
I-9 Standard Purchasing Resolution 8: Best Value Award – Emergency Medical Services (Introduced by: Pete Hullinger, Fire Chief)

Resolution #2025-08-114

Moved by Chanda

Seconded by Gunn

RESOLVED, That Troy City Council hereby **SELECTS** *Star EMS of Pontiac, MI* to provide Emergency Medical Services for the City of Troy starting January 1, 2026, and **AUTHORIZES** City Administration to negotiate an acceptable 2-year contract with the option to renew annually for three (3) years; the contract shall include a not to exceed total contract amount of \$771,144.00 in year 1 and \$794,268.00 in year 2; and shall reflect the bid proposal opened June 12, 2025.

BE IT FURTHER RESOLVED, That the bid award is **CONTINGENT** upon the company's submission of properly executed City Administrative approved contract and the proposal documents, including insurance certificates and all other specified requirements.

BE IT FINALLY RESOLVED, That Troy City Council hereby **AUTHORIZES** the Mayor and City Clerk to execute the Agreement for Emergency Medical Services once successfully negotiated and in acceptable form, a copy of which shall be **ATTACHED** to the original Minutes for this meeting.

Yes: All-7

No: None

MOTION CARRIED

Emergency Medical and First Responder Services Agreement

Between the City of TROY and Miles, Grubb & Associates, d/b/a Star EMS.

Dated: October 15, 2025

Parties

This Agreement is made by and between:

City of TROY
A Michigan Municipal Corporation
500 W. Big Beaver Road
Troy, Michigan 48084
(Hereinafter 'CITY')

-And-

Miles, Grubb & Associates, d/b/a Star EMS
63 Oakland Avenue
Pontiac, Michigan 48342
(Hereinafter 'PROVIDER')

Recitals

WHEREAS, the City requires the delivery of emergency medical services for the health, safety, and welfare of its residents and the public;

WHEREAS, the Provider is duly licensed by the Michigan Department of Health & Human Services and authorized by the Oakland County Medical Control Authority (OCMCA) to provide emergency medical services;

WHEREAS, the parties desire to enter into this Agreement to set forth the terms and conditions under which such services will be provided;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, the parties agree as follows:

Section 1. Scope and Intent

- 1.1 Services Provided.** During the term of this Agreement, Provider shall furnish, and the City shall receive and compensate for, Paramedic First Responder Units, Basic Life Support and Advanced Life Support ambulances, and/or other services as described herein.
- 1.2 Incorporation of Proposal.** Exhibit A, the Provider's Proposal for Emergency Medical ALS Services, is incorporated by reference into this Agreement. In the event of any conflict

between Exhibit A and the terms of this Agreement, the provisions of this Agreement shall control.

- 1.3 General Description.** The required services include but are not limited to: Providing emergency medical services, and the subsequent ambulance transportation of patients to nearby hospitals, including those specializing in trauma and other life-threatening conditions within the City of Troy service area.

Section 2. Operational Requirements: EMS Services

2.1 Deployment Plan

a. Performance-Based Tiered Response Model (Trial).

- i. Provider shall implement a **tiered response model**, dispatching the closest appropriate medical resource — Paramedic First Responder (PFR), Basic Life Support (BLS) ambulance, or ALS ambulance, or any combination thereof — to meet response-time benchmarks.
- ii. Additional resources shall be dispatched concurrently or subsequently, depending on patient condition and system availability.
- iii. The City shall permit this model, as requested by Provider, on a six-month trial basis. At the conclusion of the trial, the City Manager (or designee) shall evaluate performance results and determine whether the tiered response model may continue or whether the Provider must transition to the Deployment Plan Per Bid Specifications in subsection (b).
- iv. If transition is required, the parties shall mutually agree in writing on a reasonable timeframe for implementation.

b. Deployment Plan Per Bid Specifications.

- i. If the City determines the trial plan unsatisfactory, the Provider shall implement the staffing and deployment model specified in the City's bid documents, as follows:
- ii. Provider shall have five Dedicated ALS Ambulances from 7am-7pm and four Dedicated ALS Ambulances from 7pm-7am, seven days a week. Times may be adjusted with mutual agreement between Provider and City.
- iii. "Dedicated ALS Ambulances" for the City of Troy refers to Advanced Life Support (ALS) ambulances that are assigned exclusively to serve the City of Troy, ensuring continuous availability for emergency medical responses. Having dedicated ALS ambulances means that these units are stationed within the City of Troy or an agreed upon distance and location, and are not pulled away to serve other jurisdictions unless explicitly agreed upon by the City.

- 2.2 Licensure.** All vehicles, personnel, and facilities shall maintain licensure as required by state law.
- 2.3 ALS Capability.** All advanced life support ambulances shall be ALS-capable in compliance with Oakland County Medical Control Authority (“MCA”) requirements.
- 2.4 Reporting.** Provider shall submit monthly electronic reports to the City.. These reports shall include response times, dispatch processing times, interagency referrals, call downgrades, and any other compliance data requested by the City or MCA. Non-compliance with this reporting requirement may be subject to contract termination based on the 90-day notice provision.
- 2.5 Supervision.** Provider shall maintain field supervision at all times, including at least one dedicated paramedic field supervisor available 24/7 within the City, who will act as liaison to City agencies and respond to specified critical incidents. Critical incidents include, but are not limited to: (1) Incidents requiring two or more ALS-unit response; (2) Multi-casualty or disaster incidents; (3) Hazardous materials incidents involving patient care; and/or (4) Life-threatening incidents in immediate area of supervisor at time of dispatch.
- 2.6 Coordination.** A supervisory representative from Provider shall attend monthly meetings with City Fire and Police Departments.
- 2.7 Personnel Standards.** Provider shall conduct initial and periodic criminal and driving history checks of its employees, prohibit assignment of employees with specified disqualifying convictions, require nationally recognized driver training, notify regulatory authorities of certain disciplinary actions, and provide personnel rosters/updates upon request. Upon written notice from City outlining any concerns regarding Provider personnel, Provider shall agree to investigate the matter promptly, take appropriate action and inform the City of any results.
- 2.7.1** Disqualifying convictions include: conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act, conviction for theft or larceny within the last five (5) years, one conviction for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), or Operating While Under the Influence of Narcotic (OUIN) within the past five (5) years, or any two or more convictions of any combination thereof.
- 2.8 Drug Testing.** Provider shall maintain a random and reasonable-suspicion drug testing program for its employees.
- 2.9 Quality Assurance.** Provider shall maintain a comprehensive QA/QI program addressing clinical care and operational performance.

2.10 Complaint Resolution. Complaints shall be investigated with a written report to the City within 15 days; unresolved complaints shall be referred to the MCA Quality Improvement Committee.

2.11 Training. Provider shall comply with training as follows:

a. Police Incident Training- Provider shall provide training on an annual basis for medical personnel operating in the City of Troy for EMS response to specific police incidents. This training, when requested, will be provided by the City of Troy Police Department. In addition, Provider shall provide two Tactical EMS (TEMS) medics who will attend all City of Troy Tactical Support Team training sessions and will assist at all tactical related incidents.

b. Hazardous Materials Training- All medical personnel for Provider shall be trained to the hazmat first responder awareness level and WMD Awareness as designated by the Michigan Firefighters Training Council. Provider shall submit documentation of this training. Proof of this training is required for each employee working in Troy.

c. Resource for Public Safety Agency Training- Provider shall serve as a resource for EMS training for the fire and police departments. This shall include CPR, first aid, and other related training.

d. Incident and Training Standby – Provider shall provide ALS ambulance units as requested to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required and shall not reduce the quantity of any required/dedicated units for the City of Troy. A maximum 15-minute response time is allowed for incident standby requests.

2.12 Additional Operational Obligations. Provider shall:

- a. Serve as a training resource for City Fire and Police (CPR, first aid, etc.);
- b. Maintain a mutual aid resource plan;
- c. Provide standby coverage for emergency scenes and community events (≤ 15 -minute response);
- d. Ensure communications interoperability (Oakland County P25 MPSCS system);
- e. Record all telephone and radio communications (retained ≥ 1 year);

- f. Operate an E-911 secondary PSAP with Emergency Medical Dispatch and/or NFPA 1710, if applicable;
- g. Maintain personnel recall procedures for mass incidents;
- h. Use CAD with potential City integration;
- i. Provide EMS supervisor representation in City's Emergency Operations Center during activations;
- j. Maintain a decontamination facility for City personnel;
- k. Provide biohazard waste disposal; and
- l. Identify bases of operation, preferably within the City.

2.13 Charges. Provider shall submit to City an annual ambulance user fee schedule each January.

2.14 Response Times (Tiered Response Model)

- a. **Priority 1 (Emergency).** A qualified medical unit (PFR, BLS, or ALS) shall arrive to the scene within 6:00 minutes of call dispatched for 90% of emergency incidents. The first-arriving unit stops the clock; additional resources are dispatched as needed. This standard corresponds to the Performance-Based Tiered Response Model (Section 9.2 of the Bid Document).
- b. **Priority 3 (Non-Emergency).** A qualified medical unit (PFR, BLS, or ALS) shall arrive on the scene within 15:00 minutes of call dispatched for 90% of non-emergency incidents.
- c. **Dispatch Flexibility.** Provider shall dispatch the closest and most appropriate resource based on availability, patient condition, and system status.

2.15 Vehicles. Provider shall maintain vehicles in safe condition, prohibit chassis over five years old, retain preventive maintenance logs, disclose failure history upon request, and equip dedicated units with AVL and GPS/CAD integration.

2.16 Staffing. Provider shall maintain sufficient staffing to meet performance standards.

2.17 Non-Emergency Tasks. City may assign additional tasks (e.g., CO alarm responses), with annual training provided by City.

Section 3. Miscellaneous Proposal Terms and Conditions

3.1 Inspection. City may inspect Provider's facilities, vehicles, equipment, and records. Proprietary or FOIA-exempt materials will not be made available.

- 3.2 Audit.** City may commission a third-party audit of Provider's incident response data annually. Costs shall be borne by Provider, provided the scope and fee are reasonable and mutually agreed upon.

Section 4. Insurance.

The Provider shall procure and maintain, throughout the term of this Agreement, insurance coverage meeting the following requirements. All coverage shall be issued by insurers licensed and admitted to do business in the State of Michigan.

4.1 Worker's Compensation.

- a. Coverage in accordance with all applicable Michigan statutes, including employer's liability.

4.2 Commercial General Liability (CGL).

- a. Coverage written on an "occurrence basis."
- b. Minimum limits: **\$5,000,000 per occurrence / aggregate combined single limit** (bodily injury, personal injury, and property damage).
- c. Coverage shall include:
- i. Contractual liability;
 - ii. Products & completed operations;
 - iii. Independent contractors;
 - iv. Broad form general liability extensions (or equivalent);
 - v. Contract-specific aggregate limits.

4.3 Motor Vehicle Liability.

- a. Coverage for all owned, non-owned, and hired vehicles, including Michigan No-Fault coverage.
- b. Minimum limits: **\$5,000,000 per occurrence combined single limit** (bodily injury and property damage).
- c. CGL and Auto Liability limits may be satisfied with an Excess/Umbrella policy, provided that:
- i. Coverage is at least equivalent to the primary policy; and
 - ii. Endorsements (additional insured, primary/non-contributory) apply equally.

