



## Request for Proposal

Exclusive Operator  
For Emergency Ground Ambulance Services for  
an Exclusive Operating Area in Sonoma County

The County of Sonoma  
Department of Health Services/  
Coastal Valleys EMS Agency

July 2008





COUNTY of SONOMA  
DEPARTMENT OF HEALTH SERVICES

Rita Scardaci, PHN, MPH – Director  
Ruth Lincoln, PHN, MA – Assistant Director  
Benita McLarin, MS, MHA – Assistant Director

***Public Health Division***  
Mary Maddux-González, MD, MPH  
Health Officer & Division Director

July 11, 2008

RE: Emergency Ambulance RFP – Sonoma County

Dear Interested Party,

We appreciate your interest in this request for proposal (RFP) and extend the Coastal Valleys EMS Agency's invitation to bid on this exclusive operating area.

Details regarding the franchise are included in the attached RFP. Additional information will be available at the proposer's conference scheduled for July, 2008. Please also note that Attachment V (Draft Contract) will be distributed at the Proposer's Conference.

If you have any questions, please contact the following:

County of Sonoma  
Department of Health Services/Coastal Valleys EMS Agency  
3313 Chanate Road  
Santa Rosa, CA 95404-1795  
Attention: Rod Stroud

Thank you in advance for your interest.

Sincerely,

Mary Maddux-González, M.D., M.P.H.  
Sonoma County Health Officer

**Date: July 11, 2008**

# **REQUEST FOR PROPOSALS**

**COASTAL VALLEYS EMS AGENCY**

**COUNTY OF SONOMA  
DEPARTMENT OF HEALTH SERVICES**

**invites your proposal to serve as the**

## **EXCLUSIVE OPERATOR FOR EMERGENCY GROUND AMBULANCE SERVICES**

Notice is hereby given that sealed proposals will be accepted at the address set forth below no later than 4:00 p.m., PST October 2nd, 2008 for performing all work necessary in accordance with the terms, conditions and specifications set forth in this Request for Proposals (RFP), including Section 2 (Scope of Work) and other related documents provided herein. Please carefully read and follow the instructions. Proposals must be in a sealed envelope with the RFP title and closing date marked on the outside and must be mailed or personally delivered to:

County of Sonoma  
Department of Health Services/Coastal Valleys EMS Agency  
3313 Chanate Road  
Santa Rosa, CA 95404-1795  
Attention: Rod Stroud

NO ORAL, TELEGRAPHIC, ELECTRONIC, FACSIMILE, OR TELEPHONIC PROPOSALS OR MODIFICATIONS WILL BE CONSIDERED UNLESS AUTHORIZED IN WRITING BY THE EMS AGENCY. NO ELECTRONIC PROPOSALS WILL BE ACCEPTED (with of the exception of the one Adobe PDF version required in this RFP) AS A SUBSTITUTE TO THE WRITTEN PROPOSALS. PROPOSALS RECEIVED AFTER THIS DEADLINE WILL BE REJECTED REGARDLESS OF POSTMARK DATE AND WILL BE RETURNED UNOPENED.

# Table of Contents

Section 1 - Intent of the Request for Proposals .....	Page 3
Section 2 - Scope of Work .....	Page 6
Section 3 - Information for Proposer .....	Page 25
Section 4 - General Provisions and Assurances.....	Page 27
Section 5 - Special Provisions.....	Page 32
Section 6 - Instructions for Submitting Proposal & Proposal Content Requirements.....	Page 34
Section 7 - Basis of Award, Selection Process & Evaluation Criteria .....	Page 51
Section 8 - Debriefing and Protest.....	Page 56
Signature Sheets.....	Page 59

## Attachments:

Attachment I – Overview of Sonoma County.....	Page 65
Attachment II - EMS Definitions .....	Page 68
Attachment III – Overview of REDCOM.....	Page 73
Attachment IV - Key Contacts .....	Page 74
Attachment V - Proposed Agreement for Emergency Ground Ambulance Services .....	Page 76
Attachment VI – Radio Frequencies.....	Page 77

## Addendum (on separate CD-ROM mostly in Adobe Acrobat Format)

1. CD ROM - Key Policies and Procedures
2. EOA Maps (4)
3. EOA Response Data 2003 – 2007 (Excel format)

*(Note on CAD data provided: CY 2007 is provided in quarters and the previous years are done as individual worksheets. Several items marked "#Value" means that the field is null either due to incomplete, missing or corrupt CAD data. Also, 2003 data is incomplete due to the transition to the new REDCOM software)*

## SECTION 1

### INTENT OF THE REQUEST FOR PROPOSALS

#### 1.1. INTRODUCTION

The EMS Agency, on behalf of Sonoma County Department of Health Services, which has been designated as the local EMS Agency, hereby solicits proposals from experienced and qualified organizations to provide Emergency Ground Ambulance Services to an Exclusive Operating Area (EOA).<sup>1</sup> Local EMS agencies are authorized to plan and implement an EOA as provided for under California Health and Safety Code, Section 1797.224. Proposals will be accepted for one single EOA provider servicing the entire EOA except as noted herein.

Sonoma County encompasses an area of 1,576 square miles with an estimated 2007 population of 481,765. The EOA represents portions of incorporated and unincorporated areas of Sonoma County as detailed on maps on the accompanying CD ROM. While there are no current plans to expand the existing EOA, the County may expand the service area contemplated in this RFP to include additional non-exclusive areas subject to mutual agreement. The estimated current population of the franchise zone is 275,000. During 2007, the ambulance provider serving the zone responded to 21,500 requests for emergency ambulance service and transported 13,900 patients.

Further details on the call volumes by zones for the years 2003 through 2007 and a detailed map with response zones are provided in the accompanying CD ROM included with this RFP. An overview of Sonoma County is provided in Attachment I. Definitions of terms used in this RFP are provided in Attachment II.

This procurement calls for proposals to provide for all Emergency Ground Ambulance Services, as defined within this RFP, within the EOA subject to the performance standards and other specifications provided herein.

Proposers must meet all credentialing, Scope of Work requirements as listed in Section 2, and other terms, conditions and specification as set forth in this RFP. Each proposal will undergo significant scrutiny in these areas prior to processing the application for full consideration.

The initial contract period will be for five (5) years. The contract may be extended by mutual agreement for up to two (2) additional periods, of three (3) and two (2) years each, for a maximum of ten (10) years, based on superior performance.

Contract compliance will be monitored by the Coastal Valleys EMS Agency with input from a Contract Oversight Committee, or other individuals or group(s) appointed by the Director of the EMS Agency. The role of the Contract Oversight Committee will be defined in EMS policy.

This is a performance-based franchise contract. Details regarding the franchise, performance standards and other details of the Scope of Work requested are described in this RFP. Proposers should note that Sonoma County is diverse in its population and geography. A comprehensive proposal from a Proposer will require extensive orientation and familiarity to the unique service requirements of Sonoma County. Contact with participating first-responder agencies listed in Attachment IV is encouraged.

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<sup>1</sup> When the County Department of Health Services is mentioned in this RFP, it should be understood that it is referring to its role as the designated EMS agency. Likewise when the Director of Health is mentioned, this refers to her role as the Director of the EMS Agency.

## **1.2 BACKGROUND**

### **General Requirements and Governing Law**

California Health and Safety Code, Section 1797.224 permits local EMS agencies to establish EOAs. In addition, the EMS Agency may establish certain rules and regulations that govern the operation of ambulance services within the contractual jurisdiction. California statutes, contractual standards as stipulated in the RFP and future addenda, Sonoma County resolutions, ordinances and rules and regulations, and published policies and procedures of the EMS Agency (see CD ROM included with this RFP under separate cover for the EMS Agency's policies) and this RFP set forth the requirements for service for the EOA, and all Proposers shall comply with them.

### **Exclusive Operating Area**

The response area to be served by this RFP is the "Sonoma County Exclusive Operating Area #1" which is a single EOA servicing a portion of the unincorporated and incorporated county as detailed in this RFP. California Health and Safety Code, Section 1797.224 allows the EMS Agency to restrict operations to one or more emergency ambulance services within the EOA.

## **1.3 PERIOD OF OPERATION**

Unless initiated earlier by mutual written agreement, the Contract shall commence at 12:01 a.m. on July 1, 2009, and terminate at 12:00 a.m. on June 30, 2014, unless extended or terminated as provided for herein.

A decision regarding renewal of the Contract or any extension thereof shall be made at least 18 months prior to the scheduled termination date so that if no extension is approved, a new proposal process can be conducted on a schedule that will identify the new contractor at least 6 months prior to the scheduled termination date.

The purpose of this requirement is to allow reasonable time for both outgoing and incoming Contractors to plan and execute an orderly transition, to allow the EMS Agency and its new Contractor to revise advertising, and to allow time for negotiation of new service contracts, mutual-aid agreements, managed-care and other contracts previously serviced by the outgoing Contractor.

#### 1.4 SCHEDULED ACTIVITIES

To the extent achievable, the following schedule shall govern the review, evaluation and award of the Contract for this RFP. The EMS Agency reserves the right to modify the dates below in accordance with its review process.

<b>Event</b>	<b>Date</b>
Announcement of RFP	June 4, 2008
RFP Document Available	July 11, 2008
Deadline for Written Questions	July 25, 2008
Pre-Proposal Conference	July 31, 2008, 11:00 am
Letter of Interest Due	August 7, 2008
Closing Date/Time for Proposals	October 2, 2008 – 4:00 pm
Review of Credentials/Proposals	October 3 – 9, 2008
Recommendations Made by the Evaluation Committee to the County Director of the EMS Agency	October 20, 2008
Notice of Intent to Award by the DHS/Coastal Valleys EMS Agency of the Successful Proposal	October 31, 2008
Last Day to Protest	November 11, 2008
Decision on Protest	Within 30 calendar days of receipt of the letter of intent to file protest
Contract Negotiation	November, 2008
Request Authorization from the Board of Supervisors to Enter into Contract with the EMS Agency's Selected Proposer	December 9, 2008
Implementation	July 1, 2009

## SECTION 2

### SCOPE OF WORK

#### 2.1 Scope

This RFP and its provisions, attachments, addendums and exhibits constitute the RFP for the selection of the **single provider of Emergency Ground Ambulance Services** for the EOA. **Emergency Ground Ambulance Services** shall mean throughout this RFP, those ambulance services requested for an immediate response of a ground ambulance, as outlined in this RFP, requested by any source including the 9-1-1 telephone system and through any seven-digit phone number (phone requests).

The operation of such an Emergency Ground Ambulance Service shall be consistent with the provisions of this procurement process including staffing and performance.

All of the following transports originating in the EOA, except as listed as exclusions in Section 2.2 Specialty Transport, shall be referred to the Contractor, and the Contractor shall provide all ambulance responses and ground transports as follows:

- (1) Made in response to all 9-1-1/PSAP requests;
- (2) Made in response to requests for immediate ambulance service transmitted through an authorized 9-1-1/PSAP;
- (3) Made in response to requests for emergency ambulance service made directly to the ambulance service through a seven-digit telephone call request without going through an authorized 9-1-1/PSAP needing immediate ground ambulance services;
- (4) Any other request for service requiring an immediate emergency ground ambulance response, as defined by the EMS Agency's policies and procedures; and,
- (5) Specialty standby events requiring emergency ambulance services.

A summary of the Contractor's Emergency Ground Ambulance Service Scope of Work is summarized as follows:

*When a request for Emergency Ground Ambulance Service is received by the field ambulance through the REDCOM dispatch center (described later in this RFP), an ALS Resource must respond within the response time standard as listed in this RFP.*

*Response times must meet the response-time standards set forth herein, and every ALS Resource unit provided by the Contractor for emergency response must, at all times except as authorized by the contract, be equipped and staffed to operate at the ALS (paramedic) level on all responses, including immediate and urgent services.*

*Clinical performance must be consistent with EMS Agency approved medical standards and protocols. The conduct and appearance of the Contractor's personnel must be professional and courteous at all times. Patient transportation and disposition will be according to the EMS Agency's policies and procedures and commitments made by the Contractor in their proposal and as developed or promulgated as part of this RFP.*

*Emergency Ground Ambulance Services delivered must be evaluated by the Contractor's internal quality improvement program and as necessary, through the EMS Agency's quality improvement program, in order to improve and maintain effective clinical performance. The Contractor must make an unrelenting effort to detect and correct performance deficiencies and to participate with initiatives to continuously upgrade the performance and reliability of the entire EMS system. Clinical and response-time performance must be extremely reliable, with equipment failure and human error held to an absolute minimum through constant attention to performance, protocol, procedure, performance auditing, and prompt and definitive corrective action.*

*This RFP requires the highest levels of performance and reliability, and mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results required in this RFP. The EMS Agency and County of Sonoma reserve the right to impose liquidated damages (discussed below) and to pursue any remedies permitted by law should the performance standards set forth in this RFP not be adhered to.*

## **2.2 Specialty Transports**

The Contractor may provide specialty medical transportation services within Sonoma County and is required to ensure responses to all calls within the EOA that originate from the 9-1-1 system, or through a seven-digit number as defined above. The EMS Agency desires to reduce duplication of services and thus increased costs to the Contractor. Therefore, the EMS Agency does not require that the Contractor provide all ALS services throughout the county and the Contractor is encouraged to utilize existing capacity for other non-contract work. Examples of the types of ALS transports that are and may be provided by other organizations include:

- Air Medical Services (helicopter)
- Bariatric Transports
- Neonatal Transports
- Pediatric Transports
- Critical Care Transport (CCT)
- BLS Interfacility Transports

BLS interfacility transports within the EOA are not part of the exclusive franchise but such services may be provided by the Contractor outside the scope of this RFP.

## **2.3 ALS Interfacility Transfers**

ALS interfacility transfers (non CCT) within the EOA are within the scope of this RFP and shall be provided by the Contractor. If the Contractor is unable to respond to a request for an ALS interfacility transfer within fifteen (15) minutes of the request pick-up time, Contractor shall refer the request for interfacility transfer to an approved mutual aid provider. The Contractor shall be responsible for ensuring a response time consistent with the "15-minute" standard set forth herein. The EMS Agency may assess liquidated damages to the Contractor for any late response to an ALS interfacility transfer consistent with late response penalties set forth herein, including those referred to a mutual-aid provider. Per this requirement, the Contractor will be required to enter into to at least one mutual aid ALS interfacility transfer provider subject to the approval of the EMS Agency.

## 2.4 Specialty Event Standbys

Emergency ambulance service placement (otherwise known as “standbys”) at specialty events are within the scope of this RFP and shall be provided by the Contractor. If the Contractor is unable to commit to providing standby services for emergency ambulance services at a specialty event (e.g. school events, fairs, etc), Contractor shall refer the standby request to an approved mutual-aid provider. The Contractor shall be responsible for ensuring emergency ambulance standby services are provided per the instructions of the originator of the request subject to EMS Agency approval.

## 2.5 Surge Capacity/Mutual Aid

The EMS Agency recognizes that all EMS delivery systems experience periods of time where demand exceeds the available resources. Specific considerations have been made elsewhere in this RFP for multi-casualty incidents and disaster situations. This section deals with those periodic incidents where there is a surge in demand which will temporarily strain the available resources.

The EMS Agency intends for the Contractor to utilize multiple strategies to address these surge periods including mutual aid, automatic aid, and enlisting existing qualified ALS Resources that are available within and adjacent to the Contractor’s EOA. These qualified ALS Resources may be eligible to extend the response-time standard (first responder or Quick Response Vehicle otherwise know as “QRV”) for the ambulance Contractor if the arrangement meets all of the EMS Agency’s standards for qualified ALS Resources listed in the EMS Agency’s policies and procedures or as an ALS first responder subcontractor listed later in this RFP. The Contractor must enter into a mutual-aid provider contract with a County approved qualified ALS Resource which must be approved by the EMS Agency. If these non-Contractor resources respond to the scene within the relevant required response time (and in the case of a QRV or other ALS first response, the Contractor’s ambulance performance standard shall be the appropriate amended response-time standard as listed in the RFP) no penalties will be assessed on the Contractor for the response.

The Contractor may enter into contracts with agencies that provide the surge capacity support in order to ensure that the responders and the responding agency meet the EMS Agency’s requirements. These agencies and resources may include:

- ALS fire first responder<sup>2</sup>
- QRV
- Other approved ALS ambulance services

Current approved mutual-aid ALS responders that respond to Emergency Ground Ambulance Service requests within the EOA include:

- Petaluma Fire Department ALS first response and ambulance (responds to calls northbound on CA 101 from the Pengrove onramp to Cotati for an estimated 25 responses per year)
- Santa Rosa Fire Department ALS first response (may be dispatched anywhere in the franchise zone)

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<sup>2</sup> To date, Santa Rosa Fire Department is the only fire agency within the franchise zone to have ALS first response services and currently has a contract with the current ambulance provider to provide ALS first response services and thus extending the ambulance response times for those calls they respond to.

- Bells Ambulance ALS ambulance (responds to Larkfield/Wikiup calls and their Windsor unit posts for this EOA in or near the northern boundary of the franchise zone on CA 101 yielding about 12 responses per month)
- VeriHealth Ambulance ALS ambulance (responds to Freestone area calls yielding about 12 responses per year)

## **2.6 EMS Run Data**

See the enclosed CD-ROM with ambulance service Computer Aided Dispatch (CAD) data as well as detailed maps of the franchise zone.

## **2.7 ALS Level of Care**

The Contractor will provide ALS level resources for all requests for Emergency Ground Ambulance Services in the EOA. Scheduled BLS ambulance calls, as defined in the definition section of this RFP, are not included in the scope of the franchise but the Contractor may provide these services on a non-exclusive basis.

## **2.8 Response Time Zones and Standards**

### **A. General**

It is the Proposer's sole responsibility to be familiar with the geographic considerations and response-time zones comprising this solicitation. Response times shall be calculated from the moment the Contractor's unit and/or personnel are alerted to the incident, until the time the Contractor arrives on the scene with a fully functional and staffed ALS unit. All response times are measured in seconds, not whole minutes. All emergency ambulance dispatch times will be documented by the provider under strict procedures set by the EMS Agency.

The EMS Agency is interested in providing prompt, effective Emergency Ground Ambulance Services at a reasonable cost to the consumer. Enhanced services above the standard of this RFP must include a separate cost estimate. However, clinical and response-time performance will not be sacrificed for economy.

Service to the EOA must be at or above the level of service as defined in this RFP. Service must include primary response, backup and move-up-and-cover plans that clearly define timely emergency ground ambulance backup coverage. Monitoring of this requirement will include CAD data obtained through REDCOM, data supplied by the Contractor and oversight provided by the EMS Agency and the Contract Oversight Committee.

To become familiar with the unique requirements of Sonoma County, Proposers are urged to contact the various public safety and fire departments/districts and mutual aid providers in Sonoma County, especially those within the EOA. A list of key contact persons for participating areas is listed in Attachment IV.

### **B. Response-time Zones**

Response time requirements vary depending upon the response-time zone to which the ambulance provider must respond. There are six response zones in this particular ambulance EOA. For a map of the six response zones please see the attached CD Rom. Each zone has been assigned response times based on the emergency medical dispatch (EMD) determinant of the urgency of response for the incident. Four zones are designated Urban, one is Semi-rural, and one is designated Rural.

