

REQUEST FOR PROPOSALS (RFP)

Project Name:	Grand Haven Area Communities Ambulance Services Agreement
Proposal Reference #:	3 hard copies plus 8 electronic version (USB drive) REF # 25-000101
RFP ISSUE DATE:	11 th day, November 2025 at 9:00 A.m. Local Time (ET) <i>Facsimile Proposals Will Not Be Accepted</i>
Number of Copies Required	
PROPOSAL DUE DATE:	November 26, 2025, at 5:00 pm
MAILING ADDRESS & INSTRUCTIONS	Grand Haven Charter Township Fire/Rescue 13250 168th Ave Grand Haven, MI 49417
Questions about this RFP should be directed to:	Shawn Schrader, Fire Chief, Grand Haven Charter Township, 13250 168th Ave Grand Haven, MI 49417 or by email to sschrader@ghtmi.gov
BID-PROPOSAL Meeting	A bid-proposal meeting will be held at Grand Haven Township Fire Rescue on: November 19, 2025, at 2:00 pm

Include on the Envelope the Project Name and Proposal Reference Number (above). All Envelopes Must Be Sealed.

REQUEST FOR PROPOSAL

You are invited to submit a proposal for this project. Specifications, terms, conditions and instructions for submitting proposals are contained herein. This Request for Proposal (“RFP”) with all pages, documents and attachments contained herein, or subsequently added to and made a part hereof, submitted as a fully and properly executed proposal shall constitute the contract between the Grand Haven Area Communities (“GHAC”), as further described below, and the successful Provider when approved and accepted on behalf of the GHAC by an authorized official or agent of the GHAC.

The communities comprising the GHAC include:

Spring Lake Township

Village of Spring Lake
City of Ferrysburg
Grand Haven Charter Township
City of Grand Haven
Crockery Township
Robinson Township
Port Sheldon Township (North portion only, Croswell to Fillmore)

A non-mandatory bid meeting will be held November 19, 2025, at 2:00 PM local time. All questions for the meeting shall be submitted in writing not less than three (2) days prior to the bid meeting, e.g., on or before November 17, 2025. Questions shall be presented as anonymous, and a written response will be provided.

All respondents to this RFP (hereafter, “Providers”) shall complete and return the Qualifications Questionnaire with Signed Proposal Page page(s) and submit all information requested herein for a proposal to be responsive. **FAILURE TO DO SO MAY RESULT IN THE PROPOSAL BEING REJECTED AS NON-RESPONSIVE.** The proposal document shall be returned in its entirety, in a properly identified and sealed envelope to the Purchasing Division at the above address. **PROPOSALS MUST BE RECEIVED BEFORE THE DUE DATE - LATE PROPOSALS WILL NOT BE CONSIDERED.** GHAC reserves the right to postpone the proposal opening for its own convenience, amend this RFP, reject any and all proposals submitted, waive or not waive any information or irregularities in proposals submitted, and negotiate the terms of any proposal.

STATEMENT OF NO PROPOSAL

GHAC desires to maintain an accurate and updated record of potential providers for this and future RFPs. If, for any reason you cannot supply the service noted in this RFP or choose to no longer be included in future RFPs, please indicate by selecting the applicable statement below:

_____ Unable to supply the service noted in this RFP

_____ Request to be omitted from future RFPs for similar services

Remarks:

Name of Provider: _____

Address: _____

Signed: _____

Printed Name: _____

Its: _____

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INSTRUCTIONS TO PROVIDERS

1. **EXAMINATION OF PROPOSAL DOCUMENT** - Before submitting a proposal, Providers shall carefully examine the specifications and shall fully inform themselves as to all existing conditions and limitations. The Provider shall indicate in the proposal the sum to cover the cost of all items included on the proposal form
2. **PREPARATION OF PROPOSAL** - The proposal shall be legibly prepared in ink or typed. If a unit price or extension already entered by the Provider on the Proposal and Award form is to be altered, it shall be crossed out and the new unit price or extension entered above or below and initialed by the Provider with ink. The proposal shall be legally signed and the complete address of the Provider given thereon.

All proposals shall be tightly sealed in an envelope plainly marked SEALED PROPOSAL and identified by project name, bid opening date and time. Proposals opened by mistake, due to improper identification, will be so documented and resealed. The GHAC will maintain and guarantee confidentiality of the contents until the specified opening date and time, to the extent permitted by law. Facsimile bids will not be accepted.

3. **EXPLANATION TO PROVIDERS** - Any binding explanation desired by a Provider regarding the meaning or interpretation of the RFP and attachments must be requested in writing **at least five (5) business days before the proposal due date (by November 19, 2025 at 5:00 p.m. ET)** and with sufficient time allowed for a reply to reach all prospective Providers before the submission of its proposal. Any information given to a prospective Provider concerning the RFP will be furnished to all prospective Providers as an amendment or addendum to the RFP if such information would be prejudicial to uninformed Providers. Receipt of amendments or addenda by a Provider must be acknowledged in the proposal by attachment, or by letter or fax received before the time set for opening of proposals. Oral explanation or instructions given prior to the opening will not be binding.
4. **WITHDRAWAL OF PROPOSALS** - Proposals may be withdrawn in person by a Provider or authorized representative, provided their identity is made known and a receipt is signed for the proposal, but only if the withdrawal is made prior to the exact time set for receipt of proposal. No proposal may be withdrawn for at least ninety (90) days after proposal opening.
5. **LATE PROPOSALS** - Any proposal received at the office designated herein after the exact time specified for receipt will not be considered. (Note: GHAC reserves the right to consider bids that have been determined by the GHAC to be received late due to mishandling by GHAC after receipt of the proposal and no award has been made.)
6. **PROPOSAL SUBMITTAL** - Providers can submit sealed proposals in one of the following ways:
 - 6.1 **Mail your proposal**, to be received before the proposal due date and time indicated in the RFP document, to GHAC at the following address:

**Grand Haven Charter Township Fire/Rescue
13250 168th Ave
Grand Haven, MI 49417**

Deliver your proposal to:

**Grand Haven Charter Township Fire/Rescue
13250 168th Ave
Grand Haven, MI 49417**

In-Person before the proposal due date and time indicated in the RFP document.

QUALIFICATIONS QUESTIONNAIRE

Please answer the following questions completely. You are not required to submit answers directly on this form and additional information (brochures, illustrations, etc.) will be considered in determining qualifications, if submitted. If not using this form, please follow its format.

1) Provider name: _____

2) Established: Year _____ State _____

3) Type of organization:

a) Individual: _____ b. Partnership: _____

c) Corporation: _____ d. Other: _____

4) Former name(s) if any, under which Provider operated or operates, and year(s) in business:

5) Corporate office address and telephone number where work will be performed:

6) Branch office(s) if work will be performed there:

7) NOTE: This question applies to the Provider and any current or former operations of the Provider or related entities. If any of the following is yes, describe circumstances on an attachment.

a) Has any ambulance contract (including, but not limited to contracts for transports and non-EMS calls), to which you have been a party, been terminated?

