

**City of Coquitlam**

**PROPOSAL SUBMISSION FORM**

**RFP No. 23-027**

**Shared E-Bike and E-Scooter Pilot Program**

**Proposals will be received on or before 2:00 pm local time on**

**Tuesday, April 11, 2023**

(Closing Date and Time)

**INSTRUCTIONS FOR PROPOSAL SUBMISSION**

Proposal submissions are to be consolidated into one PDF file and uploaded through QFile, the City’s file transfer service accessed at website: [qfile.coquitlam.ca/bid](http://qfile.coquitlam.ca/bid)

**1. In the “Subject Field” enter:** RFP Number and Name

**2. Add files in .pdf format and “Send”**

(Ensure your web browser remains open until you receive 2 emails from QFile to confirm upload is complete.)

Proponents are responsible to allow ample time to complete the Proposal Submission process. If assistance is required phone 604-927-3037.

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| **Legal Name of Proponent** |  |
| **Contact Person and Title** |  |
| **Business Address** |  |
| **Telephone** |  |
| **Email Address** |  |

1. **DEPARTURES AND AWARD**

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| 1. **SERVICES -** I/We have reviewed the Scope of Services as descibed in this RFP and are prepared to meet those requirements, amended by the following departures and additions (list, if any): |
| **Requirements – Requested Departure(s) / Alternate(s) / Addition(s)** |
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| 1. **AWARD -** For eligibility of award, the City requires the successful Proponent to complete and have the following in place before providing the Goods and Services. **Section 1c items are not required as part of this Proposal but may be required prior to entering into an agreement with the City.** | |
| 1. **WCB** - WorkSafe BC coverage in goodstanding and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided: | WCB Registration Number: |
| 1. **Insurance** – Provide Insurance coverage as per the [City's Standard Insurance Form](https://www.coquitlam.ca/DocumentCenter/View/1458/Certificate-of-Insurance---Contractor-Form-PDF) |  |
| 1. **Vendor Info** - Complete and return the City’s [Vendor Profile and Electronic Funds Transfer Application (PDF)](https://www.coquitlam.ca/DocumentCenter/View/4196/VendorProfile-and-EFT-Application-2021?bidId=) |  |
| 1. **Business License** - A City of Coquitlam or Tri Cities Intermunicipal [Business License](https://www.coquitlam.ca/331/Business-Services-Licensing) |  |
| **As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements except as follows (list, if any):** | |
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1. **CORPORATE**

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| 1. **Capabilities, Capacity and Resources** - Respondent to provide information on the following (use the spaces provided and/or attach additional pages, if necessary)**:** | |
| 1. Structure of the Respondent, background, how many years they have been in business and organizational history (e.g. mission, vision, corporate directions, years in business, etc.): | |
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| 1. Respondent is describe their capabilities, resources and capacities, as relevant to the Services requested in the RFP: This includes their capacity to take on this project in regards to other work the Respondent may have ongoing: | |
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| 1. **Operator Experience** - Respondent is to describe their company’s experience, qualifications, and success in providing micromobility share programs, car-share, or similar shared services: | |
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| 1. **Key Personnel** – Respondent is to list team members, position/title and what role they will perform over the life of the pilot: | |
| **Name** | **Position/Title/Role** |
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| 1. **SUB-CONTRACTORS -** The following Sub-contractors will be utilized in provision of the Services and will comply with all the terms and conditions of this RFP. No changes, additions or deletions are to be made to these subcontractors without the City’s written approval: | |
| **Sub-Contractor No. 1** | |
| **Legal Name** |  |
| **Trade/Services Performed** |  |
| **Background and Experience** |  |
| **Contact Information** | Name: |
| Phone Number: |
| Email Address: |

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| **Sub-Contractor No. 2** | |
| **Legal Name** |  |
| **Trade/Services Performed** |  |
| **Background and Experience** |  |
| **Contact Information** | Name: |
| Phone Number: |
| Email Address: |

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| 1. **REFERENCES –** Proponent shall be competent and capable of performing the Services requested and successfully delivered service contracts of similar size, scope and complexity, within the last five (5) years. The City reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review (use the spaces provided and/or attach additional pages, if necessary): | |
| **Reference No. 1** | |
| **Contract** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Fleet Size (initial and total)** |  |
| **Service Area (initial and final)** |  |
| **Micromobility Devices Provided** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |
| **Reference No. 2** | |
| **Contract** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Fleet Size (initial and total)** |  |
| **Service Area (initial and final)** |  |
| **Micromobility Devices Provided** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |
| **Reference No. 3** | |
| **Contract** |  |
| **Start Date** |  |
| **End Date** |  |
| **Contract Value** |  |
| **Fleet Size (initial and total)** |  |
| **Service Area (initial and final)** |  |
| **Micromobility Devices Provided** |  |
| **Reference Information** | Company |
| Name: |
| Phone Number: |
| Email Address: |

