Addendum NO. 1

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

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

Addendum #1 Dated 03-28 -2018

This addendum is answer questions and fix some errors on Bid 6282

On Page 1

A. PREPARATION OF PROPOSALS
   1. One (1) ORIGINAL and one EIGHT (8) EXACT COPIES of your proposal shall be submitted using the
      PROPOSAL FORM contained herein. All proposals shall be submitted in a clear, concise and legible manner to
      permit proper evaluation in sealed envelope /Package.

         1 original and eight copies
         ---------------------------------------------------------------------------------------------

On Page 4

EMT QUALIFICATIONS
   B Have the ability to obtain Medical Control and pass protocol exam through Sponsor Hospital Council of
   Greater Bridgeport or
   EMT Qualifications – B –
   EMTs do not have to obtain Medical Control but we will require them to pass a protocol
   test as part of their initial training for us. All our EMTs, contracted or volunteer, have a
   protocol test in their annual training
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On Page 7-proposal page:

It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for
EMS Staffing services for review. The responsible bidder is will still need sign terms and conditions the Town Standard
Contract

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For STATEMENT OF QUALIFICATIONS

Page 8-12 please fill out only what applies please write NA if Non applicable and submit with proposal

STATEMENT OF QUALIFICATIONS (To be submitted with proposal)

Submitted by:
Name of Organization _____________________________________________________________
Name of Individual _____________________________________________________________
Title _____________________________________________________________
Address _____________________________________________________________
Telephone _____________________________________________________________

Submitted to:

Name _____________________________________________________________

Address _____________________________________________________________

Telephone _____________________________________________________________

Project Name and Description (if applicable)

_____________________________________________________________

Contractor's General Business Information

Check If:
Corporation Partnership Joint Venture Sole Proprietorship

If Corporation:

a. Date and State of Incorporation

_____________________________________________________________________________

b. List of Executive Officers
Name Title
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

If Partnership:

a. Date and State of Organization

_____________________________________________________________________________

b. Names of Current General Partners

_____________________________________________________________________________

c. Type of Partnership
General Publicly Traded
Limited other (describe) ______________________________

If Joint Venture:

a. Date and State of Organization

_____________________________________________________________________________

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

_____________________________________________________________________________
If Sole Proprietorship:

a. Date and State of Organization  
_____________________________________________________________________________

b. Name and Address of Owner or Owners  
_____________________________________________________________________________

1. On Schedule A, attached, list major engineered construction projects completed by this organization in the past five (5) years. (If a joint venture list each participant’s projects separately).

2. On Schedule B, attached, list current projects under construction by this organization. (If joint venture, list each participant’s projects separately).

3. Name of Surety Company and name, address, and phone number of agent.
_____________________________________________________________________________

4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?  
Yes___ No ____  
If yes, show names and addresses of affiliated companies.
_____________________________________________________________________________

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

6. Has your organization ever failed to complete any construction contract awarded to it?  
Yes___ No ____  
If yes, describe circumstances on attachment.

7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?  
Yes___ No ____  
If yes, describe circumstances on attachment.

8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?  
Yes___ No ____  
If yes, describe circumstances on attachment.

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

Name of Organization: _______________________________________

By: _______________________________________

_____________________________________________________________________________
Inquiries regarding this request may be directed to Barbara Crandall, Interim Chief of TEMS at 203-452-5146 or bcrandall@trumbull-ct.gov. General questions concerning this request and submission requirements may be directed to Mr. Kevin Bova Purchasing Agent, at (203) 452-5042 or kbova@trumbull-ct.gov