Yes _____ No _____

b) Have you ever terminated an ambulance contract prior to its completion for any reason?

Yes _____ No _____

c) Has any surety which issued a performance bond on your behalf ever completed the work in its own name or financed such completion on your behalf?

Yes _____ No _____

d) Has any surety expended monies in connection with a contract for which they furnished a bond on your behalf?

Yes _____ No _____

e) Are there any judgments, claims, arbitrations, proceedings or law suits pending or outstanding against your organization or its officers?

Yes _____ No _____

f) Has your organization filed any law suits or requested arbitration with regard to ambulance contracts within the past five (5) years?

Yes _____ No _____

g) Provide a statement of OSHA safety record. Include fines and violations within the last three (3) years.

h) Has Provider (or any related entity), any owner (or partial owner of Provider), or any person in any way associated with or employed by Provider, ever been barred from providing ambulance service by a Medical Control Authority?

Yes _____ No _____

(If yes, include an explanation and copies of the notice of reinstatement.)

I hereby certify that all of the information provided in the questionnaire is true and answered to the best of my ability.

Signed: _____

Name: _____
Type or Print

Title: _____

Date: _____

CHANGES AND ADDENDA TO PROPOSAL DOCUMENTS

Each change or addendum issued in relation to this RFP will be posted on the Grand Haven Charter Township website at [RFPs/Surplus Equipment – Grand Haven Township](#) . It shall be the Provider’s responsibility to make inquiry as to the changes or addenda issued. All such changes or addenda shall become part of the contract and all responding Providers shall be bound by such changes or addenda. **In order for a proposal to be responsive, all addenda should be returned (signed by the Provider) with the proposal.** If you have already submitted your proposal, acknowledge receipt and acceptance of addenda by signing in the place provided and returning them to the GHAC and they shall be incorporated in your proposal. Please identify your return envelope with the proposal reference number and project description.

Provider has carefully examined the bidding documents and attachments, and acknowledges receipt of the following addenda:

Addendum No: _____

Dated: _____

Provider shall provide all of the information as requested herein with their proposal. **Failure to do so and/or failure to provide post-proposal requested information may be cause for rejecting the proposal as non- responsive.**

By my signature below, I certify that the provider bidding on this contract, when making hiring decisions, does not use a past criminal conviction as a bar to or preclude a person with a criminal conviction from being considered for employment with the Provider unless otherwise precluded by federal or state law.

Signed: _____ Name: _____

Title: _____

Provider shall provide all of the information as requested herein with its proposal. Failure to do so and/or failure to provide post-proposal requested information may be cause for rejecting the proposal as non-responsive.

I hereby state that all of the information I have provided is true, accurate, and complete and that I agree to be bound by the terms and conditions. I hereby state that I have the authority to submit this proposal which will become a binding contract if accepted by the GHAC. I hereby state that I have not communicated with nor otherwise colluded with any other Provider, nor have I made any agreement with nor offered/accepted anything of value to/from an official or employee of the GHAC that would tend to destroy or hinder free competition.

<p>The Provider's identification information provided will be used by the GHAC for purchase orders, payment and other contractual purposes. If the contractual relationship is with, or the payment made to, another entity please provide a complete explanation on your letterhead and attach to your bid. Please provide for accounts payable purposes:</p> <p>Tax Identification Number (Federal ID): _____</p> <p>Remittance Address: _____</p> <p>Financial Contact Name: _____</p> <p>Financial Contact Phone Number: _____</p> <p>Financial Contact Email Address: _____</p>
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I hereby state that I have read, understand and agree to be bound by all terms of this proposal document.

SIGNED: _____ NAME: _____
(Type or Print)

TITLE: _____ DATE: _____

FAX NUMBER: _____ PHONE: _____

EMAIL ADDRESS: _____

PROVIDER NAME: _____
(if any)

ADDRESS: _____
(Street address) (City) (State) (Zip)

FOR GHAC USE ONLY - DO NOT WRITE BELOW

SCOPE OF WORK AND CONTRACT REQUIREMENTS

Section I. INTRODUCTION AND GENERAL INFORMATION

A. *Preamble*

GHAC was formed as a group of First Responder jurisdictions which value the delivery of high-quality medical care. GHAC participating jurisdictions join together to ensure that the citizens and visitors of GHAC receive consistent high-quality emergency ambulance service. The general characteristics of a high-quality emergency ambulance provider include:

- A work force both clinical and non-clinical that is well trained, experienced and acts in a professional, caring and courteous manner with all of their customers, including patients, the patient's family, bystanders, first responders, hospital personnel, and the media.
- A commitment to providing well-maintained and reliable vehicles and equipment that maintains a like-new appearance and operation at all times.
- A commitment to caring about the work force in terms of exemplary diversity, pay and benefits, providing opportunities for professional growth and development and ensuring a safe work environment.
- A commitment to the community in terms of providing community education programs and participating in the life of the community through participation in community-based organizations, boards, committees, and activities.
- A commitment to continuous quality improvement of all phases of the business by being accredited by the Commission of the Accreditation of Ambulance Services.
- A strong history of providing patient-centered clinical outcomes.
- A strong history of providing timely response time that meets community and national standards.

B. *Scope*

The GHAC participating local governments invite sealed proposals for providing ambulance service, without cost to the GHAC participating local governments, for the transportation and treatment of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the boundaries of the GHAC service area to hospitals' emergency care facilities as requested by the GHAC participating local governments' designated public safety answering point (911 center). Attachment A provides information relating to the emergency medical activities of each participating jurisdiction.

The GHAC does not guarantee that a minimum number of requests for transport or actual transports will occur. Provider should be aware that the transportation service would be on

an "as needed" basis. The only assurance the GHAC makes is that if it is determined that the service is required and falls within the boundaries of the GHAC, the selected provider shall respond to all requests for emergency medical services that are received by the designated public safety answering points (PSAPs) serving the participating local governments through the 911 emergency system, unless otherwise specifically requested by caller.

Section II. Proposal Submission, Evaluation, and Award

A. Qualifications to Bid

1. Accreditation by the Commission on the Accreditation of Ambulance Services (CAAS) in a current operational service area and must become CAAS accredited within 24-months of contract award.
2. All dispatchers shall be EMD certified by the Ottawa County Medical Control Board Authority (“OCMCA”) approved Medical Priority Dispatch Program upon contract award and maintained throughout life of contract.
3. Be able to receive approval from OCMCA within award of the contract.
4. Ability to achieve State of Michigan license – and maintain throughout life of the contract.
5. Proposals will be accepted only from single business entities or single corporations for services to be provided by such entities or corporation. Sub-contracting or assignment of any of the Provider’s responsibilities will not be permitted.
6. All Ambulances operating withing the GHAC must be Advanced Life Support. If a BLS unit is utilized GHAC must be notified within 2 business days.
7. Establishing an approved cad to cad interface with OCCDA within 12 months of contract approval.