Boundaries for these response zones are based on ambulance industry standards for defining such zones and may be changed from time to time as population, road access, and other relevant conditions change. No response-time amendments will be made without giving notice to and opportunity for consultation to the Contractor, Contract Oversight Committee, fire departments/districts, cities and other interested parties and organizations in the affected area of the EOA. The EMS Agency will establish a procedure for making such amendments that provides for such notice and opportunities for input. Table 1 summarizes the response-time requirements.

In addition to the response-time compliance zone evaluation by the County, the EMS Agency will periodically review population densities, single communities and response times in areas within the compliance zones and may request the Contractor to alter its system status plan (SSP) to respond to needs of improved performance and adaptation to population trends. This alteration may also include requiring the Contractor to adjust its SSP to improve back-up and move-up-and-cover ambulances. Contractor shall agree to negotiate in good faith with the EMS Agency and revise its SSP as needed to improve performance to these communities, as determined by the EMS Agency, in consultation with the Contract Oversight Committee. Contractor shall also negotiate in good faith any impact on contract terms and include these in the negotiation process.

**C. Code-3 Calls (immediate response with emergency lights and siren)**

Contractor must provide 24-hour, 365-day per year coverage for all Code-3 requests for service for the term of the Contract, as defined by approved EMD protocols. The Contractor must guarantee response times each calendar month for all Code 3 calls, as specified below:

- Urban: 90 percent of all calls in 6:59 minutes or less and no single calls exceeding 11:59 minutes.
- Semi-Rural: 90 percent of all calls in 13:59 minutes or less and no calls exceeding 17:59 minutes.
- Rural: 90 percent of all calls in 28:59 minutes or less and no calls exceeding 32:59 minutes.

Proposers should familiarize themselves with population densities and other factors so as to provide proposals with effective and prompt emergency ambulance service.

**D. Code-2 Calls (immediate response only)**

Contractor must provide 24-hour, 365-day per year coverage for all Code-2 requests, as defined by EMD protocols. The Contractor must guarantee response times each calendar month for all Code 3 calls, as specified below:

The Contractor must respond immediately to all Code-2 requests. The Contractor must guarantee response times for each calendar month, as follows:

- Urban: 90 percent of all calls in 11:59 minutes or less and no calls exceeding 15:59 minutes.
- Semi-Rural: 90 percent of all calls in 17:59 minutes or less and no calls exceeding 21:59 minutes.
- Rural: 90 percent of all calls in 32:59 minutes or less and no calls

exceeding 37:59 minutes.

**E. ALS First Responder**

The City of Santa Rosa operates 10 ALS first response engines staffed by paramedics. The current ambulance provider has entered into a subcontract with the City of Santa Rosa and the EMS Agency has agreed to alter the response-time standards should an ALS engine arrive at the scene of a medical emergency first. The extended response-time standard is listed in Table 1. Note: The utilization of a fire ALS response resource is optional and dependent on the successful negotiation by the Contractor with the fire ALS first responder agency which, as of this RFP, is only the City of Santa Rosa. No additional fire ALS first responder programs are expected within the franchise zone during this Contract period but should such an additional program be proposed, the program would be subject to an EMS Agency approval process that would include a plan provided by the new applicant ALS first responder that would address and quantify the potential positive additional impact on ALS services including but not limited to response times, financial stability of such a program and the financial and operational sustainability of the proposed program.

**Table 1 - Sonoma County  
Monthly Response Time Requirements Summary**

**Ambulance Only**

<b>Urban - Response to 90 percent of calls each month – Ambulance Only</b>		
	<b>Ambulance</b>	<b>Maximum For Any One Call</b>
<b>Code 2</b>	11:59 minutes	15:59 minutes
<b>Code 3</b>	6:59 minutes	11:59 minutes
<b>Semi-Rural - Response to 90 percent of calls each month</b>		
	<b>Ambulance</b>	<b>Maximum For Any One Call</b>
<b>Code 2</b>	17:59 minutes	21:59 minutes
<b>Code 3</b>	13:59 minutes	17:59 minutes
<b>Rural - Response to 90 percent of calls each month</b>		
	<b>Ambulance</b>	<b>Maximum For Any One Call</b>
<b>Code 2</b>	32:59 minutes	37:59 minutes
<b>Code 3</b>	28:59 minutes	32:59 minutes
<b>Interfacility ALS Transfers (non CCT) Per Request</b>		
<b>Code 2 or 3</b>	15:00 minutes	15:00 minutes

### Ambulance with ALS First Response

Urban - Response to 90 percent of calls each month		
	Ambulance	ALS First Responder
<b>Code 2</b>	15:59 minutes	14:59minutes
<b>Code 3</b>	10:59 minutes	6:59 minutes

## 2.9 DISPATCH SERVICES

### 2.9.1 Overview of REDCOM

Redwood Empire Dispatch Communication Authority (REDCOM) is a joint powers authority (JPA) which has consolidated the fire and EMS dispatch services. REDCOM is a secondary Public Safety Answering Point (PSAP), and is the dispatch center for the majority of the fire departments (37) and EMS aircraft (2) and ground ambulance providers (7) in Sonoma County. The exceptions are the cities of Cloverdale (fire and ambulance), Petaluma (fire and ambulance) and Rohnert Park (fire).

REDCOM dispatches emergency ambulance franchise resources, for which the emergency ambulance service provider pays an annualized dispatch fee based on a continuously rotating five-year costing formula based on call volume. Each user of REDCOM services pays an annual proportionate of REDCOM costs equal to its percentage of the overall annual center's call volume (i.e., User X generates 18 percent of total center call volume, user entity X pays 18 percent of total member assessment).

REDCOM dispatch services include the provision, supervision and training of personnel to operate the dispatch center and its corresponding dispatch responsibilities:

- Answering of transferred (from primary PSAP) 9-1-1 calls requiring either a fire or EMS response in the REDCOM catchment area
- Emergent and non-emergent dispatching of ambulance (air and ground) resources in accordance with EMS Agency and REDCOM policies and procedures (the EOA ambulances plus the three additional ambulance entities mentioned earlier in this RFP)
- "Stating" which is the tracking and posting of other Sonoma County ambulances
- Dispatching, tracking and "stating" of fire resources in accordance with REDCOM dispatch policies and procedures
- Maintenance (creation, editing and updating) of the Computer Aided Dispatch (CAD) resource deployment tables for member agencies
- Extraction, formatting and reporting of all ambulance related response time compliance data from the REDCOM CAD system on a monthly basis in accordance with EMS Agency procedures and approval
- Extraction, formatting and reporting of REDCOM data and annual call volume data for the purpose of determining member and client agencies' annual assessment fees
- Coordination of local and State and/or Federal fire resources and responses as the (Sonoma County) Operational Area (OA) Unified Ordering Point (UOP) in accordance

with Incident Command System (ICS), Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) principles and practices

- Coordination and management of all 9-1-1 (State) system requirements, including but not limited to reporting requirements, equipment upgrade proposals and equipment replacement
- Coordination and management of Sonoma County Public Safety Consortium (SCPSC) CAD system requirements, including but not limited to outage reporting, software upgrade installation (and corresponding training for personnel), Geographic Information System (GIS) mapping coordination and Information Services (IS) Department interface requirements necessary for continuous running of the REDCOM dispatch system which utilizes the SCLEC CAD
- REDCOM Dispatch Operations Advisory Group (DOAG) establishes and maintains the capability to provide back up dispatch services should the REDCOM center and/or dispatch system fail due to technological, man made or Act of God events
- Participate in the DOAG meetings and activities as staff resource, providing to the REDCOM Board of Directors system data, reports and information as required and/or requested by the Board, including annual budget forecasts
- Work with REDCOM member agencies in the preparation of grant proposals.

Additional information about REDCOM is available in Attachment III or may be requested from the County of Sonoma Department of Health Services/Coastal Valleys EMS Agency, 3313 Chanate Road, Santa Rosa, CA 95404-1795; Attention: Rod Stroud.

Note: The Proposers must assume they are providing their own vehicle radios with access to frequencies as specified in Attachment VI.

### **2.9.2 Provision of REDCOM Dispatch Services**

The EMS Agency requests Proposers provide an affirmative statement in their proposal whether or not they desire to provide REDCOM dispatch services as described in Section 2.9.1 above. The Proposer's proposal should include a detailed plan describing its organizational capabilities, including how it will provide each of the listed REDCOM dispatch services and its experience providing similar emergency dispatch services. In addition, please indicate whether Proposer is willing to include a hiring preference to current dispatch employees who seek employment.

By indicating its desire to provide REDCOM dispatch services under this Section 2.9.2, Proposer consents to and authorizes the EMS Agency to forward any and all information related to Proposer's desire to provide dispatch services to REDCOM for consideration in a separate bidding process and subsequent contract negotiation to be conducted by REDCOM.

### **2.10 Performance Standards**

During the terms of this Contract, performance standards may be modified at any time by the EMS Agency, with input from the Contract Oversight Committee based on the performance topic area. These modifications will be consistent with the modifications in EMS operational and medical standards which are developed by the EMS Agency. The Contractor shall be notified with 60 days advance notice of the effective date of the modification and

Contractor shall define the contract impact within 30 days of initiation.

### **2.10.1 Liquidated Damages:**

Certain kinds of performance deficiencies by a 9-1-1 ambulance service provider result in an amount of damages sustained by the EMS Agency or County that cannot be established with any certainty in advance. Therefore, the EMS Agency may impose liquidated damages for certain violations of Contract requirements that, while serious, do not necessarily amount to a material breach of the Contract. Liquidated damages may be imposed for certain violations of the Contract, as set forth below. All liquidated damages recovered by the EMS Agency under the Contract shall be used only for oversight, dispatch and/or other EMS administrative activities related to this Emergency Ground Ambulance Services' franchise.

### **2.10.2 Liquidated damages - Code-2 and Code-3 Calls**

Contractor shall not refer exclusive franchise calls to another agency unless it is part of an approved mutual-aid plan submitted by the Contractor and approved by the EMS Agency with its proposal or subsequently offered and approved. In the event that the Contractor is not able to respond to such a call and that call goes to another agency outside the approved mutual-aid plan or to a BLS transport unit, the EMS Agency shall impose on the Contractor liquidated damages in the amount of \$2,500 per call for such referral. Appropriate referrals, per EMS Agency policies, for air medical services are exempted from such liquidated damages.

For each month in which the Contractor fails to meet the 90 percent standard, within any response time zone, the Contractor shall pay to the EMS Agency liquidated damages in the amount of \$500 for each one-tenth (1/10) of a percentage point by which the Contractor's performance falls short of the 90 percent standard. Each month, in which the Contractor fails to meet the applicable response-time requirements, the Contractor shall review its SSP, unit-hour of production, capacities, and/or other factors to determine the causes of non-compliance and report to the EMS Agency the steps or measures taken to prevent future failures and to ensure compliance with the standards.

All zones have a maximum specified response time. For every call where the ambulance fails to arrive within the maximum specified time, the liquidated damages will be \$100 per excess minute (e.g., for 11:59 grids, call response times of 16:00 – 17:00 minutes shall incur liquidated damages in the amount of \$100, 17:01 – 18:00 minutes shall incur liquidated damages in the amount of \$200, etc.). The maximum liquidated damages per call is \$800.

Exclusive franchise calls referred to another agency will be included as part of the response-time requirements for calculating compliance and liquidated damages as if the Contractor provided the services directly.

### **2.10.2. Upgrades, Downgrades, Canceled Responses and Breakdowns.**

From time to time, special circumstances may cause changes in call-priority classification. Response-time calculations for determination of compliance and liquidated damages will be as follows:

#### **a. Upgrades**

If an assignment is upgraded prior to arrival of an ALS Resource (e.g. from Code 2 to Code 3 response) on the scene, the Contractor's response-time compliance and liquidated damages will be calculated based upon the Code 2 response-time standard,

assuming the initial priority was established correctly and in accordance with the medical priority dispatch system adopted by the EMS Agency. If incorrectly prioritized initially by Contractor's personnel, the more stringent standard will apply.

b. Downgrades

If, prior to an ALS Resource's arrival on scene, a call is downgraded (i) by the 9-1-1/PSAP (ii) by REDCOM or (iii) by any person authorized to downgrade based on EMS Agency's policies, then the Contractor, compliance and liquidated damages will be determined as follows:

- (1) If the time of downgrade occurs after the ALS Resource has exceeded the more stringent standard or maximum response time for the zone involved, the more stringent higher-priority standard or maximum will apply; or,
- (2) If the time of downgrade occurs before the ALS Resource has exceeded the more stringent standard or maximum response time for the zone involved, the less stringent lower-priority standard or maximum will apply

c. Canceled Responses

If a call is canceled prior to the ALS Resource's arrival on the scene, the Contractor's compliance and liquidated damages will be calculated based on the elapsed time from receipt of call (the ambulance is official time stamped as dispatched) to the time the call was canceled.

d. Multiple Units/Break Downs

If multiple ALS Resources are requested, then the additional ALS Resource's times are measured from the time each additional ALS Resource is requested until it arrives on scene consistent with the priority level of response for the event.

If an ALS Resource breaks down at the scene, the response time is measured from the time the original resource is requested until the time the new resource arrives. If an ALS Resource breaks down enroute to the scene, the response time is measured from the original time of request of the first ALS Resource until the replacement ALS Resource arrives. If an ALS ambulance breaks down during transport with a patient, and requires the response of an additional transport ALS Resource, the liquidated damages will be \$1,000.

### **2.10.3 Level "0" Status**

For every month the Contractor reaches Level "0" status (no ambulances available for greater than five minutes, without approved mutual aid or with approved mutual aid but not properly posted per the approved SSP) greater than five times per month, the liquidated damages will be \$250 per event for the sixth and subsequent event.

### **2.10.4 BLS Response**

The Contractor shall pay liquidated damages of \$2,500 for each time the Contractor sends a BLS ambulance to a franchise emergency call for immediate dispatch from a 9-1-1 or seven digit phone number source.

### **2.10.5 Failed Response**

The Contractor shall pay liquidated damages of \$5,000 for each time the Contractor fails to respond to, or is unable to respond to a call, or fails to refer the call to an approved mutual-aid provider (i.e. the call receives no response), and such incident requires an ambulance response in accordance with EMD protocols. The call shall be included for the purposes of determining response time compliance area calculations. Each instance of a failed response shall be evaluated by the EMS Agency to determine the threat to the public health and safety and the need to initiate the provisions of a major breach of contract.

### **2.10.6 Failure to Provide Data to Determine Compliance**

For each call, transport or account wherein Contractor fails to furnish required information, the EMS Agency may, at the EMS Agency's option, impose upon Contractor liquidated damages of \$500. Generally speaking for special data requests the time period will be 30 days for delivery unless otherwise approved by the EMS Agency. However, such liquidated damages shall not be applied in cases where the cause of such reporting deficiency was beyond Contractor's reasonable control. Simple loss of records and problems with Contractor's own computer systems shall *not* be considered beyond Contractor's reasonable control. Should the failure to furnish be determined by the EMS Agency to be due to management refusal or delay beyond the delivery time requirements of this RFP, the liquidated damages will be \$2,500 per event.

### **2.10.7 Waiver of Liquidated Damages/Exemption Requests**

The EMS Agency may, within the EMS Agency's sole and complete discretion, subject to input from the Contract Compliance Committee, grant exemptions to response-time performance requirements stated herein, on a case-by-case basis, for calls where weather conditions, multi-casualty incidents, or other situations beyond the Contractor's control cause unavoidable delay. All such requests will be individually examined by the EMS Agency as to SSP and staffing levels, appropriate backup ambulance capability, dispatch and in-service times, and other influencing factors (e.g., weather conditions), and if the circumstances warrant, the EMS Agency, with input from the Contract Oversight Committee, may authorize the exemption of such calls when calculating performance compliance.

In order to be eligible for such exemption, the Contractor shall submit a request for exemption to the EMS Agency within 30 calendar days of the time of the occurrence. Equipment failure, dispatcher or personnel error, or lack of a nearby ambulance does not constitute grounds for exception to response time performance requirements.

### **2.10.8 Other Response-Time Issues**

Where response-time areas are divided along the center line of a road, the shorter response time shall apply to both sides of the road.

The Contractor will not be held responsible for response-time performance on an emergency response to a location outside the EOA. However, the Contractor shall use its best efforts in responding to mutual-aid calls. Responses to emergencies located outside the EOA will not be counted in the number of total calls used to determine monthly contract compliance.

For each response in which the Contractor's management or field staff fails to report the at-scene time, the response shall be counted as a late response in doing the response-time

percentage calculations for that month. At-scene times shall be established from vehicle data or radio transmissions identifying the at-scene time.

For each incident in which a member of Contractor's field staff willfully falsifies the at-scene time, the Contractor shall pay to the EMS Agency liquidated damages of \$1,000. If such falsification is committed by a member of Contractor's management staff, the liquidated damages shall be \$2,500 and subject the Contractor to a contractual default review.

Table 2 summarizes liquidated damages listed in this RFP.

**Table 2**

<b>Sonoma County Summary of Liquidated Damages</b>		
	<b>Category</b>	<b>Damages</b>
1.	Monthly compliance evaluation below standard/per zone	\$500 per 1/10 of a percentage point
2.	Exceeds required response time	\$100/excess minute (maximum \$800/call)
3.	Chronic referral to non mutual aid approved outside agencies (> 3 per month)	\$1,000 and SSP evaluation
4.	Referral to BLS unit	\$2,500
5.	Failure to respond	\$5,000
6.	Failure to provide data	\$500
7.	Willfully falsifying response data by: a. field staff b. management staff <sup>3</sup>	\$1,000 \$2,500
8.	Breakdown of ALS ambulance Resource w/patient	\$1,000
9.	Level "0"(each event if > 5 times per month for events > 5)	\$250
10.	Failure to provide or falsification of information/incident	\$500/\$2,500 (mgt.)

**2.11 System Status Plan (SSP)**

A SSP and the proposed Unit Hour of Utilization (UHU) by units shall be developed by Contractor, submitted to the EMS Agency for approval and adhered to by the Contractor. Changes to the SSP and UHU shall be forwarded to the EMS Agency for review and approval. The SSP and UHU shall be submitted to the EMS Agency on at least an annual basis. All resources to be used in this franchise for ambulance service shall be included in this SSP. The SSP must have clearly identified back up ambulance plans including move-up-and-cover arrangements in sufficient detail to convince the EMS Agency that backup ambulance coverage in a timely manner will be consistently available.

**2.12 Mutual Aid**

The Contractor agrees to respond to all requests for dispatch and mutual aid by Sonoma County 9-1-1. Should the delivery of mutual-aid services to a neighboring jurisdiction become excessive (e.g. in excess of two percent of the calls for that zone absent a written contract for that level of mutual aid), indicating a routine heavy reliance on the Contractor's

<sup>3</sup> Falsification of data may constitute a violation of state or federal False Claims acts, and may also result in termination of the Contract and referral to appropriate federal and state enforcement authorities.

resources for emergency calls, the Contractor shall inform the EMS Agency. The EMS Agency will then assess the situation and take appropriate steps as necessary to rectify any inequity.

Contractor agrees to provide standby services for working fires, hazardous materials incidents, hostage/SWAT events and disaster exercises. The standby service shall be based on a Contractor's written policy that is subject to the EMS Agency and its Contract Oversight Committee's approval and included in the response to this RFP.

### **2.13 Maintenance of Equipment**

Contractor will be responsible to install and maintain all radio equipment on the appropriate frequencies necessary to complete the contract Scope of Work (e.g. radio and data link to the 9-1-1/PSAP dispatch and field communications for the Contractor).

