COUNTY OF ALAMEDA

ADDENDUM No. 1

to

RFP No. 902216

### for

**ADVANCED LIFE SUPPORT (ALS)**

**AMBULANCE TRANSPORT SERVICES**

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| **This RFP Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County’s Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP Addendum will also be posted on the GSA Contracting Opportunities website located at** [**Alameda County Current Contracting Opportunities**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/)**.** |

**\*\*BIDDERS MUST USE THE ATTACHED**

**REVISED EXHIBIT A – BID RESPONSE PACKET**

**WHEN SUBMITTING THEIR BID RESPONSE\*\***

Description: Description: branding.jpgAlameda County is committed to reducing environmental impacts across our entire supply chain.

If printing this document, please print only what you need, print double-sided, and use recycled-content paper.

**The following Section have been modified or revised as shown below.** Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

**\*\*There are no changes to the main body of the RFP document\*\***

**Exhibit P – Sample Professional Services Agreement, Item 21 [Small Local and Emerging Business (SLEB) Participation], was incorrectly struckthrough in the RFP. Below is the same langauge without strikethrough:**

**21.** **Small Local and Emerging Business (SLEB) Participation:**

Consultant shall subcontract with XXXXX, for services to be provided under this Agreement in an amount equal to twenty percent (20%) of the contract value of this Agreement in accordance with County’s Small and Emerging Local Business provision, which includes but is not limited to:

21.1 SLEB subcontractor(s) is (are) independently owned and operated (*i.e.*, is not owned or operated in any way by Prime), nor do any employees of either entity work for the other.

21.2. As is applicable, Consultant shall ensure that the certification status of participating SLEB subcontractors is maintained in compliance with the SLEB Program for the term of this Agreement.

21.3 Consultant shall not substitute or add any small and/or emerging local business(s) listed in this Agreement without prior written approval from the County. Requests to substitute or add a small and/or emerging local business shall be submitted in writing to the County contract representative identified under Section 6.1 above. The consultant will not be able to substitute the subcontractor without prior written approval from the Alameda County Auditor-Controller Agency, Office of Contract Compliance (OCC).

21.4 All SLEB participation, except for SLEB prime contractor, must be tracked and monitored utilizing the Elation Compliance System. Consultant and Consultant’s small and/or emerging local businesses participating subcontractors on the awarded contract are required to use the Elation web-based Compliance System as described in Appendix D (Contract Compliance Reporting Requirements) to report and validate payments made by Prime Contractors to the certified small and/or emerging local businesses. It is the Contractor’s responsibility to ensure that they and their subcontractors are registered and trained as required to utilize the Elation Compliance System. SLEB prime contractor with SLEB subcontractors must enter payments made to subcontractors in the Elation System and ensure that SLEB subcontractors confirm payments received.

21.5 County will be under no obligation to pay Consultant for the percent committed to a SLEB subcontractor if the work is not performed by the listed small and/or emerging local business.

21.6 For further information regarding the Small Local Emerging Business participation requirements and utilization of the Alameda County Contract Compliance System contact the County Auditor- Controller’s Office of Contract Compliance (OCC) via E-mail at [ACSLEBcompliance@acgov.org](mailto:linda.moore@acgov.org).

County will be under no obligation to pay a consultant for the percent committed to a SLEB (whether SLEB is a prime or subcontractor) if the work is not performed by the listed small and/or emerging local business.

For further information regarding the Small Local Emerging Business participation requirements and utilization of the Alameda County Contract Compliance System contact the County Auditor- Controller’s Office of Contract Compliance (OCC) via E-mail at ACSLEBcompliance@acgov.org.

**Following this page is the REVISED Exhibit A – Bid Response Packet. BIDDERS MUST USE THE REVISED EXHIBIT A – BID RESPONSE PACKET WHEN SUBMITTING THEIR BID RESPONSE.**

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Description automatically generated

**COUNTY OF ALAMEDA**

**REVISED**

**EXHIBIT A**

**BID RESPONSE PACKET**

**RFP No. 902216**

**ALS Ambulance Transport Services**

**BIDDER INFORMATION**

|  |  |
| --- | --- |
| **Legal/Contractual Name of Bidder** |  |
| Street Address (Line 1) |  |
| Street Address (Line 2) |  |
| City, State, Zip Code |  |
| Length of Time at this Address |  |
| Website |  |
| **Regular Business Hours of Operation** |  |
| **Holidays/Days When Business is Closed** |  |