4.4 Professional Liability.

- a. Coverage for ambulance operations and professional malpractice.

- b. Minimum limits: **\$5,000,000 per occurrence / aggregate combined single limit** (bodily injury and personal injury).

4.5 Additional Insured.

- a. The following shall be named as Additional Insureds under CGL, Auto Liability, and Ambulance/Professional Liability policies:
 - i. The City of Troy;
 - ii. All elected and appointed officials;
 - iii. All employees and volunteers; and
 - iv. All boards, commissions, and/or authorities thereof.

- b. Coverage for the City shall be **primary and non-contributory** to any other coverage carried by the City.

4.6 Cancellation Notice.

- a. All required policies shall be endorsed to provide that the City shall receive thirty (30) days' advance written notice of cancellation, non-renewal, material change, or reduction in coverage.

4.7 Proof of Insurance.

- a. The Provider shall furnish the City with the following, sent to the Purchasing Department:
 - i. Two (2) Certificates of Insurance for each required coverage;
 - ii. Certified copies of policies upon request.

4.8 Renewals.

- a. If any coverage expires during the term of this Agreement, renewal certificates must be delivered to the City, attention Purchasing Department, at least ten (10) days prior to expiration.

Section 5. Term of Contract and Renewal

5.1 Initial Term

- a. The term of this Agreement shall commence on **January 1, 2026**, and continue for a period of two (2) years, unless earlier terminated in accordance with Section 6.

5.2 Renewal Options.

- a. Upon expiration of the initial term, this Agreement may be extended for up to three (3) additional one-year terms, provided that:

- i. Both parties agree in writing at least **120 days prior** to the end of the then-current term; and
- ii. Renewal shall be subject to the pricing adjustment provisions in Section 5.3.

5.3 Pricing Adjustments.

- a. The Provider may request an adjustment to the contract price for any renewal term, subject to the following conditions:
 - i. The Provider submit its request at least fourteen (14) months prior to the proposed renewal date.
 - ii. The request may be based only on verifiable increases in labor costs (e.g., pursuant to collective bargaining agreements); or
 - iii. The Michigan Department of Treasury Inflation Rate Multiplier, whichever results in the lower increase.
 - iv. The City may accept the proposed adjustment and renew the Agreement; or reject the proposed adjustment and solicit new proposals, at its sole discretion.
 - v. Any approved adjustment shall take effect on the anniversary date of the Agreement.

Section 6. Contract Cancellation or Termination

- 6.1 Termination by Either Party (Without Cause).** Either party may terminate this Agreement without cause by providing at least six (6) months' prior written notice to the other party.
- 6.2 Termination by City (For Cause).** The City may terminate this Agreement immediately, upon written notice to the Provider, if the Provider:
 - a. Fails to maintain the performance criteria set forth in this Agreement, and does not cure such failure within a reasonable time after notice from the City;
 - b. Loses or fails to maintain required licenses, certifications, or insurance; or
 - c. Otherwise materially breaches this Agreement.
- 6.3 Termination by Provider (For Cause).** Provider may immediately terminate this Agreement only when there is an issue with the receipt of payments. The Provider may not terminate this Agreement due to non-payment unless it has:
 - a. Provided written notice of the non-payment to the City's designated representative; and
 - b. Allowed the City at least forty-five (45) days to cure the non-payment.
 - c. If payment is not made within that period, the Provider may suspend or terminate services under this Agreement.
- 6.4 Continuation of Services.** In the event of termination, the Provider shall cooperate with the City to ensure a smooth transition of services to another provider or municipal operation, and

shall continue to provide services during the notice period unless otherwise directed by the City.

Section 7. Assignments

- 7.1 **No Assignment Without Consent.** The Provider shall not assign, transfer, or subcontract this Agreement, in whole or in part, without the prior written consent of the Troy City Council, which consent shall not be unreasonably withheld.
- 7.2 **Effect of Unauthorized Assignment.** Any assignment or transfer made in violation of this Section shall be void and may result in immediate termination of the Agreement by the City.

Section 8. Indemnification / Hold Harmless

- 8.1 **Provider’s Indemnification.** To the fullest extent permitted by law, the Provider shall defend, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees, volunteers, boards, and commissions (collectively, the “City Indemnitees”) from and against any and all claims, demands, suits, damages, liabilities, losses, costs, or expenses (including reasonable attorney’s fees) arising out of:
 - a. Personal injury, bodily injury, or death;
 - b. Damage to or loss of property; or
 - c. Any negligent acts, errors, or omissions of the Provider, its employees, agents, or subcontractors, in the performance of this Agreement.
- 8.2 **Limitation.** Neither party shall be required to indemnify the other for claims or damages to the extent caused by the gross negligence or willful misconduct of the other party.

Section 9. Prices

9.1 **Dedicated Unit Model (Per Bid Specifications).**

Year	Deployment Schedule	Monthly Cost
1	5 Units (7:00 a.m.–7:00 p.m.) / 4 Units (7:00 p.m.–7:00 a.m.)	\$64,262.00
2	Same	\$66,189.00

9.2 **Alternative Proposal – Option 1: Performance-Based Tiered Response Model.**

- a. The Provider will deploy resources using a **tiered response system**.
- b. The closest available medical resource — Paramedic First Responder (PFR), Basic Life Support (BLS) ambulance, or Advanced Life Support (ALS) ambulance, or any combination

thereof — shall be dispatched to meet the **6-minute benchmark for 90% of emergency calls.**

- c. Additional resources (BLS or ALS transport units) shall be dispatched concurrently or subsequently, as dictated by the patient’s condition and system availability.
- d. This model ensures the **fastest possible arrival of trained medical personnel** while preserving flexibility and efficiency in resource allocation.

Year	Monthly Cost
1	\$24,328.00
2	\$25,058.00

9.3 Alternative Proposal – Option 2: Innovative System Model.

- a. A customized EMS and transportation model, developed by the Provider, incorporating ALS, BLS, and First Responder services, or any combination thereof.
- b. This model must, at minimum, meet the City’s **6-minute benchmark for 90% of emergency responses.**

Year	Monthly Cost
1	\$24,328.00
2	\$25,058.00

9.4 Additional Charges.

- a. Blood draws requested by the City Police Department: **\$100 each.**

9.5 Ambulance User Fee Schedule as of the date of this agreement.

Charge Code	Level of Care	Fee
A0433	ALS – Emergency II	\$1,250.00
A0427	ALS – Emergency	\$1,000.00
A0426	ALS – Non-Emergency	\$1,000.00
A0426	BLS – Emergency	\$850.00

Charge Code	Level of Care	Fee
A0428	BLS – Non-Emergency	\$850.00
A0425	Mileage	\$18.00 per mile

Section 10. Notice

10.1 Form of Notice. All notices, requests, demands, or other communications required or permitted under this Agreement (“Notices”) shall be in writing and shall be deemed duly given if delivered by:

- a. Personal delivery;
- b. Certified mail, return receipt requested;
- c. Recognized overnight courier service; or
- d. Electronic mail with confirmation of delivery.

10.2 Addresses for Notice. Notices shall be sent to the following addresses (or to such other addresses as a party may designate in writing):

To the City:

City of Troy
 Attn: City Manager, Purchasing Director & Fire Chief
 500 W. Big Beaver Road
 Troy, Michigan 48084
 Email: citymanagersshared@troymi.gov
Purchasing@troymi.gov
firedept@troymi.gov

To the Provider:

Miles, Grubb & Associates, d/b/a Star EMS
 Attn: President/CEO
 63 Oakland Avenue
 Pontiac, MI 48342
 Email: info@starems.com

10.3 Effective Date of Notice. Notices shall be deemed effective on the earlier of:

- a. The date of actual delivery;
- b. Three (3) business days after mailing by certified mail;
- c. One (1) business day after deposit with an overnight courier; or
- d. The date of electronic transmission, if sent during business hours

Section 11. Governing Law and Jurisdiction

- 11.1 **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the **State of Michigan**, without regard to conflict-of-law principles.
- 11.2 **Jurisdiction and Venue.** Any legal action or proceeding arising out of or relating to this Agreement shall be brought exclusively in:
- a. The Circuit Court for Oakland County, Michigan; or
 - b. The United States District Court for the Eastern District of Michigan.
 - c. Each party hereby consents to the personal jurisdiction of such courts and waives any objection to venue therein.

Section 13. Headings

- 13.1 The section and subsection headings contained in this Agreement are for convenience of reference only and shall not affect the meaning, interpretation, or construction of this Agreement.

Section 14. Entire Agreement

- 14.1 This Agreement, together with all exhibits and attachments referenced herein, constitutes the **entire agreement** between the parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, proposals, or agreements, whether written or oral.
- 14.2 No amendment, modification, or waiver of any provision of this Agreement shall be valid unless made in writing and signed by duly authorized representatives of both parties.

Section 15. Authority to Execute


- 15.1 Each party represents and warrants that the individual signing this Agreement on its behalf has been duly authorized to execute and deliver this Agreement, and that this Agreement constitutes a valid and binding obligation of such party, enforceable in accordance with its terms.

Signatures

IN WITNESS WHEREOF, the parties hereto have executed this Agreement by their duly authorized representatives as of the date first written above.

CITY OF TROY
a Michigan Municipal Corporation

By:  _____
Ethan Baker, Mayor

By:  _____
Aileen Dickson, City Clerk

Date: October 20, 2025

Aileen Dickson, City Clerk

Date: October 20, 2025

Miles, Grubb & Associates, d/b/a Star EMS
a Michigan Corporation

By: 
Craig T. Gebo, Director of Client Services

Date: 10/15/2025

PURCHASE/SERVICE CONTRACT

Ship To
 City of Troy
 Fire
 500 W BIG BEAVER RD
 TROY, MI 48084

Bill To
 City of Troy
 Fire
 500 W BIG BEAVER RD
 TROY, MI 48084

No: 2026-90000003
Date: 10/16/2025

FOB DESTINATION

Entered By: Emily Frontera

Vendor
VENDOR NO. 178906
 STAR EMS
 PO BOX 420155
 PONTIAC, MI 48342

CONTRACT DESCRIPTION

Commence Date	Expiration Date	Renewal	Resolution #	Contract #	Amount
01/01/2026	12/31/2027	3 Times Annually	2025-08-114	2026-90000003	0.00

Emergency Medical Services

Contract Agreement to provide Emergency Medical and Ambulance Services for TWO (2) YEARS with the option to renew for THREE (3) 1-YEAR Terms.

ALS AMBULANCE RESPONSE Time shall meet a minimum emergency response time of 6 minutes 00 seconds for 90% of emergency responses.

PRICES:

Proposal A: 5/4 DEDICATED ALS Support Units 24/ 7/ 365

Year 1: \$64,262/month

Year 2: \$66,189/month

Proposal B-1: PERORMANCE BASED Emergency Ambulance Support to meet 6 minute 00 seconds response time 90% of emergency calls.

Year 1: \$24,328/month

Year 2: \$25,058/month

Proposal B-2: INNOVATIVE SYSTEM MODEL to provide Emergency Medical and Transportation Services to meet the 6 minute 00 seconds time requirement for 90% of emergency calls.

