PART II – COST PROPOSAL

MASTER

Part II – Cost Proposal	
RFP Title:	Non-Emergency Transportation
RFP:	3207
Vendor Name:	Total Transit, Inc.
Address:	4600 W Camelback Road, Glendale, AZ 85301
Opening Date:	October 8, 2015
Opening Time:	2:00 PM

RFP 3207
Attachment H
Non-Emergency Transportation (NET) Brokerage Services

Vendor Name: **Total Transit, Inc.**

Proposing vendors must use the following format for the Part II Cost Proposal.

Total Transit is pleased to offer a full at-risk PMPM pricing proposal based on the data presented in this RFP.
This proposal pricing includes all costs associated with services describe in our technical response.

Cost Per Member Per Month	**$ 1.92**
Cost per Trip	**$ 12.23**
Total Operating Cost*	**$ 8,054,000**
Administrative Fixed costs	**$ 1,093,000**
Administrative Variable Costs	**$ 2,301,000**
Other Costs: Provide a detailed explanation *This represents the transportation portion of the total cost	**$ -0-**

Cost Saving Approach

Total Transit is an innovative company that leverages its 31 years of transportation experience with cutting edge technology to provide our clients with the lowest cost, highest quality transportation services. We have introduced private independent providers into the market that utilize our cloud based, mobile, peer to peer technology platform that enables dramatic improvements in quality, on time performance, and the utilization of data that drives efficiencies. This flexible fleet will include privately owned, fully insured and qualified vehicles, operated by fully credentialed drivers.

This revolutionary approach provides a service that can scale to demand during peak times without additional costs typically associated with the a traditional model in which a fixed fleet of vehicles is utilized. By incorporating this exciting new model into our service plan and coupling it with the specialty services performed by NEMT providers, and by leveraging the addition cost saving brought on with the utilization of public transit and mileage reimbursement, we are able to offer DHCFP a complete multi- modal solution that drives down costs without sacrificing service quality.

RFP ***

Vendor Name: **Total Transit, Inc.**

Proposing vendors must use the following format for the Part II Cost Proposal for ***Specialty Care Transportation Services (SCT).***

Cost Per Member Per Month	$ **N/A***
Cost per Trip	$
Total Operating Cost	$
Administrative Fixed costs	$
Administrative Variable Costs	$
Other Costs: Provide a detailed explanation ***Vendor not responsible for Emergency or Specialty Care Transportation Services as noted in RFP #3.5.1.11 If services are desired, we would be happy to provide a price on a fee for service basis during contract negotiation.**	$

Total Transit is open to providing pricing for Specialty Care Services on a fee for service basis. A fee for service agreement would reduce costs for this specialty service as it is incurred only when the services are needed and not on based upon the traditional per member per month model.

ATTACHMENT I – COST PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations. ***Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.***

Total Transit
Company Name

Signature

Lawrence Eisel
Print Name

10/7/15
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab III of vendor's cost proposal.
This form MUST NOT be included in the technical proposal.