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| **Is the Bidder’s business (check one):**  ☐ For Profit ☐ Non-Profit  **Type of Entity / Organizational Structure / Legal Status (check one):**  ☐ Corporation ☐ Limited Liability Partnership ☐ Partnership  ☐ Joint Venture ☐ Limited Liability Corporation ☐ Sole Proprietor  ☐ Individual ☐ Unincorporated Association ☐ Other: | |
| **Jurisdiction of Organizational Structure** |  |
| **Date of Organizational Structure** |  |
| **Federal Tax Identification Number** |  |
| **Business License Number / Expiration Date** | **Expires:** |
| **Alameda County Supplier ID# (if applicable)** |  |

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| --- | --- |
| **Contact Person for Agreement (Name, Title)** |  |
| Email Address |  |
| Primary / Alternate Phone Number(s) | **/** |
| **Contact Person for Proposal (Name, Title)** |  |
| Email Address |  |
| Primary / Alternate Phone Number(s) | **/** |
| **Name of Project Manager (Name, Title)** |  |
| Email Address |  |
| Primary / Alternate Phone Number(s) | **/** |
| **Contact for Accounts Payable (Name, Title)** |  |
| Email Address |  |
| Primary / Alternate Phone Number(s) | **/** |

**Names & Titles of Corporate Board Members**

(Also list Names & Titles of persons with written authorization/resolution to sign contracts)

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Phone Number** |
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**BIDDER ACCEPTANCE**

1. The undersigned declares that the procurement bid documents, including, without limitation, the RFP, Q&A, Addenda, and Exhibits (the Bid Documents), have been read and accepted.
2. The undersigned has reviewed the Bid Documents and fully understands the requirements for this RFP, including, but not limited to, general County requirements, and that each Bidder who is awarded a contract must be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its bid proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
3. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County’s website:
   1. [**General Requirements**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-requirements/>]

1. [**Debarment & Suspension Policy**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/debarment-suspension-policy/>]

1. [**Iran Contracting Act (ICA) of 2010**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/iran-contracting-act-of-2010-ica/>]

1. [**General Environmental Requirements**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/)

[<https://gsa.acgov.org/do-business-with-us/contracting-opportunities/policies-procedures/general-environmental-requirements/>]

1. **[Alameda County SLEB Program Overview](http://acgov.org/auditor/sleb/overview.htm)**

[<http://acgov.org/auditor/sleb/overview.htm>]

1. [**Alameda County SLEB Program Additional Information**](https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/)

[<https://gsa.acgov.org/do-business-with-us/vendor-support/small-local-and-emerging-businesses/>]

1. [**First Source**](http://acgov.org/auditor/sleb/sourceprogram.htm)

[<http://acgov.org/auditor/sleb/sourceprogram.htm>]

1. [**Online Contract Compliance System**](http://acgov.org/auditor/sleb/elation.htm)

[<http://acgov.org/auditor/sleb/elation.htm>]

1. The undersigned acknowledges that Bidder is and will remain in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and any contract that is awarded.
2. The undersigned acknowledges that it is the responsibility of each Bidder to be familiar with all of the specifications, terms, and conditions of the RFP and, if applicable, the site condition. By the submission of a bid proposal, the Bidder certifies that if awarded a contract, they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
3. The undersigned acknowledges that Bidder has accurately completed the SLEB Information Sheet.
4. Bidder agrees to hold the ACFD and the County of Alameda, its officers, agents, and employees harmless from liability of any nature or kind, including cost and expenses, for infringement or use of any patent, copyright, or other proprietary rights, secret process, patented, or unpatented invention, article or appliance furnished or used in connection with bid proposal and/or any resulted contract or purchase order.
5. By signing below, the signatory warrants and represents that the signer has completed, acknowledged, and agreed to this Bidder Acceptance in their authorized capacity and that by their signature on this Bidder Acceptance, they and the entity upon behalf of which they acted, acknowledged and agreed to this Bidder Acceptance and that all are true and correct and are made under penalty of perjury pursuant to the laws of California.
6. **Conflict of Interest**. By signing below, the Bidder warrants and represents that it presently has no interest and agrees that it will not acquire any interest which would present a conflict of interest under California Government Code Sections 1090 et seq., or Sections 87100 et seq., during the performance of services under any Agreement awarded. The Bidder further covenants that it will not knowingly employ any person having such an interest in the performance of any Agreement awarded. Violation of this provision may result in any Agreement awarded being deemed void and unenforceable.