B. General Submission Information

1. Procurement Timeframes

The schedule for the consideration of proposals and award of a contract by GHAC is outlined below. Failure to comply with any timeframes outlined in the Procurement Schedule may result in automatic disqualification of the Provider. The GHAC participating jurisdictions reserve the right to amend the Procurement Schedule as desired.

Procurement Schedule

Event/Milestone	Deadline
RFP released	
Deadline for submitting written questions regarding RFP	5 days before due date

A bid meeting	November 19, 2025, at 2:00 pm
Response to questions and addendum issued as needed	5 days before due date
Proposals submission deadline	November 26 at 5:00 pm
Proposals evaluated and award recommendation made	Week of 12/08/2026
Contract jointly awarded by GHAC participating governments	12/12/2026
Contract begins. Earlier if mutually acceptable	Jan 1, 2026, at 0000

2. Cost of Participation

All costs of participation in this procurement process shall be borne by the Provider. GHAC participating jurisdictions reserve the right to reject all proposals.

3. Own Expertise and Judgment Required

Each Provider is specifically advised to use its own best expert and professional judgment in deciding upon the methods to be employed to achieve and maintain the performance required under the contract. By “methods”, GHAC means compensation programs, shift schedules, personnel policies, supervisory structures, ambulance deployment techniques, and other internal matters which taken together, comprise each Provider’s strategies and tactics for accomplishing the task. GHAC recognizes that different Providers may employ different production methods, perhaps with equal success. By allowing each Provider to select, employ, and change its production methods, the GHAC participating jurisdictions hope to promote innovation, efficiency and superior levels of performance.

4. Estimated Business Volumes

The GHAC participating jurisdictions specifically make no representations or warranties regarding the number of requests for ambulance service, ambulance transports, quantities or length of long-distance transfer services, or frequency of special event coverage that may be associated with this procurement. Any and all historical data on past volumes of business within the GHAC service area are provided mainly to illustrate the historical level of performance and not as a guarantee of future business volume.

Call Type/Nature Code	PI Confirmed Injuries	PI Entrapment	Rescue Med P1	Rescue Med ECHO	Rescue Med P2	Rescue Med P3	Unk Accident	Grand Total
Spring Lake Township Fire (also include village)	28	3	636	19	249	25	5	949
City of Ferrysburg	12	1	138	8	54	7	0	220
Grand Haven Charter Township	55	5	595	14	207	258	30	1164
City of Grand Haven	39	1	898	18	417	121	27	1521

Crockery Township	32	4	160	7	51	95	27	376
Robinson Township	21	2	131	4	39	5	7	209
Port Sheldon Township (North portion only, Croswell to Fillmore)	5	1	23	0	13	18	4	64
Grand Total								4503

5. Exceptions

Certain exceptions to the GHAC specifications may be considered in limited circumstances. Providers seeking an exception must provide a detailed explanation as to why the Provider is seeking an exception, details related to the sought after exception and options to comply as closely as possible to the GHAC specifications, in writing, to GHAC. The purpose of the pre-bid conference is to provide clarification of the RFP and its specifications before submission of proposals. If an organization has questions regarding the RFP and its specifications, a request for clarification should be submitted at or before the pre-bid conference to obtain a ruling on the matter before submitting the proposal.

6. Official Contacts Only

Providers are advised that all correspondence regarding this procurement should be made in writing to Shawn Schrader, Fire Chief, Grand Haven Charter Township, 13250 168th Ave Grand Haven, MI 49417 or by email to sschrader@ghtmi.gov

7. Confidentiality of Submitted Material

All material submitted in response to the RFP, including requests for credentials, shall be considered confidential and not available for release to the public or other Providers. This provision is designed to protect the information and a Provider's submissions. Further, it ensures no other Provider has access to competitors' materials prior to, or after proposal submission and/or interviews. Allowing access could give a competitor an unfair advantage and jeopardize the competitive effectiveness of this procurement process.

All Providers hereby agree that each GHAC participating jurisdiction shall retain one complete copy of all submitted materials for its files.

Following the date of the award of the contract, public access to submitted material shall be allowed in compliance with the Freedom of Information Act (MCL 15.231 et seq). However, if any Provider believes their proposal contains confidential or proprietary information, then those specific sections must be so designated. The GHAC participating jurisdictions shall not have any liability for any release of information made in response to a request filed under the Freedom of Information Act or pursuant to a court order, even if the information released has been designated as confidential or proprietary.

8. Proposal Deposit Required

All proposals shall be accompanied by bid bond in the amount of five thousand Dollars (\$5,000.00) in the form of a certified or cashiers check made payable to the Spring Lake Township, on behalf of all GHAC participating jurisdictions. This proposal deposit will be returned to any unsuccessful Providers by the Spring Lake Township within thirty (30) days after the award of the contract unless, upon investigation of credentials and proposals it is determined that the Provider has misrepresented itself or provided false or inaccurate information in the qualification or request for proposal response. In such case, the proposal deposit shall be forfeited and retained by the GHAC participating jurisdictions. The successful Provider's deposit will be returned upon the signing of the contract. No interest shall be paid on proposal deposits.

9. Sealed Submission

Each Provider should submit an original, so marked, and three (3) copies of its proposal plus eight (8) electronic versions (flash/usb drive), signed by the Provider's contractually binding authority. All proposals must be sealed and labeled on the outside of the sealed container to show the following: proposal to GHAC; bid reference number; name of Provider, address of Provider, and the name of the primary contact person. Submissions must be received at the **13250 168th Ave Grand Haven, MI 49417** by the due date and time stated in this RFP in order to be considered.

10. Questions

Any questions concerning the scope of the ambulance service requirements and general submission requirements for this RFP should be directed to: Shawn Schrader, Fire Chief, 13250 168th Ave Grand Haven, MI 49417 or by email to sschrader@ghtmi.gov.

C. *Mandatory Table of Contents*

In order to ensure that the evaluation of the proposals is as equitable as possible, all proposals shall be submitted in the following format. Order and numbering conventions should be consistent with the required table of contents. The proposals will be scored in comparison with other Provider's offerings for each section identified below. All pages will be consecutively numbered.

