

**TOWN OF GLASTONBURY
PROFESSIONAL SERVICES PROCUREMENT NOTICE
REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES
RPGL # 2015-11**

The Town of Glastonbury will be accepting sealed proposals for Emergency Medical Services. Proposals to provide an emergency ambulance service that offers Advanced Life Support (“ALS”) care, or both ALS and Basic Life Support (“BLS”). Interested firms should request the proposal instructions and details from the Purchasing Agent, 2155 Main Street, Glastonbury, CT 06033, or via the Town’s website at www.glastonbury-ct.gov.

Responses to the Proposal must be submitted to the Purchasing Agent no later than **November 6, 2014 at 11:00 AM. LATE PROPOSALS WILL NOT BE CONSIDERED.**

The Town of Glastonbury is an Affirmative Action/Equal Opportunity Employer. Minority / Women / Disadvantaged Business Enterprises are encouraged to submit a proposal.

Mary F. Visone
Purchasing Agent

**TOWN OF GLASTONBURY
PROFESSIONAL SERVICES PROCUREMENT NOTICE
REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES
RPGL # 2015-11**

TABLE OF CONTENTS	PAGE NO.
I. GENERAL INFORMATION	3
A. Introduction and Background Information	3
B. Term of Service.....	3
II. INSURANCE REQUIREMENTS.....	3
A. Insurance.....	3
III. SUBMISSION OF PROPOSAL	5
A. Proposal Instructions.....	5
B. Town Contacts	9
IV. EVALUATION AND SELECTION PROCESS.....	9
A. Evaluation Criteria	9
B. Selection Process.....	10
C. Timeline.....	11

Attachments

A. Proposal Response Form	12
B. Non-Collusion Statement.....	13

**TOWN OF GLASTONBURY
PROFESSIONAL SERVICES PROCUREMENT NOTICE
REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES
RPGL # 2015-11**

I. GENERAL INFORMATION

A. INTRODUCTION AND BACKGROUND INFORMATION

The Town of Glastonbury is soliciting Proposals for the delivery of emergency medical services (“EMS”) via an emergency ambulance service program offering Basic Life Support Services (“BLS”) and/or ALS Advanced Life Support Services (“ALS”). Proposals may include providing BLS, ALS, or both ALS and BLS services to the Town for a minimum of a five-year term. Interested parties should submit a proposal response in accordance with the requirements and directions herein.

Emergency Medical Services (BLS) are currently provided to the Town by the Glastonbury Volunteer Ambulance Association (“GVAA”) and a contractual relationship between the GVAA and Vintech for such BLS services; with Vintech responding to the majority of the calls. The PSA for ALS is assigned to the Ambulance Service of Manchester (“ASM”).

The Town of Glastonbury is looking to provide the highest level of EMS care to the community. Through this RFP process the Town is seeking to identify and evaluate all entities interested in providing Emergency Medical Services (“EMS”) to the Town. The Town recognizes that a change to the PSAR, as applicable, will be subject to the review and approval by the Office of the Connecticut Department of Health.

B. TERM OF SERVICE

The selected EMS provider will be required to execute a formal agreement with the Town of Glastonbury. An initial term of service of not less than 5 years is contemplated.

II. INSURANCE REQUIREMENTS

A. INSURANCE

The respondent shall, at its own expense and cost, obtain and keep in force during the entire duration of the Project or Work the following insurance coverage covering the respondent and all of its agents, employees, sub-contractors and other providers of services and shall name the Town and the Board of Education, its employees and agents as an Additional Insured on a primary and non-contributory basis to the respondent’s Commercial General Liability, Automobile Liability and Excess Liability policies. All policies, except Medical Malpractice/Professional Liability shall contain a Waiver of Subrogation. **These requirements shall be clearly stated in the remarks section on the respondent’s Certificate of Insurance.**

Insurance shall be written with insurance carriers approved in the State of Connecticut and with a minimum Best's Rating of A-VIII. In addition, all carriers are subject to approval by the Town. The respondent shall maintain in force at all times during which an Agreement is in effect, the following minimum coverages and shall name the Town of Glastonbury:

