

**TOWN OF TRUMBULL  
REQUEST FOR PROPOSAL  
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)  
PARAMEDIC COVERAGE**

**GENERAL INFORMATION**

**RFP: # 6037      DUE:    MARCH 19, 2014 @ 3:00 PM**

The Town of Trumbull (hereinafter referred to as Town) invites licensed and qualified parties (hereinafter referred to as proposer or service provider) to submit a proposal for paramedic coverage to the Town of Trumbull Emergency Medical Service (TEMS) as per the specifications, requirement, terms and conditions detailed in this request.

It is requested that proposals conform to this request as closely as possible. Any exceptions or alternative proposal shall be clearly delineated in a separate attachment to the proposal submitted.

**A. PREPARATION OF PROPOSALS**

1. One (1) ORIGINAL and one (1) EXACT COPY 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.
2. Proposers may also submit, under separate cover with their proposal, any additional reports and documents that are necessary to meet the requirements of this request.
3. It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for Paramedic Coverage

**B. PROPOSAL SUBMISSION**

1. Proposals are to be submitted in a sealed envelope and addressed as follows:  

**RFP # 6037 Paramedic Coverage Due: Mar 19, 2014  
Attention: Robert J. Chimini  
Purchasing Agent  
Town of Trumbull  
5877 Main Street, Trumbull, CT 06611**
2. Proposals must be signed by an authorized principal or agent of your organization and the person signing the Proposal Form must be authorized by the organization to contractually bind that organization with regard to price and related contractual obligations. Unsigned proposals shall not be considered.
3. A proposal may be withdrawn at any time prior to the above scheduled date.
4. A proposal received after the above scheduled date and time shall not be considered or opened.

**C. TOWN OPTIONS**

The Town reserves the right to reject any or all proposals and to waive any requirements, irregularities, technical defects or service therein when it is deemed to be in the best interest of the Town.

**D. TAXES**

All purchases made by the Town, and associated with the award of this requirement shall be tax exempt. Any taxes must not be included in proposal prices. A Town Tax Exemption Certificate shall be furnished upon request.

**E. INQUIRIES**

1. Inquiries of a technical nature may be directed to Chief Joseph Laucella (203.452.5146).. To ensure consistent interpretation of certain items, answers to questions the Town deems to be in the interest of all proposers will be made available in writing or by Fax as appropriate to all proposers.
2. Additionally, after proposals are received, the Town reserves the right to communicate with any or all of the proposers to clarify the provisions of this request. The Town further reserves the right to request additional information at any time after proposals are opened.

**F. AWARD AND AUTHORITY**

Final acceptance and award by the Town shall occur upon mutual agreement by the Town and service provider and upon execution by both parties of a signed contract.

**G. CONTRACT AND PRICING**

1. All pricing quoted shall remain firm fixed for a period of one (1) year from date of proposal opening.
2. The duration of the contract shall be for three (3) years and may be renewed for (1) one additional year at the price stated in the Proposal Form by giving the service provider at least ninety (90) days written notice and upon mutual consent of both parties.
3. Notwithstanding the foregoing the Town may cancel a contract at any time upon material breach by the service provider with seven (7) days written notice prior to the termination date.

**H. ASSIGNMENT OF RIGHTS, TITLES, AND INTERESTS AND SUBCONTRACTING**

Any assignment or subcontracting for service to be performed related to this request, in whole or in part, and any other interest in conjunction with Town procurement shall not be permitted without the express written consent of the Town.

**F. HOLD HARMLESS CLAUSE**

The selected service provider agrees to indemnify, hold harmless and defend the Town from and against any and all liability for loss, damage or expense which the Town may suffer or for which the Town may be held liable by reason of injury, including death, to any person or damage to any property arising out of or in any manner connected with the operations to be performed under this request and subsequent Contract, whether or not due in whole or in part of any act, omission or negligence of the Town or any of its representatives or employees.

**G. WORK REGULATIONS AND STANDARDS**

All work activities performed in association with this request must be performed and completed for the Town in accordance with current Federal, State and Local regulations. All services performed shall also conform to the latest OSHA standards and/or regulations as well as other standards and requirements stated in this request.

**H. INSURANCE**

The selected service provider shall to furnish to the Town a Certificate of Insurance naming the Town of Trumbull as additional insured. The selected service provider shall maintain medical malpractice insurance in an amount of not less than one million dollars (\$1,000,000) covering the care provided by the paramedic(s) assigned to the Town of Trumbull TEMS. A certificate of insurance evidencing such coverage shall be provided to the Town upon the signing of a contract between the Town and service provider. The policy shall provide that no coverage shall be changed or cancelled unless thirty- (30) days prior notice of such change or cancellation shall be made to the Town. Such notice shall be made by registered mail; postage prepaid, to the Purchasing Agent, Town of Trumbull, Town Hall, Trumbull, Connecticut 06611. In the event of cancellation, the proposer shall cease all service provided on or before the effective date of said cancellation and he shall not commence work again until replacement insurance is in place and has delivered a Certificate of Insurance to the office of the Town's Purchasing Department.

**I. ADDENDUMS**

It is the responsibility of all proposers to verify with the Town if any addendums or changes to this have been. All and any addendums will be posted on the Town of Trumbull – Purchasing department website. [www.trumbull-ct.gov](http://www.trumbull-ct.gov) .

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**GENERAL REQUIREMENTS, SCOPE OF SERVICE, AND QUALIFICATIONS**

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**GENERAL**

The Town of Trumbull is requesting proposals from qualified and licensed firms within the State of Connecticut to furnish one (1) fully qualified and licensed (as set forth herein) paramedic to provide paramedic coverage service to the Town of Trumbull TEMS department.