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| **SIGNATURE:** ✍  Name/Title of Authorized Signer:  Dated this  day of  20 |

**SMALL LOCAL EMERGING BUSINESS (SLEB) INFORMATION SHEET**

**Instructions**: On the following page is the **SLEB Information Sheet**. Every Bidder must complete and submit a signed SLEB Information Sheet indicating their SLEB certification status. If the Bidder is not certified, the information sheet must be completed with the name, identification information, and goods/services to be provided by the CERTIFIED SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement.  The Exhibit must be signed by EACH of the named CERTIFIED SLEB(s) that will be subcontractors.

If a Bidder is located within Alameda County but not a certified SLEB, the following documentation must be uploaded as part of the bid documents:

* + - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
* Proof of six months business residency, identifying the Bidder’s name of the vendor and the local address. Utility bills, deeds of trusts or lease agreements, etc., are acceptable verification documents to prove residency

SLEB certification must be **valid** at the time of bid proposal submittal for SLEB primes and SLEB subcontractor(s).

* For SLEB Subcontracting Questions: Please contact the General Services Agency - Office of Acquisition Policy, [GSA.OAP@acgov.org](mailto:GSA.OAP@acgov.org).
* For questions/information regarding SLEB certification, including requirements, please contact the Auditor-Controller Agency, Office of Contract Compliance & Reporting – SLEB Certification Unit, [OCCR@acgov.org](mailto:OCCR@acgov.org), (510) 891-5500.

**SMALL LOCAL EMERGING BUSINESS (SLEB) INFORMATION SHEET**

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all Bidders must complete this form.

Bidders that are not certified SLEBS (for the definition of a SLEB, see[**Alameda County SLEB Program Overview**](http://acgov.org/auditor/sleb/overview.htm)**; [**[**http://acgov.org/auditor/sleb/overview.htm**](http://acgov.org/auditor/sleb/overview.htm)**])** are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be eligible for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. A copy of this form must be submitted for each SLEB that the Bidder will subcontract with as evidence of a firm contractual commitment to meeting the SLEB participation requirement.

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of thebenefits of the partnership will be economical, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, substitutions of the named subcontractor(s) are not allowed without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments, prime, and subcontractors are required to use the web-based Elation Systems to monitor SLEB subcontractor compliance with[**Elation Systems**](http://www.elationsys.com/elationsys/)**; [**[**http://www.elationsys.com/elationsys/**](http://www.elationsys.com/elationsys/)**].**

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| **BIDDER IS A CERTIFIED SLEB (sign at bottom of page)**  **SLEB BIDDER Business Name:**  **SLEB Certification #:       SLEB Certification Expiration Date:**  **NAICS Codes Included in Certification:** |

**OR**

|  |
| --- |
| **BIDDER IS NOT A CERTIFIED SLEB and will subcontract      % with the SLEB named below for the following goods/services:**  **SLEB Subcontractor Business Name:**  **SLEB Certification #:       SLEB Certification Expiration Date:**  **SLEB Certification Status:  Small /  Emerging**  **NAICS Codes Included in Certification:**  **SLEB Subcontractor Principal Name:**  **SLEB Subcontractor Principal Signature:** ✍ |

**Upon award, Bidder (the Prime Contractor) and** **all SLEB subcontractors** agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation, including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

**Bidder Printed Name/Title:**      

**Street Address: \_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_**     **\_\_\_\_State\_**     **\_ Zip Code**      

**Bidder Signature:** ✍ **Date:**

**DEBARMENT AND SUSPENSION CERTIFICATION** (Procurements $25,000 and over)

The Bidder, under penalty of perjury, certifies that, except as noted below, Bidder, its principal, and any named and unnamed subcontractor:

* Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
* Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
* Does not have a proposed debarment pending; and
* Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space. For any exception noted, indicate to whom it applies, initiating agency, and dates of action. Exceptions will not necessarily result in denial of the award but will be considered in determining Contractor responsibility.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute the signature of this Certification.

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| **BIDDER:**  **PRINCIPAL: TITLE:**  **SIGNATURE: ✍ DATE:** |

**EX PARTE COMMUNICATIONS**

Bidders and their representatives are not to communicate with members of the ACFD Board of Directors or Administrative Committee about this RFP. In addition, Bidders and their representatives are not to communicate outside the procedures set forth in this RFP with an officer, employee, or agent of ACFD, including any member of the evaluation panel regarding thisRFP until after Contract award. Bidders and their representatives are not prohibited, however, from making oral statements or presentations in public to one or more representatives of ACFD Board of Directors or Administrative Committee during a public meeting.