### **2.14 County Access and Security of Data**

Each proposal shall include a section that describes the measures that will be taken to insure that Contractor's data remains secure and is not subject to tampering. This section must include the equipment and procedures to be employed so that the EMS Agency will have access to data for purposes of verifying contract compliance. Access policies must include at least the following:

- A. EMS Agency staff access to onsite monitoring, audit and data review of franchise EMS dispatch functions and data;
- B. Random sample audit requests by the EMS Agency staff of franchise call information; and,
- C. Restricted release of information that is the subject of current law or fire investigation.

Except as otherwise provided herein, Contractor shall agree to not seek economic gain from confidential data received from the 9-1-1/PSAP in any manner without approval from the EMS Agency or the PSAPs except as otherwise needed to collect traditional transport revenue from 9-1-1 calls.

### **2.15 Vehicle and Equipment Requirements**

Proposers shall state and justify the minimum number of ambulance vehicles believed to be necessary to fulfill this Contract. The minimum number shall be at least 133 percent of the vehicles required at the peak load of the SSP. Proposer may set a higher minimum number. The 133 percent requirement may be adjusted based on a clear and convincing plan provided in the Proposer's response that they can meet the performance standard with resources less than 133 percent of peak load capacity. All vehicles shall be new at the time of Contract implementation and meet the current Federal KKK-A-1822 and state (Title 13) ambulance and equipment standards in effect at the time of original manufacture. No ALS Resource utilized under the exclusive franchise for the purpose of patient response and transportation shall be operated once its mileage exceeds 200,000.

All vehicles used by the Contractor will be equipped with Mobile Display Terminals (MDT's), and Automated Vehicle Locating (AVL) systems as approved by the EMS Agency. The City of Santa Rosa has an OPTICOM street light system and while it is not required, it may be in the interest of the Contractor to consider such equipment on their vehicles. Vehicle radios, pagers and cell phones must be supplied by the Contractor.

Contractor shall maintain preventative fleet maintenance records, and adhere to an approved preventative fleet maintenance program for each vehicle. The maintenance program shall be submitted with the RFP response. Each vehicle shall have markings approved or designed by the EMS Agency to include 9-1-1 emergency number advertising including a logo approved by the EMS Agency. Each vehicle shall meet ambulance equipment standards of the State of California and Sonoma County.

All current stock ALS equipment (i.e., drug boxes, defibrillators, radios) shall be supplied at 133 percent of peak-load requests per EMS Agency procedures. The Contractor shall provide the necessary vehicle equipment consistent with demand to provide for Emergency Ground Ambulance Service transfers such as inverter power, etc.

## **2.16 Data Collection and Evaluation Requirements**

The Contractor shall complete all forms and data reports required by the County, including field-assessment forms and standardized data requests and shall cooperate and participate in field research as requested including special medical and trauma studies. Patient Care Reports (PCRs) shall be delivered to the emergency department (ED) at the time of patient delivery.

The Contractor will utilize an Electronic Patient Care Report (ePCR) system for patient care documentation, data collection and reporting. The system will at a minimum will:

- Produce an electronically transferable, internet-accessible and printable record of the patient care record (PCR)
- Generate and gather data as specified by the EMS Agency policy utilizing the National EMS Information System (NEMIS) "Gold" standard
- Data elements gathered in the e-PCR system must be available via the Internet to the EMS Agency staff for the purpose of quality improvement and system analysis

Any e-PCR system proposed by the Contractor will be subject to EMS Agency approval prior to use and implementation. Any change of e-PCR program or vendor during the life of the Contract will also be subject to the EMS Agency approval. Changes to data fields required, or altered during the Contract term will be negotiated between the EMS Agency and Contractor prior to implementation.

Electronic databases shall be developed by the Contractor and be able to track individual patients from dispatch through billing and collection phases. Data collection and reporting methods shall also allow for data aggregation and cross tabbing in a format prescribed by the EMS Agency. Data collection requirements shall be completed and submitted electronically on a schedule and in a format specified by the EMS Agency.

Response-time summaries by response time requirement and zone, including the listing of all response-time exceptions, shall be reported at least monthly. These reports will include compliance with response-time standards in a format prescribed by the EMS Agency including the ability to sort by city and other geographic zones, incidents of unit breakdowns, listing of calls referred to other agencies or to a BLS unit, "Level-0" time, mutual-aid response times, call downgrades and other reports used to determine contract compliance. Additionally, the Contractor will be required to make reports to the Contract Oversight Committee. These reports may vary from meeting to meeting depending on specific issues.

In addition to hard copies, data shall be submitted in an EMS Agency computer compatible format, and in a manner and format prescribed by the EMS Agency (e.g. compatibility with a MIS system prescribed by the EMS Agency).

## **2.17 Financial Requirements**

The EMS Agency expects Proposers to establish, in their responses to the RFP, that Proposers have a firm commitment to maintain:

- sufficient financial capacity to commence all services listed in the RFP on July 1, 2009; and,
- sufficient financial resources to maintain all services for at least the primary franchise period of five years.

It is incumbent upon the Proposer to include sufficient information within the proposal package to allow independent reviewers and EMS Agency staff to determine that the Proposer:

2.17.1 understands and documents all costs associated with the franchise;

2.17.2 has documented all revenue sources, and,

2.17.3 has fully described and documented all sponsoring agency's commitments to maintain financial support (if any) for the term of the Contract.

All Proposer costs shall be clearly defined and justified. Failure to justify these costs, in detail, and to meet the levels of independent verification of financial information requested, will reduce the credibility of the Proposer's proposal and may result in disqualification or non-selection. Resources used for emergency calls and transports are not required to be used exclusively for that purpose. However, Proposers shall disclose all costs and revenue sources for these resources when calculating the Proposer's requested emergency charges to assure that emergency patients are not charged for resources as if they (e.g. ambulances) are a dedicated asset if in fact they are not. If the EMS Agency requires additional coverage during the first year and after contract implementation, fee adjustments by the Contractor will be considered.

In addition to the financial documentation discussed, the EMS Agency is requiring the submission of financial surety instruments (e.g. bonds, letters of credit, etc.) to secure Contractor's performance of the Contract. Any limitation or inability to fully meet this standard must be explained by potential Proposers and fully disclosed in the Proposer's proposal.

## **2.18 Fees for Service**

The revenue premise for this RFP is a traditional fee-for-service system for emergency ambulance calls. There will be no general EMS Agency or County subsidy offered as part of this procurement. It is also recognized that it may be in the best interest of the community to encourage other types of "at-risk" payment systems with local managed care programs and systems. Any existing agreements or immediately anticipated arrangements, including membership programs must be stipulated in the response to this RFP by the Proposer. As future opportunities develop, Contractor must assure that all such arrangements will be evaluated by the EMS Agency as they are proposed by the Contractor before they are

implemented so as to assure that the other emergency calls sources, which are not part of the contract arrangement, are not subsidizing the benefiting managed care payer, and/or are not jeopardizing resources.

Upon award of a Contract, the Contractor shall charge only the charges authorized under the Contract with the County. Adjustment to the charges may be authorized annually based on changes in an adjusted Consumer Price Index for the Bay Area and other factors as stipulated later in this RFP. No rate adjustment will be considered for the first six months, except if additional services are required by the EMS Agency. All other changes to the rate structure must be approved by the EMS Agency, as stipulated in this RFP, based on substantial documentation of need. All documentation shall be provided based on a format supplied by the EMS Agency.

Contractor may be allowed alternatives to traditional fee-for-service arrangements on a case by case basis as long as the Contractor is not shifting additional costs to other franchise patients. Any form of a capitation (e.g. per member per month) contract with managed care organizations must demonstrate to the EMS Agency's satisfaction that the rates are calculated on a basis that is consistent with reimbursement from other third-party payers in the area. No alternative pricing proposals will be allowed for the first six months of the Contract.

## **2.20 First Responder/PSAP Training and Coordination**

First responder agencies are an integral part of a quality EMS system and the Contractor will be expected to document its experience and future efforts to coordinate with first responder agencies. The Contractor must demonstrate its ability to integrate its service including educational support with existing first responder, PSAP and allied agencies. Regular training programs provided by the Contractor and scheduled coordination meetings with these agencies are expected. Contractor must also agree to participate in training on Incident Command System (ICS) and hazardous material (HAZMAT) procedures related to multi-casualty incidents. All training shall be consistent with the EMS Agency's medical control policies. Specific commitments with regard to this coordination and training must be provided in the response to the RFP.

The Contractor shall initially re-supply all first responders located within the EOA with disposable supplies on a one-for-one basis per EMS Agency's direction and in accordance with federal guidance relating to ambulance re-stocking.

## **2.21 Implementation Schedule and Requirements**

The Contractor must be able to meet all minimum requirements of this RFP and do so within established deadlines.

## **2.22 Safety and Risk Program**

Proposers shall provide a safety and risk management program which shall at a minimum include:

2.22.1 A safety manual that insures compliance with CAL/OSHA requirements.

2.22.2 An orientation program that instructs all new employees in safety practices and will prepare the employees to avoid risk, protect them from danger and preserve them from loss.

2.22.3 A training program for all managers and supervisors to insure that they can properly instruct the employees in safety programs and to properly investigate all safety incidents.

2.22.4 A person designated to be responsible for the safety and risk program who has received formal training on risk and loss issues.

2.22.5 A safety and risk program that starts in the employment application phase and includes the following:

- (a) an employment physical exam; and,
- (b) physical capacities evaluations that are fair, nondiscriminatory, and commensurate with job requirements.

2.22.6 An emergency vehicle operator-safety program that meets or exceeds any State or local requirements.

2.22.7 A continuing education program for all employees on safety and health issues that is scheduled no less than bi-annually.

2.22.8 Annual DMV Driver's License checks on all personnel through the DMV's "PULL" System.

2.22.9 A records retention program that maintains all records consistent with all applicable state and federal laws and regulations.

## **2.23 Legal Entity**

2.23.1 The Proposer must be a single legal entity. If the Proposer relies on the prior experience or unit-hour production of a partner, shareholder, or constituent governmental agency for the purposes of meeting the requirements of this RFP, then:

2.23.2 Written documentation shall be submitted that describes the precise nature of the legal relationship of the partners, shareholders or constituent governmental agencies, including an opinion letter from legal counsel, admitted to the California State Bar, confirming the legal validity and enforceability of the contract; and,

2.23.3 Other partners, shareholders, or constituent governmental agencies providing any unit-hours of production to the franchise must meet the proportionate experience (e.g., unit-hours proposed at 10 percent must document experience at that level) and shall meet all the appropriate standards as specified in the RFP.

## **2.24 Fees to Operate**

The successful Proposer shall pay a one-time fee equal to the remaining costs of conducting this RFP process estimated to be approximately \$200,000. The final fee will be disclosed at the Proposer's conference.

Contractor shall also be required to pay a fee in accordance with the cost of contract compliance monitoring as set by the Board of Supervisors. This fee is intended to offset the EMS Agency's cost of oversight of Contractor's operations, in accordance with federal A-87 accounting standards. The contract compliance monitoring fee is estimated to be \$140,000 for the first year of the Contract, and may be adjusted annually if costs change.

The following are a summary of the expected fees whether one time or annual:

**Table 3 – Costs to the Contractor**

<b>Category</b>	<b>Cost</b>	<b>Period</b>
RFP Process	\$200,000	One-time
EMS Agency Contract Compliance Oversight (estimated)	\$140,000	Annual
Mobile Data Terminal (estimated)	\$115,000	Annual
Emergency Medical Dispatch Fee (estimated)	\$645,000	Annual

## SECTION 3

### INFORMATION FOR PROPOSERS

#### 3.1 REQUEST FOR PROPOSALS DEADLINE

Each proposal must be received by the Sonoma County Department of Health Services/Coastal Valley EMS Agency on or before 4:00 p.m. PST on October 8, 2008. Each proposal must be in a sealed envelope, box, or appropriate package, with the name and address of the Proposer, RFP title and the closing date clearly marked on the outside. For the purposes of this RFP, the time specified will be as defined by the Date/Time machine in the office of the Department of Health Services/Coastal Valleys EMS Agency. PROPOSALS RECEIVED AFTER THIS DEADLINE WILL BE REJECTED REGARDLESS OF POSTMARK DATE.

Proposals must be mailed or delivered personally to:

County of Sonoma  
Department of Health Services/Coastal Valleys EMS Agency  
3313 Chanate Road  
Santa Rosa, CA 95404-1795  
Attention: Rod Stroud

#### 3.2 PRE-PROPOSAL CONFERENCE

A pre-proposal conference will be held to discuss all relevant issues associated with the RFPs. **Attendance is required.** Each firm will be limited to no more than four (4) representatives in attendance.

Questions about the RFP are encouraged to be submitted in writing prior to the pre-proposal conference. Please submit questions to the County of Sonoma Department of Health Services/Coastal Valleys EMS Agency as referenced above or faxed to (707) 565-7849. The questions must be received no later than three (3) working days before the conference. Questions may be emailed but *must* also be faxed or delivered personally to the address in Section 3.1 above. The email address is: [rstroud@sonoma-county.org](mailto:rstroud@sonoma-county.org). The mailing address is the same as above.

The pre-proposal conference may be recorded and answers will be provided in writing to all participants by mail following the pre-proposal conference. Please contact the Sonoma County Department of Health Services at (707) 565-4700 for confirmation of your attendance. Oral statements made by staff at the conference should be considered preliminary and will not be binding on the EMS Agency.

The EMS Agency will also invite public safety agencies including fire departments to the pre-proposal conference where questions may be asked of those in attendance.

The location, date and time will be as follows:

Location: Department of Health Services, Rotunda Building, 3313 Chanate Road, Santa Rosa, CA 95404-1795  
Date: July 31, 2008  
Time: 11:00 a.m.

### **3.3 INTERPRETATION OF REQUEST FOR PROPOSALS**

Each Proposer must carefully examine the specifications, terms and conditions expressed in the RFP and become fully informed as to the requirements set forth therein. If anyone planning to submit a proposal finds discrepancies or omissions in the RFP, or has any doubt as to the true meaning, he or she they may request in writing, an interpretation or correction thereof with the deadline being July 25, 2008 for these questions.

Any change in the RFP will be made only by written addendum, duly issued by the Department of Health Services/Coastal Valleys EMS Agency to each firm in receipt of the RFP. The EMS Agency will not be responsible for any other explanations or interpretations.

**All inquiries shall be directed to the designated County staff person shown above. Contact with any other County or EMS Agency personnel by the Proposer, relating to this RFP, is prohibited. Failure to comply with this request may be considered cause for rejection of your Proposal.**

### **3.4 DISCUSSION WITH RESPONSIBLE PROPOSERS AND REVISIONS TO PROPOSAL**

Discussions may be conducted with Proposers, who submit proposals that are determined to be responsive and have the potential of being selected for an award, for the purpose of clarification to assure full understanding of, and responsiveness to, the RFP's requirements. Such revisions may be permitted after submission of proposals and prior to award for the purpose of obtaining best-and-final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing Proposers to anyone outside the Evaluation Committee. The purpose of such discussions shall be to examine Proposers:

- 3.4.1 Qualifications.
- 3.4.2 Proposed method of performance.
- 3.4.3 Proposed personnel and facilities.
- 3.4.4 Compensation.

All Proposers submitting a proposal for consideration agree that they will be willing to enter into a negotiated, final Contract if selected. Such negotiated changes to the Contract included in this RFP will not significantly change the Scope of Work, as determined by the EMS Agency.

**All Proposers shall review the draft contract provided in Appendix V and if there are any exceptions taken, so note in their proposal. The EMS Agency may, however, elect to require the selected Proposer execute the Contract in the form included in this RFP (except to fill in blanks and include information that the draft contract indicates is required from the Proposal.) Please see Section 7.3 for more information regarding negotiation of the Contract.**

### **3.5 EXPANSION OF THE CONTRACT ZONES**

During the Contract period the EMS Agency may request the Contractor to add nonexclusive response zones currently out of the EOA to their Contract. Contractor and the EMS Agency both agree to negotiate in good faith the terms of such an expansion including performance standards if this expansion becomes necessary.

## SECTION 4

### GENERAL PROVISIONS AND ASSURANCES

#### 4.1 GENERAL INFORMATION

- 4.1.1 The successful Proposer will be required to comply with all applicable equal opportunity laws.
- 4.1.2 The EMS Agency reserves the right to reject any or all proposals or any part thereof, to waive any informalities in the proposal and minor irregularities, technical defects or clerical errors, to make an award on the basis of suitability, quality of service(s) to be supplied, their conformity with the specifications and for the purposes for which they are required, and not confined to price alone.
- 4.1.3 Each proposal must include the firm's name and address, and be dated and signed by a corporate officer, partner of the company, or agent authorized by the organization.
- 4.1.4 Each proposal must be submitted on the forms provided herein and must be placed in a sealed envelope or package with the RFP title and closing date visibly displayed on the outside.
- 4.1.5 All proposals shall remain firm for at least 120 days after the closing date. The EMS Agency reserves the right to withhold an award of the Contract for a period of 90 days from date of the award.
- 4.1.6 Proposals shall be based on the material contained in the proposal. Proposers are instructed to disregard any oral representations they may have received prior to the solicitation of the proposal.
- 4.1.7 The County and EMS Agency shall not be liable for any pre-contractual expenses incurred by the Proposer or selected Contractor or Contractors. The EMS Agency and the County shall be held harmless and free from any and all liability, claims, or expenses whatsoever incurred by, or on behalf of, any person or organization responding to this RFP.
- 4.1.8 The cost for developing and preparing the proposals are solely the responsibility of the Proposers whether or not any award results from this RFP. Further, the cost of developing and preparing responses to the proposals will not be allowed as direct or indirect charges under any resulting contract.
- 4.1.9 No alteration in any of the terms, conditions, delivery, price, quality, quantities, or specifications set forth in this RFP will be effective without prior written consent of the EMS Agency.

#### 4.2 ANNOUNCEMENT OF PROPOSALS

The names of all Proposers will be included on a List of Proposers and disclosed by the Department of Health Services the day following the closing date and will be available by 4:00 pm for any person requesting such a list. All other information contained in the proposals shall be confidential to avoid disclosure of contents prejudicial to competing Proposers during the evaluation process. No award decision, pricing, or exchange of views will be disclosed during the submitted proposals evaluation.

#### **4.3 FALSE OR MISLEADING STATEMENTS**

Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the Proposer, may be rejected. If, in the opinion of the EMS Agency, such information was intended to mislead the EMS Agency in its evaluation of the proposal, and the attribute, condition or capability is a requirement of this proposal, it will be the basis for rejection of the proposal. The EMS Agency and County may also pursue such other remedies as may be available.

#### **4.4 RULES FOR WITHDRAWAL OR REVISION OF PROPOSALS**

A proposal which is submitted prior to the closing date may be withdrawn or revised anytime prior to, but not after the closing date, provided that the request for withdrawal or revision is in writing and executed by the Proposer's duly authorized representative. The request for withdrawal or revision of the proposal must be filed with the EMS Agency before the closing date. The withdrawal of a proposal shall not prejudice the right of a Proposer to submit a new proposal, provided the Proposer can submit the new proposal by the closing date.

