



KENOSHA COUNTY DEPARTMENT OF HUMAN SERVICES
Division of Aging, Disability & Behavioral Health Services

REQUEST FOR QUOTATION
Western Transit Marketing Campaign

I. INTRODUCTION

Kenosha County (the County) Division of Aging, Disability & Behavioral Health Services (DADBHS) hereby announces a Purchase of Service Request for Quotation (RFQ) for the service provision of a **Western Transit Marketing Campaign** in accordance with the [Code of Federal Regulations Title 2 Subtitle A Chapter II Part 200 Subpart D Procurement Standards § 200.317](#) for the following service:

- Western Kenosha County Transit

The County reserves the right to adjust, cancel, or withdraw this RFQ in part or in its entirety, to reject any or all quotations received as a result of this RFQ if those received are not acceptable; to negotiate with all qualified sources, to accept a higher monetary quotation, to waive or permit cure of minor irregularities, or to re-issue any or all parts of the RFQ if it is in the best interest of the County.

II. SCOPE OF WORK

A. Grant Details

Funding Source: Wisconsin Department of Transportation
Grant Title: 85.21/Trust Fund
Grant Implementation Dates: July 2023- December 2024.
Consultant Contract Dates: July 2023- December 2024.
Total Grant Award: \$50,000
Consultant Contract Amount: \$50,000

B. Grant Purpose

In accordance with Trans Rule 1.05(2), “A county may retain and hold in trust all or part of the allocated aid which it receives. Trans Rule 1 allows a county to use trust fund balances to purchase or maintain capital equipment used in is specialized transit program. Trust Fund allowable expenses includes but not limited to Marketing and Advertising.

C. Grant Implementation Plan

Kenosha County Division of Aging, Disability & Behavioral Health Services will contract with a consultant to provide advertising and marketing as it relates to increasing community knowledge and ridership of the Western Transit community public transportation service which serves Western Kenosha County.

The focus will be aimed at identifying the stigmas around public transportation, barriers to transportation, and meeting the transportation needs in Western Kenosha County.

D. Breakdown of Cost Allocation

As a requirement of the grant, all funds awarded for the Western Transit Marketing Campaign must be utilized towards Specialized Transit (elderly and disabled transportation) only.

III. PROGRAMMING QUESTIONS

Questions on the Scope of Work for this service should be directed to Heather Vanoss, Manager of Elder and Disability Services via email to heather.vanoss@kenoshacounty.org.

IV. SUBMISSIONS

Quotations must address services listed in the scope of work and include a completed coversheet. Submit your quotation to Shannon Stricker, KCDHS Contract Specialist via email to shannon.stricker@kenoshacounty.org **no later than 6/9/2023** to be considered for this funding opportunity.



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COVER SHEET

Cover sheet must be completed and returned for your agency's quotation to be considered responsive.

Agency Information:

Official Agency Name: _____

Official Agency Address, To Include City and State: _____

FEIN Tax ID Number: _____

Unique Entity Identifier (UEI): _____

Mailing Address (If Different from Official Agency Address): _____

Agency Website: _____

Agency's Contract Administrator (Must Be Authorized to Sign Contracts):

Name: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Day To Day Contact for Service (If Different from Contract Administrator):

Name: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Agency Type (*Please Specify* Corporation, Individual, LLC, Etc.): _____

Agency Profitability (*Please Specify* For Profit or Nonprofit): _____

Agency Ownership (*Please Specify* Minority/Women/Veteran Owned Or N/A): _____

RATES/LINE ITEMS FOR SERVICES AND TOTALS (ATTACH ADDITIONAL DOCUMENTATION, IF APPLICABLE) *Please be sure to specify how the funds would be used towards Specialized Transit specifically for elderly and disabled transportation.*

Include The Following Items with Your Quotation; Or Provide Explanation, If Omitted.

- a. IRS Form W-9
- b. Certification of commercial general liability insurance
- c. Copy of current license and/or certification for each service/program (if applicable) you wish to include in Contract, if awarded

Signature

Date

Print Name: _____

Print Title: _____