Proposal for Third Party Transportation Voucher Pilot Program Questions

Document	Chapter	Answers	Questions
RFP 152-16-10	Section 3 - Scope of Work, 3-1 Description/Background	GRTC clients will be furnished a preapproved provider list in order to select a provider and book directly with them. GRTC will not assign a provider to a particular rider/user. If the rider/user prefers to use the same provider, that would be upon the rider/user to do so.	If multiple contractors are chosen, will riders/users be asigned a provider based on some criteria? If so, what are the criteria?
RFP 152-16-10		GRTC will not assign a provider to a particular rider/user. If the rider/user prefers to use another provider, they may do so.	What happens if riders are assigned to a contractor and rider prefers to ride with another contractor?
RFP 152-16-10		The demands of the service are such that the current resources are not able to accommodate fully the demands. Also, the cost of the service is currently at approximately \$26.00 per trip. This program would also create a cost savings to GRTC.	What are the shortcomings in GRTC's current CARE service(s) (including ADA, CARE, CARE-Plus, Welfare-to-Work, etc.) that GRTC wishes to correct or improve by implementing the CARE-On-Demand (COD) service?
RFP 152-16-10		The total cost per trip for FY16 is \$26.04.	What is the current total-cost-per-passenger-trip for the existing GRTC ADA paratransit and welfare-to- work service, including all fixed and variable costs absorbed by GRTC and paid to MV or others?
RFP 152-16-10		Yes	Is the answer to #2 above NET of any payments received from customers for CARE tickets?
RFP 152-16-10		There may be a percentage of late trips that the customers will chose to cancel and book a COD trip as opposed to waiting for a CARE van. Otherwise, a lot of the COD trips might be recreational trips or trips to the store.	What trips does GRTC expect to place into the new COD service?
RFP 152-16-10		Yes	Is it true that ANY of the current CARE or CARE-Plus trips could be a potential COD trip?
RFP 152-16-10		There is no criteria. Any current CARE trip has the potential to be a COD trip.	What criteria will GRTC use to decide which trips will be serviced by their current vehicles vs those trips which will be serviced by the new COD service?
RFP 152-16-10		GRTC currently does not have that information. However, there is a breakdown of the types of trip (CARE/CARE Plus) by jurisdiction.	Please provide the most recent 90 days of complete trip data showing all CARE and CARE-Plus trips. If 90 days is not reasonable, please supply 30 days of data. Please include as many of the following data fields as possible:
RFP 152-16-10		GRTC currently does not have that information.	a. Date of Trip
RFP 152-16-10		GRTC currently does not have that information.	b. Pick-Up Time
RFP 152-16-10		GRTC currently does not have that information.	c. Pick-Up Address
RFP 152-16-10		GRTC currently does not have that information.	d. Appointment Time
RFP 152-16-10		GRTC currently does not have that information.	e. Drop-Off Address
RFP 152-16-10		From 8/1/16 to 10/31/16 there were 57,696 ambulatory customers and 9669 nonambulatory customers.	f. Wheelchair or Ambulatory
RFP 152-16-10		All of the service is origin-to-destination. Even though the primary service is curb-to-curb, door-to-door service is provided, when necessary. GRTC does not track when door-to-door service is given.	g. Level of Service (Door-to-Door, Curb-to-Curb, etc.)
RFP 152-16-10		From 8/1/16 to 10/31/16 there were 677,913 revenue miles operated and 795,741 miles operated.	h. Mileage
RFP 152-16-10		The average mileage combined is 10.26.	What is the average mileage-per-trip of the current CARE and CARE-Plus trips?
RFP 152-16-10		The total number of completed trips is 74,787.	How many CARE and CARE-Plus trips were provided in the last consolidate 90 day period?
RFP 152-16-10		From 8/1/16 to 10/31/16 there were 39,806 revenue hours operated and 46,936 service hours operated.	How many hours of service (including empty mileage) did GRTC pay/use to provide the trips in #9 above?
RFP 152-16-10		GRTC currently does not have that information.	How many or what percentage of these trips were provided between the hours of 7:00am – 9:00am Monday – Friday?
RFP 152-16-10			How many or what percentage of these trips were provided between the hours of 2:30pm – 5:00pm
		GRTC currently does not have that information.	Monday – Friday?
RFP 152-16-10			What percentage or how many of the trips in above were provided between 8:00pm and 1:00am?
		GRTC currently does not have that information.	
RFP 152-16-10		The percentage of no shows for 8/2016 is 7.17%; 9/2016 is 7.95%; and 10/2016 is 7.16%.	How many or what percentage of the trips in #9 above were No-Shows? What percentage of current CARE/CARE-Plus trips (for example, from the data requested above) are
RFP 152-16-10		From 8/1/16 to 10/31/16 the percentage of nonambulatory customers is 14.35%.	What percentage of current CARE/CARE-Plus trips (for example, from the data requested above) are wheelchair trips?
RFP 152-16-10		It is hard to predict, but the thinking is that the overwhelming majority of the COD customers will be ambulatory.	What percentage of trips in the new COD service will be wheelchair trips?

resonable indicators/ample of the trips that will be serviced in the new CARF-On demand service? If no please expelain? REP 152-16-10 Section 3, 3-1 pg, 15 Reservation booking for same day transportation service. No advance notice required. P.12.2-1.A is it GRTC's preference and/or intent to make multiple awards? REP 152-16-10 Presonable assumption. REP 152-16-10 Presonable assumption. REP 152-16-10 Presonable assumption. REP 152-16-10 Presonable assumption and previous	RFP 152-16-10			Can potential contractors assume that the data requested/supplied in questions #7 - #16 above will be a
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				minications/restrictions in Section 15(t) of the Federal HallSit Acts