



Carrie Eklund  
Central Services Manager  
Finance Department

**REQUEST FOR INFORMATION  
EMS SERVICE  
RFI NO: 311-F-023**

3/17/11

Name of Bidding Firm: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**RFI Opening Time and Date 11:00 a.m., Local Time, Thursday, April 7, 2011**

*Bids will be accepted until the specified opening time and date. Any bidder attempting to deliver after the opening time and date will be refused.*

**ABOUT THIS DOCUMENT**

This document is a Request for Information. The issuance of this RFI is for informational purposes for staff only, and will not result in the award of a contract. The RFI process will often result in a separate RFP or Bid process, as once the City has sufficient information to develop specifications, the more formal processes are then used to create a contract. Participation in the RFI process is voluntary and does not give vendors an unfair advantage in the resulting procurement process.

**PLEASE MARK THE RETURN SEALED ENVELOPE:**

1. RFI Opening Date and Time
2. Title of RFI
3. RFI Number

**RETURN INFORMATION TO:**

City of Rockford  
Central Services Manager  
425 East State Street, 4<sup>th</sup> Floor  
Rockford, Illinois 61104  
Telephone: (815) 987-5560

***BIDS SUBMITTED BY FASCSIMILE OR E-MAIL WILL NOT BE ACCEPTED***

**BID RESULTS:**

Bid results may be obtained by telephone at (815) 987-5560, by fax at (800) 380-7174 or at [www.rockfordil.gov](http://www.rockfordil.gov)

**BID REQUIREMENTS FOR  
EQUAL EMPLOYMENT OPPORTUNITY**

All bidders seeking to do business with the City of Rockford are **REQUIRED** to submit with any formal, sealed bid all of the following documents and information, attached herewith, completed and signed:

1. Equal Employment Opportunity Affirmative Action Plan Statement of Policy.
2. The Statement of Non-Compliance and Certificate of Non-Segregated Facilities.
3. The Contractor or Vendor Workforce Data Form listing all current employees, by classification, directly employed by the bidder. All categories of information requested must be supplied.  
*Note: The number of employees must be entered under each category (no check marks)*

Below are the Federal definitions of the following racial groups accepted as minorities by the City of Rockford:

Black: A person having origins in any of the Black racial groups of Africa, not of Hispanic origin.

Hispanic: A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Republic and Samoa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America.

4. Your State of Illinois Pre-Qualification Certification Number, issued by the Illinois Department of Human Rights for the Illinois Department of Human Rights Act, must provide expiration date entered in the place provided therefore.
5. Certificate of Non-Barred Bidding
6. All executed Subcontractor/Leased Operator and Supplier forms.

**If you have not obtained your State of Illinois Pre-Qualification Number (item #4), by signing these documents you agree to make application for this number within 30 days from the date of bid opening.**

***ANY BID WHICH FAILS TO INCLUDE THE CITY OF ROCKFORD EEO PAGES 2, 4, 5, 6, AND 7, COMPLETED AND SIGNED WITH YOUR SEALED BID WILL NOT BE READ AND WILL NOT BE CONSIDERED – NO EXCEPTIONS.***

Falsification of any required Equal Employment Opportunity or Affirmative Action information on the part of the bidder could result in rejection of the bid submitted or in the case where a contract has already been awarded, in the cancellation of said contract.

Any questions pertaining to E.E.O. requirements should be addressed to Ron Moore, Diversity Procurement Officer, Legal Department, 425 East State Street, Rockford, Illinois 61104, Phone: (815) 987-5622 or [ron.moore@rockfordil.gov](mailto:ron.moore@rockfordil.gov)

**EQUAL EMPLOYMENT OPPORTUNITY**  
**AFFIRMATIVE ACTION PLAN**  
**STATEMENT OF POLICY**

It is the policy of this company, \_\_\_\_\_  
to provide equal employment opportunity without regard to race, religion, color, national origin, handicap,  
age or sex through a program of positive action affecting all employees. In this program, our company  
carries out the requirements of Federal Executive orders 11246 and 11375, Civil Rights Act of 1964,  
Equal Employment Act of 1972, and all other applicable laws, and indicates its active support of the  
principle of equal opportunity in employment.

