

**TOWN OF TRUMBULL  
REQUEST FOR PROPOSAL  
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)  
EMT STAFFING SERVICE**

**GENERAL INFORMATION**

**RFP: 6282            DUE:    APRIL 12, 2018 @ 2:00 PM**

The Town of Trumbull Emergency Medical Service (hereinafter referred to as TOWN or TEMS invites licensed and qualified parties (hereinafter referred to as vendor, proposer or service provider) to submit a proposal for Emergency Medical Service EMT Staffing to TEMS as per the specifications, requirements, terms and conditions detailed in this request.

It is requested that proposals conform to this request as closely as possible. Any exceptions or alternative proposals shall be clearly delineated in a separate attachment to the proposal submitted.

**A. PREPARATION OF PROPOSALS**

1. One (1) ORIGINAL and one (8) EXACT COPIES of your proposal shall be submitted using the PROPOSAL FORM contained herein. All proposals shall be submitted in a clear, concise and legible manner to permit proper evaluation in sealed envelope /Package.
2. Proposers may also submit, under separate cover with their proposal, any additional reports and documents that are necessary to meet the requirements of this request.
3. It is requested that the proposer submit with their proposal a Sample Copy of their standard service contract for EMS Staffing.

**B. PROPOSAL SUBMISSION**

1. Proposals are to be submitted in a sealed envelope and addressed as follows:

RFP # 6282      **EMT STAFFING SERVICE**  
Attention: Kevin Bova  
Purchasing Agent  
Town of Trumbull  
5866 Main Street, Trumbull, CT 06611

2. Proposals must be signed by an authorized principal or agent of your organization and the person signing the Proposal Form must be authorized by the organization to contractually bind that organization with regard to price and related contractual obligations. Unsigned proposals, or proposals received after the due date and time noted above, shall not be considered or opened.
3. A proposal may be withdrawn at any time prior to the above scheduled date.
4. A proposal received after the above scheduled date and time shall not be considered or opened.

**C. TOWN OPTIONS**

The TOWN reserves the right to reject any or all proposals and to waive any requirements, irregularities, technical defects or service therein when it is deemed to be in the best interest of the TOWN.

**D. TAXES**

All purchases made by the TOWN and associated with the award of this requirement, shall be tax exempt. Any taxes must not be included in proposal prices. A Town Tax Exempt Certification shall be furnished upon request.

**E. INQUIRIES**

1. Inquiries regarding this request may be directed to Barbara Crandall, Interim Chief of TEMS at 203-452-5146 or bcrandall@trumbull-ct.gov. General questions concerning this request and submission requirements may be directed to Mr. Kevin Bova Purchasing Agent, at (203) 452-5042 or kbova@trumbull-ct.gov To ensure consistent interpretation of certain items, answers to questions the TOWN deems to be in the interest of all proposers will be made available in writing or Email as appropriate to all proposers.
2. Additionally, after proposals are received, the TOWN reserves the right to communicate with any or all of the proposers to clarify the provisions of this request. The TOWN further reserves the right to request additional information at any time after proposals are opened.

**F. AWARD AND AUTHORITY**

The purchasing Agent of the Town shall issue notification of award in writing. Along with a Standard Town Contract, the Purchasing Agent will issue a Purchase Order. Final acceptance and award by the TOWN shall occur upon mutual agreement by the TOWN and service provider and upon execution by both parties of a signed agreement. Award will be based on not only price but also qualifications and references combined

**G. CONTRACT AND PRICING**

1. **All pricing quoted shall remain firm fixed for a period of two (2) years** from date of proposal opening.
2. The duration of the contract shall be for two (2) years and may be renewed for (1) additional year at the price stated in the Proposal Form by giving the service provider at least sixty (60) days written notice and upon mutual consent of both parties.
3. Notwithstanding the foregoing, the TOWN may cancel the contract at any time upon material breach by the service provider with seven (7) days written notice prior to the termination date.

**H. ASSIGNMENT OF RIGHTS, TITLES, AND INTERESTS AND SUBCONTRACTING**

Any assignment or subcontracting for service to be performed related to this request, in whole or in part, and any other interests in conjunction with TOWN procurement shall not be permitted without the express written consent of the TOWN.

**I. HOLD HARMLESS CLAUSE**

The selected service provider agrees to indemnify, hold harmless and defend the TOWN from and against any and all liability for loss, damage or expense which the TOWN may suffer or for which the TOWN may be held liable by reason of injury, including death, to any person or damage to any property arising out of or in any manner connected with the operations to be performed under this request and subsequent Contract, whether or not due in whole or in part of any act, omission or negligence of the TOWN or any of its representatives or employees.

**J. WORK REGULATIONS AND STANDARDS**

All work activities performed in association with this request must be performed and completed for the TOWN in accordance with current Federal, State and Local labor regulations. All services performed shall also conform to the latest OSHA standards and/or regulations as well as the other standards and requirements stated in this request.

**K. INSURANCE**

See Insurance Requirements under **GENERAL REQUIREMENTS, SCOPE OF SERVICE AND QUALIFICATIONS** sections.