A "Bidder" or "Bidder’s representative" includes all of the Bidder's employees, officers, directors, Bidder and agents, any subcontractors or suppliers listed in the Bidder's proposal, and any individual or entity who has been requested by the Bidder to contact ACFD on the Bidder's behalf. On the following page, Bidders are to sign the *Ex Parte Communications Certification* form certifying that they have not had or directed prohibited communications as described in this section.

**EX PARTE COMMUNICATIONS CERTIFICATION**

Please indicate by signing below one of the following two statements. **Only sign one statement.**

I certify that Bidder and Bidder’s representatives have not had any communication with a ACFD Board Director and/or Administrative Committee member concerning **RFP No. 902216** – **ALS AMBULANCE TRANSPORT SERVICES** at any time after **October 14, 2022.**

**SIGNATURE:** ✍ Date:

Name/Title of Authorized Signer:

**OR**

I certify that Bidder or Bidder representatives have communicated after **October 14, 2022** with an ACFD Board Director and/or Administrative Committee member concerning **RFP No. 902216** – **ALS AMBULANCE TRANSPORT SERVICES**. A copy of all such communications is attached to this form for public distribution.

**SIGNATURE:** ✍

Name/Title of Authorized Signer:

Dated this  day of  20

**DISQUALIFICATION QUESTIONNAIRE**

On the following page, Bidder is to complete and submit, under penalty of perjury, the *Disqualification Questionnaire* form. A Proposal may be rejected based on a Bidder, any officer or employee of such Bidder, having been disqualified, removed, or otherwise prevented from proposing on, or completing a federal, state, or local project because of a violation of law or a safety regulation.

**DISQUALIFICATION QUESTIONNAIRE FORM**

Has the Bidder, any officer of the Bidder, or any employee of the Bidder who has proprietary interest in the Bidder, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or safety regulation?

**☐ Yes ☐ No**

If the answer is yes, explain the circumstances in the following box/space:

|  |
| --- |
|  |

**SIGNATURE:** ✍

Name/Title of Authorized Signer:

Dated this  day of  20

**DISCLOSURE OF GOVERNMENT POSITIONS**

In order to analyze possible conflicts that might prevent a Bidder from acting on behalf of ACFD, all Bidders shall disclose any positions that they hold as directors, officers, or employees of any governmental entity. Additional disclosure may be required prior to Contract award or during the term of the Contract. Each Bidder shall disclose whether any owner or employee of the firm currently hold positions as elected or appointed officials, directors, officers, or employees of a governmental entity or held such positions in the past twelve months using the *Disclosure of Government Positions* form found on the following page.

**DISCLOSURE OF GOVERNMENT POSITIONS FORM**

Each Bidder shall disclose in the space/box below whether any owner or employee of Bidder currently hold positions as elected or appointed officials, directors, officers, or employees of a governmental entity or held such positions in the past twelve months. If there are no disclosures, select "None" below the box.

|  |
| --- |
|  |

**☐ None**

**SIGNATURE:** ✍

Name/Title of Authorized Signer:

Dated this  day of  20

**DISCLOSURE**

**Instructions:** Please keep and include this page as part of your bid response.

In the space/box below, Bidder must disclose all past or current business and personal relationships with any current elected official, appointed official, ACFD employee, or family member of any current elected official, appointed official, or ACFD employee. **Any past or current business relationship will not automatically disqualify the Bidder from consideration but may require additional clarification of the relationship.** If no such relationships exist, select “None” below the box.

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**☐ None**

**SIGNATURE:** ✍

Name/Title of Authorized Signer:

Dated this  day of  20

**COVER LETTER**

**Instructions:** Bidder is to remove this page and replace it with a **Cover Letter** that summarizes the key elements of Bidder’s proposal. An individual authorized to bind the Contractor must sign the letter. In addition, Bidder must indicate the address and telephone number of the Contractor’s office located nearest to Alameda County, California, and the office from which the business will be managed.

**Suggested Maximum Length: 3 pages**

**BACKGROUND and PROJECT SUMMARY**

**Instructions:** Please keep and include this page as part of your bid response.

Following this page, Bidder is to provide a **Background and Project Summary** that describes Bidder’s understanding of ACFD, the work to be done, and the objectives to be accomplished.