Table of Contents

Executive Summary

Proposal Narrative

- A. Organizational structure, State of Michigan license and local medical control
- B. Personnel (to include level of licensure and credentials)
- C. Equipment and Supplies
- D. Vehicles and Vehicular Maintenance
- E. Response Time Performance
- F. Dispatch Operations and Communications
- G. Field Operations

- H. Disaster and Domestic Preparedness
 - I. Professionalism
 - J. EMS Information System
 - K. Community Service
 - L. Charges for Service
 - M. Business Practices and History
 - N. Accreditation
 - O. Continuous Quality Improvement
- Complete Qualifications Questionnaire
 Attachments of Required Forms (RFP Attachments B-F)
- I. Appendices of Supporting Documents
 - II.** Qualifications Questionnaire with Signed Proposal Page

D. *Proposal Format and Description of Required Contents*

The proposal should be organized as described above. The proposal shall begin with a 2-page (shall not exceed) Executive Summary. A Proposal Narrative shall follow and be limited to 40 pages. The Proposal Narrative should be succinctly written with the core requirements described in Section III included. The Proposal Narrative is intended to be a stand-alone document and will serve as a primary source of information for the review committee. The Proposal Narrative should be single spaced with size 12 standard font used. Photographs, tables, graphs may be included in either black and white or color but the total number of pages must not exceed 40. Required forms (RFP Attachments B-F) should follow the Proposal Narrative and will not count toward the 40-page limit. Additional supporting documentation should be included as Appendices.

The Qualifications Questionnaire with the proposal signature page must also be submitted with your sealed submission.

The review committee will use this information as they deem necessary to support the evaluation of each section of the Proposal Narrative. It should be stressed that all critical information should be included in the Proposal Narrative. The Appendices should support this information.

E. *Evaluation of Proposals*

During the evaluation phase, proposals will be evaluated by the review committee to ascertain which proposals address all requirements of the RFP and to prepare technical and financial analysis to document the adequacy of the proposals. Proposals determined to be technically non-responsive shall be eliminated at this point. Once the qualified proposals have been determined, the review committee may interview selected Providers to clarify specific matters presented in the proposals. The review committee will use information gained during these discussions, and information presented in the proposal, to rank proposals in accordance with a scoring criterion predetermined by the review committee.

Section III. Proposal and Contract Requirements

A. *Organizational Structure, State of Michigan License and Medical Control*

All proposals must provide a detailed organizational structure. Key positions, the names of the individuals in those positions, and lines of control should be identified.

The participating governments of GHAC recognize the need for value and importance of full accreditation for the contracted ambulance service by the Commission of the Accreditation of Ambulance Services (CAAS). Therefore, the GHAC requires that the Provider be CAAS accredited. The Provider must maintain CAAS accreditation throughout the contract period.

Proposal Requirement: All proposals must include a completed Medical Control Form (Attachment B) identifying all Michigan medical control authorities the Provider has been approved to operate in within the last ten years. The Provider should include information on all affiliated companies operating under different names but partially or wholly owned by the same parent corporation. All proposals must agree to meet OCMCA requirements.

B. *Personnel/Staffing*

The GHAC participating local governments believe that the quality of an ambulance service is first and foremost dependent upon the quality of its personnel. The GHAC desires a Provider with high quality field and support personnel. Personnel should be afforded competitive wages and benefits compared to similar communities in Michigan. An experienced workforce is desirable as is evidence of high employee retention. The Provider is expected to demonstrate a commitment to employee fitness and wellness. Provider's field personnel are expected to be professional in appearance and appropriately groomed at all times.

The Provider must comply with OCMCA initial and ongoing requirements. This includes initial and ongoing training activities, completion of online educational modules, periodic knowledge and skill assessments, and other similar activities as specified in OCMCA protocols. OCMCA will work with any Provider not currently operating within Ottawa County to expedite onboarding of new personnel to assure sufficient qualified personnel are available at the time contract is initiated.

Proposal Requirement: All proposals must include completed Personnel Compensation Profile (Attachment C), Personnel Fringe Benefit Overview (Attachment D), and Personnel Diversification Program (Attachment E). Do NOT include any agency identifying information on these documents.

C. *Equipment and Supplies*

GHAC participating in local governments expect that the Provider will have available high quality medical equipment and that such equipment will be well maintained. Proposals shall include detailed information on equipment that will be used, including maintenance practices. Information provided in the narrative should provide an overview of current and

planned equipment as well as maintenance practices. Attachment F should be completed identifying current cardiac monitoring and defibrillation equipment, including any means used by the organization for quality improvement.

The Provider is expected to comply with all State of Michigan and OCMA requirements pertaining to equipment. Additionally, GHAC requires the Provider to provide the following pieces of equipment/practices within a mutually agreed upon amount of time after the start of the contract:

1. Equipment required by the State of Michigan for vehicle licensure level
2. 12-lead EKG monitor / bi-phasic defibrillator
3. ALS monitor compatibility with Zoll and Medtronic (Stryker) devices
4. Electronic non-invasive blood pressure monitor
5. Mobile and portable radios that are fully interoperable with applicable Ottawa County Central Dispatch public safety frequencies (VHF) and talkgroups (MPSCS)
6. Interface with OCMA for Quality Assurance monitoring

The above equipment shall be acceptable to both the GHAC participating local governments and OCMA for inspection.

It is recognized that frequently EMS personnel are required to provide basic and advanced medical care in potentially dangerous environments such as motor vehicle crashes, industrial accidents, active shooter, hazardous materials, and technical rescue incidents. To ensure that Provider's personnel are able to assist first responders in such environments, the Provider must, at the time of contract award, provide personal protective clothing for its responding personnel. ANSI approved traffic safety vests shall be immediately provided and worn when appropriate.

GHAC believes that optimal interagency operations are facilitated when all personnel are familiar with the medical equipment and supplies. Furthermore, it is recognized that the costs of the various expendable medical supplies are included in the bundled charges of ambulance services. Therefore, the Provider is required to provide GHAC agencies Medical Support Unit(s) with replacement quantities of the following expendable medical supplies. This replacement is frequently done while at a scene.

Any equipment that is required, or may be in the future, by the State of Michigan or OCMA, including:

- Oral pharyngeal and nasal pharyngeal airways
- Naloxone Oral Glucose
- Supraglottic Airways and/or Airway kits Megamovers
- Colormetric Capnography
- Microstream Capnography for Oral/Nasal and ETT sampling
- Disposable adult and pediatric bag
- O2 Bottle exchange
- Suction supplies
- Valve mask ventilators
- Oxygen, oxygen tubing and various masks
- Adjustable cervical collars Bandages, dressings, and similar soft tissue supplies
- Cardiac defibrillation pads that fit current ALS Monitors and AEDs
- IO Needles that are compatible with EZ IO
- Advanced Airways (ETT)
- IV Supplies and Fluid

Provider must agree to provide replacement supplies in a timely manner upon request by a GHAC agency Expendable supplies will be replaced at no cost to GHAC agencies for all 911 EMS incidents and all non-911 incidents involving Provider.

