

The OPT After 4 Bid Template is a sample document for information purpose only.

Your school may choose to use this template or any existing template to complete the bidding process.

Instructions

The School should fill out Pages 1 – 7 of the bid proposal and distribute the package to all bidders.

The Bidder should fill out Page 8 of the bid proposal form and return it to the school for consideration.

(This page does not count as page 1.)

BID PROPOSAL

Please carefully read all the information.

All bids submitted must be signed in blue ink and returned in sealed envelopes.

The deadline for this bid is _____.

No late submissions will be accepted or considered.

SERVICE PERIOD

SCHOOL INFORMATION

Business Name: _____

Address: _____

Federal Tax Identification Number: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person: _____

Title: _____

PICK UP AND DROP OFF LOCATION # 1

OPT Code: _____

School Name: _____

School Location: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person: _____

Title: _____

ARRIVAL AND DEPARTURE TIME SPECIFICATION

Drivers and vehicles must arrive to the pickup location no later than 30 minutes before scheduled school dismissal time.

Grade	Days of Week	In Time	Out Time	# of Students	# of Stops

DAYS OF SERVICE SPECIFICATION

See Attachment 1 – NYC DOE Non-Public School Calendar

DROP OFF AND PICK UP STOPS LOCATION

See Attachment 2 – Drop Off and Pick Up Stops List

PICK UP AND DROP OFF LOCATION # 2

OPT Code: _____

School Name: _____

School Location: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person: _____

Title: _____

ARRIVAL AND DEPARTURE TIME SPECIFICATION

Drivers and vehicles must arrive to the pickup location no later than 30 minutes before scheduled school dismissal time.

Grade	Days of Week	In Time	Out Time	# of Students	# of Stops

DAYS OF SERVICE SPECIFICATION

See Attachment 3 – NYC DOE Non-Public School Calendar

DROP OFF AND PICK UP STOPS LOCATION

See Attachment 4 – Drop Off and Pick Up Stops List

OTHER SPECIFICATIONS

Certification of Commercial General Liability Insurance and Umbrella Excess Liability Insurance

All contractor's insurance coverage shall be underwritten by insurers allowed to do business in the State of New York. In addition, all insurers providing coverage must be "occurrence-based" only, except for Employment Practice Liability insurance.

The Contractor shall purchase and maintain insurance applicable to the Services under this Contract for the following types and minimum limits:

\$1,000,000	Each Occurrence
\$1,000,000	Personal and Advertising Injury
\$2,000,000	General Aggregate

Certification of Employment Practice Liability Insurance

The transportation company shall be in charge of purchasing employment practice liability insurance, as required by the NYS government.

Vehicles & NYS DMV Articles 19-A Requirements

Only current and valid NYS DOT-inspected vehicles should be provided to the school under this bid.

Only certified drivers who fulfill the NYS DMV Articles 19-A Requirements should be provided under this bid.

Radio Communication & Other Equipment

All pupil transportation vehicles should be equipped with a 2-way radio that can be reached by a base station upon request for location and for emergency purposes.

Approved Billing Cost

This bill is partially or entirely funded under the New York City Department of Education Transportation Program. Approved billing costs should only be based on items that are allowable to be reimbursed by the NYC DOE. Any non-allowable items should be present separately in the bid with a separate price quote.

Field Trips

This bid does not include field trips. Field trips buses will be negotiated and priced separately upon requested.

Inclement Weather Plan / Request for Changes / Cancellation

In case of inclement weather or modification, the school should notify the transportation company no later than 6 AM in the morning. The transportation company shall cancel its service with no charge, or at the agreed upon discounted rate.

The transportation company shall have the right to bill in full price if the school fails to notify or cancel the service in-time. In return, the transportation company will supply a 24 hour contract number so the school can advise of cancellation or modification.

Termination / Permanent Modification

In case the contract needs to be terminated or modified, an official request must be distributed in writing to all principal parties. All parties must reach an agreement and a modified contract must be signed in writing.

Attachment 1

Calendar – LOCATION #1

September 2017							October 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 X X X	2	1	2	3	4 NONE	5 NONE	6 NONE	7
3	4 X X X	5 NONE	6 NONE	7	8 HALF	9	8	9 X X X	10 NONE	11 NONE	12 NONE	13 NONE	14
10	11	12	13	14	15 HALF	16	15	16	17	18	19	20 HALF	21
17	18	19	20 NONE	21 NONE	22 NONE	23	22	23	24	25	26	27 HALF	28
24	25	26	27	28	29 NONE	30	29	30	31				

November 2017							December 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 HALF	4						1 HALF	2
5	6	7	8	9	10 HALF	11	3	4	5	6	7	8 HALF	9
12	13	14	15	16	17 HALF	18	10	11	12	13	14	15 HALF	16
19	20	21	22	23 X X X	24 X X X	25	17	18	19	20	21	22 HALF	23
26	27	28	29	30			24	25 X X X	26 FULL	27 FULL	28 NONE	29 NONE	30
							31						

January 2018							February 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 X X X	2	3	4	5 HALF	6					1	2 HALF	3
7	8	9	10	11	12 HALF	13	4	5	6	7	8	9 HALF	10
14	15 X X X	16	17	18	19 HALF	20	11	12	13	14	15	16 HALF	17
21	22	23	24	25	26 HALF	27	18	19 X X X	20 FULL	21 FULL	22 FULL	23 NONE	24
28	29	30	31				25	26	27	28 HALF			