**A.      SCOPE OF SERVICE AND QUALIFICATIONS**

1. Establish ambulance service with paramedic coverage.
2. Paramedic certified in the Southwest Region Protocols.
3. Paramedics licensed with a minimum one(1) year of paramedic experience with a paramedic service.

**B.      GENERAL REQUIREMENTS AND STANDARDS**

1. Contracted period of service shall cover the period **JULY 1, 2014 through JUNE 30, 2017**.
2. Coverage shall be twenty-four (24) hours/seven (7) days per week. Paramedic service shall be based at the Trumbull TEMS, 250 Middlebrooks Avenue, Trumbull, CT.
3. Contracted service provider shall furnish a local "on-call" supervisor available twenty-four (24) hours a day.
4. Paramedics shall conform to all qualifications, rules and regulations of the State of Connecticut. OEMS, SWEMS COUNCIL, Sponsor Hospital of Greater Bridgeport, TRUMBULL EMS, and employer.
5. Paramedic(s) assigned to the Town shall have at least twelve (12) months active experience as a paramedic with a fully licensed paramedic service.
6. If all inclusive option is selected by the Town of Trumbull, the contracted service provider shall furnish and maintain ALS equipment with back-up equipment available within two (2) hours. The contracted vendor will purchase, maintain and restock all medications, and durable ALS Supplies
7. \*If the Town of Trumbull selects a vendor to provide only staff, the contracted vendor will be asked to assign one person to maintain supplies and coordinate ordering ALS supplies as needed with TEMS administration.\*
8. The contracted service provider shall provide, at a minimum, a two (2) week schedule of personnel assigned to the Trumbull TEMS
9. The contracted service provider shall maintain adequate medical malpractice insurance as required by the Town of Trumbull.
10. Paramedic(s) shall not be deemed to be an employee of the Town or have any contractual relationship with the Town
11. Selected service provider shall attend Trumbull TEMS meetings as requested.
12. The contracted service provider shall be responsible for purchasing required uniforms consisting of French Blue color uniform shirts with appropriate cold weather gear consistent with TEMS uniform policy.
13. The contracted service provider shall assign no less than three full time staff to cover the Town of Trumbull Paramedic shifts. The remainder of the open shifts can be covered by part time staff.
14. The Paramedic will staff the ambulance and/or fly car provided by the Town of Trumbull.
15. Please provide a copy of your last 3 years business financial statements.

**C.      TRUMBULL TEMS AND TOWN STATISTICS**

1. 2012 Call Volume:      Approximately 4,000 calls to service
2. ALS Responses:      Approximately 884
3. Town of Trumbull Population:      34,000 (approximate)
4. Special Needs Facilities:      20 (approximate)
5. Schools:      11
6. ECF/Assisted Living Facilities:      5
7. Large Industrial Parks:      3
8. Physicians/Outpatient Services:      Many

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REFERENCES

***(To be submitted with proposal – attach additional pages as necessary)***

List references for similar services provided for at least three (3) clients in the past five (5) years (attach any other client references if desired). PLEASE NOTE IT IS THE TOWN'S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.

***CLIENT 1:***

Organization Name: \_\_\_\_\_  
Contact Name:        \_\_\_\_\_ Phone: \_\_\_\_\_  
Service Dates: \_\_\_\_\_  
Project(s): \_\_\_\_\_

***CLIENT 2:***

Organization Name: \_\_\_\_\_  
Contact Name:        \_\_\_\_\_ Phone: \_\_\_\_\_  
Service Dates: \_\_\_\_\_  
Project(s): \_\_\_\_\_

***CLIENT 3:***

Organization Name: \_\_\_\_\_  
Contact Name:        \_\_\_\_\_ Phone: \_\_\_\_\_  
Service Dates: \_\_\_\_\_  
Project(s): \_\_\_\_\_

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**PROPOSAL FORM**

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The undersigned, in compliance with this RFP, affirms that the specifications and related documents contained herein have been examined and proposes to provide the service requested in accordance with this RFP and any contract documents within the time frames set forth herein and at the prices (fees) proposed below.

The undersigned certifies that this proposal meets all the specifications, requirements, standards, and conditions requested herein. Any substitutions to the specifications requested are clearly and completely noted and attached. Any alternate proposals are presented in similar format as requested and are attached herein. It is understood that the Town reserves the right to reject any or all proposals in whole or in part.

List additional categories the proposer feels necessary for the Town to completely judge the proposed. (Use additional sheets as necessary)

*With Equipment including all required medications, ALS equipment and Monitor*

		Year One	Year Two	Year Three	Additional One (1) Year (Option)
PROPOSED FEE To Furnish One (1) Paramedic	Monthly or Hourly	\$	\$	\$	\$
PROPOSED FEE To Furnish One (1) Paramedic	Annual	\$	\$	\$	\$

*Providing only staff- No equipment provided by vendor.*

		Year One	Year Two	Year Three	Additional One (1) Year (Option)
PROPOSED FEE To Furnish One (1) Paramedic	Monthly or Hourly	\$	\$	\$	\$
PROPOSED FEE To Furnish One (1) Paramedic	Annual	\$	\$	\$	\$

It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for Paramedic Coverage for review.

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

\_\_\_\_\_  
 By (Signature)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Print Name (A Duly Authorized Representative)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone/Fax

\_\_\_\_\_  
 email

\_\_\_\_\_  
 Website