

MONTACHUSETT REGIONAL TRANSIT AUTHORITY (MART)
DEMAND RESPONSE MASSHEALTH COST PROPOSAL
HST AREA 03, 04, 05 AND 09

The Montachusett Regional Transit Authority, (MART) is seeking qualified transportation providers for Demand Response/MassHealth Transportation services. MART is under contract to broker services on behalf of the Commonwealth of Massachusetts Human Service Transportation (HST) Office. Although MassHealth Transportation has an open enrollment process and a full RFP does not apply to Demand Response Transportation all providers will be required to submit a completed HST Provider Application. Those applications that are accepted as qualified from Stage 1 of the RFP Process will be eligible to contract with MART and be placed on the trip assignment list for the HST Area(s) noted above. Upon successful completion the processes transportation companies will be called upon to provide trips on an as needed basis, based upon; lowest price, availability and past performance.

Providers currently contracted with MART that wish to keep their current bids in effect for July 1, 2008, will be required to indicate so to MART in writing. New providers or currently contracted providers wishing to submit or change current contracted rates must submit new rate sheets. Providers may request blank rate sheets from the MART office.

Attached please find the following:

1. Attachment M1 Cost Proposal Cover Sheet
2. Attachment M2 MassHealth Driver Log
3. Attachment M3 MassHealth Vehicle Log
4. Attach completed rates sheets for each region and service type which your company is interested in providing.

Completion of the above reference documents comprises completion of MART's Demand Response /MassHealth Rate Proposal.

**ATTACHMENT M1
MONTACHUSETT REGIONAL TRANSIT AUTHORITY (MART)
DEMAND RESPONSE/MASSHEALTH RFP 2008
COST PROPOSAL COVER SHEET**

Please enter the following information identifying your company:

a. Company Name: _____

b. Address: _____

Town, State, Zip _____

c. Telephone Number: _____ Fax: _____

d. Federal I.D. or S.S. Number _____

e. E-mail Address: _____
(Web Access is required)

f. Name of individual designated to represent the company in subsequent discussions or negotiations related to this Request for Proposals Quote:

Name: _____

g. Company Contacts

Operations:

Name: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Financial:

Name: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Emergency 24 Hour Contacts

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