Year 1: \$24,328/month

Year 2: \$25,058/month

BLOOD DRAWS: \$100.00 shall be upon the request of the Troy Police Department

CITY COUNCIL AWARD DATE: 8/25/2025

CERTIFICATE OF INSURANCE AND ENDORSEMENTS shall be on file at all times for the duration of the contract.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
 2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
 3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
 4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.
- NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

Emily Fornera
Purchasing Manager




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Allied Insurance Managers Inc. 1055 South Blvd. East Suite #110 Rochester Hills MI 48307	CONTACT NAME: Vicky Karakula PHONE (A/C, No, Ext): (248) 853-0930 FAX (A/C, No): (248) 853-1512 E-MAIL ADDRESS: vkarakula@alliedinsmgr.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Miles, Grubb & Associates, LLC dba Star EMS Star Ambulance Services LLC 63 Oakland Ave., P.O. Box 420155 Pontiac MI 48342	INSURER A: National Interstate Ins. HI	NAIC # 11051
	INSURER B: Accident Fund Company	10166
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 25/26 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		LJG 4550021 07	4/1/2025	4/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		ACA 4550021 06	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMS 0000094 06	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	100006159	2/1/2025	2/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			LPL 4550021 07	4/1/2025	4/1/2026	Each Medical Incident Limit 1,000,000 Annual Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Troy all elected and appointed officials, all employees and volunteers, and all boards, commissions and/or volunteers thereof are named as additional insured on a primary non-contributory basis with respect to the General Liability and Auto Liability coverage, pertaining to work and/or services performed by the named insured. As required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Troy 500 W. Big Beaver Rd Troy, MI 48084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Chris Beardslee/VLK <i>Chris Be</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
AS REQUIRED BY WRITTEN CONTRACT	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

Who Is An Insured under **COVERED AUTOS LIABILITY COVERAGE** is amended to include as an "insured", any person or organization you are required to add as an additional insured on this policy under a written contract, agreement or permit which must be:

- a. currently in effect or becoming effective during the term of the policy; and
- b. executed prior to the "bodily injury" or "property damage."

The insurance provided to this additional insured is limited as follows:

1. That person or organization is an additional insured only with respect to liability arising out of your operations performed for that additional insured as specified in the written contract, agreement or permit.
2. The limits of insurance applicable to the additional insured are those in written contract, agreement, permit or in the Declarations for this policy, whichever are less. These limits of insurance are inclusive of and not in addition to the Limit of Insurance for Liability Coverage shown in the Declarations.
3. Coverage is not provided for "bodily injury" or "property damage" arising out of the sole negligence of the additional insured.

If there is another policy not purchased by you covering the same loss, whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary, "we" will pay only for the amount of covered loss in excess of the amount due from that other policy, whether you can collect on it or not. But "we" will not pay more than the applicable "limit".

When this insurance is in excess, we will have no duty to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insurer's rights against all those other insurers.

All other terms and conditions of this policy remain unchanged.



VENDOR QUESTIONNAIRE

DATE: 06/11/2025
Month/Date/Year

COMPANY NAME: Star EMS

ESTABLISHED: July 19 / 2003 STATE: MI Years in Business: 22

TYPE OF ORGANIZATION: (Circle One)
a. Individual
 b. Partnership
c. Corporation
d. Joint Venture
e. Other _____

If applicable:
FORMER COMPANY NAME(S)

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. What is your company’s experience relative to Emergency Medical and ALS Services for Cities? Provide specific experience detailing the type of services involved and the type of services your company provides. Include a brief history of average call volume.

Locally owned, locally operated and locally accountable, Star EMS provides emergent and non-emergent ambulance services throughout Oakland County, Michigan.
Star EMS is a trusted partner serving several Cities and Townships by providing 911 emergency ambulance services to the residents & visitors of those communities.

2. Describe your company’s background and its organizational structure along with the roles and background of the key team members to be assigned to the City. Describe capabilities specific to the scope of work within this RFP.

The Star EMS senior leadership team has experience in providing EMS services dating back to the late 1970's. Their contributions over decades has helped to shape modern EMS as we know it today. After long and successful careers, having built large ambulance organizations and serving all four corners of Oakland County and beyond, these experienced leaders joined up to form Star EMS. Star EMS is exceptionally qualified to perform the services outlined in this proposal as we are proud to have earned the reputation as being the provider that communities have learned to count on.



3. List all other municipalities with whom your company has worked and in what capacity.

Waterford Twp - Primary ALS	Commerce Twp - Primary ALS
White Lake Twp - Primary ALS	Orion Twp - Primary ALS
Highland Twp. Primary ALS	Oxford Twp - Primary ALS
Auburn Hills Primary ALS	Springfield Twp - Primary ALS
Franklin-Bingham Farms - Primary ALS	Southfield - Back up ALS
Bloomfield Hills - Primary ALS	Pontiac - Primary ALS

4. Personnel of the company who would be assigned to this account.

Please provide resumes, copies of certifications, degrees, and/or list any additional training classes taken to increase expertise in this field for the people listed in this section who will be assigned to the City of Troy account. Company must identify Supervisor/Manager that will be assigned to the account.

TITLE	NAME	DEGREE/CERTIFICATION	EXPERIENCE/ YEARS	ROLE
Director of Operations	Charles Hughes	Paramedic/IC	13 Years	
Director, Client Services	Craig Gebo	Registered Nurse/Paramedic	34 Years	

Note: Please provide copies of all resumes, certifications and licenses, etc. submitted for individuals in this section with the titles listed above.

5. Describe your Company's dispatching process and software.

See proposal section W

Central Square/Tri-Tech is our CAD

6. Are all emergency vehicles to be utilized in this contract fitted with GPS mapping and routing software? Please describe in detail system used.

Yes, all ambulances have GPS, Dash Cameras, and are monitored from dispatch.

7. Does your Company hold the CAAS accreditation (Commission on Accredited Ambulance Services)?

Not at this time.

COMPANY NAME: Star EMS



8. Professional References – please list at least three clients with whom you have provided Emergency Medical and ALS Services for within the past five (5) years that are similar in scope to the type of work described in this proposal. Contact names and the listed information are to be provided.

Entity Name	Address	Contact Name	Phone Number	E-Mail
City of Pontiac	47450 Woodward Ave	Mayor Tim Greimel		tgreimel@pontiac.mi.us
White Lake Township	7420 Highland Rd	John Holland	248.698-3993	
Franklin-Bingham	32707 Franklin Rd	Tony Averbuch	248.626.9862	

9. As per the Anti-Kick Back Statute does your company offer and conduct an Annual Audit?

UHY Advisors performs our audits. Mr, Mark Kiminski.

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative: Craig Gebo

Title of Authorized Company Representative: Director, Client Services

Representative's Name: Craig Gebo
 (print)

Company Name: Star EMS

Address: 63 Oakland Avenue, Pontiac, MI 48342

Phone Number: 248-481-5041

E-mail: Cgebo@StarEMS.com

Date: 06/11/2025



TERMS AND CONDITIONS

PROPOSAL SIGNATURES:

Each authorized representative of the organization must sign the RFP with their usual signature and shall give their full business address. RFP documents submitted by partnerships shall be signed with the partnership name by one of the members or by an authorized representative. RFP documents by corporations shall be signed with the name of the corporation followed by the signature and designation of the President, Secretary, or other person authorized to bind it in the matter. RFP documents from governmental agencies must be signed by the principal authorized to bind it in the matter.

AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to professional competence, references, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy.

The City of Troy reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the City of Troy as a result of the evaluation process (see Section 4 - Selection Process); to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements

PRICES:

Prices quoted shall remain firm for 120 days or proposal award, whichever comes first, except the successful provider whose prices shall remain firm for the two-year contract period. The contract shall commence on January 1, 2026 or on a date that allows a 90-day start-up period after award. It is assumed that the 90-day interval after award will occur so that the commencement date will be January 1, 2026. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

RENEWAL:

The contract may be extended for three (3) calendar years at 1-year renewal increments through mutual consent of both parties within 120 days of contract termination using the following conditions as described below;

The contract price may be amended on January 1, 2028 or the annual anniversary date mutually agreed upon as the start-up date if the successful bidder requests the increase in writing during the month of January 2027 under the following conditions:

1. The successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or the State of Michigan Department of Treasury Inflation Rate Multiplier, **whichever is lower**.
2. The City of Troy will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion.
3. If the City accepts the price increase, the new pricing will be not be implemented until the anniversary date of the contract.
4. An increase may be requested in writing in January of each year thereafter subject to the same terms and conditions stated in #1 and 2 above. Any increase shall be submitted prior to budget approval and effective the following anniversary date after acceptance.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Clay D. Beto

COMPANY NAME: Star EMS



TRAINING MATERIALS:

As a specified requirement, the service provider shall serve as a resource for training for the City of Troy. Training will include, but not limited to, CPR, First Aid, and Bloodborne Pathogens. The provider will be able to pass the cost of mandated books and training materials to the City of Troy.

CONTRACT CANCELLATION DUE TO POOR PERFORMANCE:

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the City of Troy reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

DOWNPAYMENTS OR PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment for services to be provided prior to work completion as stipulated and full acceptance as being in conformance with the specified requirements of the proposal will not be considered for award.

ADDITIONAL INFORMATION:

For additional information/questions concerning this Request for Proposal, contact Emily Frontera, Purchasing Manager, at (248) 680-7291 or e.frontera@troymi.gov.

CONTRACT AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to: the completion of all information requested and detailed in the RFP, evaluation Phase 1, 2, and 3 Scoring, pricing, professional competence, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy. The intent of the award is to contract with one company for this project.

The City of Troy reserves the right to award to the company providing the best value proposal, in whatever manner is deemed to be in the City's best interest; to award the proposal which matches the City's needs; to reject a proposal which contains major deviations from specifications; to accept a proposal which has only minor deviations from specifications; or whatever is deemed to be in the City's best interest.

ERRORS AND OMISSIONS:

Proposers are not permitted to take advantage of any errors and omissions in the specifications since full instructions will be given should they be called to the attention of the Purchasing Office on or before the deadline specified in the Section Instructions to Bidders, item # 6 Pre-Proposal Information and Questions.

DOWN PAYMENTS OR PRE-PAYMENTS:

All proposals submitted with terms or any provisions in the proposal, which requires a down payment or prepayment of any kind will not be considered for an award. The designated City Representative will make payment approval of all items upon acceptance of the work being invoiced.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification Regarding Debarment, Familial Disclosure and the Certification Regarding "Iran Linked Business" forms and return with your bid proposal.

COMPANY NAME: Star EMS



INVOICING AND PAYMENT:

The City of Troy reserves the right to select the invoicing option deemed to be in its best interest at the time of implementation of the contract. No additional costs will be incurred for the invoicing option selected. Detailed billing will be required which minimally includes the project name, service(s) provided, hours worked, cost per hour, and a detailed breakdown of additional allowable expenses.

Termination of service will be unacceptable for non-payment of a bill without the successful bidder contacting the designated City representative to resolve the problem. The City will have 45 days to resolve any billing problem from written notice to terminate services.