D. *Vehicles and Vehicular Maintenance*

The GHAC participating local governments expect the Provider to operate a fleet of highly reliable, well-maintained vehicles at all times.

Provider shall describe in detail in the Proposal Narrative the preventative maintenance program that will be used for all ambulances. The actual maintenance program must be included as an appendix. The Provider shall include a description of the Provider's current fleet to include ambulance type, chassis and age, and the proposed fleet to be used in the GHAC service area; the credentials of the maintenance personnel and the credentials of the chief of maintenance; driver training program used, outline of driver oversight program, and vehicle replacement policies. Provider agrees to immediately remove from service any vehicle or piece of equipment that has a safety defect or the GHAC requests because of appearance, safety or mechanical issues without undue delay.

E. Response Times

Response time performance standards are based upon the geographic areas designated as Zone 1 and Zone 2, as depicted on the map included as Exhibit ____, and the priority of the call as determined by the Emergency Medical Dispatcher. The response time interval is defined as beginning with the receipt of the call at the ambulance dispatch center and ending with the ALS vehicle arriving on the scene. Arrival on the scene is considered when the vehicle is stationary and at the correct address. In situations in which the responding unit is to stage, arrival at the staging area shall constitute arrival on scene. The time interval shall be reported and evaluated to the nearest second (e.g. a response of 10 minutes meets the priority 1 Zone 1 requirement and a time of 10 minutes 10 seconds does not).

Response time compliance will be maintained using a computer-aided dispatch system. Fractal response time reports shall be evaluated monthly for the entire contracted service area and for each jurisdictional area. The reports shall be submitted to the GHAC in an approved format and received seven days prior to the meeting as determined by the GHAC. The Provider agrees to allow the GHAC (or their designee) to audit the response time records at the Provider's expense at any time.

Damages for failure to achieve response time performance are defined under Section IV. Expected performance for the overall contracted service area and for each participating jurisdiction shall be:

Emergency Medical Call Processing Time Targets

	Zone 1		Zone 2	
Priority	Time Interval	Compliance	Time Interval	Compliance
1	≤ 9:00	≥ 90%	≤ 11:00	≥ 90%
2	≤ 12:00	≥ 90%	≤ 15:00	≥ 90%
3	≤ 25:00	≥ 90%	≤ 25:00	≥ 90%

The arrival of an EMS supervisor in a licensed ALS unit shall qualify as arrival on scene for purposes of calculating response time intervals. In such cases, the transporting ambulance shall be on scene within the time specified above for Priority III responses. The transporting ambulance on scene time will be used to calculate response times. When responses are upgraded or downgraded by on-scene units or by other appropriate available information, the response time expectation shall be based on the final response priority.

The Minimum Standards for Response Times shall not apply in the following circumstances:

1. When there is a Disaster in the service area

2. When more than (4) overlapping Emergency Medical Service Calls have been received within any (10) minute period of time.
3. Tornado Warning
4. Severe Thunderstorm Warning
5. Winter Storm Warning

F. *Dispatch Operations and Communications*

The Provider shall comply with all approved OCMCA protocols pertaining to Emergency Medical Dispatch (EMD). All calls are to be prioritized, and pre-arrival instructions provided (where appropriate) in accordance with OCMCA.

The Provider will integrate their 911 dispatch operations into this system in a manner acceptable to the GHAC Oversight Board and the Ottawa County Central Dispatch Authority (OCCDA). OCCDA may perform the EMD function in the future. This includes an approved cad to cad interface with OCCDA within 12 months of contract approval.

Provider shall provide a plan acceptable to the GHAC Oversight Board for emergency back-up in the event of a mechanical failure or unforeseen disaster that would render the EMS dispatch system useless. The proposal shall include an attachment that includes documentation of all critical components of the system (i.e., copy of maintenance contract).

To facilitate interagency communications, the Provider must maintain radio communication capabilities between the Provider's dispatch center, field units, and the GHAC participating agencies and TAC channels. Specifically, the Provider's dispatch center and field units must have the ability to transmit and receive on the GHAC agencies' primary radio frequencies. Additionally, the Provider's units and dispatch center must be able to transmit and receive on the Ottawa County Emergency Management frequency, and with all agencies on either an 800MHz digital radio or narrow-banded VHF frequency. Additionally, the Provider is expected to routinely monitor and operate on the GHAC agencies' primary frequencies, both the dispatch center and field units.

G. *Field Operations*

Provider shall demonstrate its ability to achieve the response time standards. This should include the usual and minimum number of units during peak and off-peak times as well as the usual and minimum number of unit hours per week. Units deployed to serve the contracted service area may be used for serving other non-participating jurisdictions as well as for local, non-emergency uses. However, provisions should be made for units committed to out of county non-emergency and inter-facility transports. Proposals must include evidence of past performance in other EMS systems.

The Provider must provide a dedicated unit(s) to stand-by at the scene of fires and other emergencies at no charge to the participating jurisdictions. Operations at such scenes shall be under the incident command system. EMS units on stand-by shall participate in personnel rehabilitation activities as directed by the incident commander or their designee.

Provider is expected to call in off-duty personnel as needed for major or prolonged incidents to maintain service to the participating jurisdictions as well as the operational needs at the scene of the emergency.

H. *Disaster and Domestic Preparedness, Tactical EMS and Hazardous Materials Support Team*

Provider must agree to actively participate in disaster and domestic preparedness planning activities and exercises. It is expected that the Provider (EMS Supervisor or higher) will regularly attend County Disaster Planning and Domestic Preparedness activities. Additionally, the Provider is expected to fully participate in County and jurisdictional disaster exercises at no cost to the GHAC participating local governments. The Provider must have mutual aid agreements with regional ambulance services.

Provider shall participate in regional disaster plans to provide resources to areas outside of the service area when requested in accordance with a recognized disaster plan. During the course of such disasters, the Provider shall suspend non-emergency transport work that is not required because of the disaster and to provide assistance without compromising responses to the community.

I. *Professionalism*

It should be recognized that the Provider's personnel are representing the participating GHAC local governments. Provider's personnel are expected to demonstrate professional and courteous behavior at all times while in uniform and maintain a professional appearance in terms of grooming, hygiene, and clothing. Provider's on-duty and uniformed personnel shall not use tobacco products in public or in vehicles. Provider's personnel are expected to deal professionally with the public regardless of age, sex, race, ethnicity, religious preference, sexual orientation, or financial means.

J. *EMS Information System*

OCMCA requires all ambulance services to submit complete patient care reports electronically to the Michigan EMS Information System (MI-EMSIS) on a daily basis using a state-approved EMSIS application. The GHAC expects the Provider to fully participate in this system. All EMS responses by the Provider in the GHAC service area shall be properly entered into this system.

K. *Community Service*

The Provider is expected to make available to the citizens of the GHAC service area public education programs including courses in use of 911, CPR, injury prevention, and other appropriate offerings. Such courses shall be offered at a reasonable cost to the participants.