At present, \_\_\_\_\_ % of our work force are minorities and \_\_\_\_\_ % of our work force  
are females, and we will attempt to utilize minorities and females through a positive, continuing program  
in all jobs for which we contract in the future. Our company will utilize referrals from the City of  
Rockford's Diversity Procurement Officer for use of minorities and females regarding any future job  
vacancies.

It is also our intent to make efforts to purchase supplies or equipment from small business concerns  
located in the City of Rockford or counties of Winnebago or Boone and owned in substantial part (at  
least 51 per cent) by minorities or females.

\_\_\_\_\_ is the official who will be responsible for implementing  
this policy statement.

\_\_\_\_\_ will be designated as the Equal Opportunity Officer in  
our company, responsible for submission of all required equal employment opportunity documents.

In addition, \_\_\_\_\_ is hereby authorized to sign payroll as well as  
this company's officers. (NOTE: If only officers will be authorized to sign payrolls, please fill in "No One"  
in this space.)

## **STATEMENT OF NONCOMPLIANCE**

If the equal employment opportunity hearing committee determines that a contractor, subcontractor/leased operator of equipment or bidder is not in compliance with this chapter, (also known as Chapter 11, Article III the City of Rockford Equal Opportunity Employment Ordinance), the hearing committee shall issue and serve upon such person a written statement of noncompliance setting forth the manner in which it finds such person has violated this chapter, and imposing and/or requiring appropriate sanctions, including, but not limited to any and/or all of the following:

- a. Denying, suspending or revoking qualifications, or declaring the contractor or subcontractor irresponsible and ineligible for future contracts or subcontracts until such time as the contractor or subcontractor shall demonstrate to the equal employment opportunity hearing committee that it is in compliance;
- b. Withholding or delaying payment on the contractor or;
- c. Suspending, avoiding or canceling contract work.

## **CERTIFICATION OF NON-SEGREGATED FACILITIES**

The bidder certifies that he/she does not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she does not permit his/her employees to perform their services at any location, under his/her control, where segregated facilities are maintained. The bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this bid.

The bidder agrees that (except where he/she has obtained identical certification from proposed subcontractors/leased operators of equipment for specific time periods) he/she will obtain identical certification from proposed subcontractors/leased operators of equipment from the provisions of the Equal Opportunity clause, and that he/she will retain such certification in his/her files.



**CERTIFICATE OF NON-BARRED BIDDING**

The undersigned certifies that it is not barred from bidding on this contract as a result of a conviction for the violation of State laws prohibiting bid rigging or bid rotating. The undersigned also certifies that current or prospective employees, contractors, and subcontractors/leased operators of equipment are not listed as Excluded Individuals/Entities with the US Government, as maintained by the US General Services Administration.

By signing below, the firm agrees that all information provided in the previous pages is accurate, and that if the firm below does not currently have a Department of Human Rights number they will apply for one within thirty days with the State of Illinois.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm

Our firm is a:

Minority Business Enterprise \_\_\_\_\_

Women Business Enterprise \_\_\_\_\_

Neither \_\_\_\_\_

City-Certified? Yes \_\_\_ No \_\_\_

City Certified? Yes \_\_\_ No \_\_\_

(Revised 12/21/09)

**Subcontractor/Leased Operator of Equipment Detail Form**  
**City of Rockford**

Firms submitting bids must supply information on Subcontractors/Leased Operators of Equipment selected for work on the project specified. It is required that Subcontractors/Leased Operators of Equipment listed below will be utilized for actual construction should the firm be awarded a contract. Any deviations from the list below require notice in writing and approval by the Diversity Procurement Officer, Central Services Manager, or their designee. This form may be duplicated if additional space is necessary, **all pages must be signed, and submitted.**

| <b>Type of Work Supplied</b>                                    |       | <b>MBE/WBE Business?</b>                              | <b>Dollar Amount</b> | <b>Subcontract Percent of Bid Total</b> |
|---|-------|---|----------------------|---|
| <b>Subcontractor/Leased Operator Information</b>                |       |   |                      |   |
| Please provide business name and address, and a contact person. |       |   |                      |   |
| Name  | _____ |   |                      |   |
| Address   | _____ |   |                      |   |
| City, State   | _____ |   |                      |   |
| Contact   | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____             | _____ %                                 |
| Name  | _____ |   |                      |   |
| Address   | _____ |   |                      |   |
| City, State   | _____ |   |                      |   |
| Contact   | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____             | _____ %                                 |
| Name  | _____ |   |                      |   |
| Address   | _____ |   |                      |   |
| City, State   | _____ |   |                      |   |
| Contact   | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____             | _____ %                                 |
| Name  | _____ |   |                      |   |
| Address   | _____ |   |                      |   |
| City, State   | _____ |   |                      |   |
| Contact   | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____             | _____ %                                 |
| Name  | _____ |   |                      |   |
| Address   | _____ |   |                      |   |
| City, State   | _____ |   |                      |   |
| Contact   | _____ | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____             | _____ %                                 |

