



BUNCOMBE COUNTY REQUEST FOR PROPOSAL TRANSPORTATION TO ISOLATION & QUARANTINE

REQUEST FOR PROPOSAL

I. Intro

Buncombe County Health and Human Services seeks proposals from interested organizations to assist with the transportation of individuals to isolation and quarantine.

II. Scope of Services

Buncombe County Health and Human Services is seeking a contract with an organization interested in providing transportation for private citizens that have to seek temporary housing in the County's Covid-19 isolation and quarantine location.

Must be able to provide the following:

1. Must have the capability to transport people who have COVID-19, been exposed to COVID-19, or have COVID-19 symptoms. Transportation should be provided across Buncombe County to the County's Isolation & Quarantine site.
2. Should be able to provide PPE to the driver of the vehicle. The driver should be fit-tested for the appropriate masks to reduce the risk of contracting COVID-19.
3. Provide possible transportation needs any hour of day or night.
4. Vehicle should be disinfected between trips.
5. Transportation may also need to be provided during inclement weather to the I&Q site.

III. Selection Criteria

If you or your organization are interested in assisting the County with this service please complete and return the attached proposal form.

Selection will be based on the following criteria. These criteria are not necessarily listed in order of importance.

- Ability to perform the service
- Cost of the service
- Experience

V. General Information & Questions

All inquiries and questions concerning this RFP shall be directed in writing to the Procurement Manager, Ron Venturella at ron.venturella@buncombecounty.org.

VI. Instructions for submitting proposals

Proposals will be received until **Thursday, September 17, 2020, 2:00 pm**. All proposals may be submitted electronically via email and properly identified with the subject:

RFP: TRANSPORTATION TO ISOLATION & QUARANTINE

Proposals may be emailed to:

E-mail: ron.venturella@buncombecounty.org

The County's capacity for email attachments is 9mb. It is the responsibility of the applicant to assure that their proposal is received. Receipt of proposals can be verified by calling Mr. Venturella. Late proposals will not be accepted.

VII. Limitations

This Request for Proposal does not commit Buncombe County to award a contract. The County reserves the right to accept or reject all or any part of any proposal, waive informalities and award the contract to best serve the interest of the County.

VIII. Conflict of Interest

No employee, officer, or agent of the County or the selected Vendor shall participate in the selection or in the award of any contract resulting from this RFP if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when one of the following has a financial or other interest in any proposing firm: (1) the employee, or an officer or agent of the employee; (2) any member of the employee's immediate family; (3) the employee's business partner; or (4) an organization which employs, or is about to employ, any of the above. Such standards shall be designed to preclude personal or organization conflicts of interest, real or apparent, from impairing the fairness of any procurement process or the public's confidence in the integrity of the County and the Contractor. Such standards shall also prohibit said individuals from accepting gifts, gratuities, favors, or anything of monetary value from contractors, potential contractors, or customers.

PROPOSAL FORM
TRANSPORTATION TO ISOLATION & QUARANTINE

Organization Name: _____

Contact Name: _____

Contact Email Address: _____

Address: _____

Phone: _____

By signing this document, I hereby certify that I am in agreement with all relative bid documents, terms and conditions, bid attachments, and pricing submitted with this bid event.

Authorized Representative Supplier Signature: _____

Title: _____

Provide the cost of service for the transportation of individuals to the County's isolation and quarantine location.

\$ _____

The contracted provider will be required to list Buncombe County as an additional insured.

Please state the amount of coverage for the following insurance.

Business Automobile \$ _____

Commercial Liability \$ _____

Workers Compensation \$ _____

Employer's Liability \$ _____

How long has your organization been performing this service?

_____ Years