

Submitted in response to
Ventura County Transportation Commission
RFP No. 2223-VE

FORM C - COST PROPOSAL

Directions: Multiply the hourly rate by the proposed number of hours to calculate the total annual costs.

EFFECTIVE YEARS										
PROJECTED ANNUAL HOURS		PERIOD ONE		PERIOD TWO [^]		PERIOD THREE [^]		PERIOD FOUR [^]		TOTAL COST ALL PERIODS (Sum periods 1-4)
		Hourly Rate*	16 Mos. Total Cost**	Hourly Rate*	One Year Cost**	Hourly Rate*	One Year Cost**	Hourly Rate*	One Year Cost**	
BASE PACKAGE	24,231 (16 mos) 18,175 (12 mos.)	\$	\$	\$	\$	\$	\$	\$	\$	\$
EXPANSION OPTION	36,900 (16 mos) 27,175 (12 mos)	\$	\$	\$	\$	\$	\$	\$	\$	\$

[^] Rates for Periods 2 - 4 will be adjusted according to the change in the specified Consumer Price Index (CPI) from the prior period.
 * Hourly Rate should match Line 12 on Forms C-1 and C-2.
 ** Period One is a sixteen month contract period. Periods 2-4 are each a one year contract period.

VCTC reserves the right to adjust service, at any time, plus or minus twenty percent (20%) from the projected number of hours, including the proposed options, without affecting the rates for service. Modifications to services may include (but are limited to): extending, deleting, or adding routes, or parts of routes, and expanding or decreasing revenue hours.

Signature of Authorized Representative	Date
Printed Name and Title	Name of Firm

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RFP No. 2223-VE**

FORM C-1- BASE PACKAGE: Cost Component Detail

Directions: Enter detailed costs by line-item. Insert additional /Remove lines as needed. Do not combine lines listed below.

EFFECTIVE YEARS					
	<u>Period One</u> <u>(16-months)</u>	<u>Period Two</u> <u>(12-months)</u>	<u>Period Three</u> <u>(12-months)</u>	<u>Period Four</u> <u>(12-months)</u>	<u>Total Cost</u> <u>(Periods 1-4)</u>
<u>Operating Costs</u>					
Driver Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Management Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supervisor / Dispatch Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mechanic Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utility Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel (Revenue Vehicles)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel (Support/Lunch Vehicles)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employee Fringes, benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
* Leave blank if bidding firm is choosing to pass the cost of fuel through to VCTC.					
Line 1	Total Operating Costs	\$ _____	\$ _____	\$ _____	\$ _____
<u>Maintenance Costs</u>					
Parts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rebuilds	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tires	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 2	Total Maintenance Costs	\$ _____	\$ _____	\$ _____	\$ _____

FORM C-1- BASE PACKAGE: Cost Component Detail

Directions: Enter detailed costs by line-item. Insert additional /Remove lines as needed. Do not combine lines listed below.

		EFFECTIVE YEARS				
<u>Administration Costs</u>						
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 3	Total Administration Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Maintenance / Operating Facilities</u>						
	Facility	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 4	Total Maintenance/Operating Facilities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Profit</u>						
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5	Total Profit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Other Capital Costs</u>						
	Support/Lunch Veh	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 6	Total Other Capital Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Insurance Costs</u>						
	Bond	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	General Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Auto Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 7	Total Insurance Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

FORM C-1- BASE PACKAGE: Cost Component Detail

Directions: Enter detailed costs by line-item. Insert additional /Remove lines as needed. Do not combine lines listed below.

		EFFECTIVE YEARS				
	<u>Startup Costs</u>					
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 8	Total Startup Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	<u>Other Costs</u>					
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 9	Total Other Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
LINE 10	TOTAL COSTS (sum lines 1 - 9)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
LINE 11	PROJECTED HOURS OF SERVICE (Base Project)		24,231	18,175	18,175	18,175
						78,756
LINE 12	PROPOSED HOURLY RATE(S) (divide line 10 by line 11)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Firm Representative	Date
Printed Name and Title	Name of Firm

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FORM C-2 - EXPANSION OPTION: Cost Component Detail

Directions: Enter detailed costs by line-item. Insert/Remove lines as needed. Do not combine lines listed below.

EFFECTIVE YEARS					
	<u>Period One</u> <small>(16-months)</small>	<u>Period Two</u> <small>(12-months)</small>	<u>Period Three</u> <small>(12-months)</small>	<u>Period Four</u> <small>(12-months)</small>	<u>Total Cost</u> <small>(Periods 1-4)</small>
<u>Operating Costs</u>					
Driver Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Management Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supervisor / Dispatch Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mechanic Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utility Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel (Revenue Vehicles)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel (Support/Lunch Vehicles)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employee Fringes, benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
* Leave blank if bidding firm is choosing to pass the cost of fuel through to VCTC.					
Line 1 Total Operating Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Maintenance Costs</u>					
Parts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rebuilds	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tires	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 2 Total Maintenance Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Administration Costs</u>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 3 Total Administration Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Maintenance / Operating Facilities</u>					
Facility	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 4 Total Maintenance/Operating Facilities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Profit</u>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5 Total Profit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Other Capital Costs</u>					
Support/Lunch Veh	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 6 Total Other Capital Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Insurance Costs</u>					
Bond	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
General Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 7 Total Insurance Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

	<u>Startup Costs</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 8	Total Startup Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	<u>Other Costs</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 9	Total Other Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 10	TOTAL COSTS (sum lines 1 - 9)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 11	PROJECTED HOURS OF SERVICE (up to 9,000 additional service hours)	36,900	27,175	27,175	27,175	118,425
Line 12	PROPOSED HOURLY RATE(S) (divide line 10 by line 11)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

_____ Signature of Firm Representative	_____ Date
_____ Printed Name and Title	_____ Name of Firm