**L. ADDENDUMS**

It is the responsibility of all proposers to verify with the TOWN if any addendums or changes to this have been submitted. Any and all addendums will be posted on the Town of Trumbull – Purchasing Department website.

[www.trumbull-ct.gov](http://www.trumbull-ct.gov) .

**M. CONFLICT OF INTEREST**

Public officials shall be prohibited from receiving any town work procured through a public bid or bid waived process, so as to avoid any appearance of impropriety or conflict of interest, and public officials cannot circumvent the intent of this ordinance by receiving town work through a bid waiver as proscribed by the Trumbull Town Charter.

**N. BIDDER QUALIFICATIONS-REFERENCES**

Bidders shall submit for references the names, addresses and contacts for similar services recently currently doing or have completed. The Town may make such investigations as necessary and it deems appropriate to determine the qualifications of the bidder to perform the work required. If the Town is not satisfied that the bidder is properly qualified, the Town reserves the right to reject the bid of said bidder. For All vendors submitting a proposal for the Town of Trumbull & EMS., bidders must include Four (4) references, verifiable upon request, along with their bid.

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**GENERAL REQUIREMENTS, SCOPE OF SERVICE AND QUALIFICATIONS**

**GENERAL**

Trumbull EMS is a combination volunteer/paid municipal ambulance service that provides 24/7 emergency ambulance service to the residents of Trumbull, CT. Trumbull is a vibrant community of more than 34,000 citizens that combines small-town New England character and charm with extensive retail, commercial and light manufacturing activity.

- A. The Town of Trumbull is accepting proposals for a third party vendor who is licensed in the State of Connecticut to provide EMTs to supplement our volunteer staffing.
- B. Trumbull EMS' current staffing model anticipates a need for staffing for approximately 54 man-hours each day. There is no minimum or maximum number of hours per day that may be required and the number of hours may vary from week to week.
- C. Trumbull EMS is the primary R-5 provider for the Town of Trumbull.
- D. This request is solely for the purpose of BLS level services and the need for Emergency Medical Technicians.

**EMT QUALIFICATIONS**

Each EMT shall:

- A. Be licensed or certified by the State of Connecticut with at least one year continuous experience at a minimum of EMT or higher before being placed at Trumbull EMS.
- B. Have the ability to obtain Medical Control and pass protocol exam through Sponsor Hospital Council of Greater Bridgeport.
- C. Maintain a current CPR certification.
- D. Have the following training provided by the third party vendor annually, working in conjunction with Town policies and procedures: Blood borne Pathogen, Hazmat Awareness, Sexual Harassment, Workplace Violence Training, HIPAA Training, Protocol Training and any training required by the Sponsor Hospital Council of Greater Bridgeport.
- E. Must be in good standing with the Connecticut Department of Public Health and cannot have been on probation at any time with the State of Connecticut.
- F. Must have a good driving record and complete an emergency vehicle driving course such as CEVO or EVOC before operating a Trumbull EMS vehicle.

**SERVICE PROVIDER RESPONSIBILITIES**

- A. Vendor will ensure that all staff maintains certifications as well as annual training mentioned in "D" above.
- B. Vendor will be responsible for providing uniforms and appropriate jacket that is approved by the Trumbull EMS Chief.
- C. Vendor will obtain criminal and motor vehicle background checks to ensure that all EMTs have a clean record before being placed at Trumbull EMS. Annual conformation of these checks will be required and provided to Trumbull EMS. Trumbull EMS reserves the right to confirm background checks. Vendor will provide annual conformation that no staff assigned to Trumbull EMS is on the Sex Offender Registry or the OIG's List of Individuals/Entities for Medicare.
- D. Vendor will be solely responsible for all employment benefits, including applicable worker's compensation insurance, unemployment taxes, payroll, vacation, sick days, overtime and holiday pay and the like.
- E. Vendor will be required to provide a comprehensive QA/QI process for staff and provide reports to Trumbull EMS Administration on a regular basis. Vendor will provide a QA/QI Coordinator to review patient care

reports as requested by Trumbull EMS and have a documented process of addressing areas of improvement for their employees.

- F. Vendor will be responsible for compensating the Town of Trumbull for any calls missed at a rate of \$475.00 per call due to the failure of having staff unavailable to cover the scheduled shifts due to absence, tardiness or no show by an EMT(s). It is the vendor's responsibility to ensure staff is on time and present when scheduled.
- G. Vendor is responsible to ensure that staff abide by Trumbull EMS Standard Operating Policies and Procedures as well as follow the Trumbull EMS Command Structure.
- H. Vendor will agree to allow the Trumbull EMS Chief to have the ability to request an employee be removed from client site.
- I. Vendor will develop a training program that each employee must complete prior to being "signed off" to work at Trumbull EMS.
- J. Vendor will ensure that staff will maintain, clean and stock vehicles, keep them in a ready to respond mode, maintain out of chute times of 1 minute or less with an average overall response time of less than 8 minutes on all Priority 1 (high priority) responses, provide responses to mutual aid calls as directed by dispatch, follow directions received by the Trumbull EMS Command Structure, ensure time on task is as efficient as possible and return to service in an expeditious manner.