#### **4.5 SUBCONTRACTING**

Any Proposer using a Subcontractor(s) must clearly explain the use of the Subcontractor(s) and list the name(s) of the Subcontractor(s) providing work under their proposal. The selected Contractor will be fully responsible for all work performed under this proposal and will be considered the Prime Contractor. Any subcontracting or other legal arrangements made by the Contractor are the sole responsibility of the Contractor. Any contract that is entered into between the selected Contractor and the Subcontractor(s) shall comply with all applicable laws and shall contain provisions for all contracting terms specified in the Contractor's final contract as well as federal and state access to the books, documents, records, and inspection of work as may be required by federal or state laws. Subcontractor(s) should account for no more than 40 percent of the total Scope of Work, whether in actual ambulance operations, billing, human resources, etc. The EMS Agency reserves the right, upon reasonable notice, to review any and all Subcontractor agreements at the EMS Agency's sole discretion.

#### **4.6 CONFIDENTIALITY AND PUBLIC DISCLOSURE**

Pursuant to the Public Records Act and other applicable law, with certain specified exceptions, the EMS Agency intends that the records related to this RFP, including the proposals, evaluation and selection procedures, and the records created during the evaluation and selection process, will remain confidential records until the Contract has been executed by all necessary officials of the selected Proposer and the County. The EMS Agency has made a determination in accordance with Section 6255 of the California Government Code that the foregoing materials shall not be made public by the EMS Agency or County until after the County authorizes the execution of the Contract and the Contract is executed.

In connection with award and execution of the Contract, the EMS Agency shall have the right to disclose any and all portions of all proposals, other than those items which are protected under the Public Records Act. Each Proposer, by submitting a proposal to the County in response to this RFP, consents to such disclosure and expressly waives any right to contest such disclosure under the Public Records Act.

Under no circumstances will the EMS Agency, County or any of their agents, representatives, consultants, directors, officers or employees (the County "Parties") be responsible or liable to a Proposer or any other party as a result of disclosing any such materials.

If, prior to or in connection with award and execution of the Contract, the EMS Agency receives a request for public disclosure of all or any portion of a proposal, the EMS Agency will use reasonable efforts to notify the applicable Proposer of the request and give such Proposer an opportunity to assert, in writing and at its sole expense, a claimed exception under the Public Records Act or other applicable law within the time period specified in the notice issued by the EMS Agency and/or County and allowed under the Public Records Act.

If a Proposer has special concerns about information which it desires to make available to the EMS Agency but which it believes constitutes a trade secret, proprietary information, or other information excepted from disclosure under the Public Records Act, such responding Proposer shall specifically and conspicuously designate that information **by placing "CONFIDENTIAL" in the header or footer of each such page affected and indicate the portion of information on that page that is confidential.** Blanket designations that do not identify the specific information shall not be acceptable and may be cause for the County to treat the entire proposal as public information. Nothing contained in this provision shall modify or amend requirements and obligations imposed on the EMS Agency by the Public Records Act or other applicable law. The provisions of the Public Records Act or other laws shall control in the event of a conflict between the procedures described above and the applicable law.

All Proposers should obtain and thoroughly familiarize themselves with the Public Records Act and other applicable law. The EMS Agency and County will not advise a Proposer as to the nature or content of documents entitled to protection from disclosure under the Public Records Act or other applicable law, as to the interpretation of such laws, or as to the definition of a trade secret. The Proposer shall be solely responsible for all determinations made by it under applicable laws. Each Proposer is advised to contact its own legal counsel concerning the effect of the applicable laws to that Proposer's own circumstances.

In the event of any proceeding or litigation concerning the disclosure of any proposal or portion thereof, each Proposer shall be responsible for defending any action concerning the materials at its sole expense and risk; provided, however, that the EMS Agency and /or County reserves the right, in their sole discretion, to intervene or participate in the litigation in such manner as they deem necessary or desirable. All costs and fees (including attorneys' fees and costs) incurred by the EMS Agency and County in connection with any litigation, proceeding or request for disclosure, whether as a result of the EMS Agency and/or County's intervention or otherwise, shall be reimbursed and paid by the Proposer whose proposal is the subject thereof and such Proposer shall defend, indemnify and hold harmless the EMS Agency and County from and against any and all such claims and/or litigation. Proposer's acknowledgment of and agreement to undertake such obligation will be evidenced by the Proposer's submittal of its Proposal.

#### **4.7 PROPOSAL TERMS AND CONDITIONS**

Proposer agrees to incorporate by reference the EMS Agency's RFP, the Proposer's responding proposal and any other documentation deemed necessary by the EMS Agency into any Contract that may be derived from this RFP. Nothing in this RFP shall be construed to prohibit the EMS Agency from proposing additional terms and conditions during negotiation of the resulting Contract. Any Contract that may be developed as a result of this RFP will not become legally binding until it has been executed as duly authorized by the Sonoma County Board of Supervisors.

#### **4.8 QUALIFICATIONS OF PROPOSERS**

The EMS Agency and its agents may investigate as it deems necessary to determine the ability of each Proposer to provide the services requested herein, and each Proposer shall furnish to the

EMS Agency all information and data for this purpose as the EMS Agency may request. The EMS Agency reserves the right to reject any proposal should the evidence submitted by, or investigation of, a Proposer fails to satisfy the EMS Agency that such Proposer is properly qualified to carry out the obligations of the proposal and to complete the requirements contemplated therein.

#### **4.9 DISQUALIFICATION OF PROPOSER**

A Proposer may be disqualified and the proposal rejected, in addition to any other cause for rejection as set forth elsewhere in this proposal, or for any of the following reasons:

- Proof of collusion among Proposers, in which case all proposals involved in the collusive action will be rejected and any participant to such collusion will be barred from future bidding until reinstated as a qualified Proposer.
- The Proposer's lack of responsibility and cooperation as shown by past work or services.
- The Proposer's being in arrears on existing contracts with the EMS Agency or having defaulted on previous contracts.
- The Proposer's delivery of its proposal after the deadline specified in the proposal.
- Incomplete information or missing documents as required in the proposal.
- The Proposer or any of its employees, subcontractors, or principals are listed on either the Suspended and Ineligible Contractor List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs.
- Not meeting the minimum credentialing qualifications standards as listed in this RFP.

#### **4.10 INTEGRITY OF EXPENDITURE**

The Contractor assures that it will use its best efforts to maintain the integrity of expenditure of public funds and to avoid any favoritism or questionable or improper conduct.

#### **4.11 LOBBYING**

Any Proposer or a party representing a Proposer shall not influence or attempt to influence any member of the Evaluation Committee, any member of the Board of Supervisors, or any employee of the County or the EMS Agency, with regard to the acceptance of a proposal. Any Proposer attempting to influence the RFP process may be subject to rejection of their proposal.

#### **4.13 GRATUITIES**

Neither the Proposers nor any person, firm, or corporation employed by the Proposers shall give, directly, or indirectly, to any member of the Evaluation Committee, Board of Supervisors, or any employee or agent of the County or EMS Agency, any gift, money, or anything of value, or any promise, obligation, or contract for future reward or compensation, neither during the proposal process nor during the performance of any contract period resulting from this proposal.

#### **4.14 CONFLICT OF INTEREST**

Each Proposer shall covenant that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of this proposal. Each Proposer shall further covenant that if awarded a contract resulting from this RFP, no person having any such interest is presently employed by the Proposer or shall be employed by the Proposer in the future.

#### **4.15 CONTRACT**

Proposers shall be willing to provide the required insurance and accept the terms of the Contract. With few exceptions, the general terms will not be negotiated. *For example, the indemnification terms of the Contract will not be negotiated.* Proposers must include in the cover letter a statement as to their willingness to sign a contract that includes the contractual language contained in the draft contract provided in Attachment V. All Proposers shall review the draft contract provided in Attachment V and if there are any exceptions taken, so note in their proposal. Any exceptions or changes to the contract may constitute grounds to reject the proposal. Any Proposer that does not include a specific exception to a contract term(s) in its proposal has agreed to accept all terms and conditions contained in the draft contract. The County reserves its right to make adjustments to the draft contract at its sole discretion.

## SECTION 5

### SPECIAL PROVISIONS

#### 5.1 INSURANCE AND TAXES

Contractor shall obtain and maintain in full force and effect throughout the term of the Contract, such insurances coverage and other related terms, conditions and requirements as set forth in the draft contract attached hereto (Attachment V). The successful Proposer shall assume full financial responsibility for its personnel, including all deductions of Social Security and withholding taxes and required contributions to state and federal unemployment compensation funds. The successful Proposer shall include all Subcontractors as insured under its policies or shall furnish separate certificates or endorsements for each Subcontractor. All Subcontractors shall be subject to all of the requirements stated herein.

Contractor shall provide Certificates of Insurance evidencing such coverage to the County of Sonoma, Attn.: Department of Health Services, with a copy to the EMS Agency, before the commencement of any work under this Contract.

#### 5.3 PERFORMANCE SECURITY PROVISIONS

**5.3.1** Contractor shall furnish performance security in an amount of \$1,500,000 in any of the following forms. The performance security shall be considered liquidated damages in the event of contract default. Options are:

**5.3.1.1 Performance Bond**

A performance bond issued by a bonding company, appropriately licensed and acceptable to the EMS Agency, provided that the language of such performance bond shall recognize and accept the requirement of immediate release of funds to the EMS Agency upon determination by the EMS Agency that Contractor's performance is dangerous to public health or safety, and recognizing that any legal dispute by the Contractor or the bonding company shall be initiated and resolved only after release of funds to the EMS Agency.

**5.3.1.2 Irrevocable Letter of Credit**

An irrevocable letter of credit issued pursuant to this provision in a form acceptable to the EMS Agency and from a bank or other financial institution acceptable to the EMS Agency.

**5.3.1.3 Cash Deposit**

Cash, which must be deposited with an escrow holder acceptable to the EMS Agency and subject to an escrow agreement approved by the EMS Agency. Any interest earned on the cash deposited as the performance security shall accrue to the benefit of the Contractor.

**5.3.1.4 Combination of the Above**

A combination of the above, acceptable to the EMS Agency.

- 5.3.2** Whatever form of performance security is selected by the Proposer, the proposal shall indicate the form selected, and shall include full and detailed documentation of Proposer's ability to provide such security.

Any performance security furnished by Contractor in fulfillment of the requirements of this Contract for performance security shall not be canceled for any reason except upon 30 days advance written notice to the EMS Agency. Not later than 20 days following the commencement of the 30-day notice period, Contractor shall provide to the EMS Agency replacement security acceptable to the EMS Agency in the form of a performance bond, or in one of the other forms, or combination thereof, herein provided for. Failure to meet the performance security requirements after cancellation of the security shall constitute a material breach of the Contract. The performance security shall be adjusted annually on the Contract anniversary date (July 1) based on the change in the Consumer Price Index for the category of Urban Consumer, San Francisco-Oakland-San Jose, over the 12-month period beginning December 1 and ending November 30 immediately proceeding the adjustment date.

Failure of the successful Proposer to meet these performance security requirements after the successful Proposer has been selected, and prior to Contract start date, shall result in forfeiture of the award.

## SECTION 6

# INSTRUCTIONS FOR SUBMITTING PROPOSALS AND PROPOSALS' CONTENT REQUIREMENTS

### 6.1 GENERAL INFORMATION

This section describes the required proposal format and content. Each proposal should contain the requested information organized by the prescribed section and subsection numbers and titles.

Any information provided beyond that required should be contained in a section entitled "Optional Exhibits and Attachments."

Each Proposer shall submit a complete proposal, along with requested copies, providing all information requested in this RFP. Failure to follow the prescribed format may result in rejection of your proposal.

Proposals must be complete in all aspects. A proposal may be rejected if it is conditional or incomplete, or if it contains any alteration of form or other irregularities of any kind. A proposal may be rejected if any such defect or irregularity constitutes a material deviation from the proposal requirements.

Proposals must be clearly marked as stated herein and must be received by the date and time specified. Proposals not received by the date and time and at the location specified will be rejected. Proposals submitted under improperly marked covers may be rejected. If discrepancies are found between two or more copies of the proposal, the proposal may be rejected. However, if not so rejected, the original master copy will provide the basis for resolving such discrepancies.

Each proposal must be typed. Every part of the proposal must be legible and of sufficient print clarity to allow copying of the document.

Attachments that are not included in the binder should be clearly labeled according to the sections and titles provided therein. The proposals should be clear, complete and consistent with the proposal content requirements.

### 6.2 NUMBER OF COPIES TO BE SUBMITTED

Each Proposer shall submit one original master copy of their proposal signed in blue ink and clearly marked "MASTER COPY" and ten (10) copies of their proposal. In addition one Adobe or other similar brand PDF file of the entire proposal including attachments shall be included on an accompanying CD Rom to the proposal.

### 6.3 PROPOSAL FORMAT

Each proposal must be developed on the forms provided in this RFP and must follow the proposal content requirements in the order in which they appear in this RFP. Proposals that do not conform to this format may not be considered for evaluation. Proposals must be typewritten and submitted on standard 8 ½" by 11" paper. Each page must be clearly and consecutively numbered. All proposals must be submitted in the name of the legal entity or authorized agency. Proposals must be signed by a corporate officer, partner of the company, or agent authorized by the organization.

The Contract will become legally binding upon the signature by the Chairperson of the Sonoma County Board of Supervisors, or his or her authorized designee and the authorized official of the corporation or company.

### **6.3.1 Exceptions**

This portion of the proposal will note any exceptions to the requirements and conditions of the RFP taken by the Proposers. Each Proposer's exceptions should give an explanation as to why the Proposer is taking exception to the requirements. If exceptions are not noted, the EMS Agency will assume that the Proposer's proposal meets those requirements as specified herein.

As a minimum, exceptions shall be noted as follows:

- a. Exceptions to "Scope of Work"
- b. Exceptions to General Provisions and Assurances and Special Provisions
- c. Exceptions to Proposal Contents Requirements
- d. Exceptions to the draft contract terms

*Note: Exceptions are not encouraged and it is strongly recommended that the Proposers not take any exceptions but rather bid the specification(s) as provided and then provide an alternative separate proposed specification.*

## **6.4 Proposal Content**

To ensure that comparison of proposals is as fair and complete as possible, all proposals shall employ the format described in this section. Proposals are limited to 200 pages and 200 additional pages for appendices.

### **6.4.1 Required Table of Contents**

Each proposal shall be structured to incorporate a table of contents which shall clearly indicate where each required section is located. Any information which does not fit logically into one of these labeled sections shall be appended to the proposal. Items such as charts, policies and plans are encouraged to be placed in an appendix. All proposals shall include page numbers and have major sections tabbed.

### **6.4.2 Detailed Description of Proposal Sections**

Each of the sections in the Table of Contents is described below. It is the intent of this procurement to preserve or improve upon the current prehospital system in every category of service, and to meet or, where possible, improve the quality of service. Thus, each Proposer shall describe their capabilities and agree to meet or exceed minimum service requirements. Failure to accept EMS Agency's minimum-service requirements in any service category may be grounds for automatic disqualification. All additional commitments and capabilities shall be separately stated within each section, and the costs associated therein shall be separately identified.

#### **(a) Cover Letter**

Each proposal shall have a cover letter, signed by the authorized representative of the proposing firm or entity, who is legally authorized to contractually bind the entity or

firm. This letter shall specifically affirm the Proposer's full understanding and acceptance of all terms set forth in the RFP including the financial projections in the applicant's proposal. This letter must certify the completeness and accuracy of all information supplied in the proposal. The letter must further state that the firm or entity has not violated any conflict of interest statutes or ordinances. The letter must state that the proposal is a firm and binding offer to perform the services stated under the conditions specified in the proposal. Failure to provide this letter will cause the proposal to be considered non-responsive.

**(b) Executive Summary**

Each proposal shall have an executive summary that describes, in summary form, the essential elements in the proposal. The executive summary shall not exceed 10 pages in length.

**(c) Credentials and Qualifications** *(Note: Proposers should carefully review the credentialing and disclosure requirements in this section as complete disclosure for those items requested is required and the failure to do such may subject the Proposer to disqualification.)*

The purpose of the Credentials and Qualifications Section is for the Proposer to submit information on the Proposer's organization, management and operational experience.

The following questions and/or requirements must be answered in the order and format given.

- 1) Name and address of organization.
- 2) Name of organization's liaison for the procurement. All questions and correspondence will be directed to this person.
- 3) Type of organization or legal entity (e.g. partnership, corporation, etc.) and the state under whose laws the entity is formed.
- 4) List the names and addresses and share of ownership of all owners, shareholders, directors, officers, and corporate linkages of the organization or entity. Include all DBAs. An organizational chart listing all entities and owners must be provided. If the Proposer is a corporation with 30 or more shareholders, provide title, names, and addresses of directors and officers only, and indicate share of ownership held by these individuals.
- 5) Provide names and affiliations of all other corporations or entities potentially providing services under this Contract.
- 6) List all past corporations or businesses related to emergency and non-emergency transportation that any officer has had an interest in for the past five (5) years.
- 7) Brief narrative description of organization's holdings together with organizational chart depicting entity's infrastructure including multi-site operations. List all financial interests of the organization or parent organization in other related businesses above \$50,000.
- 8) Provide a narrative description of Emergency Ground Ambulance Services, and related services currently provided by the organization.

- 9) Describe the organization's experience in providing paramedic-level Emergency Ground Ambulance Service under a performance-based contract serving an area with service conditions similar to those of the Sonoma County EOA (e.g. geo-demographics, payer mix, etc).
- 10) Provide affirmative statement whether or not the Proposer desires to provide REDCOM dispatch services (including EMD, ambulance dispatch and fire dispatch) as described in Section 2.7.1 above. The Proposer proposal should include a detailed plan describing its organizational capabilities, including how it will provide each of the listed REDCOM dispatch services and its experience providing similar emergency dispatch services. In addition, please indicate whether Proposer is willing to provide a hiring preference to current dispatch employees who seek employment.
- 11) The Proposer must provide letters from any EMS regulatory agencies (maximum of five (5)) where it operates at the credentialing level, stating that it has been in substantial compliance with their standards, including response-time requirements, if measured by the agency, for the last two years. The EMS Agency hereby warrants that the current primary provider meets at least the minimum credentialing standard as required in this section.
- 12) List at least three hospital emergency departments and three public safety agencies (i.e., fire department, law enforcement agencies, park rangers, etc.) with which the organization has worked during the past year and which shall serve as references.
- 13) Describe contracts entered into during the past three years regarding ALS/BLS prehospital delivery of services showing year, type of services, location and name and address of contracting agency.
- 14) Provide details, if any, of any failure, default, problems or refusal to complete a contract by the organization in any region of the country.
- 15) Explain any litigation (pending or closed) involving the organization or any principal officers thereof, in connection with any performance or service during the past ten years. Explain any medical malpractice suits or settlements with a dollar loss (list the actual circumstances, conclusions and dollar loss) for the last 10 years. State whether the organization is currently operating under a Corporate Integrity Agreement.
- 16) List any vehicle collisions that were reportable as defined by state law or insurance company policy that the organization or its affiliates has been involved with, noting circumstances and fault determined. List collision rate per vehicle and per 100,000 miles driven for the past three years.
- 17) Note all workers' compensation losses within the past three years.
- 18) List any commitments and potential commitments which would impact assets, lines of credit, guarantor letters, or otherwise affect the organization's ability to perform the contract if awarded.
- 19) References: Proposer may wish to append no more than five letters of reference specifically related to the organization's current and existing:
  - a) Agreements and contracts

- b) Clinical performance as an ALS Contractor
- c) Quality Assurance/Improvement program effectiveness
- d) Response time performance
- e) Vehicle maintenance and replacement program
- f) Relationships with first responder agencies
- g) Organization's local and/or national reputation as a contractor of ALS  
Emergency Ground Ambulance Service
- h) Relationship with labor organizations

**Note: Letters of reference must include the following:**

- a) Be signed and dated by the author.
- b) Fully disclose any direct or indirect business or financial relationship between the author or organization and the Proposer.
- c) Describe the extent to which the author/organization is familiar with the Proposer and the Proposer's work/performance.
- d) Include the author's certification that s/he has read the specific section of the firm's credential submission to which the endorsement is related.