All proposals shall include examples of community service and how these programs benefited said communities, particularly communities with economic challenges.

The Provider will participate in major community events including, but not limited to, the annual Coast Guard Festival, Grand Haven Fourth of July fireworks, area Fire Department Open Houses, and any other event that may require Emergency Medical Services based on availability.

L. *Charges for Service*

All proposals must include a description of all fees for emergency, non-emergency, and transfers, including medical inter-facility and non-inter-facility transfers. These shall include BLS, ALS Level I, and ALS Level II fees as well as fees for mileage. The Provider shall make available subscription programs for GHAC citizens and is encouraged to honor other ambulance service subscriptions during the transition period. Such programs shall be described in the proposal. Provider may request changes in fees for service to the GHAC Oversight Board. Such requests shall not take effect until 12 months after the agreement commences. The requests shall include justification for the request. The request must be approved by GHAC prior to taking effect. Providers are required to fully participate in Medicare and Medicaid programs. At no time is Provider permitted to request payment for service prior to care or transport of emergency / 911 patients. No emergency / 911 patient requesting transport to an area County hospital is to be denied such transport based upon their ability to pay for service.

Provider is permitted to automatically adjust fees annually based on the Consumer Price Index in the preceding year as published by the US Bureau of Labor Statistics, or other index of inflation approved by the GHAC Oversight Board. The Provider will notify GHAC members of any such adjustment in fees prior to implementation. The Provider may request additional adjustments in fees for service to the GHAC Oversight Board, providing rationale for such additional adjustments. Such additional proposed adjustments to fees for service are subject to approval by the GHAC Oversight Board prior to implementation.

M. *Business Practices and History*

Proposals shall include description of business history and practices. Proposals shall include written details if the Provider or officers of the Provider have been cited for or ruled against by courts or regulating agencies in regard to business procedures or practices in the previous ten years, including the status of any current or ongoing legal actions.

Proposals shall explain their accounts receivable collections policies and the process used for dealing with individuals financially unable to pay bills for service. Descriptions of the process used to resolve consumer complaints shall be provided in the proposal Accreditation

The participating governments of GHAC recognize the need for value and importance of accreditation for the contracted ambulance service by the Commission on Accreditation of Ambulance Services (CAAS). Therefore, the GHAC requires that the Provider be CAAS accredited for Ottawa County within 24 months of initiation of contract. Proposals will be accepted from non-CAAS accredited services provided the service includes in the proposal evidence of how Provider will meet all CAAS standards. In the event a Provider not CAAS accredited for Ottawa County is selected, the Provider must become CAAS accredited within 24 months of the initiation of the contract. During this period, the Provider must be in full compliance with CAAS standards. An extension may be granted by the GHAC for delays beyond the control of the Provider. The Provider must maintain CAAS accreditation throughout the contract period. Preference will be given to agencies who have demonstrated CAAS accreditation in areas outside of Ottawa County.

N. *Continuous Quality Improvement Program*

An effective continuous quality improvement (CQI) program is crucial to the delivery of high-quality emergency health services. The CQI program must address both clinical and non-clinical areas. The Provider must include a detailed description of their CQI program as well as how they intend to interface with the external OCMA CQI program.

O. *Minimum Ambulance Availability*

The Provider shall maintain a minimum number of staffed ambulances (ALS) to serve Ottawa County (including non-GHAC member jurisdictions) based on the ability to reasonably meet hourly demands for ambulances for 911 (and other emergency) responses to EMS incidents. The minimum number of staffed ambulances on an hourly basis will be specified quarterly by the Provider and subject to approval by the GHAC, with input from areas that the Provider services within Ottawa County. The Provider will assure that the minimum number of staffed ambulances are in place at all times. This may include, when necessary, use of mutual aid from outside of Ottawa County provided ambulances are located within Ottawa County and are available to respond.

Section IV. Contract Terms and Conditions

A. *Insurance Indemnity Provisions*

Throughout the term of the contract, the Provider shall meet or exceed the following requirements:

1. Prior to the time the Provider is entitled to commence any part of the project, work or service under the contract, the Provider shall procure, pay for and maintain the minimum insurance coverages and limits as provided for in the RFP. This insurance shall be evidenced by delivery to GHAC of: (a) certificates of insurance executed by financially stable insurance carrier(s) acceptable to GHAC participating jurisdictions and licensed or permitted to write insurance by the Michigan Office of Financial and Insurance Services. These insurance certificates shall list coverages and limits, expiration dates and terms of policies, and the names of all carriers issuing or reinsuring these policies. And, (b) a certified copy of each policy, including all endorsements. Insurance requirements shall remain in effect throughout the term of contract.

- a. Commercial general liability insurance, including but not limited to, commercial owner and Contractor protection, operational products, completed operations, property and personal injury, with limits of not less than \$1,000,000.00 per occurrence, and \$2,000,000.00 annual aggregate. Coverage shall be on “an occurrence basis,” and the policy shall include broad form property damage coverage, and fire legal liability of not less than \$100,000.00 per occurrence, unless otherwise stated by exception herein.
- b. Professional medical liability insurance including errors and omissions with minimum limits of \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregate.
- c. Worker’s Compensation coverage to statutory limits as required by law; employer’s liability insurance of not less than \$1,000,000.00 bodily injury by incident; and \$1,000,000.00 bodily injury by disease for each employee.
- d. Comprehensive automobile liability covering all vehicles used under the contract for owned, hired, and non-owned vehicles with minimum limits of \$1,000,000.00 combined single limit for bodily injury (including death) per occurrence, and property damage of not less than \$1,000,000.00 per occurrence. Coverage shall include personal injury protection (PIP) as required by Michigan statutes. Coverage shall also include coverage for loading and unloading hazardous waste unless covered under the general liability or professional liability insurance above.
- e. Automobile physical damage insurance for comprehensive and collision covering all vehicles provided to GHAC and used under this contract. The Provider shall provide the primary insurance coverage for all vehicles used under this contract regardless of actual vehicle ownership.
- f. Medical payment coverage at a per person limit of not less than \$100,000.00.
- g. Uninsured and underinsured motorist coverage of at least \$250,000.00 shall be provided.
- h. “Umbrella” coverage in the amount of at least \$5,000,000.00 shall be provided as additional coverage to all underlying liability policies (including Professional Liability). This policy may be written as a “Form Following Excess” policy.

