**AGENCY CONTROL #: DCDSS/WO/13-006-S**

**ATTACHMENT: J**

**SOLICITATION TITLE: Customer Job Transportation**

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| **START-UP ACTIVITIES – IDENTIFY AS DAILY, WEEKLY, MONTHLY, OTHER (as necessary)** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
| Provide its Problem Escalation Procedure | Due within ten days after start of Contract and within 10 days after any change in circumstance which changes the Procedure |  |  |  |
| Provide copies of professional licenses and/or certifications required by the State of Maryland Department of Transportation regulations to provide the services | Due with Bidder’s Bid |  |  |  |
| Provide training certifications in First Aid, CPR, Defensive Driving, Emergency Evacuation procedures, and Blood Borne Pathogens. | Due with Bidder’s Bid |  |  |  |

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| **FULL PERFORMANCE ACTIVITIES – DAILY** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
| Receive referrals from DCDSS Case Managers | At least twenty-four (24) hours in advance of a Participant’s need for or change in transportation services. |  |  |  |
| Provide transportation services pick-ups and drop-offs | Between 5:30 AM – 7:30 PM (Monday- Friday)Between 8:30 AM – 6:30 PM (Saturday) |  |  |  |

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| **FULL PERFORMANCE ACTIVITIES – WEEKLY** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
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| **FULL PERFORMANCE ACTIVITIES – MONTHLY** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
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| **FULL PERFORMANCE ACTIVITIES – ANNUALLY** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
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| **FULL PERFORMANCE ACTIVITIES – OTHER (one time only, as requested, etc.)** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
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| **REPORTS** |
| **Report Requirements / Section** | **Time Frame** | **Report Sent To** | **Date Received / Initials** |
| Monthly Invoice  | 10th of the month following the report month | State Project Manager |  |
| Current certificates of insurance | Due at each Contract anniversary date. Written notification of non-renewal and/or cancellation from the issuer of the insurance policies is due at least forty-five days before the expiration of said policies. | State Project Manager |  |

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| **MEETINGS** |
| **Meeting Requirement / Section** | **Frequency of Meeting** | **Location of Meeting** | **Length of Meeting** | **Date Meeting Held / Initials** |
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| **CONTRACT CLOSE OUT** |
| **Activity** | **Time Frame** | **Evidence of Completion** | **Evidence Received/Approved By** | **Date Received / Initials** |
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