		(Minimum Limits)
General Liability	Each Occurrence	\$1,000,000
	General Aggregate	\$2,000,000
	Products/Completed Operations	\$2,000,000
	Aggregate	
Auto Liability	Combined Single Limit	
	Each Accident	\$1,000,000
Medical Malpractice/ Professional Liability	Each Claim or Each Occurrence	\$1,000,000
	Aggregate	\$1,000,000
Umbrella/ Excess Liability	Each Occurrence	\$10,000,000
	Aggregate	\$10,000,000
Workers' Compensation & Employers' Liability	Workers Comp	Statutory Limits
	EL Each Accident	\$500,000
	EL Disease Each Employee	\$500,000
	EL Disease Policy Limit	\$500,000

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two (2) years following the termination date of this Agreement. If the claims-made policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the Agreement for two (2) years from the termination date of this Agreement.

The respondent shall provide The Town of Glastonbury a Certificate of Insurance as "evidence" of General Liability, Auto Liability including all owned, hired, borrowed and non-owned vehicles, statutory Worker's Compensation and Employer's Liability, Medical MalPractice/Professional Services Liability and Excess Liability coverage.

The respondent shall direct its Insurer to provide a Certificate of Insurance to the Town before any work is performed. The awarded Respondent(s) will be responsible to provide written notice to the Owner 30 days prior to cancellation of any insurance policy. The Certificate shall evidence all required coverage including the Additional Insured on the General Liability and Auto Liability policies and Waiver of Subrogation on the General Liability, Auto Liability, Excess Liability and Workers Compensation policies. The respondent shall provide the Town copies of any such insurance policies upon request.

Indemnification

To the fullest extent permitted by law, the respondent shall indemnify and hold harmless the Town and the Board of Education and their respective consultants, agents, and employees from and against all claims, damages, losses and expenses, direct, indirect or consequential (including

but not limited to fees and charges of engineers, attorneys and other professionals and court and arbitration costs) to the extent arising out of or resulting from the performance of the respondent's work, provided that such claim, damage, loss or expense is caused in whole or in part by any negligent act or omission by the respondent, or breach of its obligations herein or by any person or organization directly or indirectly employed or engaged by the respondent to perform or furnish either of the services, or anyone for whose acts the respondent may be liable.

As to any and all claims against the Town or any of its consultants, agents or employees by any employee of respondent by any person or organization directly or indirectly employed by respondent to perform or furnish any of the work, or by anyone for whose acts respondent may be liable, the indemnification obligation stated herein shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for respondent under worker's or workman's compensation acts, disability benefit acts or other employee benefit acts. This provision shall survive the termination of this Agreement.

The above insurance requirements are the Town's general requirements. Insurance requirements with the awarded respondent are subject to final negotiations.

III. SUBMISSION OF PROPOSAL

A. PROPOSAL INSTRUCTIONS

By submitting a proposal, you represent that you have thoroughly examined and become familiar with the scope of services outlined in this RFP and you are capable of performing the work to achieve the Town's objectives. Respondents should clearly describe the specific Emergency Medical Services for which their proposal is submitted. As specified earlier in this RFP the Town of Glastonbury is looking to provide the highest level of EMS care to the community. Respondents are encouraged to provide a proposal that addresses the information below in as much detail as deemed appropriate. Additional information may be presented as deemed applicable by the respondent.

All firms are required to submit a **clearly marked** original and eleven (11) copies of their proposal to Mary F. Visone, Purchasing Agent, 2155 Main Street, Glastonbury, CT by **November 6, 2014 at 11am**. All proposals will be opened publicly and recorded as received. Respondents may be present at the opening; however, there will be no public reading of Proposals. Proposals received later than the time and date specified will not be considered. The proposal must be submitted in a sealed envelope or package and the outside shall be clearly marked:

**SEALED REQUEST FOR PROPOSAL
PROFESSIONAL SERVICES PROCUREMENT NOTICE
EMERGENCY MEDICAL SERVICES
RPGL-2015-11
DATE – November 6, 2014
TIME - 11:00 A.M.**

All respondents are required to submit the information detailed below. **Responses shall be organized and presented in the order listed below to assist the Town in reviewing and rating proposals.** Responses should be presented in appropriate detail to thoroughly respond to the requirements and expected services described herein and presented and clearly marked in the order within this written proposal.