*Note: Letters of reference will not be supplied by or considered from EMS Agency staff members. All collision rates and lawsuits must indicate corporate-wide experience as well as experience for the California area, if applicable.*

- 20) List planned number of employees using the format below (use separate charts for current and planned):

CATEGORY	FULL TIME	PART TIME	TOTAL
Ambulance Operations Management			
EMT-Paramedic (EMT-P)			
EMT-1			
All Others			
<b>TOTAL</b>			

Proposers shall define their use of "full time" and "part time." "Management" personnel shall include personnel who are scheduled for less than 25 percent of their time in the field.

- 21) Using the format below, document the number of ambulance-unit transports/responses conducted by the organization in any contract or exclusive area with a similar performance expectation, population, geographical area or transport volume during the past 12 months. Identify each contract and exclusive area served on a separate chart (maximum of five (5) separate jurisdictions).

<b>PARAMEDIC/AMBULANCE</b>	<b>NUMBER</b>
Code 3 Transports/ Responses	
Code 2 Transports/ Responses	
Backup/ Mutual Aid	
Dry Run	

- 22) Supply Proposer's annual turnover rates by category of personnel and define turnover and how it is calculated.
- 23) Supply supporting documentation to demonstrate existing capabilities to furnish service which is similar to that required under this RFP.
- 24) List and state current status and/or outcomes of *any* current or pending criminal cases or investigations against any officer or manager of Proposer.
- 25) List and state the current status and/or outcomes of *any* criminal or civil cases or investigations for Medicare/Medicaid statute or contract violations involving the Proposer and its personnel.
- 26) List and state the status and/or outcomes of *any* investigations for affirmative action or civil right violations involving the Proposer and its personnel.

**(d) Criteria for Evaluation of Proposer's Experience and Qualifications**

The proposals will be evaluated based on the extent to which the proposing organizations (or in the case of a new entity, the agency or its constituent organizations) has the special experience described below. Each proposal will also be evaluated based on the extent that the Proposer's key management personnel (which may include general partners, directors, officers, and principal management personnel) possess this experience or have participated in the Proposer's acquisition of this experience as management personnel. The criteria set forth below describe the desired minimum experience. Each proposal must describe how and to what extent the organization and its key management personnel meet or exceed these criteria.

**(e) Criteria for Evaluating Each Proposer's Credentials**

- 1) At least two years' experience as a contractor in providing 9-1-1 ALS Emergency Ground Ambulance Services to populations greater than 150,000 residents or equivalent experience in a single contiguous area. The contiguous area may be made up of multiple political jurisdictions which may include multiple cities, counties, states or other jurisdictions.
- 2) Demonstrated historical experience to meet a measurable response-time standard in suburban and rural areas with small to moderate sized population centers separated by sparsely populated unincorporated areas. Demonstrate compliance in such an area for at least the past two years, for Emergency Ground Ambulance Service, as defined in this RFP. The population may be located in multiple political jurisdictions which may include cities, counties,

states or other jurisdictions.

- 3) Demonstrated experience providing Emergency Ground Ambulance Service, as defined in this RFP, or ALS first response in a contiguous area totaling at least 750 unit-hours per week.
- 4) Demonstrated commitment to maintaining quality personnel.
- 5) Demonstrated ability to provide a high level of clinical performance as measured by past performance at or above the level of staffing and experience as required in this RFP.
- 6) Financial strength, stability, and excellent reputation.
- 7) Demonstrated expertise in system management, vehicle maintenance, and billing/accounts receivable management.
- 8) Demonstrated commitment to achieve accreditation with the Commission on the Accreditation of Ambulance Services (CAAS) within the first three years after contract award

Note: If a Proposer submits a management team as a surrogate to the Proposer's own experience at the credentialed levels, all management staff (e.g. manager, field supervision, fleet maintenance, billing services) must meet or exceed the credentialing requirements.

**(f) Response-Time Commitment**

In this section, each Proposer must describe how it will meet the response-time performance standards set forth in this RFP. Late-run payments shall be in accordance with the provisions set forth in this RFP.

Each Proposer's plan for the location and housing of field staff and units for meeting response-time performance shall be included in the response. The SSP shall include the number of units on duty by hour and day, the post locations proposed and the priority of post locations and move-ups triggers and criteria and locations, and the rationale for the SSP. All mutual-aid agreements that will be used to support the EOA must be disclosed.

Minimum: Requirements for response time performance on calls originating within the primary EOA are set forth herein and shall be used as the basis for preparation of this section.

**(g) Level of Clinical Sophistication**

In this section, each Proposer must demonstrate the level of clinical sophistication that will be possessed by its field and management staff.

1) **Personnel Qualifications**

Minimum: The personnel who make up every ambulance crew shall meet the State of California and EMS Agency requirements for licensure and certification. One EMT-P and one EMT-1 are required for each ambulance. Written staff hiring and ongoing performance standards shall include

physical and cognitive skills necessary for the successful ambulance performance on this contract without excess reliance on outside agencies.

2) **Wage, Benefit and Compensation Package**

Proposers must demonstrate how their wages, benefits, shift schedules and expected productivity will attract and retain experienced personnel, especially existing employed Paramedics and EMTs in Sonoma County. Each proposer shall devise a wage and benefit package to encourage personnel to remain with the system to reduce the turnover rate and to meet all applicable state and federal laws (e.g. Fair Labor Standards Act).

No shifts greater than 24 hours are permitted unless under a written policy approved by the EMS Agency. Each Proposer must have a policy and monitoring system in place to prohibit staff from working greater than 24-hour shifts when combining Contractor shifts with shifts from second employment.

Minimum: The minimum wage for a starting EMT-P shall be no less than \$5,120 per month (assumes a 60-hour work week and include benefits calculated at 30 percent of salary). The minimum wage for a starting EMT-1 shall be no less than \$3,914 per month (assumes a 60-hour work week and includes benefits calculated at 30 percent of salary). Part time minimum salaries shall be at the commensurate rate. (Note: This is not to prohibit innovative schedules or shift arrangements but rather to describe salaries for the sake of comparison.) Each Proposer must submit its turnover rates for the past three years for all categories of personnel and the salary levels (current and proposed) for entry, middle and top levels for all personnel.

*Note: Wages and benefits are significant areas of review for this RFP. At a minimum, each Proposer shall provide a specific personnel plan which compensates personnel commensurate with area expectations and which produces low attrition. Wages should be structured so as to recognize multi-cultural capability commensurate with the needs of the County. The Contractor shall supply multi-cultural sensitivity training to its employees.*

3) **Workforce Diversity**

All Proposers must submit evidence that there is a plan in place consistent with currently applicable federal, state, and local laws and regulations, to promote diversity of personnel in the organization, including methods for meeting this need and the time lines anticipated. Diversity in this context includes establishing opportunities for women and minority personnel.

4) **Workload Management and Scheduling Practices**

Each Proposer shall normally schedule so as to provide field and dispatch personnel at least eight hours of rest between regularly scheduled shifts. Regularly scheduled shift shall be defined as not greater than any 24-hour period, unless approved by the EMS Agency. Regularly scheduled shifts beyond 24 hours shall require specific justification in the proposal on issues such as workload, staff-fatigue and costs.

5) **Training Programs**

Minimum: Proposers shall furnish, in-house or by approved subcontract, an in-service training program plan which will allow field personnel to meet the State of California recertification, or licensing requirements. Each Proposer shall also commit to cooperate with the current EMS Agency continuing education program if selected.

6) **Continuous Quality Improvement Program**

The Proposer shall prepare a continuous quality improvement (CQI) plan meeting the standards of the quality improvement movement in the health-care industry. The plan shall describe:

- (a) a management philosophy and approach focused on achieving an environment of continuous improvement and innovation;
- (b) continuous learning and development of staff and management;
- (c) service to all internal and external EMS contractors and customers;
- (d) commitment to participate in and contribute to the EMS Agency CQI process;
- (e) commitment to cooperate with system research; and,
- (f) interface with the EMS Agency.

The plan shall include the following parameters:

Include internal mechanism such as: medical director, CQI manager, CQI committee structure and process, prospective training and education efforts, concurrent and retrospective review, personnel development, problem identification, needs assessment, education/compliance remediation, problem resolution and the documentation and tracking of implementation strategies and outcomes. Also include maintenance and public prevention training staff. *The plan should provide details of who will be providing these services, how much time will be dedicated to this franchise and sample policies and procedures and other relevant materials.*

(g) Required Interface

- (1) County of Sonoma
- (2) EMS Agency
- (3) Base and Receiving Hospitals
- (4) First Responders
- (5) Other ALS Providers
- (6) Other EMS and Ambulance Providers
- (7) Dispatch Center Personnel
- (8) Public Safety Dispatch

Additionally, this program shall include the following elements:

(h) Patient Rights

Each Proposer shall include a policy on the client/patient rights, which shall at a minimum, provide to patients, the following:

- (1) fast, effective medical treatment and transportation to a facility of their choice (unless this is in conflict with medical policies of the EMS Agency), regardless of ability to pay;
- (2) full information regarding the immediate treatment needed with the right to refuse any treatment or service;
- (3) full explanations of bills about which the patient has questions;
- (4) compliance to the confidential treatment of medical records;
- (5) listening to patients during transport or later and answering all questions promptly;
- (6) billing insurance or third-party payers as part of the service to the patient; and,
- (7) retention of patient records and patient access to their records.

7) **Medical Protocols**

Minimum: Each Proposer must commit to complying with the EMS Agency's Adult & Pediatric ALS & BLS Treatment Protocols. See website: <http://www.sonoma-county.org/cvremis/>

8) **Multi-Casualty Incident Services**

Multi-casualty incident services proposed by each Proposer shall be discussed in this section. Proposers shall, at a minimum, be required to establish two (2) medical caches containing adequate equipment and supplies to care for a minimum of 25 disaster victims per cache. These caches should be contained in a trailer or similar unit capable of being transported quickly to the scene of a major incident, and should be located on the East and West sides of CA 101 in the franchise zone or as the EMS Agency directs. The EMS Agency may, at its discretion, co-locate the medical cache in an existing disaster trailer. The Contractor will be required to maintain these caches in an orderly and complete fashion. The Contractor will be required to complete this requirement within six months of Contract execution with the County.

(h) **Quality, Quantity, Maintenance and Replacement of Equipment**

In this section, each Proposer shall describe, in detail and with brand names, the major equipment items to be furnished, and the scheduled replacement policies related to each class of equipment. In addition, each Proposer shall stipulate the policy which shall govern, throughout the term of the Contract, fleet size as a percentage of maximum scheduled peak load unit coverage requirements for the

EOA.

Minimum: Proposers shall specify and initially furnish a minimum number of fully equipped units, and shall propose a policy of maintaining a fleet size not less than 133 percent and an equipment inventory of not less than 133 percent of maximum scheduled peak load unit coverage. Specific exemptions to the 133 percent standard may be applied for based on formal requests and documentation. Vehicle radios, pagers and cell phones are the responsibility of the Contractor.

**(i) Access and Security of Data**

Each proposal shall include a section that describes the measures that will be taken to insure that data, in the control of the Proposer remains secure and not subject to tampering. This section must describe the equipment and or procedures to be employed so that the EMS Agency will have access to data and response data for purposes of verifying contract compliance. This access must include at least the following:

- A. EMS Agency staff access to onsite monitoring, audit and data review of EMS dispatch functions and data (if the Proposer desires to separately bid with REDCOM for the contract to provide EMS and fire dispatch services);
- B. Random sample audit requests by the EMS Agency staff.

**(j) Commitment to First-Responder Program**

In this section, each Proposer shall detail its intentions regarding involvement in and support of the first-responder programs. Proposer shall describe a methodology for integrating its services with first-responder agencies including fire departments, police agencies, and 9-1-1/PSAPs. Specific plans must be submitted with prioritized objectives. These commitments must include specific procedures for scene control and problem resolution. A commitment and process for establishing a methodology for assessing first-responder training needs and training schedules must also be described. These requirements would only go into effect if requested by first responders and approved by the EMS Agency. Commitments for ongoing liaison with the agencies must also be stated. Commitments to initial disposable item re-supply and additional contributions as described in First Responder Section should be explained here.

The Proposer must develop a plan for the prompt return of first responders and nurses and support staff (from transport unit runs) to their station or hospital, as appropriate, should they be used in transporting the patient to the hospital. Proposers should not assume that a firefighter will always be available to ride into the hospital to assist with critical patients, e.g. cardiac arrest patients or to assist with lifting heavy patients.

Minimum: Each Proposer shall specify plans for integrating with the first responder agencies as defined as a minimum here and in Section 2 of this RFP. Contractor shall initially in the contract period restock or pay for on a one for one basis for restocking first-responder medical supplies used in response to emergency medical calls as is currently practiced in Sonoma County subject to applicable Federal and State laws.

**(k) Initial Coverage Plan**

In this section, the proposal includes an initial coverage plan to be in effect during the first three months of the Contract term. It is recommended that the initial plan employ more unit hours per week than Contractor projects will be needed later in the Contract.

Minimum: Each Proposer shall specify the minimum weekly unit-hour coverage to be initially employed. Contractor must meet or exceed this plan.

**(l) Treatment of Local Work Force/ Preference for Incumbent Paramedics and EMTs**

***Proposers should note that the handling of the incumbent workforce is a significant factor in the rating of proposals.*** Subject to applicable federal and state laws, it is desirable if a Proposer is willing and able to grant employment to qualified and experienced EMTs and EMT-Ps who are currently employed in Sonoma County and who seek employment with the Proposer. Proposals shall provide specific plans to this effort in their proposal.

Each Proposer is urged to make and document its best efforts to afford job opportunities to members of the incumbent work force who are interested in employment in the new ambulance system. As this subject is an important aspect of the analysis of proposals, plans for a smooth transition of the work force must be detailed.

Minimum: A written plan for incumbents.

**(m) Revenue/Patient Charge System**

EMS Agency requires all Proposers to use the same assumptions to allow equitable comparisons among the proposals. The Proposers shall assume no general County or EMS Agency subsidy for this procurement. It is the EMS Agency's desire to encourage proposals that achieve a balance in service, cost and the subsequent fee charge. To that end, the EMS Agency selection process will offer additional 10 bonus points consideration for those proposals that meet the requirements of the RFP and remain close to the suggested fee structure. The suggested fees for Sonoma County are listed below.

This RFP requires a well defined charge system which assures no "overcharging." Patient charges are an expected element of the proposals. Some of the charges are fixed by this RFP. Other charges may be offered by the Proposers in their proposals, subject to approval and incorporation in the Contract with the County. In this section, each Proposer shall state the charges that it proposes to set for its services and shall provide information justifying those charges. The list of charges and how they are set is as follows:

<u>Category</u>	<u>Charge Assumption for Calculation</u>
ALS base rate	set by provider in proposal (suggested emergency ALS fee is \$1,407)
BLS base rate	set by provider in proposal (suggested emergency BLS fee is \$1,084)

CCT base rate	set by provider in proposal
Non-transport fee	set by provider in proposal
Mileage	\$30.00 per loaded mile (suggested)
Oxygen	\$140.00 per call (suggested)

**Minimum:** In setting charges, each Proposer must use the assumptions stated below, in order to allow equitable comparisons among various proposals. If a Proposer believes that any of these assumptions would lead to charges that are too high or too low, the Proposer may so state and should then explain what changes should be made to the assumptions or to the proposed charges, in order to set the charges at a more appropriate level. However, the charges fixed in this RFP for mileage, night charge, and oxygen may not be changed. The assumptions to be made by each Proposer and other considerations that should enter into the setting of charges are as follows:

- 1) **Number of calls/transport:** The number of calls/transport is provided for purposes of proposing and evaluation only. No guarantee of future revenues or results is made by the EMS Agency. Please see the accompanying CD Rom for the number of call/transport and historical increases.
- 2) **Mileage:** The mileage rate to be charged to patients is set at \$30.00 per loaded patient mile. An average of 7.0 transport miles shall be assumed for the budget required below.
- 3) **Base rate:** Separate ALS and BLS base rates are required. Assume that charges shall be consistent with the level of service provided to the patient, not the level of readiness provided by the Contractor. Critical care transports would be provided at request of hospitals.
- 4) **Non-transport rate** Proposers must propose a non-transport fee for circumstances where services are requested and are provided at-scene but the ultimate transportation refused. Specific protocols should accompany the proposal.
- 5) **Oxygen:** Assume 60 percent of all calls require oxygen at \$140.00/per call.
- 6) **Assignment:** All Proposers must agree to accept assignment from Medicare and MediCal.
- 7) **Average charges:** Each Proposer shall calculate the average charge per call that would occur if the charges set by this RFP and the charges proposed were implemented. The computation must use standard formulas for such computation and must use the assumptions set forth above regarding call volumes and frequency of the various charges. Do not include any charges at the hourly standby rate in computing this average. The computations must be set forth in this section.

**(n) Billing/Collection System and Services**

In this section, each Proposer shall describe its proposed data processing, billing, collection, and accounts receivable management system.

Minimum:

- 1) System shall generate and electronically bill Medicare and Medicaid statements.
- 2) System shall be HIPAA-compliant at the time of contract execution.
- 3) System shall handle third-party payers, private-pay patients, special contracts, DRG transports, and other special arrangements.
- 4) Itemized statements shall list all procedures and supplies employed, unless included in base rate.
- 5) System must be capable of responding to patient and third-party payer inquiries regarding submission of insurance claims, dates and types of payments made, itemized charges, and other inquiries.
- 6) System must provide daily, monthly and annual reports which furnish clear audit trails, including details of payments and adjustments experience.
- 7) System shall provide for reconciling on a regular basis between "run" and other production data and patient data. An audit trail shall exist linking reported transports and calls to billed transports and calls, with exceptions noted.
- 8) System shall support monitoring of employee accuracy and completeness in gathering required operations.
- 9) System shall facilitate updates of account type, addresses, and other pertinent patient and third party payer data.
- 10) System shall include procedures and reports to process accounts requiring special attention. These procedures shall cover at least the following:
  - Assignment of follow up based on accounts receivable aging reports
  - Charity care and hardship policies
  - Identifying and pursuing alternative third party payments and other reimbursements.
  - Policies for write-offs
  - Policy regarding use of collection agents
  - Policy regarding write-off of accounts receivable
  - Reminder mailings
  - Telephone collection methods
- 11) System shall exclude on-scene collection. Proposer shall specifically agree that on-scene collections are prohibited.
- 12) Billing and collection data shall track to dispatch data by use of a record identifier.

**(o) Cost and Revenue Forecasts**

In this section all costs and all revenue sources must be clearly listed and

assumptions documented. Since cost and revenue projections will be compared among all Proposers, the EMS Agency requires that information be provided in the format and with the level of completeness and detail specified herein.

The EMS Agency requires all Proposers to present detailed costs by budget category to demonstrate clearly the costs and costing assumptions (by line item) to determine charge and charge assumptions. Actual costs must be provided by line item and then broken down on a per-call basis so that the EMS Agency may clearly determine the cost impact per call on all costing assumptions. Costs and proposed charges for alternative performance standard plans and any other alternative plan shall be specified separately.