**Suggested Maximum Length: 15 pages**

**METHODOLOGY**

**Instructions:** Please keep and include this page as part of your bid response.

Following this page, Bidder is to provide a detailed description of the approach and methodology that will be used to fulfill each requirement listed in this RFP including, but not limited to, the following:

1. **For Tier 1 Services:**
   1. **Credentials Tracking & Renewal**.Please describe the system that will be used to monitor expiration dates of required credentials for all employees to prevent lapses in certification, and to facilitate the renewal process.
   2. **Cognitive & Psychomotor Proficiency**.Please describe the education and training system that will be used to ensure that all field personnel employed by Contractor maintain proficiency in all relevant ALS/BLS level clinical skills and knowledge, including all applicable State and local protocols.
   3. **Employee Wellness & Personnel Assistance Resources**. Please describe in detail the Bidder’s Employee Wellness & Personnel Assistance programs and/or resources.
   4. **Physical Fitness Testing & Training**. Please describe its physical fitness testing and training, if any, to be used as part of the initial hiring process and/or ongoing health maintenance.
   5. **Medical Examination / Health Screening**. Please describe the specific process used for pre-employment and/or ongoing screening.
   6. **Local Protocols**. Please describe the process used to ensure that all ambulance personnel are sufficiently knowledgeable and proficient in all relevant Local protocols.
   7. **Standardized Inventory**. Please describe your plan/system to ensure standardization of EMS equipment and supplies of ambulances with the EMS equipment and supplies used by ACFD.
   8. **Supplies Restock System**. Please describe your supply/restock system generally and explain how reserve ambulances will be restocked specifically.
   9. **Maintenance & Repair**. Please describe your maintenance plan, vehicle service records system, and mechanism for allowing ACFD to inspect vehicle service records.
   10. **Dispatch**. The Contractor’s ambulances will be dispatched by ACFD or other public safety communications center. Contractor shall be solely responsible for obtaining, installing, and maintaining a system that directly links all contract ambulances and crews, and will be solely responsible for all installation, maintenance, repair, and other related costs necessary to ensure that the system remains operational at all times. Please describe how the above system will be provided and maintained.
2. **For Tier 2 Services:**
   1. Please describe the capacity and plan for providing reserve ambulances as describe in this RFP.
   2. Please describe the specific vehicles that will be used as reserve ambulances.
   3. Please describe the replacement ambulance plan, including the designations (unit number) and specifications and mileage of the planned replacement ambulances.
3. **For Tier 3 Services:**
   1. Please describe your Surge Plan in all details. Please describe your “in-house” capabilities to provide surge. If Bidder plans to utilize the services of another or outside vendor, Bidder must include a description of the outside vendor’s capabilities to meet the needs for surge capacity.
4. **For Tier 4 Services**:
   1. Please describe your Mutual Aid plan/system in detail.

**Suggested Maximum Length: 15 pages**

**QUALIFICATIONS and EXPERIENCE**

**Instructions:** Please keep and include this page as part of your bid response.

Following this page, Bidder is to describe the qualifications and experience of the organization or entity performing services/projects within the past five years to demonstrate competence to perform these services. If the Bidder has been in business less than five years, the Bidder shall detail all Principals (key individuals) with experience that can be used to assess the Bidder’s ability to perform the services in outlined in this RFP, as well as indicate which Principal(s) have at least five years of appropriate qualifications and experience. In addition, this section is to include at minimum the following information:

If the owner is a corporation please provide: Name of corporation, corporate office street address, city, state, and zip code, state where incorporated, date of incorporation, first and last name of officers, local office address, city, state & zip, and the date local office opened its doors for business.

If the owner is a partnership or joint venture, please provide: Name of partnership or joint venture, principal office street address, city, state, and zip code, state of organization, date of organization, first and last name of general partner(s), local office address, city, state, and zip code, and date local office opened its doors.

List all businesses owned or controlled by yourself (Bidder) or business manager doing similar business in California under another name. List business name and address and specify who owns or controls the business (e.g., self, business manager, etc.).

List all businesses for which you (Bidder) or your business manager is or was an officer, director, or partner doing similar business in California under another name. List business name and address, title, date(s) in position; specify who was in position (e.g., self, business manager, etc.).

How many years Bidder has been in business under your present business name?

List all business names you (Bidder) operate that are involved in ambulance operations/ambulance transportation related services and identify the county and state of each of those businesses.

