

Golden Crescent Regional Planning Commission  
1908 N. Laurent, Suite 600  
Victoria, Texas 77901  
361-578-1587

**APPLICATION OF INTEREST  
TO PROVIDE SAME DAY NON-EMERGENCY  
TRANSPORTATION SERVICES**

**Deadline to Submit Application: Friday, August 23, 2019 at 5:00 p.m. c.s.t.**

Any questions should be directed to:  
Mary Sanchez  
Transportation Program Specialist II  
361-578-1587 ext. 210

## PROJECT SCOPE AND PURPOSE

The Golden Crescent Regional Planning Commission (GCRPC) received a grant through the Texas Department of Transportation and the Federal Transit Administration's Enhanced Mobility of Senior and Individuals with Disabilities Program. The program targets a specific Population that is to be served by addressing gaps in service that would not otherwise be available.

Senior: an individual who is 65 years of age or older.

Individual With a Disability: an individual who, because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capability), cannot use effectively, without special facilities, planning, or design, public transportation service or a public transportation facility. 49 U.S.C. 5302(a) (5).

GCRPC developed the CHOOSE MY RIDE PROGRAM, to address the special needs of this target population. The program has been operating in the city of Victoria for two years and the results have been very successful. This program not only gives the target population Choices on what service provider they can call for service, but it allows for same day service.

GCRPC has partnered with over 45 social, health, and human service agencies specifically serving this target group to distribute the Choose My Ride Vouchers. The areas of service include the counties of Victoria, Goliad, Gonzales, Jackson, and Matagorda.

**Note: The Golden Crescent Regional Planning Commission has a right to reject any and all applications if it is in the best interest of GCRPC to do so. Multiple Vendors may be chosen for each service area, as the program is based on client choice.**

## APPLICATION CHECKLIST

- ( ) Application of Interest Completed
- ( ) Obligation Certification Signed
- ( ) Consolidated Certification Form Signed
- ( ) W-9 Completed and Signed
- ( ) Business Licensing Information Attached
- ( ) Insurance Information Attached

APPLICATION OF INTEREST  
TO PROVIDE NON-EMERGENCY SAME DAY TRANSPORTATION SERVICES

**VENDOR OPPORTUNITY**

**Section 1: Information**

Vendor Business Name:	
Vendor Name: <i>(Signature Authority/Owner)</i>	
Vendor Address: <i>(Physical)</i>	
Vendor Address: <i>(Mailing if Different from Physical)</i>	
Vendor Phone:	
Vendor Fax:	
Vendor Emergency Contact Person & Phone #	
Is Vendor a Disadvantaged Business Enterprise: <i>(DBE)</i>	
Tax Payer Identification Number or Social Security Number	

**Section 2: Type of Business** *(please check all that apply)*

- Taxi Service/Private-for-Profit
- Non-Profit Public Transportation Provider
- Public Body/Governmental Entity

**Section 3: Please indicate Service Area of Interest to provide Same Day Non-Emergency Transportation. The areas listed below are for services within their perspective city limits or within or outside the county.**

- Victoria:**     Within City Limits     Within the County     Travel within Region\*
- Goliad:**     Within City Limits     Within the County     Travel within Region\*
- Gonzales:**     Within City Limits     Within the County     Travel within Region\*
- Jackson:**     Within City Limits     Within the County     Travel within Region\*
- Matagorda:**     Within City Limits     Within the County     Travel within Region\*

\*Golden Crescent Region consists of Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Matagorda, and Victoria counties.

**Section 4: Hours and Days of Service** *(please describe your Hours and Days of Operation.)*

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**Section 5: Vehicle Fleet**

Make Model/Year Capacity Current Odometer Condition Rating *(based on chart below)*

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Condition Rating	
C-1 Bad	In sufficiently poor condition that continued use presents potential problems.
C-2 Poor	Requires frequent major repairs (<6 months between major repairs).
C-3 Fair	Requires frequent minor repairs (<6 months between repairs) or infrequent major repairs) or (>6months between minor repairs).
C-4 Good	Elements are in good working order, requiring only nominal or infrequent minor repairs (>6 months between minor repairs).
C-5 Excellent	Brand new, no major problems exist.

A. Are any of the vehicle listed above wheelchair accessible? If not how would you handle a passenger who uses a wheelchair for mobility. Please explain.

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B. Do you currently have a preventive maintenance plan in place for your vehicle fleet?

a.  yes please describe or provide a copy.

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no

**Section 6: Business Licenses and Insurance information**

A. Do you currently have an approved Taxi Business License? (Please attach a copy to proposal.)

a.  yes City Issuing License \_\_\_\_\_  
License Number \_\_\_\_\_  
License Type: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

b.  no

B. Do you currently have Auto Liability Insurance?

a.  yes please provide proof of insurance including limits and effective dates.

b.  no

C. Do you currently have Business Liability Insurance?

a.  yes please provide proof of insurance including limits and effective dates.

b.  no

D. Do you currently have Worker's Compensation Insurance?

a.  yes please provide proof of insurance and effective dates.

b.  no

**Section 7: Employees/Drivers Information**

A. How many employees currently driver for your Business?

# \_\_\_\_\_

B. If Taxi Business do they currently hold a current Taxi Driver's License?

a.  yes

b.  no

C. If Public Transportation provider do driver's hold a CDL license?

a.  yes

b.  no

D. List any special training your Employees/Drivers have?

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**Section 8: Cost Proposal** *(please indicate your cost per trip for those areas you are interested in providing Non-Emergency Same Day Service*

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the city Limits of Victoria.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the county of Victoria.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip travel within the Region.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the city Limits of Goliad.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the county of Goliad.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip travel within the Region.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the city Limits of Gonzales.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the county of Gonzales.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip travel within the Region.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the city Limits of Jackson.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the county of Jackson.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip travel within the Region.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the city Limits of Matagorda.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip within the county of Matagorda.

\$\_\_\_\_\_ Non-Emergency Same Day Service Cost per Trip travel within the Region.

## Obligation Certification

As an authorized official of \_\_\_\_\_ (agency name)

I certify to the following:

1. The information presented in the application is true and accurate to the best of my knowledge.
2. I have not intentionally made any misstatements or misrepresented the facts.
3. The organization/business/agency has the resources and technical capacity to support the project.
4. The organization/business/agency will participate in a continuous, comprehensive dialogue throughout the life of the project including but not limited to:
  - a. On-site monitoring by GCRPC or TXDOT personnel
  - b. Timely submission of required reports
  - c. Timely written notification of events that will affect the outcome of the project.
5. The organizations/business/agency will comply with all applicable federal, state, and local laws and regulations.
6. Applicant Affirmation: Compensation has not been received for participation in the preparation of this application of interest.

Signed: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_