

Request for Statement of Qualifications

Emergency Medical Services

RFQ NO. 2017-06

**Packet for the Term
December 2017 to December 2022**



NORTH LAS VEGAS FIRE DEPARTMENT

**REQUEST FOR
STATEMENT OF QUALIFICATIONS
PACKET**

EMERGENCY MEDICAL SERVICES

**For the term of
OCTOBER 2017 to OCTOBER 2022**

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INTRODUCTION

This packet contains all the forms necessary for providers to respond to the City of North Las Vegas' requests for Statement of Qualification (SOQ) for emergency medical services. Providers should carefully read and review this entire package.

The City of North Las Vegas request SOQs from qualified emergency medical service providers who are interested in providing professional and qualified emergency care and transport throughout various locations within the City of North Las Vegas. The provider shall be required to provide twenty-four hour a day, seven days a week Advanced Life Support and Basic Life Support level ambulance services utilizing certified paramedics and emergency medical technicians.

Currently the City of North Las Vegas has a franchise agreement with a third party that provides citywide Advanced Life Support transport for both emergency and non-emergency medical transports. That agreement expires in December 2017. The City is currently considering restructuring our response zones and is interested to see if there are any qualified providers to the new proposed scope of work.

The City of North Las Vegas is considering creating two zones within the existing City boundaries:

- North Zone (proposed): Consists of all City property north of and including Craig Road. Under this new Proposal City of North Las Vegas Fire Department will be responsible for all 911 Emergency Medical Incidents. Under this proposal a third party would be responsible for all inter-facility transports and 911 emergency medical bariatric incidents. For planning purposes, from July 1, 2016 to June 30, 2017 there were 9482 calls for service in this zone.
- South Zone (Proposed): Consists of all City property south of Craig road. Under this new Proposal a third party will be responsible for all 911 Emergency Medical Incidents and inter-facility transports. From July 2016 to July 2017 there were approximately 15,000 incidents in this zone. The City will reserve the right to transport critical patients in need of immediate hospital intervention if the third party transport unit is not on scene or is delayed. For planning purposes, from July 1, 2016 to June 30, 2017 there were 14,061 calls for service in this zone.

Considerations: Levels of Service; the contractor must be able to staff enough ALS and BLS ambulances strategically located throughout the south zone to meet the following response criteria. This includes Priority 3 calls and Bariatric calls for the North Zone:

- Advanced Life Support Priority Incidents (Bravo, Charlie, Delta, Echo) within 11 minutes and 59 seconds or less 90% of time.
- Basis Life Support Non-Priority Incidents (Alpha, Omega) within 19 minutes and 59 seconds or less 90% of time.
- Priority 3 (P3) Scheduled - Scheduled Time
- Priority 3 (P3) Unscheduled – 59 minutes and 59 seconds or less 90% of the time

Requirements and Penalties: Third party must agree and adhere to the following requirements or be subject to the associated penalty fee per incident:

- Failure to Dispatch an ALS/BLS unit 100% of the time will result in a \$2,000 penalty.
- Failure to Report on scene will result in a \$250 penalty. False reporting on scene will result in \$1,000 penalty.
- Failure to provide requested monthly reports will result in a \$500 penalty and subsequently a \$250 per day thereafter.
- Failure to provide patient care reports to receiving facility prior to returning to service will result in \$100 penalty.
- Failure to provide the appropriate staff and equipment for the assignment 100% of the time will result in a \$1000 penalty.
- Failure to provide a gurney and appropriate level medical bag when in the immediate proximity of a patient will result in a \$250 penalty.
- Failure to comply with all SNHD Protocols and City Ordinances will result in a \$250 penalty.
- Failure to Provide twenty-four hours, seven days a week a bariatric response capable ALS/BLS ambulance service to the entire City of North Las Vegas will result in a \$500 penalty.
- Responding to an incident and/or Requesting emergency units without fire alarm office or IC notification will result in a \$1,000 penalty.
- Using non-existents or out of service ambulance identifiers as a dispatched or diverted ambulance will result in a penalty of \$5,000.