2. Endorsements Required

Each insurance policy shall include the following conditions by endorsement to the policy:

- a. Sixty (60) days prior to the expiration, cancellation, non-renewal or any material change in coverage or limits on any policy, a notice thereof shall be sent to GHAC at its address of record by the insurer. The Provider shall also notify GHAC in a like manner within twenty-four (24) hours after receipt of any notices of expiration, cancellation, non-renewal or material change in coverage received by the Provider from its insurer. Nothing shall absolve the Provider of this requirement to provide notice.
 - b. Companies issuing the insurance shall have no claims against GHAC for payment of premiums or assessments of deductibles, which are the sole responsibility and risk of the Provider.
 - c. All such policies shall name GHAC, its Board, officers, Medical Director, employees and all Beneficiary and Non-beneficiary Jurisdictions as additionally named insured.
3. All insurance shall be maintained with companies:
- a. Holding a “general policy holders rating” of “A; X” or better, as set forth in the most current issue of “Best Insurance Guide” or a comparable rating from other reputable rating organizations;
 - b. Licensed or permitted to operate in the State of Michigan; and
 - c. In good standing with the Michigan Office of Financial and Insurance Services.

4. Self-Insured Risk

Any program of self-insurance risk employed by the Provider shall be subject to prior approval and on-going monitoring by GHAC and its legal counsel. In addition to any assurances required by GHAC under this provision, as initially agreed prior to final award of the contract, the following items shall be met to GHAC’s satisfaction:

- a. Potential fiscal liability associated with the risk to be assumed by the Provider must be reasonable and limited to an amount which would, if realized, not impair the Provider’s ability to perform under the contract. The coverage contemplated shall at a minimum be equivalent to the coverage required under paragraph 1 above.
- b. Throughout the term of the contract, GHAC shall be immediately notified or any major claims, the amount reserved against potential claims, and other program changes that may adversely affect the Provider’s ability to provide

insurance against potential risks as required in the contract. GHAC shall receive a monthly status report of all open claims.

- c. The self-insured program meets and complies with all applicable laws and regulations.
- d. The same requirements and conditions outlined in paragraph B.2 and B.3 (below) shall apply to all excess insurance coverage carried.

B. *Indemnification*

The Provider (as indemnitor) is required to indemnify, defend, save, and hold GHAC, including all municipal entities therein, and assigns (as indemnitees) harmless from and against in respect of any act, judgment, claim, domain, suit, proceeding, expenses, orders, action, loss, damage, cost, charge, interest, fine, penalty, liability, reasonable attorney and expert fees, and regulated obligations (collectively, the "claims") arising from or related to acts and omissions of the Provider in its performance or non-performance under the contract, whether direct or indirect including but not limited to, liabilities, obligations, responsibilities, remedial actions, losses, damages, punitive damages, consequential damages to third parties, treble damages, costs and expenses, fines, penalties, sanctions, interests levied and other reasons of the direct or indirect actions of the Provider. These obligations are further described in the contract included herein.

C. *Performance Security*

Due to the importance of emergency medical services, GHAC must do everything possible to eliminate the potential for system failure. Ambulance service is too essential, whether provided by a public or private agency, to be left to chance. Accordingly, a well-designed system incorporates a variety of performance security measures to minimize the potential for failure and to sustain uninterrupted service in the event of failure.

GHAC will use a combination of performance security provisions to safeguard the public whom we serve. Participating governments of the GHAC have the right to terminate the contract for non-performance.

3. Continuous Service Delivery

Provider expressly agrees that, in the event of contract default by the Provider the Provider will work with GHAC to ensure continuous delivery of services, regardless of the underlying causes of default. The Provider agrees that there is a public health and safety obligation to assure that GHAC is able to provide uninterrupted service delivery in the event of default even if the Provider disagrees with the determination of the default.

D. *Breaches*

4. This RFP and corresponding Contract establish certain minimum qualifications, standards, and performance criteria. Failure to maintain or meet the minimum qualifications, standards, and performance criteria may result in a breach of the Contract. As further specified in

this section, such breaches may be determined to be minor or major, with corresponding liquidated damages which are not penalties.

a. Failure to render treatment or provide Services consistent OCMCA Protocols or the Contract shall constitute a breach as follows:

Minor Breach – A letter of warning from OCMCA. This shall be communicated by the PROVIDER to the GHAC within 24 hours of receipt of warning letter.

Major Breach – Any time the PROVIDER has had its services restricted by order of the OCMCA or the State of Michigan. This shall be communicated by the Contractor to the GHAC within 24 hours.

One (1) major breach under this subsection may be cause for termination of the Contract with the GHAC.

b. Field Staff Credentials/Qualifications:

Minor Breach - A letter of warning from OCMCA. This shall be communicated by PROVIDER to the GHAC within 24 hours of receipt of warning letter.

Major Breach - Any time one of the Provider's personnel who provides Services within the GHAC Service Area, is suspended, placed on probation, or have duties restricted by act of the OCMCA or the State of Michigan. This shall be communicated by the Provider to the GHAC Oversight Board within 24 hours.

Two (2) major breaches in any 30-day period or a total of 3 major breaches in any quarter may be cause for termination.

c. Response Time Performance:

Response time performance reports will be submitted to and reviewed the GHAC Oversight Board quarterly. These quarterly meetings will afford PROVIDER an opportunity to provide justification for delayed responses and call turn over. Liquidated damages for failing to meet required response times will be levied quarterly. Liquidated damages will be levied for each delayed response and call turned over unless the call is waived by the GHAC Oversight Board for reasonable cause as determined by the GHAC Oversight Board. Additionally, quarterly liquidated damages will be assessed based on aggregate Priority 1 response time performance in the GHAC Zone 1 and 2 areas as defined below. These liquidated damages will be returned to the GHAC participating jurisdictions as specified by the GHAC Oversight Board. The GHAC Oversight Board will advise PROVIDER of the amounts and monitor compliance with liquidated damages. The decision of the GHAC Oversight Board regarding liquidated damages shall be final. PROVIDER is expected to demonstrate aggregate compliance with Priority I responses for the GHAC Zone 1 and 2 response areas. A breach under this subsection shall be defined as follows:

Minor Breach - Achieving a 9-minute 0 second response time to Priority I responses less than 90 % of the time in any given one (1) month period in Zone 1 and an 11-minute 0 second response time in any given One (1) month period in Zone 2. Achieving a 12-minute 0 second response time to Priority II responses less than 90 % of the time in any given two (2) month period in Zone 1 and a 15-minute 0 second response time in any given two (2) month period in Zone 2. Achieving a 25-minute 0 second response time to Priority III responses less than 90 % of the time in any given three (3) month period in Zone 1 and Zone 2.