March 2018							April 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 NONE	2 NONE	3							
4	5	6	7	8	9 HALF	10	1	2 NONE	3 NONE	4 NONE	5 NONE	6 NONE	7
11	12	13	14	15	16 HALF	17	8	9	10	11	12	13 HALF	14
18	19	20	21	22	23 HALF	24	15	16	17	18	19	20 HALF	21
25	26	27	28	29	30 X X X	31	22	23	24	25	26	27 HALF	28
							29	30					

May 2018							June 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4 HALF	5						1 HALF	2
6	7	8	9	10	11 HALF	12	3	4	5	6	7	8 HALF	9
13	14	15	16	17	18 HALF	19	10	11	12	13	14	15 HALF	16
20	21 NONE	22	23	24	25 HALF	26	17	18	19	20	21	22 NONE	23
27	28 X X X	29	30	31			24	25	26	27 X X X	28 X X X	29 X X X	30

Attachment 2

DROP OFF AND PICK UP STOPS LOCATION – LOCATION #1

Stop	Location	Time
1	14 th Ave / 51 Street Corner	XX:XX AM & XX:XX PM
2	14 th Ave / 55 Street Corner	XX:XX AM & XX:XX PM
3	14 th Ave / 60 Street Corner	XX:XX AM & XX:XX PM
4	16 th Ave / 60 Street Corner	XX:XX AM & XX:XX PM
5	16 th Ave / 55 Street Corner	XX:XX AM & XX:XX PM
6	16 th Ave / 51 Street Corner	XX:XX AM & XX:XX PM

Attachment 3

Calendar – LOCATION #2

September 2017							October 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 X X X	2	1	2	3	4 NONE	5 NONE	6 NONE	7
3	4 X X X	5 NONE	6 NONE	7	8 ■HALF	9	8	9 X X X	10 NONE	11 NONE	12 NONE	13 NONE	14
10	11	12	13	14	15 ■HALF	16	15	16	17	18	19	20 ■HALF	21
17	18	19	20 NONE	21 NONE	22 NONE	23	22	23	24	25	26	27 ■HALF	28
24	25	26	27	28	29 NONE	30	29	30	31				

November 2017							December 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 ■HALF	4						1 ■HALF	2
5	6	7	8	9	10 ■HALF	11	3	4	5	6	7	8 ■HALF	9
12	13	14	15	16	17 ■HALF	18	10	11	12	13	14	15 ■HALF	16
19	20	21	22	23 X X X	24 X X X	25	17	18	19	20	21	22 ■HALF	23
26	27	28	29	30			24	25 X X X	26 ■FULL	27 ■FULL	28 NONE	29 NONE	30
							31						

January 2018							February 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 X X X	2	3	4	5 ■HALF	6					1	2 ■HALF	3
7	8	9	10	11	12 ■HALF	13	4	5	6	7	8	9 ■HALF	10
14	15 X X X	16	17	18	19 ■HALF	20	11	12	13	14	15	16 ■HALF	17
21	22	23	24	25	26 ■HALF	27	18	19 X X X	20 ■FULL	21 ■FULL	22 ■FULL	23 NONE	24
28	29	30	31				25	26	27	28 ■HALF			

March 2018							April 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 NONE	2 NONE	3							
4	5	6	7	8	9 ■HALF	10	1	2 NONE	3 NONE	4 NONE	5 NONE	6 NONE	7
11	12	13	14	15	16 ■HALF	17	8	9	10	11	12	13 ■HALF	14
18	19	20	21	22	23 ■HALF	24	15	16	17	18	19	20 ■HALF	21
25	26	27	28	29	30 X X X	31	22	23	24	25	26	27 ■HALF	28
							29	30					

May 2018							June 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4 ■HALF	5						1 ■HALF	2
6	7	8	9	10	11 ■HALF	12	3	4	5	6	7	8 ■HALF	9
13	14	15	16	17	18 ■HALF	19	10	11	12	13	14	15 ■HALF	16
20	21 NONE	22	23	24	25 ■HALF	26	17	18	19	20	21	22 NONE	23
27	28 X X X	29	30	31			24	25	26	27 X X X	28 X X X	29 X X X	30

Attachment 4

DROP OFF AND PICK UP STOPS LOCATION – LOCATION #2

Stop	Location	Time
1	14 th Ave / 45 Street Corner	XX:XX AM & XX:XX PM
2	14 th Ave / 40 Street Corner	XX:XX AM & XX:XX PM
3	14 th Ave / 35 Street Corner	XX:XX AM & XX:XX PM
4	16 th Ave / 35 Street Corner	XX:XX AM & XX:XX PM
5	16 th Ave / 40 Street Corner	XX:XX AM & XX:XX PM
6	16 th Ave / 45 Street Corner	XX:XX AM & XX:XX PM

BIDDER INFORMATION

Date of Bid: _____

Business Name: _____

Address: _____

Federal Tax Identification Number: _____ DOT ID #: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person: _____

Title: _____

TRANSPORTATION PRICE DETAIL

Location #	Bus # Run #	Estimated Days in the Year	Billing Rate	Unit of Measure	Total Cost	Comments
Total Cost						

OTHER APPLICABLE COST

Location #	Service Type	Billing Rate	Unit of Measure	Total Cost	Comments
Total Cost					

Signature: _____

Date: _____

Name: _____

Title: _____