#### **VENDOR REQUIREMENTS**

- A. Shall maintain Medical Malpractice Insurance in the amount not less than one million dollars covering care provided by the EMT(s) assigned to the ambulance. The policy should name the TOWN as an additional insured. A certificate of insurance evidencing such coverage shall be provided to the TOWN upon signing an agreement.
- B. Shall provide Comprehensive General Liability Insurance coverage on a combined single limit basis of at least one million dollars per occurrence and two million dollars in the aggregate for bodily injury including death, property damage, personal injury, contractual liability.
- C. Shall provide Comprehensive Automobile Liability Insurance covering the use of all town owned vehicles operated by EMTs providing Bodily Injury Liability and Property Damage Liability coverage with a combined single limit of at least one million dollars each occurrence.
- D. Will be responsible to pay for any at fault damage to any Trumbull EMS property if an EMT(s) damages a piece of TOWN property while on duty. This includes any insurance deductibles for any equipment such as vehicles damaged in an "at fault" collision with an object and/or motor vehicle.

#### **ADDITIONAL REQUIREMENTS** (To be submitted with Proposal)

- A. Provide an hourly rate for the EMTs assigned to our Service.
- B. Provide an annual rate that includes 54 man-hours per day as noted in GENERAL B, including holiday and overtime, as well as all other services listed in the RFP.
- C. Contract will be for two (2) years with a possible one (1) year extension.
- D. Provide documentation that verifies your organization is licensed to provide services by the State of CT DPH.
- E. Provide a list of existing clients with contact names and numbers for references.

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***(REFERENCES -To be submitted with proposal – attach additional pages as necessary)***

List references for similar services provided for at least three (3) clients in the past five (5) years (attach any other client references if desired). **PLEASE NOTE IT IS THE TOWN'S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.**

**CLIENT 1:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Project(s): \_\_\_\_\_

**CLIENT 2:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Project(s): \_\_\_\_\_

**CLIENT 3:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Project(s): \_\_\_\_\_

**CLIENT 4:**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Dates: \_\_\_\_\_

Project(s): \_\_\_\_\_

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**PROPOSAL FORM**

The undersigned, in compliance with this RFP, affirms that the specifications and related documents contained herein have been examined and proposes to provide the service requested in accordance with this RFP and any contract documents within the time frames set forth herein and at the prices (fees) proposed below.

The undersigned certifies that this proposal meets all the specifications, requirements, standards, and conditions requested herein. Any substitutions to the specifications requested are clearly and completely noted and attached. Any alternate proposals are presented in similar format as requested and are attached herein. It is understood that the Town reserves the right to reject any or all proposals in whole or in part.

**ADDENDA**

The following Addenda have been received. The modifications to the Bid Documents noted therein have been considered and all costs thereto are included in the Base Bid.

Addenda # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

| Rate                               | Year One     | Year Two     | Optional 3rd Year |
|------------------------------------|--------------|--------------|-------------------|
| <b>Proposed Fee Per EMT Hourly</b> | \$ _____/hr. | \$ _____/hr. | \$ _____/hr.      |

**It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for Paramedic Coverage for review.**

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 by (Signature)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Print Name (A Duly Authorized Representative)

\_\_\_\_\_  
 City -Town

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone/Fax

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Website

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STATEMENT OF QUALIFICATIONS (To be submitted with proposal)

Submitted by:

Name of Organization \_\_\_\_\_

Name of Individual \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Submitted to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Project Name and Description (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Contractor's General Business Information

Check If:

Corporation Partnership Joint Venture Sole Proprietorship



If Corporation:

a. Date and State of Incorporation

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b. List of Executive Officers

Name Title

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If Partnership:

a. Date and State of Organization

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b. Names of Current General Partners

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c. Type of Partnership

General Publicly Traded

Limited other (describe) \_\_\_\_\_

If Joint Venture:

a. Date and State of Organization

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b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing partner by an asterisk\*)

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If Sole Proprietorship:

a. Date and State of Organization

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b. Name and

Address of Owner or Owners

1. On Schedule A, attached, list major engineered construction projects completed by this organization in the past five (5) years. (If a joint venture list each participant's projects separately).
2. On Schedule B, attached, list current projects under construction by this organization. (If joint venture, list each participant's projects separately).
3. Name of Surety Company and name, address, and phone number of agent.

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4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?

Yes \_\_\_ No \_\_\_

If yes, show names and addresses of affiliated companies.

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5. Furnish on Schedule C, attached, details of the construction experience of the principal individuals of your organization directly involved in construction operations.

6. Has your organization ever failed to complete any construction contract awarded to it?

Yes \_\_\_ No \_\_\_

If yes, describe circumstances on attachment.

7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?

Yes \_\_\_ No \_\_\_

If yes, describe circumstances on attachment.

8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?

Yes \_\_\_ No \_\_\_

If yes, describe circumstances on attachment.

I hereby certify that the information submitted herewith, including any attachment is true to the best of my knowledge and belief.

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

END OF RFP 6282