If PROVIDER meets the Minor Breach definition, then for each monthly report that exceeds the response time standard, PROVIDER shall deposit the following amounts as liquidated damages, deposited to GHAC at Spring Lake Township:

Priority I \$250.00 each percent below 90 %

Priority II \$125.00 each percent below 90 %

Priority III \$50.00 each percent below 90 %

Major Breach - Achieving a 9-minute 0 second response time to Priority I responses less than 80 % of the time in any given one (1) month period in Zone 1 and an 11-minute 0 second response time in any given one (1) month period in Zone 2. Achieving less than a 12-minute 0 second response time to Priority II responses less than 80% of the time in any given one (1) month period in Zone 1 and 15-minute 0 second response time in any given six (6) month period in Zone 2. Achieving a 40-minute 0 second response time to Priority III responses less than 80 % of the time in any given one (1) month period in Zone 1 and Zone 2.

If the Provider meets the major breach definition, then for each monthly report that exceeds the response time standard the Provider shall deposit in the following amounts as liquidated damages, which amount shall be in addition to the corresponding minor breach liquidated damages due above, deposited to GHAC at Spring Lake Township:

Priority I \$500.00 each percent below 80%

Priority II \$300.00 each percent below 80%

Priority III \$ 75.00 each percent below 80%

Two (2) minor breaches in any three (3) month period constitutes a major breach and two (2) major breaches in any 90-day period may be cause for termination.

In the event any response time exceeds the target response time by 100%, PROVIDER shall deposit to GHAC at Spring Lake Township, \$100 as liquidated damages, for the extreme response time. Example: 20-minute response for a Priority I in Zone 1. The liquidated damages referenced within this paragraph shall be deposited by PROVIDER into a special bank account established by Spring Lake Township on behalf of the GHAC participating jurisdictions, for the purpose of supporting enhancements to the GHAC EMS system. The Provider shall deposit such liquidated damages on a quarterly basis. GHAC, at its option, may draw down from said funds as needed at its sole discretion.

The GHAC Oversight Board may award up to 50% credit towards the liquidated damages outlined in this section based on:

1. Positive customer feedback
2. Hours spent supporting specialty units as defined
3. Clinical performance outcomes
4. Response Times

Criteria for the aforementioned credit will be mutually agreed upon by the Parties.

The Parties acknowledge and agree that any liquidated damages assessed under the Contract are intended as a reasonable estimate of actual damages and shall not be construed as a penalty.

J: Extension of Contract to Other Jurisdictions

It is the intent of GHAC to extend the benefits of this high-performance contract to other jurisdictions within Ottawa and Muskegon County if they should desire. Additional jurisdictions within Ottawa and Muskegon County may join the GHAC, upon mutual agreement of the GHAC participating jurisdictions and the Provider.

1. Performance Letter of Credit or Cash Escrow Account

Provider will deposit with the Spring Lake Township (on behalf of all jurisdictions) an annually renewable performance letter of credit or cash escrow account in a form satisfactory to the participating governments of the GHAC. The amount of the performance letter of credit or cash escrow account shall be \$1,000,000. It must be issued by a federally insured (FDIC) banking institution with a debt rating of: 1A or higher by the FDIC; A or higher by Standard and Poor's; A or higher by Moody's investors; or, have a comparable rating by another approved rating system. The federally insured banking institution, on which the performance letter of credit is drawn, shall be acceptable to the participating governments of the GHAC.

The performance letter of credit or cash escrow account shall be used to ensure the operation of the ambulance service, including but not limited to, any necessary rebidding, negotiation or related administrative expenses, should GHAC terminate the contract because of default.

In the event GHAC terminates the contract for cause in accordance with its terms, the Provider shall forfeit the full amount of its performance security as liquidated damages.

E. *Provider Default and Provision for Termination of the Contract*

The contract includes conditions and circumstances that constitute default of the contract, which may include the following:

1. Failure of the Provider to operate the system in a manner which enables the participating GHAC governments and the Provider to remain in compliance with federal or state laws, rules, or regulations, and with the requirements of OCMA;
2. Falsification of information supplied by the Provider during or subsequent to this procurement process;
3. Failure of the Provider to provide data generated in the course of operations;
4. Repeated failure of the Provider's employees to conduct themselves in a professional and courteous manner and to present a professional appearance;
5. Repeated failure of the Provider to maintain equipment
6. Making an assignment for the benefit of creditors; filing a petition for bankruptcy; being adjudicated insolvent or bankrupt; petitioning by a custodian, receiver or trustee for a substantial part of its property; or commencing any proceeding relating to it under bankruptcy, reorganization arrangement, readjustment of debt, dissolution or liquidation law or statute;
7. Failure of the Provider to maintain insurance in accordance with the contract;
8. Persistent failure of the Provider to meet response time requirements as set forth in the contract;
9. Failure to submit reports and information under the terms and conditions outlined in the contract.

F. *Award of Contract*

- A. The contract will be awarded to that responsible Provider whose proposal, conforming to this solicitation, will be most advantageous to the GHAC according to the criteria outlined herein. The GHAC reserves the right to accept or reject any or all proposals and waive informalities and minor irregularities in proposals received.
- B. Notification of award will be in writing by GHAC. Upon notification, the Provider shall submit to GHAC all required insurance certificates and such other documentation as may be requested or required hereunder. Upon their receipt and subsequent approval by the GHAC, **Spring Lake Township** will forward to the Provider a written **NOTICE TO PROCEED**. Work shall **NOT** be started until such **NOTICE TO PROCEED** is received by the Provider.
- C. Unilateral changes in proposal prices by the Provider shall not be allowed. However, the GHAC, at its sole option, reserves the right to negotiate with Providers in the event of, but not limited to:

Attachment D Personnel Fringe Benefit Profile

NOTE: DO NOT INCLUDE ANY AGENCY IDENTIFYING INFORMATION ON THIS PAGE.

Benefit			Comments
Health Insurance	_____ % Employer Paid	_____ % Employee Paid	
Prescription Drug Benefit	_____ % Employer Paid	_____ % Employee Paid	
Dental Insurance	_____ % Employer Paid	_____ % Employee Paid	
Vision Insurance	_____ % Employer Paid	_____ % Employee Paid	
Life and AD&D Insurance	_____ % Employer Paid	_____ % Employee Paid	
Short Term Disability Insurance	_____ % Employer Paid	_____ % Employee Paid	
Long Term Disability Insurance	_____ % Employer Paid	_____ % Employee Paid	
Time Away from Work:	_____ paid vacation days / year paid sick days / year _____ paid holidays / year Other (_____)		

Tuition Reimbursement	\$____/ year		
Required Medical Control CE	_____% Employer Paid		
Required Certifications	_____% Employer Paid	_____% Employee Paid	
Uniforms	_____% Employer Paid	_____% Employee Paid	
Retirement Plan			
Employee Assistance Program			Describe core components of plan.
Incentive Pay/Bonuses			Describe criteria for qualification/award of bonuses/incentive pay and amounts.

Describe any other benefits you deem are important

Attachment F Current Cardiac Monitoring and Defibrillation Equipment

NOTE: DO NOT INCLUDE ANY AGENCY IDENTIFYING INFORMATION ON THIS PAGE.