All revenue sources must likewise be fully described. The EMS Agency assumes that patient care fees will be a major component of franchise financial stability and flexibility. All patient fee revenue projections must be based on the assumptions provided in Section 6.4.2(m), and must be consistent with volume-related cost projections. Proposers must identify all other revenue sources supporting their proposed budget, and must explain how these revenue sources will change as a result of this commitment.

Minimum: Each proposal must describe and document all costs and cost estimates necessary for providing services required by the franchise separating out costs and charges for alternatives.

Proposers must describe all revenue sources (direct and in kind) and document any sponsoring organization's commitment to franchise financing (if any) and the legal authority to continue this commitment throughout the term of the contract.

*Important: Proposals shall submit charge data broken down on a per-call basis using a spreadsheet format to show stepping down of all costs to a per-call basis.*

**(p) Other Financial Statements and Budget**

In addition to the budget, a complete set of financial statements for the current and proposed operation shall be provided for all proposals. Three (most recent) consecutive years of financial statements shall be provided, of which one year shall be a fully audited financial statement and shall include the accountant's footnotes, if provided with the original audit. The remaining two years of financial statements shall be reviewed statements, as defined by the American Institute of Certified Public Accounts (AICPA). If a Proposer does not have a fully audited financial statement, conducted within the past three years, it may submit a reviewed statement in its place. *Note: Reviewed statements, in lieu of an audited statement, may be subject to the limited interpretation that the statements offer.* All financial documents should include at least the following:

**1) Current financial status:**

- (a) Balance sheets;
- (b) Profit and loss statements, statements of revenues and expenditures;
- (c) Statement of changes in financial position;
- (d) Last completed year cash-flow analysis (shown monthly), for existing

ambulance operations only;

- (e) Aged accounts receivable for ambulance revenues, and for other revenues expected to support ambulance services (if available);
- (f) Listing of any loans to officers (business, personal or both, etc.);
- (g) Any lines of credit over \$25,000, with maturity, interest, annual payments identifying source and contact address;
- (h) Briefly describe accounting, billing and payroll systems; and
- (i) Describe any federal or state tax liabilities other than current payroll obligations

All Proposers should be aware that the documents requested will serve to confirm the soundness of their current financial position. The EMS Agency's intent is to award the franchise only to an organization demonstrating the financial capability to operate successfully.

## **2) Financing:**

### **(a) Capital Financing:**

Each Proposer shall clearly demonstrate the source of capital to meet the initial investment and ongoing capital needs of the operations for each proposal. It is each Proposer's responsibility to conclusively document the source, the availability of the capital and the firm commitment of the source or sponsoring agency, as appropriate.

### **(b) Rate Adjustment:**

During the term of the franchise, the Contractor will be allowed an opportunity for annual inflation adjustments to the base and mileage rates to be effective one (1) year after the beginning of the franchise. No later than 90 days prior to each such adjustment date, the Contractor must make a written request and then the EMS Agency will determine the percentage rate of inflation of the Consumer Price Index (CPI) for the Bay Area over the most recent 12 month period. The EMS Agency will base its determination on published figures available at the time. Contractor may, at its option, increase its rates in amounts equal to or less than the weighted average of the following CPI factors:

- a) 40 percent of the CPI-Transportation Index;
- b) 40 percent of the CPI-Medical Care Index; and
- c) 20 percent of the CPI-All Items.

## **3) Other Financial Information**

In this section, each Proposer may submit any other financial information that they consider relevant.

All financial information contained in the proposal shall be considered

confidential and proprietary to the proposer. Proposers should submit all required financial information in a separate, sealed manila envelope clearly marked with the RFP Section numbers that the Proposer is responding to, and clearly mark the envelope "Confidential."

**(q) On-Site Key Personnel, Organization and Management Description**

Minimum: Each Proposer shall include job descriptions and resumes of the on-site and off-site management team, operations managers, in-service training manager, CQI, public prevention training, maintenance manager, and manager of administrative services (e.g., data processing, billing and collections) involved in the provision of services to this franchise area. Proposers shall specify which key personnel listed above will be in-county versus off-site, if applicable and what percentage of the time they will be dedicated to this contract. The qualifications of the key management personnel are a significant consideration for review of this section. Listed onsite management staff shall not change for a minimum of one year.

The ambulance operations part of the system shall ensure the following functions are incorporated into the management and supervisory structure of the system and demonstrate specifics including hours of staff and percentage dedicated to this EOAs operations:

- General management, Operations management
- Operations supervision (one supervisor for each seven on-duty staffed ambulances)
- CQI and data/information systems oversight and coordination
- Supply and equipment maintenance
- Public education

**(r) Performance Security Method**

Each Proposer shall describe in detail its intended method of satisfying the performance security requirements as identified in Section 5 of the RFP.

**(s) EMD, Ambulance and Fire Dispatch Services**

The EMS Agency places significant value on Proposers who demonstrate they are willing and capable of providing EMD, ambulance and fire dispatch services through a separate contract with REDCOM.

**(t) Additional Forms**

Forms A, B (1 and 2) and C (1 and 2) included in this RFP, shall be completed and included in this section for each corporation and all of its d/b/as.

**(u) Appendices**

**(v) Contract Provisions**

The proposed contract is provided in Attachment V of this RFP. Exceptions to this contract, if any, shall be stated in the appropriate section of the response by each Proposer. The EMS Agency reserves the right to make further changes to the contract.

## **SECTION 7**

### **BASIS OF AWARD, SELECTION PROCESS EVALUATION CRITERIA, NEGOTIATION OF CONTRACT, AND NOTICE OF INTENT TO AWARD**

#### **7.1 BASIS OF AWARD**

Award will be made to the Proposer whose proposal demonstrates the most responsive and advantageous proposal to the EMS Agency. The EMS Agency shall not be obligated to accept the lowest cost proposal, but will make an award in the best interests of Sonoma County after taking into account the terms, conditions and specifications of this RFP.

The EMS Agency reserves the right to reject any or all proposals or any part thereof, to waive any informalities in the proposal and minor irregularities, technical defect or clerical errors, to make an award on the basis of suitability, quality of service(s) to be supplied, their conformity with the specifications and for the purposes for which they are required, and not be confined to cost alone. False, incomplete, or non-responsive statements in connection with the proposal may be deemed sufficient cause for rejection. The EMS Agency shall be the sole judge in making such determination.

The EMS Agency reserves the right to cancel or discontinue the RFP process and reject any or all proposals in the event it determines that there is no longer a requirement for the furnishing of such items, materials, equipment and/or services, funding is no longer available for the RFP, or it is otherwise in the EMS Agency's best interest to cancel the RFP process.

#### **7.2 SELECTION PROCESS, EVALUATION CRITERIA AND RECOMMENDATION**

##### **A. Selection Process**

The EMS Agency's goal is to create a fair and uniform basis for the evaluation of the proposals. The proposal evaluation process will include an initial screening of each proposal for responsiveness by an evaluator (pass/fail) followed by an evaluation of the proposal by the Evaluation Committee. The evaluation and selection process described in this Section 7 is subject to modification by the EMS Agency, in its sole discretion. The evaluation process will include the following steps:

- 1) The County of Sonoma, Department of Health Services/Coastal Valleys EMS Agency will receive the proposals and will refer the proposals for processing and evaluation.
- 2) Proposals will be initially screened by an evaluator on a pass/fail basis.
- 3) The Evaluation Committee will:
  - a) Evaluate the proposals and determine which Proposer has offered the highest ranked proposal, based on the specific evaluation criteria set forth herein; and
  - b) Provide a recommendation to the County Director of the EMS Agency regarding the apparent highest ranked proposal.
- 4) The County Director of the EMS Agency will review and consider the recommendation of the Evaluation Committee and authorize staff to notify the selected Proposer. The EMS Agency, in its sole discretion, may commence negotiations with the selected Proposer pursuant to Section 7.3.

- 5) If the EMS Agency elects to conduct negotiations with Proposer and such negotiations are successful, such Proposer will be required to execute the Contract in its negotiated form. If the EMS Agency does not wish to engage in negotiations, or at any time during the negotiations or before the commencement of negotiations, the EMS Agency may require the Proposer execute the Contract in the form included with this RFP (except to fill in blanks and include information that the draft contract indicates is required from the Proposer).
- 6) After receipt of copies of the Contract executed by the Proposer, the County Director of the EMS Agency will submit the Contract to the County Board of Supervisors. If authorized, the County Board of Supervisors will pass a resolution authorizing execution of the Contract by the County.

**B. Organization of Evaluation Committee**

Evaluation of proposals will be conducted by the Evaluation Committee. The Evaluation Committee will be comprised of qualified personnel selected by the EMS Agency and nominated by the EMS Agency's consultant who are recognized EMS system experts. In addition to voting members, the Evaluation Committee may also be assisted by non-voting advisors, including EMS Agency and County representatives and outside consultants who will offer advice on the financial and legal aspects of each proposal. The primary responsibility of these advisors will be to assist the Evaluation Committee in making an educated and informed assessment of the individual strengths and weaknesses of the proposals. In addition, in the EMS Agency's sole discretion, observers from the Department of Health Services with specific interests may be invited to observe aspects of the evaluation process. All Evaluation Committee members, outside consultants and observers will be required to sign confidentiality statements. All members of the Evaluation Committee involved with the evaluation of proposals shall be carefully screened by EMS Agency for potential conflicts of interest. It is the intent of the Evaluation Committee to forward a recommendation of an apparent highest ranked Proposer to the County Director of the EMS Agency based on the evaluation of all elements of this RFP.

**C. Initial Screening of Proposals by Evaluator**

All proposals must meet or exceed credentialing standards. Each proposal must specify information sufficient to demonstrate the level of credentials, scope of service and financial capabilities for the proposal to be able to complete the screening and evaluation process. The EMS Agency will appoint an evaluator who will, on a pass/fail basis, conduct an initial screening of credentials and the proposal's conformance to the RFP instructions regarding organization and format and responsiveness to the requirements set forth in the RFP. The evaluator will submit the results of his or her initial screening to the Evaluation Committee. Any proposal that fails to pass the initial screening will not be eligible for recommendation for award and the Proposer will be so advised.

**D. Evaluation of Proposals by Evaluation Committee**

The Evaluation Committee will review and make a determination regarding those proposals which pass the initial screening process. It is the EMS Agency's intent to select a Proposer based on the best balance of quality and price, experience, performance assurance, and integration with system needs. Any proposal which fails to meet the requirements of the RFP will be considered non-responsive and may be rejected. It is in the Proposer's interest to submit a complete and accurate proposal.

At the discretion of the Evaluation Committee, a presentation by the Proposers may be requested with at least two weeks notice to each Proposer. If requested, each Proposer will be allowed 30 minutes of presentation and up to 90 minutes to answer questions presented by the Evaluation Committee. Each Proposer may include up to eight staff persons at their presentation, however, at a minimum the chief executive officer or equivalent, chief financial officer and anticipated manager or supervisor of the Contract shall be present. The order of presentations will be determined by random draw. **Proposer presentations are not public meetings and attendance will be restricted to the Proposer and their staff persons and the Evaluation Committee.**

Proposals will be ranked on the following criteria (not necessarily in order):

Item No.	Description of Scored Element
1	Proposer's credentials, experience and qualifications
2	Compensation package and working conditions for prehospital personnel
3	Commitment to incumbent personnel
4	Response-time commitments and methodology
5	Level of clinical sophistication
6	Continuous Quality Improvement (CQI) process
7	Fiscal strength, financial statements and budget
8	Cost and Revenue Forecasts
9	Financing and other financial information
10	Performance Security Method
11	Equipment maintenance and management
12	Access and Security of Data
13	Billing and collection program and data integration
14	On-site key personnel
15	Initial coverage plan
16	Willing and able to submit a separate RFP to REDCOM and enter a contract with REDCOM to operate the EMD, ambulance dispatch and fire dispatch center
17	First responder program
18	Revenue and Patient Charge Systems
19	Billing/Collection System and Services
20	Public information and education program
21	Additional Forms and Appendices
22	Contract Provisions and Identified Exceptions
23	Other requirements, conditions, and specifications of this RFP

**E. Recommendation to the County Director of the EMS Agency**

After completing the scoring of the proposals, the Evaluation Committee shall discuss the proposals, the scoring, and any other relevant considerations and shall make a recommendation to the County Director of the EMS Agency as to the proposal that should be accepted. The Evaluation Committee may recommend to the Director of the EMS Agency

that any or all proposals be rejected. The EMS Agency reserves the right to reject any and all proposals.

**F. Requests for Clarification and/or Additional Information, Investigation**

During its discussion, the Evaluation Committee will not allow any public testimony or the introduction of any new materials or information. The Evaluation Committee, however, reserves the right to obtain clarification of any point in a proposal or to obtain additional information necessary to properly investigate and/or evaluate a particular proposal during or after the proposal evaluation process, including but not limited to, contact and evaluate the Proposer's and the Subcontractors references; contact any Proposer to clarify any response; contact any current users of a Proposer's services; site visits to the Proposer's offices, substations or contract sites, solicit information from any available source concerning any aspect of a proposal; financial inquiries or any other reasonable means of determining the accuracy and completeness of information supplied by the Proposer. Proposer shall respond to any such requests within two business days from receipt of the request (or such other time as is specified by the EMS Agency). Proposers shall submit executed and notarized forms including the "Investigative Authorization" forms included in this RFP.

The EMS Agency reserves the right to continue its investigation of the proposal after the Contract is awarded and throughout the term of the Contract. The furnishing of false or misleading information during the proposal process may constitute a breach of Contract.

**G. Required Pre-contract Bond to Ensure Execution of Contract**

Upon selection by the EMS Agency, the selected Proposer may be required to post a \$50,000 bond within 15 calendar days after the notifying the Proposer of its selection as the successful Proposer. The text of the bond must be approved in advance by the EMS Agency. The purpose of the bond is to insure the good faith negotiation of a completed Contract with the selected Proposer. The bond will be returned to the selected Proposer when the Contract is fully executed.

**H. Disposition of Proposals**

All materials which are submitted in response to this RFP will become the property of the EMS Agency and may be returned only at the EMS Agency's option and at the Proposer's expense. The original copy of each proposal shall be retained the EMS Agency for its official files.

**7.3 NEGOTIATION OF CONTRACT**

This RFP requires the Proposer to identify any exceptions to the contract terms included in the draft contract attached to this RFP. A selected Proposer shall only be entitled to negotiate on the basis of those exceptions to contract terms so identified in Proposer's proposal. Attempts by the selected Proposer to introduce material additional issues outside its identified contract exceptions may, in the EMS Agency's sole discretion, result in termination of negotiations and shall be considered bad faith negotiations, resulting in forfeiture of the pre-contract bond.

The EMS Agency may elect to have negotiations with the selected Proposer on the basis of some or all of the selected Proposers identified contract exceptions or it may elect to require that the selected Proposer execute the Contract in the form included in this RFP (except to fill in blanks and include information that the draft contract indicates is required from the Proposal). If the EMS Agency elects to engage in negotiations and such negotiations are successful, the selected

Proposer will be required to execute the Contract in its negotiated form. If the County does not wish to engage in negotiations or at any time during the negotiations or before the commencement of negotiations, the County may require the selected Proposer execute the Contract in the form included in this RFP (except to fill in blanks and include information that the draft contract indicates is required from the Proposal). Should the selected Proposer and the EMS Agency not agree on modifications to the Contract based on Proposer's identified contract exceptions, the selected Proposer shall remain obligated to execute the Contract in the form included with this RFP (except to fill in blanks and include information that the draft contract indicates is required from the Proposal) and failure to do so shall result in forfeiture of such of the pre-contract bond.

#### **7.4 NOTICE OF INTENT TO AWARD**

A Notice of Intent to Award will be sent to all participating Proposers advising them of the date that the Board of Supervisors will hear and consider authorizing execution of the Contract with the selected Proposer.

The EMS Agency reserves the right to cancel any Notice of Intent to Award and proceed with an award to another Proposer if any selected Proposer has not signed the contract within two weeks after the EMS Agency offers it for signature.

News releases or other public disclosure (including email, internet postings and blogs) by the Proposer pertaining to the award resulting from this proposal shall not be made without prior written approval of the EMS Agency.

## **SECTION 8**

### **DEBRIEFING AND PROTEST**

#### **8.1 DEBRIEFING**

A debriefing shall be held before the award of the contract upon the timely request of an unsuccessful Proposer for the purpose of receiving information concerning the evaluation of the Proposer's proposal. The request must be in writing, dated, signed either by the Proposer or a legally authorized individual on behalf of the Proposer and be received by the County's Department of Health Services/EMS Agency at 3313 Chanate Road, Santa Rosa, CA 95404-1795 within three (3) working days following the EMS Agency's facsimile of the "Notice of Intent to Award". Each requesting Proposer will be allotted a maximum of one hour for any debriefing conference. The information provided by the EMS Agency will be based on the factors leading to the recommendation and selection of the apparent successful Proposer. The debriefing may be held, in the discretion of the EMS Agency, by telephone conference call. The debriefing is not the forum to challenge the proposal's specification, requirements, or the selection criteria. The debriefing procedure provided herein to all requesting unsuccessful Proposers to the EMS Agency's RFP is the administrative means of receiving information upon the respective Proposer's evaluation and preliminarily challenging the award of the Contract.

#### **8.2 PROTEST**

The protest process is made available in the event that an unsuccessful Proposer cannot reach agreement with the EMS Agency after undergoing the debriefing process described herein above. Only non-successful Proposers may file a protest. The non-successful Proposer may submit a protest challenging the award of the Contract by submitting a Letter of Intent to Protest as described below.

##### **A. Submission of a Protest**

Should an unsuccessful Proposer believe the proposal evaluation process was not followed, the appealing Proposer may submit a protest of the selection as described below:

All protests must be made in writing, dated, signed by the Proposer or an individual authorized to sign contracts on behalf of the protesting Proposer, and contain a statement of all of the reason(s) for the defect in the process on which the protest is based. The unsuccessful Proposer must provide facts and evidence to support the protest.

Protest(s) must be sent either by U.S. mail, postage prepaid, or by personal delivery to:

County of Sonoma  
Department of Health Services/Coastal Valleys EMS Agency  
3313 Chanate Road  
Santa Rosa, CA 95404-1795  
Attention: Rod Stroud

All protests of the EMS Agency's award decision must be received by the Department of Health Services/Coastal Valleys EMS Agency no later than seven (7) calendar days

following the EMS Agency's facsimile of the Notice of Intent to Award. Protests received after this time will not be considered. All protests must:

- 1) Document the date and action taken resulting in a protest
- 2) Identify the material issue, including a detailed explanation of the basis for the protest and the remedy sought

**B. Protest Procedures**

A Proposer filing a protest must follow the procedures set forth herein. By submitting a "Letter of Intent to Protest," the Proposer has agreed that the protest procedures herein shall precede any action in a judicial or quasi-judicial tribunal regarding this proposal. Protests that do not follow these procedures shall not be considered. The protest procedures constitute the sole administrative remedy available to the Proposer under this RFP.

Upon receipt of the formal protest, Sonoma County Health Officer, or her designee, will attempt to resolve the protest. The Health Officer will convene, at the earliest convenience, discussions between the protesting party and seek informal resolution and/or to clarify the issues.