Providers interested in providing these services should complete a submittal using the information and forms contained in this packet. Submittals will only be accepted from 8:00 a.m. to 5:00 p.m., Monday through Thursday until the **deadline of 3:00 p.m. on Thursday, October 26, 2017. NO LATE SUBMITTALS WILL BE ACCEPTED.**

Submittals are to be delivered to the following address:

Mailing address and messenger deliveries:

Paul Sikora
 Contracts Coordinator
 City of North Las Vegas
 2250 Las Vegas Boulevard North, Suite 710
 North Las Vegas, NV 89030
sikorap@cityofnorthlasvegas.com

Note: **Submittals will only be accepted in PDF format on a compact disc (CD). No hard copies will be accepted.**

SUBMITTAL INSTRUCTIONS

General

1. Submittals must be on a compact disc (CD) clearly labeled with the date and emergency medical services provider's name and "City of North Las Vegas Statement of Qualifications" in Adobe Acrobat PDF format. The CD will become the City of North Las Vegas' record copies.
2. Please follow the organization, order, and numbering presented in this package.
3. All submittals should be completed on the forms provided in this package. Facsimile forms, created with microcomputer word processing programs or on typewriters, are acceptable. These facsimiles, however, must use the same layout and format as the original forms. Slight adjustments to the forms, such as margin and paragraph spacing, are acceptable. These adjustments, however, must not change the wording or numbering of questions, the order of requested information or increase, or decrease, the amount of information requested. All pages must conform to an 8-1/2" x 11" format, either portrait or landscape orientation.
4. To receive a Statement of Qualifications Packet via e-mail, or a hardcopy, please call Paul Sikora at (702) 633-1906.
5. In general, all typing on the forms should be in eight to twelve point (or eight to twelve pitch) size font, using normal font types such as Arial, Times Roman, Helvetica, Courier, Pica, or Elite. Do not use cursive, script or brush type fonts. Tab and separator sheets may use larger font sizes.
6. Each submittal section must have clearly recognizable dividers. Dividers should have the name of the section clearly listed.
7. Any provider awarded a contract must agree to the terms and conditions of a franchise agreement to be negotiated with City staff and presented to the North Las Vegas City Council for consideration.
8. Any emergency medical services provider to be considered for a franchise must have all licensing, certificates, technical qualifications and training required by applicable state and local law.
9. Incomplete submittals / forms will not be considered for review. Ensure that all forms are completed and signed prior to submittal. **Any questions should be directed to Paul Sikora, Contracts Coordinator, at (702) 633-1906 or Joseph Calhoun, Fire Chief, at (702) 633-1106.**
10. Evaluation of the submittal will be based on the qualifications of the provider to perform the work.

The City of North Las Vegas will receive all proposals and will conduct an evaluation committee that will prioritize all respondents for subsequent interviews. The City will negotiate with the number one ranked company, and at its sole discretion negotiate with the next ranked company should an agreement not be reached.

The City of North Las Vegas reserves the right to reject any and all proposals received in response to this solicitation if determined not to be in the best interest of the City. Once received, the Proposals shall become the property of the City of North Las Vegas and are subject to public disclosure under the Nevada Open Records Act. The City agrees to take reasonable care to protect any proprietary information identified by the responding providers if received as part of the response to this proposal. Responding providers are not entitled to

recover any request for proposal preparation costs or other damages should the City not make an award or fail to successfully negotiate a franchise agreement.

The proposal submitted must address the following issues; your collaborative vision with the City and the North Las Vegas Fire Department, the proposed staffing plan, the proposed equipment inventory, any exceptions to the City's requirements, and suggestions for improvement on the City plans, and proposed fee structures.

Submittal Order:

The following information is mandatory. Failure to complete and submit any section may be grounds for proposal rejection. Please conform to the following organization order, numbering, and contents:

CNLV FORM A – GENERAL INFORMATION

CNLV FORM B – CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS

CNLV FORM C - PERSONNEL EXPERIENCE

Please provide resumes for all professional, technical and key staff proposed for services. Please limit resumes to approximately one page per person.

CNLV FORM D – EXPERIENCE OF PROVIDER

CNLV FORM E – AFFIDAVIT OF REJECTION OF COVERAGE FOR WORKERS' COMPENSATION UNDER NRS 616B.627 AND NRS 617.210

CNLV FORM F – LITIGATION

Identify any litigation or arbitration findings involving the provider's local office within the last five (5) years or current cases. Please also identify any findings or awards from surety companies in relation to professional liability claims.