The bidder intends to Subcontract/Lease Operators of Equipment for \_\_\_\_\_% of the total contract with MBE/WBE firms.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Supplier Detail Form  
City of Rockford**

Firms submitting bids must supply information on suppliers selected for the project specified. It is required that suppliers listed below will be utilized during construction should the firm be awarded a contract. Any deviations from the list below require notice in writing and approval by the Diversity Procurement Officer, Central Services Manager, or their designee. This form may be duplicated if additional space is necessary, all pages must be signed, and submitted.

| Supplier Information  |       | Type of Product Supplied                                       | MBE/WBE Business?                                     | Dollar Amount of Supply Contract | Supplier Percent of Bid Total |
|---|-------|--|---|----------------------------------|-------------------------------|
| Please provide business name and address, and a contact person. |       | Describe the product the supplier v provide for this contract. |   |                                  |                               |
| Name  | _____ | _____  | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____                         | _____ %                       |
| Address   | _____ | _____  |   |                                  |                               |
| City, State   | _____ | _____  |   |                                  |                               |
| Contact   | _____ | _____  |   |                                  |                               |
| Name  | _____ | _____  | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____                         | _____ %                       |
| Address   | _____ | _____  |   |                                  |                               |
| City, State   | _____ | _____  |   |                                  |                               |
| Contact   | _____ | _____  |   |                                  |                               |
| Name  | _____ | _____  | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____                         | _____ %                       |
| Address   | _____ | _____  |   |                                  |                               |
| City, State   | _____ | _____  |   |                                  |                               |
| Contact   | _____ | _____  |   |                                  |                               |
| Name  | _____ | _____  | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____                         | _____ %                       |
| Address   | _____ | _____  |   |                                  |                               |
| City, State   | _____ | _____  |   |                                  |                               |
| Contact   | _____ | _____  |   |                                  |                               |
| Name  | _____ | _____  | Y <input type="checkbox"/> N <input type="checkbox"/> | \$ _____                         | _____ %                       |
| Address   | _____ | _____  |   |                                  |                               |
| City, State   | _____ | _____  |   |                                  |                               |
| Contact   | _____ | _____  |   |                                  |                               |

The bidder intends to procure \_\_\_\_\_% of the total contract from MBE/WBE firms.

\_\_\_\_\_

Signed

Title

Date

**REQUEST FOR INFORMATION  
EMS SERVICE  
311-F-023**

**1.0 Scope**

- 1.1 The City of Rockford, Illinois is distributing this Request for Information (RFI) to evaluate potential vendors who are interested in providing professional and qualified Ambulance Service to the geographical area of the City of Rockford. Ambulance service shall include the provision of both Basic Life Support (BLS) and Advance Life Support (ALS) Care.
- 1.2 Contractor shall provide, twenty-four (24) hours a day, seven (7) days a week, Paramedic Level Ambulance Services and all labor, training, supplies, licenses, permits, equipment, transportation, pre-hospital emergency care personnel and every other item of expense required to transport patients.

**2.0 General Requirements - Please completely respond to the following**

**2.1 About the Company**

- 2.1.1 Company history.
- 2.1.2 Organizational chart and hierarchy identification.
- 2.1.3 Location(s).
- 2.1.4 Provide information about contractual arrangements with other communities.
- 2.1.5 Describe affiliations with local agencies (hospitals, institutions, etc.).
- 2.1.6 Bonding and insurance capacity, including Best's rating of current insurer.
- 2.1.7 Provide information on certifications and accreditations the firm holds.
- 2.1.8 Identify what state or Illinois EMS Region the vendor is with and what EMS System they are currently in. Identify what Region I EMS System they anticipate they will be in.
- 2.1.9 Provide a letter of "Good Standing" from their current EMS System.