Within thirty (30) calendar days following receipt of the protest letter, the Health Officer shall provide a written decision to the protesting party by facsimile. The decision of the Health Officer shall be deemed final as of the date it is transmitted to the protestor.

Upon exhaustion of the protest procedures described herein, no additional administrative recourse will be available.

**C. Stay of Procurement Action During A Protest**

Nothing in this RFP shall be deemed to prevent the EMS Agency from proceeding with negotiations or awarding a contract while a protest is pending.

**D. Remedies Prior to Award**

If prior to award it is determined that a solicitation or proposed award of a contract is in violation of these Policies and Procedures, then the solicitation or proposal award shall be either:

- 1) Canceled; or
- 2) Revised to comply with these Policies and Procedures.

**E. Remedies After an Award**

If after an award it is determined that a solicitation or award of a contract is in violation of these Policies and Procedures, then:

- 1) If the Contractor has not acted fraudulently, or in bad faith:
  - a) The Contract may be ratified and affirmed, provided it is determined by the EMS Agency that doing so is in the best interest of the EMS Agency; or
  - b) The Contract may be terminated.

- 2) If the person awarded the contract has acted fraudulently or in bad faith:
  - a) The Contract shall be declared null and void.

F. **Documentation**

A formal, public record of all protests and dispute resolutions shall be maintained by the EMS Agency.

**SIGNATURE SHEETS**  
FORM A - AFFIRMATION STATEMENT FORM

In submitting this proposal/offer, \_\_\_\_\_ hereafter referred to as "Proposer," hereby affirms its full understanding of all terms set forth in the Request for Proposal (RFP). Further, Proposer certifies the completeness and accuracy of all information contained in Proposer's response to the RFP and supplied to EMS Agency during the proposal process.

Proposer's proposal constitutes a firm and binding offer by Proposer to perform the services as stated, including the terms of the proposed contract (unless otherwise accepted). Proposer further affirms that Proposer will meet or exceed all specifications contained in the RFP unless exceptions have been specifically noted in the proposal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposer

\_\_\_\_\_  
Authorized Representative of Proposer (Signature)

\_\_\_\_\_  
Authorized Representative (Printed)

\_\_\_\_\_  
Title (Printed)

ACKNOWLEDGMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2008, before me, the undersigned, a Notary Public in and for said County and State, personally appears \_\_\_\_\_ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public

Notary Public Seal  
Commission Expiration Date

FORM B<sup>1</sup> - INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being \_\_\_\_\_ (title) for \_\_\_\_\_ (entity), which is a prospective Contractor to provide Emergency Ground Ambulance Services to Sonoma County recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the Coastal Valleys EMS Agency or its agents, such as, but not limited to, the character, reputation, competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability, and general background, and specifically agrees that the EMS Agency, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

\_\_\_\_\_  
Date

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

ACKNOWLEDGMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ 2008, before me, the undersigned, a Notary Public in and for said County and State, personally appears \_\_\_\_\_ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public Seal  
Commission Expiration Date

FORM B<sup>2</sup> - INVESTIGATIVE AUTHORIZATION - ENTITY

The undersigned entity, a prospective Contractor to provide Emergency Ground Ambulance Service for Sonoma County recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by the Coastal Valleys EMS Agency, or its agents. The entity specifically agrees that the Coastal Valleys EMS Agency or its agents may conduct an investigation for the purpose into, but not limited to the following matters:

1. The financial stability of the entity, including its owners and officers, any information regarding potential conflict of interests, past problems in dealing with other clients or cities where the entity has rendered service, or any other aspect of the entity operations or its structure, ownership, or key personnel which might reasonably be expected to influence the Coastal Valleys EMS Agency's selection decision.
2. The entity's current business practices, including employee compensation and benefits arrangements, pricing practices, billings and collections practices, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and general internal personnel relations.
3. The attitude of current and previous customers of the entity toward the entity's services and general business practices, including patients or families of patients served by the entity, physicians or other health care professionals knowledgeable of the entity's past work, as well as other units of local government with which the entity has dealt in the past.
4. Other business in which entity owners and/or other key personnel in the entity currently have a business interest.
5. The accuracy and truthfulness of any information submitted by the entity in connection with such evaluation.

This authorization shall expire six (6) months from the date of the signature.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE ENTITY:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Authorized Representative (Printed)

\_\_\_\_\_  
Title (Printed)

FORM B<sup>2</sup>- continued - (INVESTIGATIVE AUTHORIZATION - ENTITY)

ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2008, before me appeared \_\_\_\_\_  
to me personally known, who being by me duly sworn, did say that he/she is the \_\_\_\_\_ of  
\_\_\_\_\_ and that said instrument was signed in behalf of said entity by  
authority delegated to him/her, and said affiant acknowledges said instrument to be the free act and  
deed of said entity.

IN WITNESS WHEREOF, I have hereunto set by hand and affixed my official seal the day and  
year last above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public Seal  
Commission Expiration Date

FORM C (2) - REQUEST FOR AUTHORIZATION OF FINANCIAL STABILITY

The undersigned entity, a prospective Contractor to provide Emergency Ground Ambulance Service for the Coastal Valleys EMS Agency Exclusive Operating Area recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by Coastal Valleys EMS Agency, or its agents. The entity specifically agrees that Coastal Valleys EMS Agency or its agent may conduct an investigation for the purpose of evaluating the financial stability of the entity. This authorization expires six (6) months from signature date.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE ENTITY:

\_\_\_\_\_ Date

\_\_\_\_\_ Entity Name

\_\_\_\_\_ Authorized Representative (Signature)

\_\_\_\_\_ Authorized Representative (Printed)

\_\_\_\_\_ Title (Printed)

ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ - COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2008, before me appeared \_\_\_\_\_  
\_\_\_\_\_ to me personally known, who being by me duly sworn, did say that he/she  
is the \_\_\_\_\_ of \_\_\_\_\_ and that said instrument was signed in  
behalf of said entity by authority delegated to him/her, and said affiant acknowledges said instrument to  
be the free act and deed of said entity.

IN WITNESS WHEREOF, I have hereunto set by hand and affixed my official seal the day and  
year lest above written.

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Notary Public Seal  
Commission Expiration Date

## Form C(1)

### Request for Verification of Deposit

Please complete the following information. The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. This form is to be transmitted directly to Sonoma County and is not to be transmitted through the applicant or any other party.

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

To be completed by Depository

Deposit Accounts of Applicant(s)						
Type of Account	Account Number	Current Balance	Average Balance for previous two (2) months	Date Opened		
		\$				
		\$				
		\$				
		\$				
		\$				

Bank Card Accounts of Applicant(s)				
Type of Bank Card	Account Number	Current Balance	Monthly Average	Expiration Date
		\$	\$	
		\$	\$	

Loans Outstanding to Applicant(s)						
Loan Number	Date of Loan	Original Amount	Current Balance	Installments:	Secured by:	No. of Late Payments
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	
		\$	\$	\$	per	

Please include any additional information which may be of assistance in determining credit worthiness.  
Please include information on loans paid-in-full in section above.

# ATTACHMENT I

## OVERVIEW OF SONOMA COUNTY

### Geographic - Demographic Profile

Sonoma County is a coastal county in Northern California, located about 40 miles north of San Francisco. The county is primarily rural, comprised of 9 incorporated cities and 17 unincorporated areas. Sonoma County is home to 11 California state parks, which total 36,000 acres of land. Located in Wine Country, Sonoma County is a popular tourist destination home to over 250 wineries.

Sonoma County features a varied topography, defined primarily by the Mayacamas Mountains and the Sonoma Mountains; however the southeastern region of the county is relatively flat. Elevation ranges from near sea level to a height of about 4,344 feet above sea level at the peak of Mt. St. Helena. The Russian River flows through the county, parallel to Highway 101. The county is also home to a number of smaller rivers and creeks, as well as a number of lakes and reservoirs.

The weather in Sonoma County is very mild, particularly along the coast where temperatures are generally cool, but rarely drop below freezing. Precipitation peaks during the winter months, and is very minimal throughout the remainder of the year. In general, precipitation is heaviest at higher elevations and in the northern part of the county.

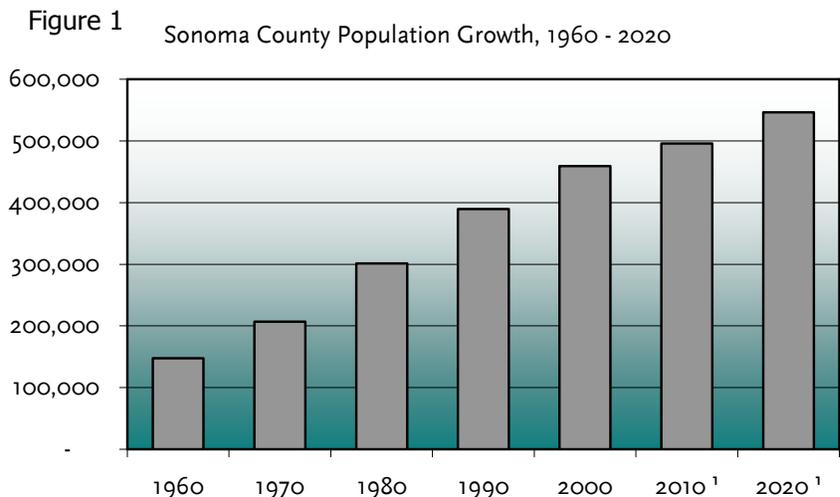
Sonoma County faces earthquake risk from a number of fault lines that are part of the San Andreas Fault system. Specifically, the San Andreas Fault, Mayacama Fault, Healdsburg Fault, and Rodgers Creek Fault are all located within Sonoma County.

There are more than 2,300 lane miles of local streets and roads within Sonoma County, as well as 250 miles of state roads. These state roads include Highways 1, 12, 101, 116, 121, and 128. Highway 101 serves an important purpose, linking seven of Sonoma's nine cities with one another and connecting the county with the Bay Area and North Coast regions of the state. Most of Sonoma County's population lives along the Highway 101 corridor.

Figure 1 shows Sonoma County's population from 1960 to 2000, with projections for 2010 and 2020. In 2007, the California Department of Finance estimated the population of Sonoma County to be 481,765, an increase of 0.7 percent from 2006. The county has a total land area of 1,576 square miles, resulting in a population density of approximately 305.7 residents per square mile.

Sonoma County's population is predominantly white (69.4 percent). The ethnic/racial composition of Sonoma

County residents differs significantly from that of California. Specifically, a greater proportion of Sonoma



Source: California Department of Finance

<sup>1</sup> Projected

County's population is white, while fewer are identified as Hispanic/Latino, Asian, or Black/African American. Sonoma County's distribution of population by age is similar to that of the United States; however the population is slightly older than that of California.

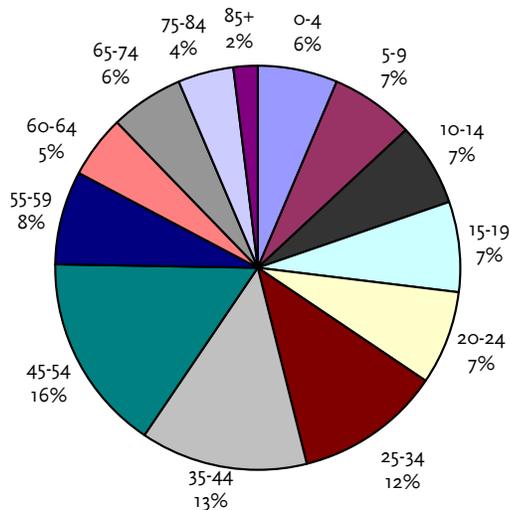
Figure 2

Demographic Profiles, 2006						
	County		State		Nation	
	Total	Percent	Total	Percent	Total	Percent
Total Population	466,891	-	36,457,549	-	299,398,484	-
Male	231,578	49.6%	18,228,775	50.0%	147,603,453	49.3%
Female	235,313	50.4%	18,228,775	50.0%	151,795,031	50.7%
Population by Age Group						
Under 5 years	28,947	6.2%	2,661,401	7.3%	20,359,097	6.8%
5-18 years	77,971	16.7%	6,854,019	18.8%	53,292,930	17.8%
19-64 years	300,678	64.4%	23,004,713	63.1%	188,621,045	63.0%
65 years and older	59,295	12.7%	3,937,415	10.8%	37,125,412	12.4%
Population by Race/Ethnicity						
White (Non-Hispanic)	324,022	69.4%	15,713,204	43.1%	198,800,593	66.4%
Hispanic/Latino	102,716	22.0%	13,088,260	35.9%	44,310,976	14.8%
Asian	18,676	4.0%	4,520,736	12.4%	13,173,533	4.4%
Black/African American	7,937	1.7%	2,442,656	6.7%	38,323,006	12.8%
Hawaiian/Pacific Islander	1,401	0.3%	145,830	0.4%	598,797	0.2%
Native American/Alaskan Native	6,536	1.4%	437,491	1.2%	2,993,985	1.0%

Source: US Census Bureau State and County QuickFacts

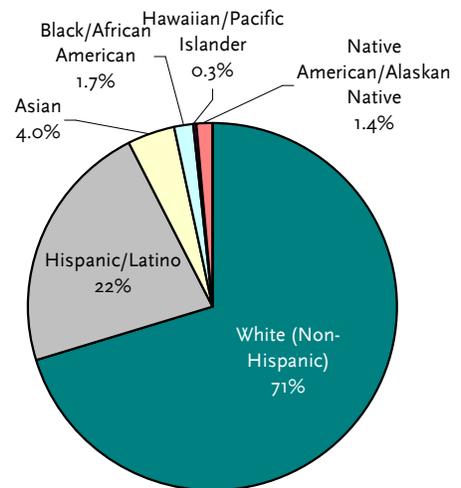
Figures 3 and 4 below show the breakdown of population by age and population by race/ethnicity in Sonoma County in 2006.

Figure 3  
Sonoma County Population by Age, 2006



Source: California Department of Finance

Figure 4  
Sonoma County Population by Race/Ethnicity, 2006



Source: US Census Bureau State and County QuickFacts

According to the California Employment Development Department Labor Market Information Division, Sonoma County's labor force included 262,100 individuals in 2007, with an unemployment rate of approximately 4.4 percent. This is below the statewide unemployment rate of about 5.4 percent. However, Sonoma's unemployment rate fluctuates greatly throughout the year, following the pattern of typical planting and harvesting seasons. Although only a relatively small proportion of the population is actually employed in agriculture and farming the additional economic activity produced during these seasons increases employment in other segments of the economy as well. Figure 5 shows the average employment by industry for Sonoma County during 2007.

Figure 5

<b>Employment Profiles, 2007</b>				
	County		State	
	Total	Percent	Total	Percent
Civilian Labor Force	262,100	-	18,188,100	-
Civilian Employment	250,500	95.6%	17,208,900	94.6%
Unemployment	11,600	4.4%	979,200	5.4%
Unemployment Rate	4.4%	-	5.4%	-
<b>Employment by Industry</b>				
Agriculture/Farming	6,000	3.1%	386,400	2.5%
Construction/Mining	14,600	7.4%	918,200	5.9%
Manufacturing	22,300	11.4%	1,463,200	9.4%
Trade	31,800	16.2%	2,405,700	15.5%
Transportation/Utilities	4,500	2.3%	505,200	3.2%
Information	3,000	1.5%	472,800	3.0%
Finance/Insurance/Real Estate	9,300	4.7%	906,600	5.8%
Professional & Business Services	23,000	11.7%	2,263,300	14.6%
Education & Health Services	23,600	12.0%	1,664,300	10.7%
Leisure & Hospitality	20,800	10.6%	1,553,100	10.0%
Other Services	6,400	3.3%	513,600	3.3%
Federal Government	1,900	1.0%	246,800	1.6%
State & Local Government	29,100	14.8%	2,250,600	14.5%

Source: California Employment Development Department, Labor Market Information Division, Employment by Industry Data

In 2006, approximately 85.7 percent of Sonoma County residents over the age of 25 years were high school graduates or higher; 30.4 percent had a Bachelor's degree or higher, according to the US Census Bureau. The median household income was \$60,821, with approximately 9.9 percent of Sonoma County residents living below the poverty level.

The following table shows call volume, transports, calls cancelled prior to arrival, and non-transport after arrival for AMR/Sonoma Life Support, along with growth rates for these data for 2003 through 2007.

Figure 6

<b>AMR/Sonoma Life Support Responses 2003-2007</b>								
	Total Calls	Percent Growth in Calls	Transports	Percent Growth in Transports	Cancel Prior to Arrival	Percent Growth in Cancels	Non-Transport After Arrival	Percent Growth in Non-Transports
2003	22,373	-	15,122	-	4,127	-	3,124	-
2004	23,819	6.5%	15,746	4.1%	5,061	22.6%	3,012	-3.6%
2005	25,246	6.0%	16,629	5.6%	5,838	15.4%	2,779	-7.7%
2006	24,608	-2.5%	16,346	-1.7%	5,533	-5.2%	2,729	-1.8%
2007	23,175	-5.8%	16,152	-1.2%	5,012	-9.4%	2,021	-25.9%

Source: AMR/Sonoma Life Support

## ATTACHMENT II

### EMS DEFINITIONS

The following terms and abbreviations are utilized throughout the RFP.

Advanced Life Support - ALS - Those special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code § 1797.52

Advanced Life Support First Responder - An ALS first responder is a first response provider that is authorized by the EMS Agency to provide ALS first response services and is staffed by at least one EMT-P and equipped with EMS Agency-approved supplies and equipment.

Advanced Life Support (ALS) Unit - An ambulance especially equipped to provide Advanced Life Support services, staffed by at least one EMT-1 and one EMT-P.

ALS Interfacility Transport - An ALS interfacility transport is a transport requested by a hospital that requires paramedics. This does not include CCT transfers or transfer for specialty care for which the receiving hospital (e.g. Children's Hospital) has their own team for transport.

ALS Resource - An ambulance, a fire ALS First Responder (engine) or a Quick Response Vehicle (QRV) that is specifically authorized to respond to medical emergencies. An ALS Resource must be staffed by a minimum of one EMT-P and have all the equipment and supplies required by the EMS Agency.

Ambulance or Ambulance Unit - Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirmed or otherwise incapacitated person(s).

Ambulance Service - The furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged.

Authorized Registered Nurse - A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

Basic Life Support (BLS) - Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code § 1797.60.

Basic Life Support Unit (BLS Unit) - An ambulance, as defined herein, staffed and equipped, at a minimum, to provide Basic Life Support services.

Closing Date/Time - The last day and time the Request for Proposal must be received in the office of the County of Sonoma Department of Health Services/Coastal Valleys EMS Agency.

Coastal Valleys Emergency Medical Services Agency - Established by representative Board of Supervisors (Mendocino, Napa and Sonoma Counties) to, among other responsibilities, contract for ambulance service that will provide coverage for the county.

Code-1 Call - Any non Code-3 or Code-2 request for service which is scheduled and a medical determination has been made that no detriment to the patient will occur as a result of a delay in transportation.

Code-3 Call - Any request for service for a perceived or actual life threatening condition, as determined by dispatch personnel, in accordance with EMS Agency policy and pre-established dispatch protocols, requiring immediate dispatch with the use of lights and sirens.

Code-2 Call - Code-2, for the purposes of this RFP, shall mean an immediate response without lights and siren for a dispatched request.

Computer-Aided Dispatch or CAD - Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination, resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

Contract - The Emergency Ground Ambulances Services Agreement entered into between the County and the Contractor. The Contract constitutes the entire agreement between the County and the Contractor.