CNLV FORM G – NON-COLLUSION AFFIDAVIT

SOQ EVALUATION PROCEDURES

SOQ's will be evaluated and ranked. The City reserves the right to choose the evaluation process based on what is warranted for the desired emergency medical services. The following evaluation methods include:

1. The local office's ability to demonstrate that it is a qualified, professional emergency medical services provider that will successfully operate locally for the foreseeable future under its current management.
2. Experience and qualifications of provider's employees to perform the service within the scope of the service area.
3. Provider's equipment resources for the service category.
4. Past history of providing similar services in the last five years.
5. Management philosophy and project approach, including identification of budgeting, scheduling, and quality control processes practiced by the provider.

Each evaluator will independently rate each provider/service area with a score from zero to one hundred. The total of the evaluator's scores will be used to establish a final ranking. Negotiations will begin and if negotiations do not result in approved scope and fee, the City of North Las Vegas reserves the right to choose another provider from the solicited proposals or begin the process over. NOTE, depending on the size and scope of the project, panel interviews for the three highest ranked providers may be utilized to determine provider selection.

SUBMITTAL FORMS
FOR
EMERGENCY MEDICAL SERVICES
CNLV FORMS A THROUGH G

**CNLV FORM A
GENERAL INFORMATION**

EMERGENCY MEDICAL SERVICES, RFQ 2017-06

STATEMENT OF QUALIFICATIONS

1. Date prepared: _____

2. Provider's name: _____

3a. Provider's address: _____

3b. Provider's Telephone No.: _____

4. Is your local office the main _____ or branch _____ or sole office? _____

5. Year the provider was established: _____

6. Year former provider(s) were established:

a. _____

b. _____

c. _____

7. Name, title, telephone number and e-mail of two principals in provider who may be contacted:

a. _____

b. _____

8. List locations of other offices (no more than five):

	<u>Address</u>	<u>Telephone No.</u>	<u>No. of Personnel</u>
a.			
b.			
c.			
d.			
e.			

**CNLV FORM A
GENERAL INFORMATION (continued)**

9. Commercial General Liability Insurance:

a. Amount the provider presently carries: \$

b. Carrier's name and address:

c. State the type and amount of any other insurance and carrier's information:

FOR INFORMATIONAL PURPOSES ONLY

Is this provider a Minority, Women or Disabled Veteran Business Enterprise?

No Yes If "Yes" Specify MBE WBE DVBE

Has this provider been certified as a Minority, Women or Disabled Veteran Business Enterprise?

No Yes If "Yes" Specify Certifying Agency

Attach a copy of your certification

I declare under penalty of perjury that this application is complete, current and accurate as of the date below, and that I will advise the City of North Las Vegas of any changes in writing, including personnel changes if such change affect the provider's ability to provide required services, prior to negotiating or proposing any services, and that I am legally authorized by the applicant provider to execute contracts with the City.

Name and Title

Provider Name

Signature

**CNLV FORM B
CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS**

1. DEFINITIONS

“City” means the City of North Las Vegas.

“City Council” means the governing body of the City of North Las Vegas.

“Contracting Entity” means the individual, partnership, or corporation seeking to enter into a contract or agreement with the City of North Las Vegas.

“Principal” means, for each type of business organization the following: (a) sole proprietorship – the owner of the business; (b) corporation – the directors and officers of the corporation; but not any branch managers of offices which are a part of the corporation; (c) partnership – the general partner and limited partners; (d) limited liability company – the managing member as well as all the other members; (e) trust – the trustee and beneficiaries.

2. INSTRUCTIONS

The Contracting Entity shall complete Block 1, Block 2, and Block 3. The Contracting entity shall complete either Block 4 or its alternate in Block 5. Specific information, which must be provided, is highlighted. An Officer or other official authorized to contractually bind the Contracting Entity shall sign and date the Certificate, and such signing shall be notarized.

3. INCORPORATION

This Certificate shall be incorporated into the resulting contract or agreement, if any, between the City and the Contracting entity. Upon execution of such contract or agreement, the Contracting Entity is under a continuing obligation to notify the City in writing of any material changes to the information in this Certificate. This notification shall be made within fifteen (15) days of the change. Failure to notify the City of any material change may result, at the option of the City, in a default termination (in whole or in part) of the contract or agreement, and/or a withholding of payments due the Contracting Entity.