- a. Table of Contents to include clear identification of the material provided by section and number.
- b. Name and telephone number of person(s) to be contacted for further information or clarification.
- c. History and Background of the Respondent's Operations: The respondent shall provide detailed information about the respondent's history, including years of operation, all business addresses and locations, private and public clients and years of experience in providing emergency ALS and BLS services. Include:
 - Respondent's business name
 - Legal business status (i.e., partnership, corporation, etc.)
 - Identify directly provided services as well as those provided by subcontract to others.
 - Number of years in business
 - Other or prior business names
 - Whether this business holds controlling interest or is controlled by other organizations
 - Financial interests in any related business(es)
 - Business partners in the last five (5) years
- d. Prior and Current Experience: The Respondent shall also include a complete list of all EMS performed for governmental or private entities in the past five (5) years with contact information, including a point of contact name, title, address, telephone number, facsimile number and e-mail address for the parties that have received such services. The Respondent shall also provide for each service unit i) the nature of the professional services provided, and ii) the member(s) of the Respondent's staff performing the services. In particular, please include:
 - Type and level of each service provided, including a description of the population served
 - The contract period of EMS services
 - The remaining term for each current contract
 - The circumstances under which any contracts were terminated prior to the contracted term
 - Details of any and all prior court actions and judgments against your organization

The Town reserves the right to contact these organizations regarding the services performed by the respondent.

- e. Licenses and Staff Qualifications: The respondent shall provide documentation that verifies that the organization is licensed to provide such services by the State of Connecticut Department of Public Health (“DPH”) and the Office of Emergency Medical Services (“OEMS”) and is in full regulatory compliance. The respondent shall provide copies of its DPH Rate Applications from the past two years.

All personnel of the respondent shall be fully licensed and in good standing with the DPH. The Town reserves the right to request specific background and experience of EMS personnel to be assigned to the Town of Glastonbury.

The respondent shall also provide the number of ambulances and EMS response vehicles currently owned and operated by the respondent, and the number currently licensed by DPH. Describe the age and type of each vehicle and state whether additional vehicle license applications will be necessary to provide the proposed services. The selected respondent will be required to maintain vehicles and equipment in compliance with current DPH regulations.

Evidence of all appropriate certification and licensing for all required staff positions and equipment shall be provided with the proposal response.

The respondent shall provide evidence of sufficient capital for service implementation and financial reserves to sustain operations

- f. Level of Care. Explain the level of care that the Town can expect from your services including your quality management process. A detailed description of how the firm will supply EMS services to the Town and general approach to serving as EMS first responder. Include information that explains your firm’s ability to perform, implement and administer these services, emphasizing experience with other similar municipalities. Summarize all areas of expertise and experience including the types of services supplied to past and present clients.
- g. Facilities. Detail what facilities the respondent will require from the Town and what specific arrangements for office and garage space are proposed.
- h. Response Time/Coverage. A detailed explanation of response times is required, including all staffing, vehicles and related equipment that the respondent is proposing to service the Town. Specifically the number of vehicles proposed to be assigned to provide coverage to the Town.
- i. Proposed Term of Service. Respondents shall specify a proposed term, as stated earlier in the RFP an initial term of service of not less than 5 years is contemplated.
- j. Updating the Local EMS Plan. The selected respondent shall be required to assist the Town in updating its local EMS Plan, please indicate your experience in providing this requirement.
- k. Compliance with all Department of Public Health, sponsor hospital, Town of Glastonbury and other local requirements. Respondents shall specify how they will comply with all state, local and other required regulations, as applicable.

