**Application for Student Transportation**

**Competitive Procurement Resource Support**

|  |  |
| --- | --- |
| **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 OnlyReviewed 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