Block 1 Contracting Entity	Block 2 Description
Name	RFQ 2017-06 EMERGENCY MEDICAL SERVICES
Address	
Telephone	
EIN or DUNS	

BLOCK 3	TYPE OF BUSINESS
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other:	

CNLV FORM B (CONTINUED)

**CERTIFICATE – DISCLOSURE OR OWNERSHIP/PRINCIPALS
CERTIFICATE-DISCLOSURE OR OWNERSHIP/PRINCIPALS (Continued)**

BLOCK 4 DISCLOSURE OF OWNERSHIP AND PRINCIPALS

In the space below, the Contracting Entity must disclose all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one-percent (1%) ownership interest in the Contracting Entity.

	FULL NAME/TITLE	BUSINESS ADDRESS	BUSINESS PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 5 above. A description of such disclosure documents must be included below.

BLOCK 5 DISCLOSURE OF OWNERSHIP AND PRINCIPALS – ALTERNATE

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 4 above. A description of such disclosure documents must be included below.

I certify under penalty of perjury, that all the information provided in this Certificate is current, complete and accurate. I further certify that I am an individual authorized to contractually bind the above named Contracting Entity.

Name

Date

Subscribed and sworn to before me this _____ day of

_____, 2017

**CNLV FORM D
EXPERIENCE OF PROVIDER**

Name: _____

1. Provider shall provide a brief description of the Provider's qualifications and experience, and number of years in operation.

2. Provide three (3) examples of contracts similar in size and scope that have been completed in the past 5 years. The City reserves the right to verify references for the companies identified. Ensure references have given permission to be contacted by the City.

Example Contract 1: _____

Company Name: _____

Company Address: _____

Point of Contact: _____ Phone Number: _____

E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years): _____

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? YES NO

If yes, were damages assessed? YES NO If yes, what was the amount assessed? \$ _____

Example Contract 2: _____

Company Name: _____

Company Address: _____

Point of Contact: _____ Phone Number: _____

E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years):

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? YES NO

If yes, were damages assessed? YES NO If yes, what was the amount assessed? \$ _____

Example Contract 3: _____

Company Name: _____

Company Address: _____

Point of Contact: _____ Phone Number: _____

E-Mail Address: _____

Brief Description of Contract Scope:

Term of Contract (Base plus Option Years):

Year of Base Contract Award: _____ Year Contract Completed: _____

Base Contract Amount: \$ _____ Total Contract Amount (including all option years) \$ _____

Did the contract contain a liquidated damages clause? YES NO

If yes, were damages assessed? YES NO If yes, what was the amount assessed? \$ _____

(ATTACH ADDITIONAL SHEET(S) IF EXTRA SPACE IS NEEDED)

CNLV FORM E
AFFIDAVIT OF REJECTION OF COVERAGE
FOR WORKERS' COMPENSATION UNDER NRS 616B.627 AND NRS 617.210

In the State of Nevada, County of Clark, _____, being duly sworn, deposes and says:

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.
2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the City of North Las Vegas.
3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating thereto.
4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.
6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.
7. I acknowledge that the City of North Las Vegas will not be considered to be my employer or the employer of my employees, if any; and that the City of North Las Vegas is not liable as a principal contractor to me or my employees, if any, for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.

I, _____, do here swear under penalty of perjury that the assertions of this affidavit are true.

Signed this _____ day of _____, 20_____

Signature _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20_____.

by _____ (name of person making statement).

Notary Signature

**CNLV FORM F
PROVIDER LITIGATION**

[List litigation case name, number, description of claims and disposition]

**CNLV FORM G
NON-COLLUSION AFFIDAVIT**

CITY OF NORTH LAS VEGAS

Non-Collusion Affidavit

State of _____
County of _____

_____ being first duly sworn deposes that:

- (1) He/She is the _____ of _____, the Provider that has submitted the attached Proposal;
- (2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the Provider nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm, or person to submit a collusive or sham proposal in connection with the contract or agreement for which the attached Proposal has been submitted or to refrain from making a proposal in connection with such contract or agreement, or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the proposal price or the proposal price of any other firm, or to secure through collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of North Las Vegas or any person interested in the proposed contract or agreement; and
- (5) The Proposal of service outlined in the Proposal is fair and proper and is not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the provider/team or any of its agents, representatives, owners, employees, or parties including this affiant.

(Signed): _____
Title:

Subscribed and sworn to before me this _____ day of _____ 2001__

Notary Public

My Commission expires: _____