TYPE YOUR COMPANY NAME HERE

TYPE YOUR CONTACT NAME HERE

TYPE YOUR CONTACT NUMBER HERE

TYPE YOUR CONTACT EMAIL HERE

| **20 Points** | **Firm Overview; Firm Experience and Qualifications** (i.e, Knowledge and experience in the industry; Record and Qualifications) |
| --- |

**Firm Overview:** A **1000 word or less** statement of the firm, its organization, and services offered. Go to <https://wordcounter.net> to count your words.

TYPE YOUR FIRM OVERVIEW HERE; PLEASE DO NOT NAME YOUR FIRM

**Firm Experience and Qualifications:** A **1000 word or less** statement in which the Vendor demonstrates experience and history of providing said service as identified in this solicitation. Go to <https://wordcounter.net> to count your words.

TYPE YOUR FIRM EXPERIENCE AND QUALIFICATIONS; PLEASE DO NOT NAME YOUR FIRM

| **20 Points** | **Team Experience and Qualification;** **Staff Training and Development** (i.e, Employees - Management and Staff; staff training programs) |
| --- |

**Team Experience and Qualifications:** Proposed team and qualifications and experience of team members.

TYPE YOUR TEAM EXPERIENCE AND QUALIFICATIONS; PLEASE DO NOT NAME YOUR FIRM

**Staff Training and Development:** A **1000 word or less** statement describing the Vendor’s staff training programs. Go to <https://wordcounter.net> to count your words.

TYPE YOUR STAFF TRAINING AND DEVELOPMENT; PLEASE DO NOT NAME YOUR FIRM

| **30 Points** | **Proposed Scope of Services** (i.e., Technical Plan and Response to RFP) |
| --- |

**Proposed Scope of Services for Plan A** (i.e., **THREE buses for daily pickup and drop off service** with three designated Transportation Hubs)

TYPE YOUR PROPOSED SCOPE OF SERVICES FOR PLAN A; PLEASE DO NOT NAME YOUR FIRM

| **15 Points** | **Proposed** **Annual Costs for Plan A** (i.e, Cost) |
| --- |

**Proposed Annual Cost for Plan A**  (i.e., **THREE buses for daily pickup and drop off service** with three designated Transportation Hubs)

TYPE YOUR PROPOSED ANNUAL COST FOR PLAN A; PLEASE DO NOT NAME YOUR FIRM

| **15 Points** (with 10 points for references) | **Industry Reputation** (i.e, Business License or State Certificate of incorporation; Client References) |
| --- |

**Business license or state certificate of incorporation.**

ATTACH YOUR BUSINESS LICENSE OR STATE CERTIFICATE OF INCORPORATION

**One to four client references.**

ATTACH YOUR CLIENT REFERENCES

| **0 Points**| **Optional Plans** (i.e, Field Trips; Athletic Events) |
| --- |

**OPTIONAL SUBMISSIONS**

**Plan B.** Transportation rates for planned field trips throughout the Metropolitan Atlanta area.

TYPE YOUR PLAN D RATES; DO NOT NAME YOUR FIRM

**Plan C.** Transportation rates for scheduled athletic events throughout the Metropolitan Atlanta area.

TYPE YOUR PLAN E RATES; DO NOT NAME YOUR FIRM