PURCHASE ORDER:

After the Troy City Council has approved the award, the City of Troy Purchasing Department will issue an award letter to the successful proposer. The successful proposer once notified, will be required to sign the Contract Form. The purchase order issued in conjunction with the Contract Form from the City of Troy will create a bilateral Contract between the parties, and the successful bidder shall commit to perform the Contract in accordance with the mandatory requirements of the Specifications, Scope of Work and Proposal submitted.

RIGHT TO REQUEST ADDITIONAL INFORMATION:

The City reserves the right to request any additional information it deems necessary from any company responding to this RFP after the documents have been received.

QUALIFICATIONS OF PROPOSERS:

The Proposer may be required before the award of any contract to show to the complete satisfaction of the City of Troy that it has the necessary facilities, abilities, and financial resources to provide the services specified herein. The Proposer may also be required to give a past history in order to satisfy the City of Troy in regard to the Proposer's qualifications. The City of Troy may make reasonable investigations deemed necessary and proper to determine the ability of the Proposer to perform the work, and the Proposer shall furnish to the City of Troy all information for this purpose that may be requested.

ASSIGNMENTS:

The proposer agrees not to assign or transfer this service or any part thereof without the written consent of the City of Troy, acting through the Purchasing Manager or authorized representatives. Any unauthorized assignment may subject the proposer to immediate termination.

COMPANY NAME: Star EMS



INSURANCE REQUIREMENTS

The Contractor shall procure and maintain during the term of this contract, the insurance coverages outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to the City of Troy.

WORKER'S COMPENSATION INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$5,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products & Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

MOTOR VEHICLE LIABILITY: The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage's, with limits of liability of not less than \$5,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, non-owned, and hired vehicles.

NOTE: Commercial General Liability and Automobile Liability limits may be obtained by using an Excess/Umbrella Liability policy in addition to the primary liability policy. If coverage limits are satisfied by an Excess and/or Umbrella policy, coverage must follow form of the primary liability policy, including but not limited to additional insured and primary/non-contributory coverage.

AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$5,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.

ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an ENDORSEMENT stating the following shall be **Additional Insured**: The City of Troy all elected and appointed officials, all employees and volunteers, and all boards, commissions and/or volunteers thereof. It is understood and agreed by naming the City of Troy as ADDITIONAL INSURED, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

COMPANY NAME: Star EMS



CANCELLATION NOTICE: Worker’s Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: “It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Rd., Troy, MI 48084.”

PROOF OF INSURANCE: Upon Notice of Award, the service provider shall provide to the City of Troy certificates of insurance and policies in full compliance with specifications as listed below:

1. Two (2) copies of the Certificate of Insurance for Worker’s Compensation Insurance;
2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
3. Two (2) copies of Insurance for Vehicle Liability Insurance;
4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverage’s expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the City of Troy at least ten (10) days prior to the expiration thereof.

INDEMNIFICATION / HOLD HARMLESS CLAUSE

To the fullest extent permitted by law, the Star EMS
(name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless the City of Troy, its elected and appointed officials, employees, volunteers, and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Troy by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Chay D. Beto



REFERENCES

References- Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested (attach and mark REFERENCES for identification. List the three largest clients (by volume of runs) below.

AGENCY: City of Pontiac
ADDRESS: 47450 Woodward Ave, Pontiac, MI 48342
PHONE: 248.758.3000 CONTACT: Mayor Grimel
EMAIL _____

Ambulance Service: (X) yes () no

AGENCY: White Lake Township Fire Department
ADDRESS: 7420 Highland Rd, White Lake, MI 48383
PHONE: 248.698.3335 CONTACT: John Holland
EMAIL _____

Ambulance Service: (X) yes () no

AGENCY: Franklin-Bingham Fire Department
ADDRESS: 32707 Franklin Rd. , Franklin, MI 48025
PHONE: 248.626.9862 CONTACT: Tony Averbuch
EMAIL _____

Ambulance Service: (X) yes () no

COMPANY NAME: Star EMS



Option 2: INNOVATIVE SYSTEM MODEL - Customized Emergency Medical and Transportation Service Model that may include ALS, BLS and First Responder services and any combination thereof, recommended by the firm that at a minimum can meet the City's Response Time Requirement of 6 minutes 00 seconds for 90% of emergency responses. Include all details explaining the workflow, anticipated hours and deployment of this model.

Prices listed will be the monthly cost to provide the type of customized response model as detailed by the Proposer to meet the Standard Response time of 6 minute 00 seconds for 90% of all emergencies.

Year 1 \$24,328 /Month

Year 2 \$25,058 /Month

Model Details: A customized, performance-based EMS delivery system designed to meet or exceed the City of Troy's 6-minute response time through a flexible, tiered response model that efficiently leverages ALS, BLS, and first responder units. Low-acuity may be assigned to BLS units based on EMD triage, optimizing ALS availability for high-acuity calls.

NOTE: Additional pages may be added is more space is needed.

C. ADDITIONAL CHARGES

1. **BLOOD DRAWS** requested by Troy Police Department \$ 100.00 /EACH

2. **AMBULANCE USER FEE SCHEDULE**

Fee Scheduled attached and labeled Fee Screen for identification purposes.

CHARGE CODE	LEVEL OF CARE	FEE SCREEN
A0433	ALS-EMERG II	\$1,250.00
A0427	ALS-EMERG	\$1,000.00
A0426	ALS-NON EMERG	\$1,000.00
A0429	BLS-EMERG	\$850.00
A0428	BLS-NON EMERG	\$850.00
A0425	MILEAGE	\$18.00

COMPANY NAME: Star EMS



SIGNATURE PAGE

PRICES

Prices quoted shall remain firm for 120 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm from date of award through successful completion of all specified requirements of this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: *Craig D. Gebo*

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this offer and is in receipt of all addendum as issued.

COMPANY: Star EMS

ADDRESS: 63 Oakland Avenue CITY Pontiac STATE MI ZIP 48342

TELEPHONE NUMBER (866) 973-9999 FAX NUMBER (248) 338-9364

REPRESENTATIVE'S NAME Craig Gebo

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: *Craig D. Gebo* (Print)

TERMS: _____ EMAIL: cgebo@starEMS.com

COMPLETION: AS SPECIFIED IN BID REQUIREMENTS.

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this proposal offer:

ACKNOWLEDGEMENT: I, Craig Gebo, certify that I have read the **Instructions to Bidders** (4 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: *Craig D. Gebo*

IMPORTANT: All City of Troy purchases require a **MATERIAL SAFETY DATA SHEET**, where applicable, in compliance with the **MIOSHA "Right to Know" Law**.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



May 27, 2025

To All Bidders:

Please be advised that as a result of the Mandatory Pre-Proposal Meeting conducted on Thursday, May 22, 2025 at 10:00 AM Eastern Time, the Purchasing Department for the City of Troy authorized the following clarification(s) and or change(s) to the specifications for **RFP-COT 25-14, EMERGENCY MEDICAL AMBULANCE SERVICES**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document.

Items from the bid documents to be aware of that were REVIEWED:

- Bid Opening date and time: **THURSDAY JUNE 12, 2025, at 10:00 AM Eastern Time.**,
- **OPENING OF PROPOSALS:** At the specified time and date stated above, all submitted Proposals shall be received electronically on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi. Proposals will be opened and only the names of Firms submitting a proposal will be publicly read aloud in the specified Zoom meeting listed on page 4 of the *Instructions to Bidders*.
- **QUESTIONS:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests shall be submitted and emailed to Emily Frontera, Purchasing Manager at e.frontera@troymi.gov. *Deadline for clarification requests is Thursday, June 5, 2025, close of business.* Response to questions or requests for clarification will be provided to all in the form of an addendum and posted on the MITN Purchasing Group website within 3 business days.
- **SIGNATURE PAGE:** A person authorized to bind the firm in a contractual obligation with the City of Troy shall sign the signature page. Any exceptions taken must be documented on the signature page.
- *EMERGENCY MEDICAL SERVICES Scope of Work (9 Pages)*
- **QUESTIONNAIRE:** Firms shall complete the Questionnaire in its entirety (3 Pages)
- *ORDER OF PROPOSAL RESPONSE DOCUMENTS – refer to Section 3: Proposal Content Section (Page 1 of 1)*

Attendance at the Pre-Proposal Meeting was **Mandatory**. The following Companies were represented and in attendance:

AmeriPro Health EMS
Universal Ambulance
Lifeline Ambulance
Star Ems
MedStar

Introduced: Emily Frontera, Purchasing Manager (Meeting Facilitator)
Peter Hullinger, Fire Chief

Clarifications were discussed as follows:

Emily Frontera, Purchasing Manager, gave a brief overview of the Instructions to Bidders and the requirements for proposal submission.

- Due Date: Thursday, June 12, 2025 at 10am. Proposals to be submitted electronically on MITN/Bidnet website
- Bid opening via Zoom link found on page 4 of Instructions to Bidders.
- 3-page questionnaire referenced.
- Complete and sign Signature Page and note any exceptions on this page.
- Five (5) required Proposal forms: complete, sign and submitted copies with proposal
- Insurance requirements revised - Review Section 7: Insurance Requirements (2 pages)
- Review scope of work (9 pages)

- Contract is for a 2-year term with 3 1-year renewal options.
- Questions deadline is Thursday, June 5, 2025 close of business.
- All questions/answers received will be submitted as an addendum and posted on MITN.

Chief Hullinger reviewed the RFP Fee Proposal Form and alternate proposal options, Scope of Work and operational requirements. Bidders should thoroughly read the scope of work to gain full understanding of contract requirements. Key sections discussed: Reporting, Supervision, Incident Command System, Police Incident Training, Hazardous Materials Training, Public Safety Agency Training, Communications, Additional Tasks – CO calls/monitoring.

The following questions were asked and discussed:

QUESTION: Since current provider is not CAAS accredited according to CAAS website, is this an actual requirement or is it negotiable?

ANSWER: Yes, however, the City is willing to consider a Provider who is not if they are in the process of obtaining their certificate. Please include CAAS documentation if you are and if not, provide significant documentation that the company is in the process of obtaining and timeline for completion.

QUESTION: Is the 5-year vehicle age non-negotiable?

ANSWER: It is preferred that vehicles do not exceed the 5-year requirement due to wear and tear, mechanical failures, etc. however the City is willing to work with provider on older equipment but vehicles must pass inspection and or City's Fleet Manager's recommendation that equipment is current or significantly sound and in good working condition to limit down time.

QUESTION: Are Type 3 ambulances required, or can Type 2 vehicles be used?

ANSWER: No, the City is willing to accept either, please provide details on type of equipment to be used in the performance of the contract.

QUESTION: What was the transport volume in 2024?

ANSWER: Based on current providers data, out of the 9,200 calls received, 5,063 transports were provided.

QUESTION: What was the payor mix for the transport volume?

ANSWER: As we do not provide billing, we do not have that data to provide.

QUESTION: What call types fall under the Performance Based Proposal (Proposal B Alternate Option 1) which has a 6-minute response time requirement?

ANSWER: Performance Based Proposal is for EMD Priority 1 calls. Priority 3 calls require a 15-minute response time. Details are provided in the Scope of Work Section III items A and B.