List all businesses for which you (Bidder) or your business manager have filed for bankruptcy protection while operating under a contract involving ambulance operations and/or ambulance transportation related services.

Provide a list of current and previous contracts that meet the requirements for this RFP, including all public agencies served (if any). For each, provide a brief description of the scope of work performed, the length of time you have been providing services, and the name, title, and telephone number of the person who may be contacted regarding your organization’s service record.

Provide copies of the organization’s ethical standards, confidentiality policies, managerial philosophy, customer service standards, and standards of service quality. State the way these standards will be evaluated and maintained. The materials may include, but are not limited to, the following:

Membership in and/or good standing with an organization that is devoted to ensuring high standards of customer service and consumer protection, such as the Better Business Bureau.

Identify any membership in and/or good standing with a professional organization devoted to encouraging and maintaining ethical or service standards.

Evidence of training and education in customer service, maintaining quality standards, and/or maintaining quality standards received by the firm, its employees, and its subcontractors.

Letters of recommendation from customers and/or contracting agencies.

Copies of instructional material used to ensure employee adherence to ethical, quality, and customer service standards.

ACFD is interested in knowing how Bidders support the communities that they serve. Please provide information on your organization’s participation in local community, charitable and civic organizations, and events, including membership in the Chamber of Commerce, charitable contributions made by your organization, etc.

Any public entity that submits a Proposal is to describe in detail how it currently performs services like those identified in this RFP within its or other jurisdictions. If you have performed these services under contract for another public entity, please provide references for those entities as set forth above for private entities.

**Suggested Maximum Length: 5 pages**

**STAFFING**

**Instructions:** Please keep and include this page as part of your bid response.

It is essential that the Bidder provide adequate experienced personnel, capable of and devoted to the successful accomplishment of the work identified in this RFP. Bidder must agree to assign specific individuals to the key positions.

Following this page, Bidder is to provide, at minimum, the following:

1. Please provide a **Table of Key Personnel**. This table must include all persons—currently hired, on staff, to be hired, or otherwise, as well as any individuals who supervise or manage such persons. The table must include the following information for each person:
2. Full name, classification/title, and date hired.
3. Any key personnel that are to be hired (TBH) should be indicated as such;
4. The role that the person will play in connection with the RFP and any awarded contract;
5. The person’s relationship with Bidder, including job title and years of employment with Bidder; and
6. Work contact information including, but not limited to, the following: work address, office telephone number, mobile work number, and work email address.

In addition to the table, Bidder is to provide a complete résumé or curriculum vitae for each person listed in the Table of Key Personnel that is currently on staff. The résumé must include educational background, relevant experience on similar projects, certifications, and merits. Bidders must provide a brief job description for any unfilled positions that are to be hired.

1. Staffing & Selection Criteria
2. Please describe the specific criteria that your will use to determine and select which EMTs and paramedics are qualified, and the specific process by which qualified EMTs and paramedics would be selected for assignment to any resulting contract.
3. Please describe the staffing model(s) that will be used to meet the minimum number of 1,150 daily unit hours required in this RFP. Bidder is provide a breakdown of salaries and benefits for each model(s) to ensure compliance with state and federal labor laws (models should show how staffing would be addressed for 24-hour shifts, 12-hours shifts, part-time employees, and and full-time employees, etc.).
4. Recruitment & Retention
5. It is important to attract the highest quality employees in the industry as possible. Please describe your compensation and benefits plans and provide at least a general indication as to how the plans compare to the other similar organizations in the County in terms of attracting and retaining employees. Also, please describe your recruitment strategy.
6. Please describe your process to on-board any incumbent workforce.
7. **AB 389 Compliance**
8. **Bidder must describe and detail how its ambulance service employees are provided with all of the following:**
   * 1. **Comparable wages, benefits, and staffing generally consistent with those provided to ambulance service employees in the same geographic region.**
     2. **Specific mechanisms to ensure adequate and open communication with the ACFD in order to facilitate immediate notice to the recognized employee organization or official representative of the Contractor’s employees whenever operational changes are proposed and noticed by the ACFD and are likely to have a material impact on the employees’ wages, hours, or other terms and conditions of employment.**
     3. **Effective access to the ACFD by the recognized employee organization or official representative of the employees to directly provide input on operational changes, as described in paragraph (2), and, if requested by the recognized employee organization or official representative of the employees, facilitation of immediate access to the ACFD to allow the employees to set forth specific concerns about the operational changes**

**NOTE: These provisions shall be included in the contract between ACFD and Contractor.**

**Suggested Maximum Length: 15 pages (not including résumés, CVs, and Table of Key Personnel)**

**BID FORM / COSTS**

**Instructions:** Please keep and include this page as part of your bid response.

**Bidders must complete the provided Excel Spreadsheet – Bid Form** *and* upload it into [EZSourcing Supplier Portal](https://ezsourcing.acgov.org/) as part of their bid response.

