**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix D – Technical Response to Questions or any associated attachments.

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| --- | --- |
| **Vendor Name** |  |

**Q1 (400 Points)**

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| Please indicate the type of transportation services you are applying to provide: emergency transportation, non-emergency transportation, or both. Describe your capacity meet NHH’s transportation requests, including but not limited to the following::  A description of each vehicle you will use to provide the required services. Including:   1. Year, make and model. 2. Weight limit and passenger capacity. 3. Any special features for medical transport, including wheelchair lift, steps, handrails, wheelchair tie downs, etc. |

**Q2 (300 Points)**

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| Describe your experience providing transportation for a diverse patient population, and providing special accommodations for individuals with behavioral health and medical needs. |

**Q3 (300 Points)**

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| Provide a written narrative describing your procedures for:  1) Communicating dispatch requests to drivers.  2) Dispatching emergency transportation to arrive for pick-up no less than one hour after receiving a request for service, if applying to provide emergency services.  3) Providing services in adverse or inclement weather. |

**Q4 (200 Points)**

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| Describe training programs required for drivers. |