QUESTION: Regarding the 5-year Fleet requirement, should a vendor not respond if they cannot match this requirement?

ANSWER: No, it is recommended that a proposal be submitted with documentation and details explaining the company's fleet maintenance process, vehicle assignment, age of fleet, replacement schedule and maintenance schedule/reports.

QUESTION: Are the three price proposal options weighted the same?

ANSWER: Proposal A will be used as the required evaluation item for Phase 3. Proposal B Alternate Options will be considered a separate proposal and given the same weight but will not be counted against a bidder should they not submit pricing for an alternate option.

QUESTION: Please explain and provide additional information regarding the City's intent for the Audit item in Section 4.

ANSWER: This is a new element included in the contract. Should the City deem it necessary, due to conflicting data information received by the service provider to actual field service data, an independent third-party audit of the raw data may be requested at the expense of the contractor to verify the provider is meeting the services and response times as required. This third-party audit may be requested at the end of a contract year should the City find it necessary to verify conflicting information and data.

QUESTION: Are all calls submitted to the service provider? Are any logged by the City?

ANSWER: We do not log call data (date, time of day, etc.) unless a police officer is assigned to the call and a police report is made. The City receives approximately on average 9,000 -10,000 total calls annually with about 5,000 transports. Troy has about 90,000 residents, with daytime swells to 200,000 and approximately a 100,000 of daily motorists traveling on I-75.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Request for Proposal* and *Specifications* for RFP-COT 25-14 EMERGENCY MEDICAL AMBULANCE SERVICES. All other items in the original RFP (Request for Proposal) remain the same. This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before **Thursday, June 12, 2025 at 10:00 AM Eastern Time.**

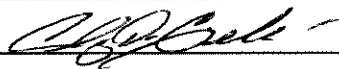
COMPANY:

STAR EMS

NAME OF BIDDER:

CRAIG T. GARD

SIGNATURE:



ADDRESS:

63 OAKLAND AVE

PONTIAC, MI 48342

DATE:

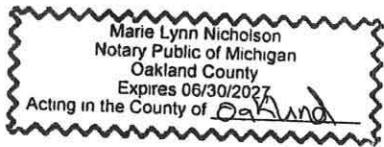
6/12/25



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of Star EMS (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of Star EMS and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:



BIDDER:
Star EMS

By: Craig Gebo

Its: Director, Client Services

STATE OF MICHIGAN)

)ss.

COUNTY OF Oakland)

This instrument was acknowledged before me on the 12th day of June, 2025,
by Marie L. Nicholson



**CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT**

TO WHOM IT MAY CONCERN:

Craig T. Gebo, being duly sworn deposed, says that he/she
(Print Full Name)

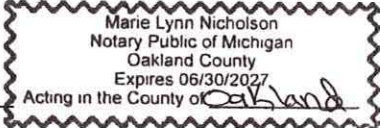
is Director, Client Services. The party making the foregoing proposal or bid,
(State Official Capacity in Company)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Craig T. Gebo
SIGNATURE OF PERSON SUBMITTING BID

[Signature]
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 12th day of June, 2025 in
and for Oakland County.

My commission expires: June 30, 2027






Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A **Corporation** duly organized and doing business under the laws of the State of Michigan
for whom Craig Gebo, bearing the office title of Director,
whose signature is affixed to this proposal, is duly authorized to execute contracts.

A **partnership**, all members of which, with addresses, is:

Bill Grubb

2055 Lochhaven, West Bloomfield, MI

Doug Miles

63 Oakland Avenue, Pontiac MI 48342

Craig Gebo

19341 Cascade Drive, Brownstown, MI 48193

Kim Metevier

63 Oakland Avenue, Pontiac, MI 48342

AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

Craig T. Gebo



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three-year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City’s Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Star EMS

Name of Agency/Company/Company *(Please Print)*

Craig Gebo

Name and title of authorized representative *(Please Print)*

06/11/2025

Signature of authorized representative

Date

I am unable to certify to the above statements. Attached is my explanation.



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	Miles, Grubb & Associates, DBA Star EMS
Street Address	63 Oakland Avenue
City	Pontiac
State, Zip	Michigan 48342
Corporate I.D. Number/State	
Taxpayer I.D. #	11-3687518

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent: _____

Printed Name of Vendor's Authorized Agent: Craig Gebo

Witness Signature: _____

Printed Name of Witness: _____

SECTION II: Operational Requirements – EMS Service

- A. Deployment plan-** The provider will have 5 dedicated ALS units from 7 am to 7 pm and 4 dedicated ALS units from 7 pm to 7 am, seven days a week. Times may be adjusted with mutual agreement between the vendor and City.

Star EMS Response: Based on the estimated historical data, approximately 9,000 EMS responses and 5,000 patient transports annually—the proposed deployment of 5 ALS units from 7 a.m. to 7 p.m. and 4 units overnight results in an average of just 2.7 billable transports per unit per 24-hour period.

As a seasoned EMS provider and billing agent for multiple municipal fire departments, our analysis indicates that this level of deployment cannot be sustained solely through billing revenue from patients or insurers.

We understand the City's desire to improve emergency response times, specifically targeting a six-minute benchmark, an ambitious goal that exceeds the Oakland County Medical Control Authority's current standard of nine minutes. We believe this enhanced response time objective is the primary driver behind the proposed number of dedicated ambulances.

However, we respectfully suggest that the City consider choosing either a fixed deployment model (e.g., five ambulances dedicated within city limits) or a performance-based model centered around response times—but not both simultaneously. The rationale for such is that if the ambulance provider is meeting the agreed-upon six-minute response time, the number or location of units should not be the determining factor. Conversely, if a fixed number of dedicated ambulances is required, then actual response times will naturally vary depending on demand and real-time unit availability.

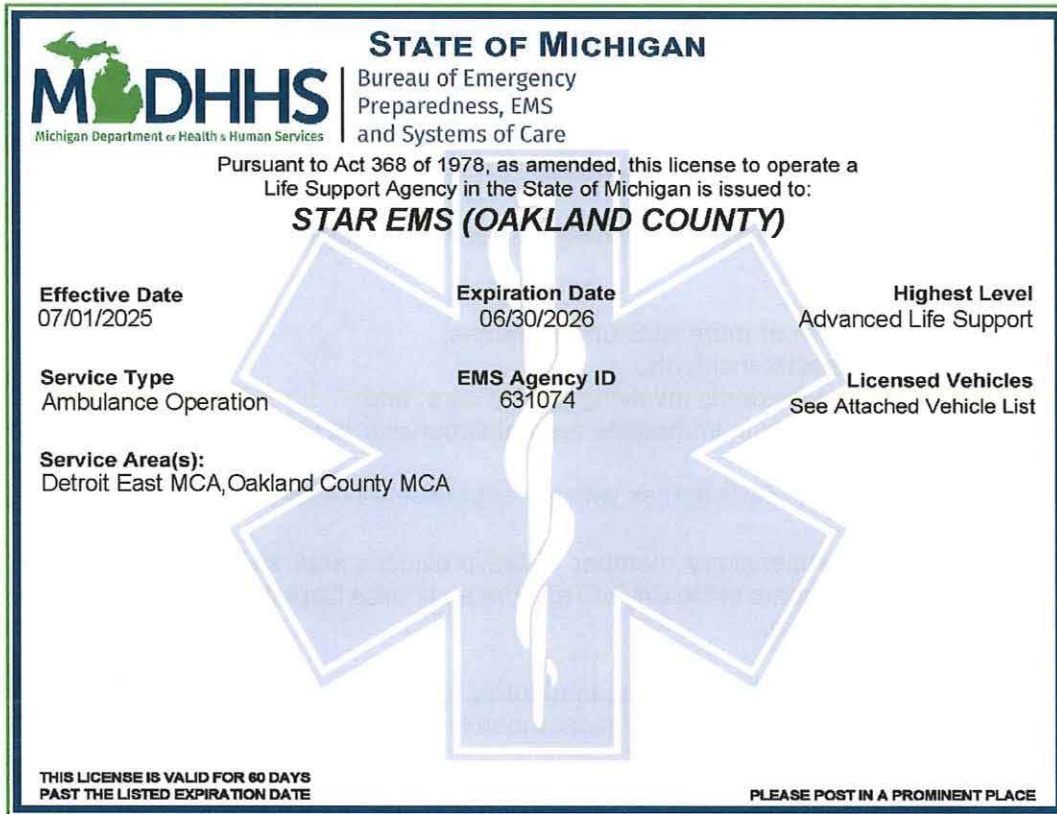
To ensure sustainability and efficiency while meeting community needs, we propose a collaborative approach that could include:

- A cost-sharing or subsidy model to support readiness and standby costs.
- A system status management (SSM) model, allowing dynamic resource deployment based on demand.
- Clearly defined response time performance standards agreed upon by both parties, with flexibility in deployment to achieve those standards.

We are fully committed to working with the City to design a deployment strategy that balances operational feasibility with exceptional service delivery.

- B. Licensure-** The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of the appropriate State of Michigan license to provide services in Michigan is required and must be submitted with the proposal.

Star EMS Response: Life Support Agency (LSA) License is provided herein.



- C. **Advanced Life Support-** All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority.

Star EMS Response: Star EMS is a member of OCMCA and provides ALS ambulances, and is an authorized provider of 911 Emergency Ambulance Response.

- D. **Reports-** Response-time and dispatch call processing-time summaries shall be reported at least monthly. These reports shall include: compliance with response-time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies, the City may request data be submitted in computer format. The provider shall also submit required information to the MCA in a manner and format prescribed by the MCA (i.e. compatibility with an information system prescribed by the MCA). Non-compliance with this provision will be subject to contract termination based upon the 90-day notice provision.

Star EMS Response: Star EMS agrees to provide these standard reports, in the format as requested/required.

- E. **Supervision-** Contractor shall provide organized Field Supervision Personnel (e.g. field

training officers, field supervisors). The supervisory personnel shall be in sufficient numbers to provide field evaluation and job supervision.

Contractor shall provide, at a minimum, one dedicated field supervisor certified at the paramedic level, available in the City of Troy service area 24 hours per day. This person shall be immediately available and in the field during the peak-load periods of the service area. The supervisor shall be dedicated solely to the City of Troy and shall act as a liaison to the City of Troy and related public-safety agencies.

The Contractor shall have policies for automatic supervisor response that include, but are not limited to:

- (1.) Incidents requiring two or more ALS-unit response;
- (2.) Multi-casualty or disaster incidents;
- (3.) Hazardous materials incidents involving patient care; and,
- (4.) Life-threatening incidents in immediate area of supervisor at time of dispatch.

Star EMS Response: Star EMS agrees with the supervisory personnel requirement.

- F. Monthly meetings-** A supervisory member of the provider's staff shall participate in a monthly meeting with members of the City of Troy Fire and Police Departments to assess the effectiveness of the program.

Star EMS Response: Star EMS engages in monthly meetings with our current contracted clients in a similar fashion and agrees to meet monthly with the City's Police and Fire leadership.

- G. Personnel-** The provider shall perform a CCH (Complete Criminal History) on all its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act shall not be allowed to work in the City of Troy. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the City of Troy.