**2.2 About the Staff**

- 2.2.1 Training and certification of staff.
- 2.2.2 Include each individual's years of employment to the vendor and years licensed as an EMT-P.
- 2.2.3 Provide letter of confirmation that all of vendor's EMS providers are in good standing within their EMS System and IDPH.

**2.3 About the Equipment**

- 2.3.1 Identify Ambulance vehicles currently used in similar markets (e.g., make, model, year, equipment).
- 2.3.2 Condition of current equipment and capital replacement policy.
- 2.3.3 Included in appendix A is statistical information on call volume in the City. Please provide information on the firm's deployment strategy in similar markets.
- 2.3.4 Identify and list all equipment that is maintained and is part of every ambulance's inventory.
- 2.3.5 Confirm that every cardiac monitor that is carried by the vendor is capable of taking and transmitting a 12-lead analysis to every local hospital.
- 2.3.6 Outline the vendor's current policy on providing equipment and medication replacement to fire apparatus companies used on patients being transported by the vendor.

## 2.4 About the Service

- 2.4.1 Identify experience providing Ambulance services as well as the contractual method employed with each client listed.
- 2.4.2 If available, provide customer survey results for vendor's last three (3) years of service.
- 2.4.3 Vendor must confirm that a Quality Assurance/Quality Improvement program is being utilized, and provide information on program details.
- 2.4.4 Describe service provision approach (e.g., patrol, stationary).
- 2.4.5 Describe contingency plan and any arrangements with public or private providers for emergency services.
- 2.4.6 The City will require two (2) paramedics on the ambulance at all times. Describe current staffing strategy.
- 2.4.7 Describe current billing practice for commercial and no-pay patients (How do you collect and to what extent.)
- 2.4.8 Provide current and accurate cardiac arrest data, providing percentage of patients with return of spontaneous circulation and what parameters are used for "save rate" (i.e. Utstein Criteria).
- 2.4.9 Describe current procedures and equipment for handling bariatric patients.
- 2.4.10 Is standby service for training, police stand-offs, and fire ground included in pricing with current contracts? If not, detail pricing policy for this service.
- 2.4.11 Identify what type of software is used for patient care reporting.

## 2.5 About Communications

- 2.5.1 Identify software and hardware for dispatch alerting system, radio infrastructure and CAD or Computer aided dispatch.
- 2.5.2 Identify back up plan for radio communication outages and CAD failure.
- 2.5.3 Identify mobile data terminals/computers software and hardware.
- 2.5.4 Outline conflict resolution procedures with current clients.
- 2.5.5 Outline internal investigation procedures.
- 2.5.6 Describe communication approach between your firm and the client in the contractual relationship. What is the typical reporting method and detail provided to the owner? Provide examples.

## 3.0 General

- 3.1 Contact. The contact for this RFI is Carrie Eklund, Central Services Manager, at 815-987-5565 or [carrie.eklund@rockfordil.gov](mailto:carrie.eklund@rockfordil.gov).
- 3.2 Copies. Please return an original and three (3) copies of your firm's full response.



2010 Ambulance Responses (Includes responses from 5 Rockford Ambulances and Private Ambulances)

| Hour         | Responses     |
|--------------|---------------|
| 8:00 AM      | 784           |
| 9:00 AM      | 940           |
| 10:00 AM     | 1,052         |
| 11:00 AM     | 1,092         |
| 12:00 PM     | 1,108         |
| 1:00 PM      | 1,099         |
| 2:00 PM      | 1,111         |
| 3:00 PM      | 1,111         |
| 4:00 PM      | 1,055         |
| 5:00 PM      | 1,067         |
| 6:00 PM      | 952           |
| 7:00 PM      | 1,042         |
| 8:00 PM      | 998           |
| 9:00 PM      | 923           |
| 10:00 PM     | 752           |
| 11:00 PM     | 687           |
| 12:00 AM     | 575           |
| 1:00 AM      | 592           |
| 2:00 AM      | 546           |
| 3:00 AM      | 454           |
| 4:00 AM      | 415           |
| 5:00 AM      | 387           |
| 6:00 AM      | 467           |
| 7:00 AM      | 643           |
| <b>Total</b> | <b>19,852</b> |