1. **TECHNICAL**

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| 1. **Approach and Methodology**   Provide the approach and methodology to be used for this project for each items below.Provide a brief description the various components required for a successful pilot project. |
| 1. **Delivery, Set-Up and Execution -** Proposals should address the plan for the delivery, set up and implementation of the Pilot Program. Provide enough details to show the thoroughness of the plan. |
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| 1. **Quality Assurance -** Provide the measures the Respondent will use to maintain quality control for the Pilot Program. |
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| 1. **Implementation Timeline** – Respondent is to provide a timeline of activities from Contract award to Day 1 of Operations. |
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| 1. **Shared Micromobility Devices – Specifications and Technology –** The Applicant proposes the following Device (use the spaces provided and/or attach additional pages, if necessary): | | |
| 1. **E-Scooter** | **Make** |  |
| **Model** |  |
| **Range** |  |
| **Motor Size** |  |
| **Top Speed - Downhill** |  |
| **Weight** |  |
| **Wheel Size** |  |
| **Braking Mechanism (Disc/Drum/Other)** |  |
| **Type of Tires (solid/air filled)** |  |
| **Front Light** |  |
| **Rear Light** |  |
| **Onboard Technology** |  |
| **Safety Features** |  |
| **Other Amenities: Explain** |  |
| 1. **E-Bike** | **Make** |  |
| **Model** |  |
| **Range** |  |
| **Motor Size** |  |
| **Top Speed - Downhill** |  |
| **Weight** |  |
| **Wheel Size** |  |
| **Braking Mechanism (Disc/Drum/Other)** |  |
| **Type of Tires (solid/air filled)** |  |
| **Front Light** |  |
| **Rear Light** |  |
| **Onboard Technology** |  |
| **Safety Features** |  |
| **Other Amenities: Explain** |  |
| *Required:* Applicants must deliver one device of each type to Coquitlam for field-testing. If multiple device types (e.g. e-scooters and e-bikes) are identified in the application, one of each unlocked device will need to be made available for testing for a period of 2 weeks. | | |

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| 1. **Proposed Shared Micromobility Program** - Describe your plan for operations in Primary Service Area, as shown in Appendix A, and provide responses to the following (use the spaces provided and/or attach additional pages, if necessary): | |
| 1. Describe your general pricing scheme for customers. |  |
| 1. Proposed fleet size (including the size at launch and any phasing plans) |  |
| 1. Proposed fleet type (e-bikes, e-scooters, or both) |  |
| 1. Proposed fleet ratio, if providing both e-scooters and e-bikes |  |
| 1. Proposed minimum fleet size that is viable to sustain operations during the pilot |  |
| 1. Ability to mitigate impacts to people walking, businesses, and its customers within the public right-of-way; |  |
| 1. Ability to respond to parking and operational issues within the public right-of-way; |  |
| 1. Ability to implement geo-fenced controls, such as slow zones, no riding zones, and no parking zones, and any proposed or potential areas where these zones could be implemented (exact details would be confirmed with City staff, if necessary). |  |
| 1. Implementation schedule that describes your intended launch of Shared Micromobility operations, the dates of operation for 2023 and 2024, and any relevant milestones related to program requirements. Phased approaches will also be considered. |  |
| 1. Ability to coexist with another operator should two be selected. |  |
| 1. Interest in operating outside the Core Service Area should the City desire to expand operations (e.g. Austin Heights, Burquitlam-Lougheed, Maillardville, etc.) and any initial considerations you wish the City to understand at this time. |  |
| 1. Proponent’s pan to provide helmets that meet all applicable safety standards and regulatory requirements in the Province of BC: |  |
| 1. Ability to reserve micromobility devices through mobile and web-based platforms. |  |

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| 1. **Operations and Maintenance - Provide a Fleet Operations and Maintenance Plan that describes the following (use the spaces provided and/or attach additional pages, if necessary):** | |
| 1. Describe your proposed e-bike and/or e-scooter fleet and model that will provide a safe and convenient way to make trips, within the local context. |  |
| 1. Provide a drawing, brochure, pamphlet or any other form of documentation that clearly outlines the devices measurements and all components. |  |
| 1. Describe your intended dates of operations during the pilot including any ceases during the winter months. |  |
| 1. Describe how the devices will be distributed and rebalanced throughout the Primary Service Area to provide adequate and equitable access across the service area. |  |
| 1. Describe your plan for temporary removal of the device fleet from the right-of-way due to a weather event, emergency, or other situation, including collection and storage at a secure location outside of the right-of-way. |  |
| 1. Describe how all devices supplied, and any equipment or structures will be maintained and safe (include weekly maintenance schedule) |  |
| 1. Describe how charging of devices will be carried out. |  |
| 1. Describe your procedures for responding to issues including over-concentration of devices at a specific location, safety, or accessibility. |  |
| 1. Describe any rider incentive programs to re-locate devices to less crowded locations or to recharge devices. |  |