Contractor - The Proposer awarded the Contract derived from this RFP and designated as the legal entity to perform the duties required under the Contract. The Prime Contractor will hereafter also be known as the Contractor. Any subcontracting, joint ventures, or other legal arrangements made by the Contractor during this project are the sole responsibility of the Contractor.

County - The County of Sonoma, a political subdivision of the State of California.

Critical Care Transport (CCT) - The provision of emergency ambulance services utilizing a registered nurse, physician, physician assistant or specially trained paramedic as the attendant on such vehicle. For purposes of this RFP, CCT shall include CCT-P.

Deployment - The procedures by which ambulances are distributed throughout the service area. Deployment includes the locations at which the ambulances are placed (or posted) and the number of ambulances placed in service for the particular time period.

Dispatch Time - Common unit of measurement from receipt of a call until a unit has been selected and notified it has an assignment.

Duly Appointed Officer - Person who has legal authority to enter into and sign contracts on behalf of the entity.

Emergency - A condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency. (Health and Safety Code Division 2.5, Chapter 2, Section 1797.70). Scheduled BLS ambulance services are not included as part of this RFP process.

EMS Agency - Coastal Valleys EMS Agency, the designated local EMS Agency.

EMS Aircraft - An aircraft with emergency medical transport capabilities.

Emergency Ground Ambulance Services - shall mean throughout this RFP those services requested for immediate response of a ground ambulance service, as outlined in this RFP, requested by any source including the 9-1-1 telephone system and through any seven-digit phone number.

Emergency Call - A real or self-perceived event where the EMS system is accessed by the 9-1-1 emergency access number, or an interfacility transfer where the patient's health or well-being could be compromised if the patient is held at the originating facility.

Emergency Medical Dispatch (EMD) - Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, call and resource priority and pre-arrival instruction.

Emergency Medical Services (EMS) - This refers to the full spectrum of prehospital care and transportation (including interfacility transports), encompassing bystander action (e.g. CPR), priority dispatch and pre-arrival instructions, first response and rescue service, ambulance services, and on-line medical control. BLS ambulance services are not included as part of this RFP process.

EMS System - A specially organized arrangement which provides for the personnel, facilities, and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions. (Health and Safety Code Division 2.5, Chapter 2, Section 1797.78)

Emergency Medical Technician - I - or EMT - I - An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I (FS) and EMT-I-A. (Health and Safety Code Division 2.5, Chapter

2, Section 1797.80)

Emergency Medical Technician - Paramedic - or EMT-P - Individual whose scope of practice to provide Advanced Life Support services is according to the California Code of Regulations and whom has a valid license issued pursuant to California Health and Safety Code. (Health and Safety Code Division 2.5, Chapter 2, Section 1797.84)

En Route Time (Out of Chute) – The elapsed time from unit alert to unit en route.

Evaluation Committee - A committee established to review and evaluate bid proposals and provide a recommendation to the County Director of the EMS regarding an award of the Contract.

Exclusive Operating Area (EOA) – the Sonoma County Exclusive Operating Area #1 which is a single EOA servicing a portion of the unincorporated and incorporated Sonoma County as detailed in maps attached to this RFP.

Formal Date of Award - Date the Board of Supervisors takes formal action to authorize the execution of the Contract.

Intervention Time – The actual time spent by field personnel directly with the patient, including treatment at the scene and transport to the destination.

Joint Ventures - Two or more corporations or entities that form a temporary union for the purpose of the RFP.

Level "0" – No ambulance is available to respond to a call.

Liquidated Damages: Amounts agreed upon by the parties and set for in the agreement, to be applied where actual damages cannot be ascertained with certainty in advance.

Multi-Casualty Incident (MCI) - An event has taken place that results in more victims than are normally handled by the system. The event takes place within a discrete location and does not involve the entire community. It is expected that the number of victims would range from 6 to 50 and that the system would be stressed, including delays in treatment of patients with relatively minor injuries or illnesses.

Medical Base Hospital - The source of direct medical communications with and supervision of the immediate field emergency care performance by EMT-1s or EMT-Paramedics.

Medical Director - Shall mean the EMS Agency Medical Director, contracted to oversee the medical control and quality assurance programs of the EMS System.

Medical Priority Dispatch System @ - The EMD system that has been approved for use in Sonoma County.

Medical Protocol - Written standards for patient medical assessment and management.

Mutual Aid - Shall refer to: 1) responses into the EOA from a ground transport provider outside the EOA for the purpose of assisting the Contractor with emergency requests for service; 2) responses by the Contractor to service areas outside the EOA for the purpose of assisting the ground transport provider in an adjacent service area.

Notice of Intent to Award - Letter sent by County to all participating Proposers advising them of the date that the Board of Supervisors will hear and consider authorizing execution of the Contract with the successful Proposer as selected by the Director of the EMS Agency.

On Scene - The moment when a unit is physically at or within one hundred (100) feet of the scene. In situations where the unit is responded to a location other than the scene (e.g., staging area for hazardous materials/violent crime incidents, non-secured scenes, multi-unit building complexes), arrival on scene shall be the time the unit arrives at the designated staging location or within one hundred (100) feet of it.

Paramedic – An individual trained and licensed to perform ALS procedures under the direction of a physician. Also known

as an EMT-P.

Paramedic Unit - An ambulance staffed and equipped to provide advanced life support at the scene of a medical emergency and during transport in an ambulance. The minimum standard for a paramedic unit in Sonoma County shall be one (1) EMT-P and one (1) EMT-1.

Peak-Load Staffing – The design of shift schedules and staffing plans so that coverage by crews matches the System Status Plan’s requirements. (NOTE: peak-load demand will trigger peak-load staffing coverage.)

Post-to-Post Move - Movement of an ambulance from one designated posting (positioning) location to another designated post.

Post – A designated location for ambulance placement within the System Status Plan (SSP). Depending upon its frequency and type of use, a “post” may be a facility with sleeping quarters or day rooms for crews, or simply a street-corner or parking lot location to which units are sometimes deployed.

Priority Dispatching– A structured method of prioritizing requests for ambulance and first responder services, based upon highly structure telephone protocols and dispatch algorithms. Its primary purpose is to safely allocate available resources among competing demands for service.

Productivity– The measures of work used in the ambulance industry that compare the used resources (unit-hours) with the production of the work product (patient transports). Productivity is expressed and calculated by determining the number of transports per unit-hours.

Project Director - The person named by the EMS Agency who will oversee the project associated with the RFP who will be the first contact regarding any questions, problems, and any other issues that arise during the Contract period.

Proposer- A person, partnership, firm, corporation, or joint venture submitting a bid proposal for the purpose of obtaining an award of Contract pursuant to this RFP.

Public Safety Answering Point (PSAP) - A government operated facility that receives emergency calls for assistance through the E-9-1-1 system or over private telephone lines.

Quick Response Vehicle (QRV) - A vehicle that has at the minimum, one individual trained at the paramedic level or higher and equipment to provide ALS service.

Response Time - The time measured from the time of initial alert of the appropriate responding resource(s) to the time that such resource arrives on scene with a fully functional and staffed ALS unit.

Revenue– Increases to equity from any source. Ambulance sales are usually reported as gross (billed) revenue amounts or in net terms that reflect adjustments for write-offs.

Scheduled BLS Call– A scheduled BLS call is a call that is scheduled for at least 30 minutes from the request for a BLS ambulance where no detriment to the patient will occur as a result of the call be scheduled.

Specialty Medical Transports – Specialty medical transports are those transports for special services provided by specialized teams including neonatal, pediatric ICU, air medical, interfacility CCT, etc.

Standby Service - The dispatch of an emergency ambulance unit(s) by County Dispatch or other PSAP authorized by the County at the specific request of a public safety agency or for special events to a position of immediate availability. It could also mean a request by a private or public part for scheduled standby emergency ground ambulance services for an event such as a fair or school event.

Statusing: The posting or movement of ambulances to improve response time based on the conditions at that time of the day.

Subcontractors - Any person, entity or organization, to which Contractor, the EMS Agency or County has

delegated any of its obligations hereunder.

System Standard of Care – The combined compilation of all priority-dispatching protocols, pre-arrival instruction protocols, medical protocols, protocols for selecting destination hospitals, standards for certification of pre-hospital personnel, as well as standards governing requirements for on-board medical equipment and supplies, and licensing of ambulance services and first responder agencies. The System Standard of Care simultaneously serves as both a regulatory and contractual standard.

System Status Controller (SSC) – Personnel with special SSM training who are responsible for on-line implementation and management of the system status plan.

System-Status-Management - A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

System Status Plan (SSP) – A planned protocol or algorithm governing the deployment and event-driven redeployment of system resources, both geographically and by time of day/day of week. Every system has a system status plan.

Transport Volume – The actual number of requests for service that result in patient transport.

Unit Hour (UH) – One hour of service by fully equipped and staffed ambulance assigned to a call or available for dispatch.

Unit Hour Utilization (UHU) Ratio – A measurement of how hard and how effectively the system is working. It is calculated by dividing the number of transports (not calls) initiated during a given period of time, by the number of unit hours (hours of service) produced during the same period of time. Units involved in long-distance transfer work, special event coverage and certain other classes of activity are excluded from these calculations.

Utilization – A measure of work that compares the available resources (unit-hours) with actual time that those unit-hours are being consumed by productive activity. The measure is calculated to determine the percentage of unit-hours actually consumed in productivity with the total available unit-hours.

Workload – A measure of work performed by on-duty units during any given period of time.

## Attachment III – REDCOM Summary

In calendar year 2007, REDCOM dispatched over 64,700 fire and ambulance resources to 43,822 incidents.

The information below shows the operating budget for REDCOM for fiscal year 2008-09. Also shown is the budget for the dispatch services contract with the Franchise Contractor. The Franchise Contractor develops and submits a proposed budget annually which is reviewed by REDCOM and upon final agreement, incorporated in to the REDCOM Operating Budget.

Costs for the REDCOM Operating Budget (less MDC contributions and 25.13% of the Franchise Contractor Budget) are prorated to REDCOM member agencies and users based on an annual call volume formula.

### REDCOM Budget FY 08-09

REVENUE	Amount	Description
Member Contributions for Baseline	\$2,143,779	Monies from member agencies and other entities for dispatch services
MDC Contributions for Baseline	\$343,744	MDC costs are allocated to agencies that use mobile data systems. <i>Note: Franchise cost for FY 08-09 is \$111,717</i>
Franchise Contractor Baseline Contribution	\$644,513	Based on 25.13% of franchise contract cost for dispatch services
<b>TOTAL REVENUE</b>	<b>\$3,132,036</b>	
<b>Expenditures</b>		
Communications / Radio Maintenance	\$25,000	Phone and radio system maintenance/upgrades
Insurance	\$10,000	Liability insurance
General Office Expenses	\$1,000	Office expenses
CAD Maintenance	\$421,087	Costs allocated to REDCOM for its use of county-wide dispatch CAD system
County Services	\$394	Auditor-Controller General Accounting Charges
Franchise Dispatch Contract	\$2,564,715	Cost for dispatch services provided by Franchise contractor
Admin. Support	\$67,340	Cost for County personnel assigned to admin support for REDCOM
Legal Counsel	\$6,000	Costs for County Counsel services
Fiscal Accounting Services	\$18,000	Costs for County fiscal management services related to budget and REDCOM operations
Annual Audit	\$13,000	Costs for annual fiscal audit
Meeting Notification	\$500	Costs for public posting of REDCOM meeting notices
Travel & Training	\$5,000	Costs for travel & training expenses ( <i>Note: Does not pay for travel/training of Franchise Contractor personnel; those costs paid through "Franchise Dispatch Contract"</i> )
<b>TOTAL EXPENDITURES</b>	<b>3,132,036</b>	

### Franchise Contractor Budget FY 08-09

Category	Amount	Description
Personnel Salaries & Benefits	\$2,379,120	Personnel costs including salaries, benefits & payroll taxes
Depreciation	\$3,912	Communications/office equipment, computers & software depreciation
Insurance	\$62,265	Workers comp and general liability
Communications	\$38,872	Telephones, cell phone, pagers, long distance, data
Occupancy	\$1,120	Common space (lunchroom, restrooms)
Other Operating Expenses	\$16,941	Uniforms, other general operating expenses
Training	\$20,461	Training, education, seminars/conferences
Direct Admin Expenses	\$42,024	Travel, computer expenses, printing/postage & other supplies
<b>TOTAL</b>	<b>\$2,564,715</b>	

## **Attachment IV – Key Contacts**

### **SONOMA AMBULANCE PROVIDERS**

#### **American Medical Response**

(aka: Sonoma Life Support)  
930 South A Street  
Santa Rosa, CA 95404  
707-536-0400 Admin Phone  
707-591-0750 Admin Fax  
Contact: Dean Anderson

#### **Bodega Bay Fire Department**

Box 6  
Bodega Bay, CA 94923  
707-875-3700 Phone  
707-875-2660 Fax  
Contact: Sean Grinnel  
r  
|

#### **Coast Life Support**

38901 Ocean Drive  
P.O. Box 1056  
Gualala, CA 95445  
707-884-1216 Phone  
707-884-1945 Fax  
Contact: Nick Scanlon-Hill

#### **Petaluma Fire Department**

198 D Street  
Petaluma, CA 94952  
707-778-4390 Phone  
707-762-4547 Fax  
Contact: Chris Albertson

#### **Sonoma County Sheriff Department**

Helicopter Operations  
2796 Ventura Avenue  
Santa Rosa, CA 95403  
707-565-7195/8 Phone  
707-565-7194 Fax  
Contact: Scott Dunn

#### **VeriHealth**

P.O. Box 750416  
Petaluma, CA 94975  
707-766-2404 Phone  
707-766-2425 Fax  
Contact: Sean Sullivan

#### **Bells Ambulance**

434 Powell Avenue  
P.O. Box 726  
Healdsburg, CA 95448  
707-433-1408 Phone  
707-433-1461 Fax  
Contact: Steve Busher or  
Wayne Bell

#### **Cloverdale Ambulance**

Box 33  
Cloverdale, CA 95425  
707-894-5862 Phone  
707-894-9532 Fax  
Contact: Tom Hinrichs

#### **Russian River Fire Protection District**

Box 367  
Guerneville, CA 95446  
707-887-1072 Phone  
707-869-2223 Fax  
Contact: Glen Rampone

#### **REACH Helicopter**

451 Aviation Blvd., #201  
Santa Rosa, CA 95403  
707-575-6886 Phone  
707-575-8049  
Contact: Jim Adams

#### **Sonoma Fire Department**

630 2<sup>nd</sup> Street West  
Sonoma, CA 95476  
Phone: 707-996-2102  
Fax: 707-996-2868  
Contact: Phil Garcia

## Ambulance Franchise Zone Fire Departments/First Responder Agencies

<p>Kenwood FPD Bob Uboldi 9045 Sonoma Hwy, Santa Rosa/Kenwood 707-833-2042 Fax: 833-4412 <a href="mailto:kwdfire@firredept.net">kwdfire@firredept.net</a></p> <p>Gold Ridge FPD &amp; Bennett Valley FPD Andy Pforsich 4500 Hessel Rd, Sebastopol 707-823-1084 Fax: 829-1175 <a href="mailto:Grfd2200@sonic.net">Grfd2200@sonic.net</a></p> <p>Forestville FPD Dan Northern P.O. Box 427 Forestville, CA 95436 707-887-2212 <a href="mailto:Chief5100@aol.com">Chief5100@aol.com</a></p> <p>Graton FPD Terry Davis P.O Box A Graton CA 95544 707-823-5515 Fax: 823-7251</p> <p>Rancho Adobe FPD Frank Treanor P.O. Box 1029 Penngrove, CA 94951 707-795-6011 FAX: 795-5177 <a href="mailto:ftreanor@rancho-adobe-fire.org">ftreanor@rancho-adobe-fire.org</a></p>	<p>Rincon Valley FPD Doug Williams 8200 Old Redwood Hwy, Windsor 707-539-1801 Fax: 539-3046 <a href="mailto:dwilliams@rvfire.org">dwilliams@rvfire.org</a></p> <p>Mountain VFD Mike Rossi 5198 Sharp Rd. Calistoga, CA 94515 707-942-2222 <a href="mailto:Chief36@aol.com">Chief36@aol.com</a></p> <p>Rohnert Park DPS Tom Bullard 500 City Hall Drive Rohnert Park, CA 94928 707-584-2650 <a href="mailto:tbullard@rpcity.org">tbullard@rpcity.org</a></p> <p>Sebastopol FD John Zanzi 7425 Bodega Ave. Sebastopol, CA 95472 707-823-8061 <a href="mailto:jzanzi@sonic.net">jzanzi@sonic.net</a></p> <p>Santa Rosa FD Bruce Varner 955 Sonoma Ave. Santa Rosa, CA 95404 707-543-3500 Fax: 543-3520 <a href="mailto:bvarner@ci.santa-rosa.ca.us">bvarner@ci.santa-rosa.ca.us</a></p>
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## **Attachment V – Sample Ambulance Contract**

*(to be provided at the bidders' conference)*

# Attachment VI – Franchise Radio Frequencies

## Sonoma County Ambulance Radio and Communications Information

### VHF Frequencies – mobile and portable

<b>Channel Name / ID</b>	<b>Tx Freq</b>	<b>CTCSS</b>	<b>Rx Freq</b>	<b>CTCSS</b>
REDCOM	159.9150	146.2	154.3010	146.2
Control-2	155.2650	123.0	155.2650	123.0
Control-3	158.9850	146.2	154.1450	146.2
Control-4	154.1750	156.7	154.1750	156.7
CDF West	159.3900	None	151.4600	None
Control-5 W1	154.2800	None	154.2800	None
White 2	154.2650	None	154.2650	None
White 3	154.2950	None	154.2950	None
MEDCOM	155.8350	None	155.1000	None
XSN TAC-1	153.7700	146.2	153.7700	146.2
XSN TAC-2	154.2050	146.2	154.2050	146.2
XSN TAC-3	154.4450	146.2	154.4450	146.2
CDF TAC-4	154.2650	None	154.2650	None
XSN TAC-5	154.2500	146.2	154.2500	146.2
CDF TAC-6	151.3250	None	151.3250	None
XSN TAC-7	154.0100	146.2	154.0100	146.2
XSN TAC-8	154.9950	146.2	154.9950	146.2
XSN TAC-9	154.0700	146.2	154.0700	146.2
CDF TAC-10	151.4000	None	151.4000	None
XSN TAC-11	154.4300	146.2	154.4300	146.2
XSN TAC-12	153.9950	192.8	153.9950	192.8
XSN TAC-13	154.3850	146.2	154.3850	146.2
XSN TAC-14	155.8950	131.8	155.8950	131.8
CALCORD	156.0750	None	156.0750	None
FASTER-SRMH	155.3550	192.8	155.3550	None
FASTER-Sutter	155.3550	127.3	155.3550	None
FASTER-Palm Dr	155.3550	156.7	155.3550	None
FASTER-Pet Valley	155.3550	146.2	155.3550	None
FASTER-Kaiser	155.3550	114.8	155.3550	None
FASTER-Son Valley	155.3550	131.8	155.3550	None
FASTER Healdsburg	155.3550	173.8	155.3550	None

### UHF Frequencies – mobile only (portable not required)

MedNet 1-10

### Pagers

1. Alpha/numeric
2. Voice pagers on REDCOM frequency

Cell phone – 1 per unit