**Bid Form/Costs Criteria and Definitions:**

* 1. **Personnel.** 
     1. Bidder is to identify all necessary staff (in-field) necessary to achieve the minimum number of 1,150 daily unit hours required in this RFP.
     2. Bidder is also to identify all additional staff that will provide program and/or administrative support, that the Bidder intends to bill for under this RFP.

**Bidders shall add additional staff**

* 1. **Hourly Wage Rate (average)** is the average hourly wage for the personnel on that line item. **PLEASE NOTE that Bidders must project and account for wages starting in July 2024**.
  2. **Number Employed/Staff** is the number of each personnel that will be employed/staffed by the Contractor to provide the services requested.
  3. **Total Number of Yearly Hours Worked** is the number of yearly hours for all employees of that classification combined (e.g., if 2 Full Time Paramedics are to be employed, each working 40 hours/week, 50 weeks/year, then the total number of yearly hours is 4000 hours).
  4. **Indirect costs** may be included that equal up to 15% of the Bidder’s total contract value. Costs already requested in other line items of the Bid Form cannot be included under Indirect Costs.

**COST DETAIL**

**Instructions**: Please keep and include this page as part of the bid response.

Following this page, Bidder is to provide a *Cost Detail* for each line item in Bidder’s Bid Form/Costs. For each line item, Bidder is to provide a description, in as much detail as required for clarity, what each line item is, its importance to the program, and how the amount shown in the Bid Form was calculated.

**Suggested Length**: There is no limit to the Budget Justification. However, the County requests Bidders be as succinct as possible while providing as much detail as necessary for clarity and understanding

**EQUIPMENT and FACILITIES**

**Instructions:** Please keep and include this page as part of your bid response.

Following this page, Bidder is to describe its equipment and facilities to be used in fulfillment of the requirements specified in this RFP. At minimum, Bidder is to include the following information:

1. Provide a list and short description of all the vehicles proposed to be used in the performance of services. If the organization does not currently own or lease enough vehicles, provide a description of the organization’s plan to acquire the necessary equipment.
2. **Maintenance & Repair**. Please describe your maintenance plan, vehicle service records system, and mechanism for allowing ACFD to inspect vehicle service records.
3. **Ambulance Station/Crew Quarters/Facilities.** Please describe in detail the facilities that will be used to comply with the terms of the contract and the delivery of the services, including storage lots and business offices. If the Bidder does not currently own or lease sufficient facilities and/or station locations, provide a description of the organization’s plan to acquire the necessary facilities/stations and how they are equipped to service the employees.
4. **Security**. Please describe the security plan/measures that will be used to adequately protect the facilities, personnel, equipment, supplies, and vehicles while in quarters and in the field.

**Suggested Maximum Length: 5 pages**

**FINANCIAL CAPABILITIES**

**Instructions:** Please keep and include this page as part of your bid response.

Following this page:

1. Bidder is to provide its latest audited financial statement or other pertinent information, such as internal unaudited financial statements and financial references, to allow ACFD to reasonably formulate a determination about the financial capabilities of the Bidder.
2. Bidder is to list and describe any administrative proceedings, claims, lawsuits, or other exposures pending against the Bidder.
3. Bidder is to provide its most recent Dun & Bradstreet Supplier Evaluation Report. Dun & Bradstreet Supplier Qualifier Report (formerly Supplier Evaluation Report) must be ranked a 6 (six) or lower for Bidder to be considered for contract award. For information on how to obtain a Supplier Evaluation Report, contact Dun & Bradstreet at [www.dnb.com](http://www.dnb.com).

Bidder also agrees to provide all financial records requested under the County Ambulance RFP or resulting contract.

**Suggested Maximum Length: none**

**REFERENCES**

**Instructions**: On the following pages is the Reference Form that Bidders are to use when providing references. Bidders are to provide a list of five (5) references.