- l. CMED dues. The annual dues for the Town currently total \$26,191.00. Please indicate if respondent currently pays for the CMED dues and what arrangement for payment of dues is expected for services provided to the Town.
- m. Costs. A detailed proposal regarding the costs and expenses involved for the provision of EMS services specified herein, and upon the terms and conditions of the RFP, including any hourly rates of personnel providing these services, discounts, invoiced expenses, annual caps, and other costs involved. Respondent should describe how the fee is to be paid, whether on a flat-rate monthly retainer, an hourly fee, or on a different basis, and what, if any, out-of-pocket costs will be charged to the Town. Respondent should describe anticipated payment terms depending on the Proposal Fee structure selected by the Town.
- n. Training: Respondents will be required to provide Connecticut State approved refresher training to first responders, EMR level. Please detail proposed training and any associated cost.
- o. Communications with Town Staff. Respondents are expected to foster positive efforts towards timely communication with the Town Manager or his designee. Please indicate how respondents will insure involvement and communications with the Town Manager and other staff, as applicable, on a regular and routine basis regarding decisions and services on behalf of the Glastonbury community.
- p. Back up. Respondents shall be responsible to provide any and all necessary back-up or supplemental providers when necessary. Please provide details on how respondent will meet this requirement.
- q. Occupational Safety/Health Law Violations or Criminal Convictions or Lawsuits. Has the Respondent or any firm, corporation, partnership or association in which it has an interest (1) been cited for three (3) or more willful or serious violations of any occupational safety and health act or of any standard, order or regulation promulgated pursuant to such act, during the three-year period preceding the Proposal (provided such violations were cited in accordance with the provisions of any state occupational safety and health act or the Occupational Safety and Health Act of 1970, and not abated within the time fixed by the citation and such citation has not been set aside following appeal to the appropriate agency or court having jurisdiction) or (2) received one or more criminal convictions related to the injury or death of any employee in the three year period preceding the Proposal? or (3) been a party to any other lawsuits?
- r. A concluding statement as to why the respondent is best qualified to meet the needs of the Town, including any other information relative to this proposal.
- s. **Proposal Response Page (ATTACHMENT A).** Respondent is required to review the Town of Glastonbury Code of Ethics adopted July 8, 2003 and effective August 1, 2003. Respondent shall acknowledge that they have reviewed the document in the area provided on the attached Ethics Acknowledgement form included on ATTACHMENT A. The selected respondent will also be required to complete and sign a Consultant Acknowledgement Form prior to award. The Code of Ethics and the Consultant Acknowledgment Form can be accessed at the Town of Glastonbury

website at www.glastonbury-ct.gov . Upon entering the website click on **Bids & RFPs**, which will bring you to the links for the **Code of Ethics** and the **Consultant Acknowledgement Form**.

t. Signed Non-Collusion Statement (ATTACHMENT B)

B. TOWN CONTACTS

1. All technical inquires relative to this RFP must be directed in writing to Mr. Richard J. Johnson, Town Manager at 2155 Main Street, Glastonbury, CT 06033 or richard.johnson@glastonbury-ct.gov.
2. For administrative or procurement questions concerning this proposal, please contact Mary F. Visone, Purchasing Agent at (860) 652-7588 or purchasing@glastonbury-ct.gov .
3. All questions, answers, and/or addenda, as applicable will be posted on the Town's website. Responses to requests for more specific contract information than is contained in the RFP shall be limited to information that is available to all respondents and that is necessary to complete this process. The request must be received at least five (5) business days prior to the advertised response deadline. **It is the respondent's responsibility to check the website for any addenda prior to submission of any proposal.**
4. No other Glastonbury Town employee, elected official, or evaluation committee member should be contacted concerning this RFP during the proposal process. Failure to comply with this requirement may result in disqualification.

III. EVALUATION AND SELECTION PROCESS

A. EVALUATION CRITERIA

The following factors will be considered by the Town when evaluating proposals.