Star EMS Response: Agreed. Star EMS conducts criminal history checks, and does not employ those with a criminal history.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians. Employees with one or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in the City of Troy. Employees with a conviction for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), in the last five (5) years shall not work in the City of Troy.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver-training program.

Star EMS Response: Agreed. Star EMS obtains the employee driving record from the

Secretary of State and is a condition of our insurance policy. We do not allow those with convictions to operate company vehicles. It is prohibited.

The provider shall notify the Oakland County Medical Control Board and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

Star EMS Response: Star EMS agrees with this State and Medical Control Board mandate.

The provider shall agree to remove an employee from the City of Troy operating area upon written request of the fire or police chief.

Star EMS Response: Star EMS understands and appreciates the City's interest in maintaining high standards of professionalism and public trust among all personnel operating within its boundaries. Star EMS is committed to working collaboratively with the City to address any concerns related to employee conduct or performance. However, as the employer of record, Star EMS retains the legal responsibility for all personnel matters, including hiring, discipline, and termination decisions. We respectfully request that any decision to remove an employee from the City's operating area be accompanied by specific documentation outlining the concern. Upon receipt, Star EMS will investigate the matter promptly, take appropriate action in accordance with employment law and our internal policies, and provide a response back to the City. We are fully committed to maintaining a workforce that meets the City's expectations and are open to establishing a communication that ensures concerns are addressed in a timely, fair, and lawful manner.

The Provider shall deliver within 30 days of execution of the agreement a list of all personnel who will or may be assigned to this agreement. The list shall include each person's full name, position, title or function they will be performing, and a copy of any licenses required by the State of Michigan. This same information shall be provided to the City within 10 days of any new hires of personnel who will provide services to the City.

Star EMS Response: This is agreeable.

- H. Drug testing** - The provider shall have a random and probable cause drug-testing program for all personnel operating in the City of Troy.

Star EMS Response: Star EMS requires that employees not use illegal drugs, misuse prescription drugs, or use alcohol or Cannabis when at the workplace. Reporting to work under the influence of these substances can have catastrophic effects on the ability of the employee to render care, drive a vehicle, or assure that they can perform their duties in a manner that is required of them. Star EMS may use available technology to test for drugs and alcohol under the following conditions. 1. Post collision, 2. Post Injury, 3. Reasonable suspicion, 4. Return to duty after any leave.

- I. Quality assurance program** - The contractor shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel and shall also hold the CAAS accreditation (Commission on Accreditation of Ambulance Services).

Star EMS Response: While Star EMS is not currently accredited by the Commission on Accreditation of Ambulance Services (CAAS), we maintain a comprehensive and structured Quality Assurance and Improvement (QA/QI) program designed to ensure high standards of clinical care, operational performance, and customer service.

Our QA program includes:

- **Routine review of EMS charts** for protocol compliance, documentation accuracy, and clinical appropriateness
- **Randomized and targeted case audits**, including high-acuity and high-risk calls
- **Continuous performance monitoring** of response times, patient outcomes, and scene times
- **Real-time field feedback** through supervisor ride-alongs and crew debriefings
- **Education-based remediation**, when needed, to promote continuous learning and adherence to best practices

Our QA efforts are led by experienced clinical leadership and are aligned with both OCMCA and state EMS oversight standards. We are fully committed to transparency and quality improvement and are open to aligning with CAAS standards where appropriate. Should the City require CAAS accreditation as a condition of the contract, we would welcome the opportunity to explore the path toward achieving that designation. Star EMS is currently engaged with a consultant who has positioned our organization to apply for accreditation.

J. Complaint resolution- In the event a complaint arises over the provision of contract performance or emergency medical care, the procedure shall be as follows:

- a. The complaint shall be forwarded to the provider's field supervisor, for investigation and review. The complaint shall be investigated and a written report provided to the City within 15 days on company letterhead identifying the complaint, resolution, and measures taken to prevent in the future.
- b. In the event the complaint is not resolved, it shall be referred to the Quality Improvement Committee of the Oakland County Medical Control Authority.

Star EMS Response: Star EMS fully supports a structured and accountable process for handling complaints related to emergency medical care and contract performance. We agree with the City's proposed procedure and already maintain an internal complaint resolution process aligned with these expectations.

We will provide the City with a written summary of the investigation, findings, resolution, and any corrective or preventative measures taken—on company letterhead—within 15 calendar days of receipt.

In the event a complaint cannot be resolved internally or involves broader clinical concerns, we agree to refer the matter to the Quality Improvement Committee of the Oakland County Medical

Control Authority (OCMCA) for further review and guidance.

Our commitment is to ensure every concern is addressed promptly, professionally, and with the highest regard for patient care and public trust.

- K. Incident Command System-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy on their role and responsibilities within the framework of the Incident Command System. Proof of training is required annually for each employee working in Troy.

Star EMS Response: Star EMS acknowledges that Incident Command System (ICS) training is an OCMCA requirement. We ensure all personnel assigned to the City of Troy complete this training annually, and we will provide proof of compliance as requested.

- L. Police Incident Training-** The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy for EMS response to specific police incidents. This training when requested will be provided by the City of Troy Police Department. In addition, the provider shall provide two Tactical EMS (TEMS) medics who will attend all City of Troy Tactical Support Team training sessions and will assist at all tactical related incidents.

Star EMS Response: Star EMS is fully supportive of joint training with the City of Troy Police Department for EMS response to specific police incidents and will ensure our personnel participate in such training when requested.

While we do not currently employ Tactical EMS (TEMS) medics, we are open to working with the City to develop a plan to identify, train, and assign qualified personnel to support Tactical Support Team operations as outlined.

- M. Hazardous Materials Training-** All medical personnel shall be trained to the hazmat first responder awareness level and WMD Awareness as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training. Proof of this training is required for each employee working in Troy.

Star EMS Response: Star EMS acknowledges that Hazardous Materials and WMD Awareness training are required by the OCMCA and the Michigan Firefighters Training Council. We ensure all personnel meet these training requirements, and we will provide the City with documentation for each employee assigned to work in Troy.

- N. Insurance-** The Provider shall comply with the insurance requirements specified in Section 7 of this RFP.

Star EMS Response: Star EMS attests that it meets the insurance requirements as stated.

- O. Resource for Public Safety Agency Training-** The provider shall serve as a resource for EMS training for the fire and police departments. This shall include CPR, first aid, and other related training.

Star EMS Response: We agree to provide this training.

P. Mutual Aid- The provider shall submit a mutual aid resource plan showing the average number of Basic and Advanced ambulances that could be provided for a back-to-back or multi-casualty incident. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back incidents across geographic areas. This plan shall coincide with or otherwise not conflict with the City of Troy emergency response plan.

Star EMS Response: Mutual aid is utilized when all available Star EMS resources have been exhausted, and additional units are needed. It is dependent on the availability of units from other licensed life support agencies (LSAs) with whom we maintain active mutual aid agreements.

Our mutual aid resource plan identifies neighboring EMS providers who have committed to support in the event of a back-to-back or multi-casualty incident. While the number of units and response times will vary based on real-time availability and geographic location, we typically anticipate an initial mutual aid response time of 12–20 minutes.

We also maintain contingency planning for extended or overlapping incidents, including:

- Activation of supervisor units for scene coordination
- Real-time communication with mutual aid partners to assess available capacity
- Strategic repositioning of resources when feasible

Our mutual aid plan is designed to integrate with and not conflict with the City of Troy’s Emergency Response Plan, and we are committed to ongoing coordination with City officials to ensure a seamless response to high-demand situations.

Mutual Aid Resource Matrix

Agency Name	Type of Agreement	ALS Units Available	BLS Units Available	Avg. Response Time to Troy	Coverage Area
MedStar Ambulance	Formal Agreement	2	1	15–20 minutes	Oakland/Macomb County
Ameri-Pro	Formal Agreement	1	1	20–30 minutes	Detroit/Wayne County
Superior Ambulance Service	Informal/Reciprocal	Variable	Variable	15–25 minutes	Oakland/Macomb County
Oakland Co. Emergency Mgmt.	Countywide Support	Variable (MCI only)	Variable (MCI only)	Per event	County-coordinated / MCI responses

Note: Mutual aid is deployed only after Star EMS resources are fully committed. Response times and unit availability are dependent on the real-time operational status of mutual aid partners.

Q. Incident and Training Standby - The contractor shall provide ALS ambulance units as requested to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required and shall not reduce the quantity of any required/dedicated units for the City of Troy. A maximum 15-minute response time is allowed for incident standby requests.

Star EMS Response: Star EMS recognizes the importance of providing standby coverage at public safety incidents and training events, and we are committed to supporting the City of Troy's emergency services in these efforts. We will make every effort to fulfill standby requests with ALS units and to meet the specified 15-minute response time whenever possible.

However, we respectfully note that fulfilling standby requests, particularly when made during periods of peak call volume may require the use of units otherwise dedicated to 911 coverage within the City. As such, there may be instances where deploying a standby unit could temporarily reduce the number of available ambulances for other emergency calls.

To ensure both public safety incident support and ongoing community EMS coverage are effectively balanced, we recommend that standby requests be coordinated in real time with Star EMS supervisory staff. This approach will allow us to assess system status and respond with the most appropriate resource available without compromising service levels elsewhere in the City.

We remain committed to working collaboratively with City leadership and public safety agencies to ensure operational readiness while maintaining effective emergency response coverage for all residents.

R. Event Standby - The contractor shall provide ALS ambulance units as requested to standby at community events such as fairs, festivals, concerts, shows, displays, etc. These units shall be available for emergency responses as needed and shall not reduce the quantity of any required/dedicated units for the City of Troy.

Star EMS Response: Star EMS is proud to support the City of Troy's community events and understands the importance of having dedicated medical standby coverage at fairs, festivals, concerts, and other public gatherings. We are committed to providing ALS ambulance support for these events as requested.

To ensure continued 911 coverage throughout the City, our standard practice is to work with event organizers to plan and schedule additional standby units in advance. In most cases, these units are staffed specifically for the event and are not drawn from the dedicated 911 resources assigned to the City.

However, in time-sensitive or high-priority situations where a dedicated event unit is not

available, we may need to temporarily utilize a City-dedicated unit to ensure prompt response and public safety. In such cases, Star EMS will coordinate closely with City officials and event organizers to assess system capacity and mitigate any impact to 911 readiness.

Our goal is to support both community engagement and uninterrupted emergency medical coverage through proactive planning and open communication.

- S. Communications** - The ALS ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with: provider's dispatch, fellow medical resources, and area hospitals or treatment facilities. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter. The contractor is responsible for making accommodations for the provider's dedicated units to communicate with Troy Dispatch and Troy Fire and Police units via radio communications on the Oakland County P25 MPSCS System.

Star EMS Response: All Star EMS ALS ambulances are equipped with mobile and portable communication systems that allow for reliable communication with our dispatch center, fellow Star EMS units, and area hospitals. We also maintain cellular redundancy and portable radio backup systems to ensure continuity of communication in the event of a primary system failure.

At this time, Star EMS does not have direct access to the Oakland County P25 MPSCS radio system. However, we recognize the importance of interoperability with Troy Dispatch, Police, and Fire. We are fully committed to working with the City to explore viable options—such as shared radios, gateway devices, or cross-patching solutions—to enable effective communication with public safety partners during emergency responses.