1. Bidder must currently be providing services to at least two (2) of the references or have done so within the last five (5) years.
2. References must be satisfactory as deemed solely by County.
3. Services or goods provided by Bidders to the references should have similar scope, volume, and requirements to those outlined in these specifications, terms, and conditions.
4. Bidders should verify that the contact information for all references provided is current and valid. If a reference cannot be contacted, it may affect the qualification and scoring of the Bidders’ bid proposals.
5. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.
6. The County may contact some or all the references provided in order to determine items such as Bidders’ years of experience and performance records on work similar to that described in this request.
7. The County reserves the right to contact individuals/entities for references other than those provided in the Bidder’s Proposal and to use any information obtained in the evaluation process.

**NOTE**: Bidders should not list the County department requesting services/goods as part of the references.

**REFERENCE FORM**

**Bidder must currently be providing services to at least two (2) of the references or have done so within the last five (5) years.**

**Bidder Name:**

|  |  |
| --- | --- |
| **REFERENCE #1** |  |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

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| --- | --- |
| **REFERENCE #2** |  |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

|  |  |
| --- | --- |
| **REFERENCE #3** |  |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

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| --- | --- |
| **REFERENCE #4** |  |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

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| --- | --- |
| **REFERENCE #5** |  |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

**EXCEPTIONS AND CLARIFICATIONS**

**Instructions**: Bidders must identify and list below any and all exceptions and/or clarifications to the RFP and associated Bid Documents and submit them with their bid proposal.

**THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS AND CLARIFICATIONS; ANY SUCH EXCEPTIONS AND CLARIFICATIONS MAY BE A BASIS FOR BID PROPOSAL DISQUALIFICATION.**

|  |  |  |  |
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| **Reference to:** | | | **Description** |
| Page No.  EXAMPLE | Section | Item No. |  |
| **p. 23** | **D** | **1.c.** | ***Bidder takes exception to…*** |
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\*Use additional pages as necessary

**INSURANCE REQUIREMENTS**

**Instructions**: Insurance certificates are not required at the time of submission; however, by signing the Bid Response Packet and submitting a bid proposal, the Bidder agrees to meet the minimum insurance requirements and provide any documentation requested by County upon request, including any insurance requirements specified in the County Ambulance RFP.

Insurance documentation must be provided to the County before award and include an insurance certificate and additional insured certificate, naming the Alameda County Fire Department.

The following page contains sample insurance limits that are intended to be used for estimating cost on the Bid Form.

**SAMPLE MINIMUM INSURANCE REQUIREMENTS**

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The ACFD reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the contractor maintains broader coverage and/or higher limits than the minimums shown below, the ACFD requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the ACFD.

|  |  |  |
| --- | --- | --- |
| **TYPE OF INSURANCE COVERAGES** | | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**  Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery | $2,000,000 per occurrence (CSL)  Bodily Injury and Property Damage |
| **B** | **Commercial or Business Automobile Liability**  All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities | $1,000,000 per occurrence (CSL)  Any Auto  Bodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**  Required for all contractors with employees | WC: Statutory Limits  EL: $1,000,000 per accident for bodily injury or disease |
| **D** | **Professional, Medical and Hospital Liability** | $3,000,000 per occurrence  $10,000,000 aggregate  Bodily Injury and Property Damage |
| **E** | **Endorsements and Conditions**:   1. **ADDITIONAL INSURED:** ACFD and County, its Board of Directors and its Board Supervisors and the individual members thereof, and all ACFD and County officers, agents, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 if a later edition is used). Auto policy shall contain or be endorsed to contain additional insured coverage for the ACFD AND County. 2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of work. 3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the ACFD and the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the ACFD and the County, its officers, officials, employees, or volunteers shall be excess of the Contractor’ insurance and shall not contribute with it. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor’s contractual obligation to indemnify and defend the Indemnified Parties. 4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with an A.M. Best Rating of no less than A: VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the ACFD and the County. Acceptance of Contractor’s insurance by ACFD shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or ACFD. 5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. 6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:  * Separate insurance policies issued for each individual entity, with each entity included as a “Named Insured” (covered party), or at minimum named as an “Additional Insured” on the other’s policies. Coverage shall be at least as broad as in the ISO Forms named above. * Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured”.  1. **CANCELLATION OF INSURANCE:** Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the ACFD in accordance with policy terms and conditions.   **CERTIFICATE OF INSURANCE**: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to ACFD, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contactor’s obligation to provide them. The ACFD reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time. | |