- Depth and breadth of experience and expertise in the provision of EMS programs;
- Capability to perform BLS, ALS or ALS/BLS combined programs in a level of care that best meets the objectives and goals of any current or future Glastonbury EMS Plan, including the appropriate levels of staffing, vehicles and equipment and compliance with DPH;
- Response times as proposed by the respondent.
- Cost of services and fee structure, including annual CMED dues;

- Exhibited training and areas of expertise among each of the principals, partners, associates and staff who are expected to participate in the proposed services;
- Evidence of appropriate certification and licensing for all required staff positions and equipment;
- Appropriate levels of malpractice insurance coverage; limits and exemptions.
- Accuracy, overall quality, thoroughness and responsiveness to the Town's requirements as summarized herein.
- Respondent's approach to providing EMS to the Town of Glastonbury, including any facilities required by the respondent;
- Demonstrated efficiency and timeliness in providing day to day service to municipal clients, including timely communication with municipal staff;
- Quality Management Program
- Other qualifications and criteria as deemed appropriate by the Town.

B. SELECTION PROCESS

- This request for proposal does not commit the Town of Glastonbury to award a contract or to pay any costs incurred in the preparation of a proposal to this request. All proposals submitted in response to this request for Proposal become the property of the Town of Glastonbury. The Town of Glastonbury reserves the right to accept or reject any or all proposals received as a result of this request, to negotiate with the selected respondents, the right to extend the contract for an additional period, or to cancel in part or in its entirety the request for proposal, and to waive any informality if it is in the best interests of the Town to do so.
- Following the review and evaluation of proposals, the Town reserves the right to request certain additional information. The Town Council and the Town Manager will review the proposals based upon the criteria herein. Based on the review and rating of proposals, a short list of respondents will be invited to interview with the Town Selection Committee.
- The information in this Request for Proposal will serve as the basis for the Town Council and Town Manager review and recommendation for interviews. Respondents are encouraged to address each of the factors thoroughly and provide additional information concerning background, experience, and qualifications for EMS as deemed appropriate.
- Based on the review of the proposals and the interview process the Town Manager will develop a formal agreement between the Town and the EMS provider for review and approval by the Town Council.

C. TIMELINE

The following schedule is anticipated. The Town intends to adhere to this schedule as closely as possible but reserves the right to modify the schedule in the best interest of the Town as required.

Publicize RFP	October 9, 2014
RFP Due Date	November 6, 2014 by 11 AM
Interviews with Top Respondents	TBD
Contract Effective Date	TBD

ATTACHMENT A



TOWN OF GLASTONBURY

PROPOSAL **RPGL #** 2015-11
DATE ADVERTISED October 9, 2014 **DATE/ TIME DUE** November 6, 2014
at 11:00 AM

DESCRIPTION **EMERGENCY MEDICAL SERVICES**

Insert this completed form in respondent's proposal

The Respondent acknowledges receipt of the following Addenda:

Addendum #1 _____ **Addendum #2** _____ **Addendum #3** _____

It is the responsibility of the Respondent to check the Town's website for any Addenda before submitting the proposal.

CODE OF ETHICS:

I / We have reviewed a copy of the Town of Glastonbury's Code of Ethics and agree to submit a Consultant Acknowledgement Form if I /We are selected. Yes _____ No _____ *

***Respondent is advised that effective August 1, 2003, the Town of Glastonbury cannot consider any bid or proposal where the Agent has not agreed to the above statement.**

_____	_____
Type or Print Name of Individual	Doing Business as (Trade Name)
_____	_____
Signature of Individual	Street Address
_____	_____
Title	City, State, Zip Code
_____	_____
Date	Telephone Number / Fax Number
_____	_____
E-mail Address	SS # or TIN#

ATTACHMENT B

**TOWN OF GLASTONBURY
PROFESSIONAL SERVICES PROCUREMENT NOTICE
REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES
RPGL # 2015-11**

NON-COLLUSION STATEMENT

The company submitting this proposal certifies that it is being submitted without any collusion, communication or agreement as to any matter relating to it with any other respondent or competitor. We understand that this proposal must be signed by an authorized agent of our company to constitute a valid proposal.

Date: _____

Name of Company: _____

Name and Title of Agent: _____

By (SIGNATURE): _____

Address: _____

Telephone Number: _____