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| 1. **Parking and Storage of Devices** - Respondent is to describe how they will ensure compliance of parking stations to be used for placement and parking of devices in the City Centre Neighbourhood and Town Centre zone (use the spaces provided and/or attach additional pages, if necessary): |
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| 1. **Customer Education and Safety Plan** – Respondent is to provide information as to their education and safety plan (use the spaces provided and/or attach additional pages, if necessary): | |
| 1. Describe your plan to encourage rider safety and your system for educating riders on safety protocols, safe riding, parking, and rider compliance with local laws and regulations. |  |
| 1. Describe your plan to resolve issues including devices illegally operating on sidewalks, illegally parked, abandoned or vandalized; |  |
| 1. Describe your plan to provide safety-related device controls, training and education for users to mitigate conflicts and incidents, particularly for novice users (e.g., lower maximum speed for inexperienced users, lower maximum speed at night). |  |
| 1. Describe your plan for how customers can contact support services if needed. |  |
| 1. Describe your plan to reduce access to a Device or all Devices in the event that a Device, some Devices, or all Devices are not suitable to ride (e.g. weather, maintenance, or breach of contract). |  |
| 1. Provide any other additional information that may not be included in the responses to the questions above: |  |

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| 1. **Monitoring and Data Sharing** - Describe your approach to sharing information with the City about program usage, functionality and safety. The successful Contractor(s) shall provide the City with quarterly reports regarding performance of the pilot. City access to on-demand data is preferable. (use the spaces provided and/or attach additional pages, if necessary): |
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| 1. **Encouragement and Community Engagement** – Respondent is to provide information as to their encouragement and community engagement plan (use the spaces provided and/or attach additional pages, if necessary): | |
| 1. Describe your plan to publicize operations and encourage people living in or visiting Coquitlam to try it. |  |
| 1. Describe any pricing options for low-income users and diverse payment options that reduce barriers for non-smartphone users. |  |
| 1. Describe your plan to encourage use of your devices and the potential for trip chaining with transit, or car share. |  |
| 1. Describe your approach to developing community partnerships and providing options and incentives for key groups, such as social service providers, health care workers, post-secondary students, etc. |  |
| 1. Describe your approach to wayfinding support and/or displaying Coquitlam’s micromobility network as a map layer. |  |
| 1. Provide any other additional information that may not be included in the responses to the questions above: |  |

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| 1. **Innovation and Value Added** – Respondent is to provide a response to the following (use the spaces provided and/or attach additional pages, if necessary): | |
| 1. Respondent is to provide a narrative as to the success and sustainability if the business model proposed: |  |
| 1. Respondent to share any community economic benefits attributed to previous operations |  |
| 1. Respondent is to state how their proposed program exceeds the minimum requirements stated within the RFP: |  |
| 1. Respondent is to provide a narrative of what makes their proposed program innovative. Provide details. |  |
| 1. Ability to integration with other mobility services such as car-sharing or transit. |  |
| 1. Respondent any value added activities that will be offered to the City in regards to the proposed program. Provide details. |  |
| 1. Respondent must provide the opportunity to test unlocked micromobility devices for staff to test with and without contractor present. |  |
| 1. **Social Responsibility / Equity** 2. Respondent’s approach to hiring, (independent contractors, staffing agency staff, or full-time employees) for maintenance/operations staff. | |
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| 1. What policies does your organization have for hiring apprentices, indigenous peoples, recent immigrants, veterans, young people, women, and people with disabilities: | |
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| 1. Describe all initiatives, policies, programs and product choices that illustrate your firm’s efforts towards sustainable practices and environment responsibility in providing the services that would benefit the City | |
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**Attention Purchasing Manager:**

1. **I/We, the undersigned duly authorized representative of the Proponent**, having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda posted on the City’s website [www.coquitlam.ca/Bid-Opportunities](http://www.coquitlam.ca/140/Bid-Opportunities) , and having full knowledge of the Site, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions connected to performing the Services~~,~~ submit this Proposal in response to the RFP.
2. **I/We**  agree to the rules of participation outlined in the [Instructions to Proponents](https://www.coquitlam.ca/DocumentCenter/View/1457/Instructions-to-Proponents-PDF) and should our Proposal be selected, will accept the City’s Contract as defined within this RFP document.
3. **I/We acknowledge** receipt of the following Addenda related to this Request for Proposals and have incorporated the information received in preparing this Proposal.

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| **Addendum No.** | **Date Issued** |
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**This Proposal** is submitted this \_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**I/We have the authority to sign on behalf of the Proponent and have duly read all documents.**

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| **Name of Proponent** |  |
| **Signature(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |
| **Print Name(s) and Position(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |