**Application for Student Transportation**

**Competitive Procurement Resource Support**

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| **Consortium Name:** |  | | | |
| **Procurement Lead:** |  | | | |
| **Contact Information** | **Telephone:** | | **Email:** | |
|  | | | | |
| What are the expiry dates for your school bus service contracts relating to this proposed procurement activity? | | | | Insert dates |
| Is this the first time your consortium is conducting a competitive procurement? | | | | Choose an item. |
| How will the funds be used? | | | | Choose an item. |
| Briefly describe the timeline for your proposed procurement. | | | | |
| Signature of Procurement Lead: | | Date: | | |
| For Ministry Use Only  Reviewed By :  Date Reviewed:  Decision: | | | | |
| E&E Advisory Committee: | | | | |

Submit all Applications electronically to:

Transportation and Co-operative Services Unit

School Business Support Branch

Ministry of Education

Email: [student.transportation@ontario.ca](mailto:student.transportation@ontario.ca)