Our goal is to ensure a seamless operational environment that supports rapid and coordinated EMS service within the City of Troy.

- T. Recording Capability-** The provider shall record all telephone and radio communications and retain the recordings for a minimum of 1 year.

Star EMS Response: All telephone and radio communications routed through the Star EMS dispatch center are recorded and retained for a minimum of one year, in compliance with industry standards and applicable legal requirements.

- U. E-911 Interface-** The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the City of Troy in order to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.

Star EMS Response: Star EMS currently functions as a secondary PSAP in the other 911 service areas we cover. When a 911 call is received, it is first answered by the Primary PSAP (e.g., Troy Dispatch) and then transferred to our communications center, where our team dispatches the appropriate unit and provides Emergency Medical Dispatch (EMD)/pre-arrival instructions to the caller.

At present, our center does not have direct ANI/ALI capability. However, we are experienced in operating efficiently with transferred E-911 calls and will work with the City and its technology providers to ensure seamless call handling, minimize delays, and ensure timely ambulance deployment.

- V. Personnel Recall Capability-** The provider shall indicate what capability exists to recall off duty personnel in the event of multi-casualty, mass casualty, or other incident beyond the scope of normal operations.

Star EMS Response: While Star EMS does not operate a formal mandatory recall system, we maintain an effective and proven method for rapidly notifying off-duty personnel during large-scale or unusual incidents. In the event of a mass casualty or multi-casualty situation, our leadership team utilizes a mass communication system capable of sending real-time text alerts and notifications to all field staff, including paramedics, EMTs, and supervisors.

This system allows us to inform personnel of the situation and request voluntary return to duty in support of the incident response. We regularly test and refine this process to ensure rapid outreach and reliable staffing augmentation when needed.

Additionally, Star EMS leadership remains on-call 24/7 and can coordinate staffing, resource reallocation, and mutual aid support as necessary to respond to incidents that exceed normal operational capacity.

- W. Computer Aided Dispatch System-** The provider shall utilize a computer aided dispatch system, which provides for optimum system deployment. The provider shall agree to work with the City of Troy in exploring the potential for CAD integration between the provider and the City of Troy and/or the use of predictive dispatch software or other technology which provides for optimum system deployment.

Star EMS Response: Star EMS utilizes **TriTech (CentralSquare) Computer Aided Dispatch (CAD)** software, a robust and industry-recognized platform that supports efficient system deployment, unit tracking, and call management.

We are fully open to collaborating with the City of Troy to explore CAD integration opportunities, including data sharing, interface development, or real-time interoperability, as well as evaluating predictive dispatch or other emerging technologies that enhance deployment efficiency.

- X. Emergency Medical Dispatch-** The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate. The contractor shall provide a quality assurance program for the accepted telephone triage system meeting NFPA 1710 which establishes a 60-second turnout time for emergency medical incidents at not less than 90% of dispatched incidents.

Star EMS Response: Star EMS utilizes a nationally recognized Emergency Medical Dispatch (EMD) system through our computer-aided dispatch platform and ensures all dispatchers are certified and trained in its use. Our EMD-trained personnel provide pre-arrival instructions consistent with national protocols and best practices to guide callers in

delivering emergency care until EMS arrives.

We maintain a quality assurance program for call reviews, dispatcher performance, and protocol adherence to ensure the triage process remains clinically sound and consistent.

While we understand the NFPA 1710 standard references a 60-second turnout time benchmark, we respectfully note that this metric was originally designed for fire-based systems. That said, Star EMS is committed to minimizing dispatch processing time and will continue to review and improve our dispatch-to-unit notification times to align with high-performance EMS system expectations.

We remain open to collaborating with the City to define appropriate and measurable dispatch performance standards based on system design, call types, and operational realities.

- Y. Differential Dispatch-** Provider shall identify its capabilities to implement a dispatch system capable of directing response priorities based on the nature of the illness, injury or situation. The objective of this program is to match the appropriate response (emergency/non-emergency) to the nature of the request for service.

Star EMS Response: Star EMS utilizes the Priority Dispatch System (PDS) as part of our Emergency Medical Dispatch (EMD) protocols. This system enables us to assess the nature and severity of each call and assign the appropriate response priority—emergency or non-emergency—based on standardized medical triage algorithms.

All of our dispatchers are certified in Priority Dispatch and trained to provide pre-arrival instructions while also assigning response levels (e.g., Delta, Charlie, Bravo, Alpha) that guide unit dispatch, response mode (lights and sirens vs. routine), and resource allocation.

This approach ensures that high-acuity calls receive immediate response, while lower-priority incidents are managed efficiently and safely, supporting both clinical outcomes and system sustainability. We are fully prepared to work with the City of Troy to align response configurations with local protocols and expectations.

- Z. Predictive Dispatch-** Emphasis will be placed on the provider's successful use of predictive dispatch software or other technology to more accurately manage deployment of resources within the City of Troy.

Star EMS Response: Star EMS supports the use of data-driven tools and strategies to optimize resource deployment. While we do not currently use predictive dispatch software in the traditional sense (e.g., AI-based forecasting platforms), we do rely on historical call volume analysis, time-of-day patterns, and geographic demand trends to inform our deployment strategies across the communities we serve.

Our dispatch and operations teams routinely analyze CAD data to position units strategically and minimize response times. We are also open to exploring predictive dispatch solutions—including software integration or GIS-based forecasting tools—to enhance coverage within the City of Troy.

We welcome the opportunity to collaborate with the City on implementing technologies that support proactive system management and continuous performance improvement.

- AA. Emergency Operations Center Support-** The contractor shall provide a supervisor to represent EMS in the Emergency Operations Center of the City of Troy in the event of EOC activation due to a community emergency.

Star EMS Response: Star EMS fully supports the City of Troy's Emergency Operations Center (EOC) protocols and will provide a supervisory-level representative to participate in the EOC during any official activation. Our designated representative will serve as the EMS liaison, responsible for communicating field status, coordinating resources, and supporting multi-agency planning and operations during the incident.

We are committed to active participation in EOC operations and will ensure the representative has the authority, situational awareness, and communication tools necessary to support the City's emergency response objectives.

- BB. Bloodborne Pathogen Decontamination Facility-** The provider shall make available a decontamination facility for the City of Troy Police and Fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour- 7 day a week basis with a 15-minute advance notification. Providers shall specify the location and capability of their decontamination facility.

Star EMS Response: Star EMS maintains a 24/7 accessible decontamination facility located at our headquarters, equipped with the following resources in accordance with OSHA and CDC guidelines for bloodborne pathogen exposure:

- Private shower facilities with hot and cold water
- ANSI-compliant emergency eye rinse station
- On-site laundry facilities for contaminated uniforms
- Biohazard disposal containers and labeled red bags
- Personal protective equipment (gloves, masks, gowns) available at all times
- Documented Exposure Control Plan and cleaning protocols

The facility is available to City of Troy Police and Fire personnel with **15-minute advance notice**. Our team is trained to support external responders in need of decontamination after potential exposure events.

Facility Location: 63 Oakland Avenue, Pontiac MI 48342
Hours of Operation: 24/7 Access with Advance Notification

- CC. Disposal of Biohazard Contaminated Waste-** The contractor shall provide disposal service for any contaminated materials generated by the City of Troy Police or Fire departments. Waste will be bagged and tagged with appropriate labels by the affected City of Troy personnel and forwarded to the provider for disposal.

Star EMS Response: We agree to the disposal of properly labeled contaminated materials.

- DD. Base of Operations-** The provider shall identify the location(s), which are to serve as the

base of operations for this program. It is highly desired and preferred that such base of operations be located at or in a facility within the City of Troy. Full coverage of services must be maintained during shift changeover.

Star EMS Response: Star EMS's current primary base of operations is located at our headquarters in Pontiac, Michigan, approximately 10.3 miles (14 minutes) from the center of the City of Troy. This facility serves as our regional hub, with 24/7 operations, supervisory coverage, and full dispatch and logistical support.

We are confident in our ability to maintain reliable, full EMS coverage for the City of Troy from this location, including during shift changeovers.

That said, we recognize and support the City's preference for a base of operations within Troy. Upon award of contract, Star EMS will actively explore options to establish a dedicated EMS post or satellite station within the City to further enhance response times, community visibility, and system integration. We are committed to working with City leadership to identify a mutually beneficial location and timeline for this potential operational expansion.

- EE. Charges-** The provider and City shall specify what ambulance user charges are to be assessed and include a current schedule of charges.

Star EMS Response: Star EMS uses a standardized fee schedule for ambulance services consistent with regional norms and compliant with CMS and insurance billing guidelines. Below is our current user charge schedule. These rates are reviewed periodically and may be adjusted in accordance with changes to reimbursement standards and operating costs.

<u>CHARGE CODE</u>	<u>LEVEL OF CARE</u>	<u>FEE SCREEN</u>
A0433	ALS-EMERG II	\$1,250.00
A0427	ALS-EMERG	\$1,000.00
A0426	ALS-NON EMERG	\$1,000.00
A0429	BLS-EMERG	\$850.00
A0428	BLS-NON EMERG	\$850.00
A0425	MILEAGE	\$18.00

- FF. Payment-** The City of Troy dedicated unit service shall be billed for the previous month's service by the 15th of the following month.

Star EMS Response: Star EMS agrees to invoice the City of Troy for dedicated unit service by the **15th of each month** for the **preceding month's services**. Invoices will include detailed documentation of service hours, staffing, and unit activity as requested, and will be submitted in accordance with the City's billing and payment procedures.

Response to Operational Requirements – Ambulance Service

Submitted by Star EMS

Dedicated Units

Star EMS acknowledges the City of Troy's definition of Dedicated ALS Ambulances and fully supports the model of exclusive service coverage. Our deployment plan includes dedicated ALS units that will remain assigned solely to the City of Troy, ensuring consistent emergency medical coverage. These units will not be deployed outside the City unless mutually agreed upon and coordinated in advance with City officials.

Upon contract award, we are also committed to exploring options for stationing units within the City limits or at a mutually agreed-upon distance to support consistent, high-performance deployment.

A. Response Time – Priority 1

Star EMS will strive to meet the response time requirement of 6:00 minutes or less, 90% of the time, from receipt of call at Star EMS dispatch to arrival on scene for Priority 1 emergencies. Our CAD-integrated dispatch system tracks time intervals precisely, and our QA program monitors compliance to support ongoing improvement.

We acknowledge that this metric excludes calls downgraded to non-emergency before arrival, in accordance with the City's criteria.

B. Response Time – Priority 3

For Priority 3 (non-emergency) calls, Star EMS will maintain a response time of 15:00 minutes or less, 90% of the time, from the time the call is received at our dispatch to on-scene arrival. This is consistent with our current operational standards in similar municipalities.

C. Advanced Life Support

All ambulances assigned to the City of Troy will be fully ALS-equipped and comply with Oakland County Medical Control Authority (OCMCA) standards, including maintaining the minimum required equipment and medications for advanced life support as specified.

