

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

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

For STATEMENT OF QUALIFICATIONS

Page 8-12 please fill out only what applies please write NA if Non applicable and submitt 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: _____

Title: _____

Dated: _____

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