service, and fixed monthly costs.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Base Years** | | | | | **Option Years** | |
| **Contract Year (CY 17 means January thru December 2017** | **CY17** | **CY18** | **CY19** | **CY20** | **CY21** | **CY22** | **CY23** |
| Fixed Route Service Hour Rate |  |  |  |  |  |  |  |
| Dial A Ride Service Hour Rate |  |  |  |  |  |  |  |
| *Monthly Fixed Fee* |  |  |  |  |  |  |  |
| *Monthly Liability Insurance (General & Auto)* |  |  |  |  |  |  |  |
| ***Total Annual Price*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Elements of Price/Hour* |  |  |  |  |  |  |  |
| Operator Wages |  |  |  |  |  |  |  |
| Operator Benefits |  |  |  |  |  |  |  |
| Other Operating Costs (specify): |  |  |  |  |  |  |  |
| 1. Bus Stop Janitorial |  |  |  |  |  |  |  |
| Subtotal |  |  |  |  |  |  |  |
| *Monthly Price Elements* |  |  |  |  |  |  |  |
| Project/General Manager Salary |  |  |  |  |  |  |  |
| Project/General Manager Benefits |  |  |  |  |  |  |  |
| Trainer Salary |  |  |  |  |  |  |  |
| Trainer Benefits |  |  |  |  |  |  |  |
| Dispatcher I/Dispatcher II Salary |  |  |  |  |  |  |  |
| Dispatcher I/Dispatcher II Benefits |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Base Years** | | | | | **Option Years** | |
| **Contract Year (CY 17 means January thru December 2017** | **CY17** | **CY18** | **CY19** | **CY20** | **CY21** | **CY22** | **CY23** |
| Mechanic/Tech in Charge/Tech in Charge Salary |  |  |  |  |  |  |  |
| Mechanic/Tech in Charge/Tech in Charge Benefits |  |  |  |  |  |  |  |
| Service Assistant Salary |  |  |  |  |  |  |  |
| Service Assistant Benefits |  |  |  |  |  |  |  |
| Bus Stop Janitorial Salary |  |  |  |  |  |  |  |
| Bus Stop Janitorial Benefits |  |  |  |  |  |  |  |
| **ADA Eligibility Determination Price** |  |  |  |  |  |  |  |
| Non-Vehicle Insurance |  |  |  |  |  |  |  |
| Office Expenses |  |  |  |  |  |  |  |
| Uniform Expenses |  |  |  |  |  |  |  |
| Training Expenses |  |  |  |  |  |  |  |
| Incentives/Liquidated Damages |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Other Expenses (specify): |  |  |  |  |  |  |  |
| 1. utilities |  |  |  |  |  |  |  |
| Contract Overhead |  |  |  |  |  |  |  |
| Profit |  |  |  |  |  |  |  |
| Subtotal (Per Month) |  |  |  |  |  |  |  |

**PROPOSAL FORM 1.2**

**PROPOSER’S PROPOSED STAFFING LEVELS-OPERATIONS, ADMINISTRATION AND MAINTENANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Base Years** | | | | | | | | | | **Option Years** | | | |
|  | **CY 2017** | | **CY 2018** | | **CY 2019** | | **CY 2020** | | **CY 2021** | | **CY 2022** | | **CY 2023** | |
|  | # | Wage Scale | # | Wage Scale | # | Wage Scale | # | Wage Scale | # | Wage Scale | # | Wage Scale | # | Wage Scale |
| General/Project Manager |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trainer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dispatcher I |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dispatcher II |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mechanic/Tech in Charge/Tech in Charge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Assistant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bus Operators** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Time Vehicle Operators |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Part Time Vehicle Operators |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Extra Board Operators |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| On-Call Operators |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Training Wages |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Probationary Wages |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other Staff (specify title and function)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personnel Located Off-Site |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Total Staffing*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PROPOSAL FORM 1.3**

**OPERATOR WAGE and BENEFIT DETAIL**

**(Alternate Formats for providing the required information are acceptable.)**

**Wage Scale by Seniority**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Base Years** | | | | | **Option Years** | |
| **Seniority** | **CY17** | **CY18** | **CY19** | **CY20** | **CY21** | **CY22** | **CY23** |
| Training |  |  |  |  |  |  |  |
| Start |  |  |  |  |  |  |  |
| 6 months |  |  |  |  |  |  |  |
| 1 Year |  |  |  |  |  |  |  |
| 2 Years |  |  |  |  |  |  |  |
| 3 Years |  |  |  |  |  |  |  |
| 4 Years |  |  |  |  |  |  |  |
| 5 Years |  |  |  |  |  |  |  |
| 6 Years |  |  |  |  |  |  |  |
| 7 Years |  |  |  |  |  |  |  |
| 8 Years |  |  |  |  |  |  |  |
| 9 Years |  |  |  |  |  |  |  |
| 10 Years |  |  |  |  |  |  |  |

Additional wage information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits**

|  |  |
| --- | --- |
| Type of Benefit | Description of Contribution/Coverage and Amount of Employee and Employer Contribution |
| Medical |  |
| Dental |  |
| Vision |  |
| Life Insurance |  |
| Holiday Pay |  |
| Bereavement Leave |  |
| Paid Time Off |  |
| Paid Sick Leave |  |
| Other |  |

Additional benefit information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_