D. Vehicles

All vehicles are maintained in accordance with our Preventative Maintenance Program (PMP) and service records are available for inspection upon request. Our critical failure rate is fewer than 1.5 per 100,000 miles over the past three years. Vehicles are serviced both on-site and through our authorized service vendor, with protocols for immediate substitution if a unit is removed from service.

All proposed vehicles will include AVL tracking, CAD-integrated GPS routing, and mapping software.

E. Staffing Coverage

Our deployment plan includes the appropriate staffing levels to maintain compliance with the

response time requirements for ALS service in Troy. Each ambulance will be staffed by a minimum of one paramedic and one EMT, both licensed and credentialed under Michigan and OCMCA standards. Shift transitions will be structured to maintain full coverage at all times.

F. Additional Tasks

Star EMS is committed to providing support for non-emergency duties as designated by the City. We agree to equip crews with City-provided carbon monoxide meters and will ensure annual training for all staff on proper CO monitoring procedures in compliance with this requirement.

Response to Section IV: Miscellaneous Proposal Terms and Conditions

A. Inspection

Star EMS acknowledges and accepts the City of Troy's right to inspect our facilities and records as part of the proposal evaluation process and throughout the duration of the contract. We will fully cooperate with all inspection requests. Any documents or materials deemed proprietary and exempt from disclosure under the Michigan Freedom of Information Act (FOIA) will be clearly marked as such in our submission and ongoing documentation.

B. Payment

Star EMS agrees to submit invoices for any subsidy payments due from the City by the 15th of each month, covering the preceding month's services. Invoices will be submitted in accordance with City billing requirements and will include necessary documentation to support verification and prompt processing.

C. Purchase Order Issuance

Star EMS understands and agrees that the issuance of a purchase order by the City of Troy will constitute a binding bilateral contract. We acknowledge that no separate contract document will be issued and that the terms of our proposal, along with the City's RFP and related documents, will govern the performance of services.

D. Audit

Star EMS accepts the City's right to conduct an audit of our incident response data at the conclusion of each contract year. We will provide timely access to relevant data and systems to any third-party auditing firm designated by the City, and we acknowledge that such audits will be conducted at our reasonable expense as specified.



May 27, 2025

To All Bidders:

Please be advised that as a result of the Mandatory Pre-Proposal Meeting conducted on Thursday, May 22, 2025 at 10:00 AM Eastern Time, the Purchasing Department for the City of Troy authorized the following clarification(s) and or change(s) to the specifications for **RFP-COT 25-14, EMERGENCY MEDICAL AMBULANCE SERVICES**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document.

Items from the bid documents to be aware of that were REVIEWED:

- Bid Opening date and time: **THURSDAY JUNE 12, 2025, at 10:00 AM Eastern Time.**,
- **OPENING OF PROPOSALS**: At the specified time and date stated above, all submitted Proposals shall be received electronically on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi. Proposals will be opened and only the names of Firms submitting a proposal will be publicly read aloud in the specified Zoom meeting listed on page 4 of the *Instructions to Bidders*.
- **QUESTIONS**: Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests shall be submitted and emailed to Emily Frontera, Purchasing Manager at e.frontera@troymi.gov. *Deadline for clarification requests is Thursday, June 5, 2025, close of business.* Response to questions or requests for clarification will be provided to all in the form of an addendum and posted on the MITN Purchasing Group website within 3 business days.
- **SIGNATURE PAGE**: A person authorized to bind the firm in a contractual obligation with the City of Troy shall sign the signature page. Any exceptions taken must be documented on the signature page.
- *EMERGENCY MEDICAL SERVICES Scope of Work (9 Pages)*
- **QUESTIONNAIRE**: Firms shall complete the Questionnaire in its entirety (3 Pages)
- *ORDER OF PROPOSAL RESPONSE DOCUMENTS – refer to Section 3: Proposal Content Section (Page 1 of 1)*

Attendance at the Pre-Proposal Meeting was **Mandatory**. The following Companies were represented and in attendance:

AmeriPro Health EMS
Universal Ambulance
Lifeline Ambulance
Star Ems
MedStar

Introduced: Emily Frontera, Purchasing Manager (Meeting Facilitator)
Peter Hullinger, Fire Chief

Clarifications were discussed as follows:

Emily Frontera, Purchasing Manager, gave a brief overview of the Instructions to Bidders and the requirements for proposal submission.

- Due Date: Thursday, June 12, 2025 at 10am. Proposals to be submitted electronically on MITN/Bidnet website
- Bid opening via Zoom link found on page 4 of Instructions to Bidders.
- 3-page questionnaire referenced.
- Complete and sign Signature Page and note any exceptions on this page.
- Five (5) required Proposal forms: complete, sign and submitted copies with proposal
- Insurance requirements revised - Review Section 7: Insurance Requirements (2 pages)
- Review scope of work (9 pages)

- Contract is for a 2-year term with 3 1-year renewal options.
- Questions deadline is Thursday, June 5, 2025 close of business.
- All questions/answers received will be submitted as an addendum and posted on MITN.

Chief Hullinger reviewed the RFP Fee Proposal Form and alternate proposal options, Scope of Work and operational requirements. Bidders should thoroughly read the scope of work to gain full understanding of contract requirements. Key sections discussed: Reporting, Supervision, Incident Command System, Police Incident Training, Hazardous Materials Training, Public Safety Agency Training, Communications, Additional Tasks – CO calls/monitoring.

The following questions were asked and discussed:

QUESTION: Since current provider is not CAAS accredited according to CAAS website, is this an actual requirement or is it negotiable?

ANSWER: Yes, however, the City is willing to consider a Provider who is not if they are in the process of obtaining their certificate. Please include CAAS documentation if you are and if not, provide significant documentation that the company is in the process of obtaining and timeline for completion.

QUESTION: Is the 5-year vehicle age non-negotiable?

ANSWER: It is preferred that vehicles do not exceed the 5-year requirement due to wear and tear, mechanical failures, etc. however the City is willing to work with provider on older equipment but vehicles must pass inspection and or City's Fleet Manager's recommendation that equipment is current or significantly sound and in good working condition to limit down time.

QUESTION: Are Type 3 ambulances required, or can Type 2 vehicles be used?

ANSWER: No, the City is willing to accept either, please provide details on type of equipment to be used in the performance of the contract.

QUESTION: What was the transport volume in 2024?

ANSWER: Based on current providers data, out of the 9,200 calls received, 5,063 transports were provided.

QUESTION: What was the payor mix for the transport volume?

ANSWER: As we do not provide billing, we do not have that data to provide.

QUESTION: What call types fall under the Performance Based Proposal (Proposal B Alternate Option 1) which has a 6-minute response time requirement?

ANSWER: Performance Based Proposal is for EMD Priority 1 calls. Priority 3 calls require a 15-minute response time. Details are provided in the Scope of Work Section III items A and B.

QUESTION: Regarding the 5-year Fleet requirement, should a vendor not respond if they cannot match this requirement?

ANSWER: No, it is recommended that a proposal be submitted with documentation and details explaining the company's fleet maintenance process, vehicle assignment, age of fleet, replacement schedule and maintenance schedule/reports.

QUESTION: Are the three price proposal options weighted the same?

ANSWER: Proposal A will be used as the required evaluation item for Phase 3. Proposal B Alternate Options will be considered a separate proposal and given the same weight but will not be counted against a bidder should they not submit pricing for an alternate option.

QUESTION: Please explain and provide additional information regarding the City's intent for the Audit item in Section 4.

ANSWER: This is a new element included in the contract. Should the City deem it necessary, due to conflicting data information received by the service provider to actual field service data, an independent third-party audit of the raw data may be requested at the expense of the contractor to verify the provider is meeting the services and response times as required. This third-party audit may be requested at the end of a contract year should the City find it necessary to verify conflicting information and data.

QUESTION: Are all calls submitted to the service provider? Are any logged by the City?

ANSWER: We do not log call data (date, time of day, etc.) unless a police officer is assigned to the call and a police report is made. The City receives approximately on average 9,000 -10,000 total calls annually with about 5,000 transports. Troy has about 90,000 residents, with daytime swells to 200,000 and approximately a 100,000 of daily motorists traveling on I-75.

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Request for Proposal and Specifications* for RFP-COT 25-14 EMERGENCY MEDICAL AMBULANCE SERVICES. All other items in the original RFP (Request for Proposal) remain the same. This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before **Thursday, June 12, 2025 at 10:00 AM Eastern Time.**

COMPANY: _____

IXWKRUJHG#RPSD\#HSLMHQWYH _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____



May 16, 2025

TO: All Prospective Bidders
FROM: The City of Troy Purchasing Department
RE: Request for Proposal
RFP-COT 25-14 Emergency Medical Services

The City of Troy Purchasing Department invites qualified and experienced companies to review the attached Request for Proposal (RFP) document for Emergency Medical and Advanced Life Support (ALS) Ambulance Services for the City of Troy. The attached documents will be used to determine the most qualified company with the ability to provide these services.

The effective date of the resulting contract will be January 1, 2026 or upon City Council approval, whichever is later. A Committee will make the decision as to the selection of the most qualified company. Their decision will be deemed in the City of Troy's best interest and will be final. The City of Troy urges all interested parties to submit the enclosed Request for Proposal documents.

Sincerely,

Emily Frontera,
Purchasing Manager



SECTION GUIDE

Section 1: Section Guide	1 Page
Section 2: Instructions to Bidders	4 Pages
Section 3: Proposal Content and Vendor Qualifications	1 Page
Section 4: Selection Criteria	1 Page
Section 5: Vendor Questionnaire	3 Pages
Section 6: Terms and Conditions	3 Pages
Section 7: Insurance Requirements/Indemnification Clause	2 Pages
Section 8: References	1 Page
Section 9: Proposal Pricing	2 Pages
Section 10: Signature Page	1 Page
Section 11: Overview and Scope of Work	9 Pages
Section 12: Attachments – Bid Forms	5 Forms



INSTRUCTIONS TO BIDDERS

Sealed Request for Proposals for **EMERGENCY MEDICAL SERVICES** for the **CITY OF TROY** will be **electronically** received by the City of Troy, 500 W. Big Beaver Road, Troy, MI 48084 until **THURSDAY JUNE 12, 2025, at 10:00 AM E.D.T.**, after which time they will be publicly opened and read in the specified *Zoom Meeting* listed on Page 4 of the Instructions to Bidders. **Late proposal submittals will not be accepted or considered for award. Electronic Bid Submission only; hard copy, emailed or faxed copies will not be accepted.**

ELECTRONIC PROPOSALS MUST BE ENTERED INTO BIDNET (MITN) PROCUREMENT SYSTEM ON OR BEFORE 10:00AM THURSDAY, JUNE 12, 2025.

- A. The following pages include a questionnaire and proposal pricing section to be completed by each company submitting a proposal. Each item must be completed with a response. Companies not responding to the questions may be classified as unresponsive. The questionnaire and proposal are to be completed in legible form, preferably typewritten.
2. The response must follow this format. Supplemental information should be provided in additional sections following the same numbering scheme. The response should be concise and complete.
3. Any additional written material such as professional records, certifications, etc. your company may think important should be attached and submitted to augment the data included in the questionnaire and proposal. It is not necessary to include expensive custom binders, displays, or other materials unless the company believes such materials are necessary to the proposal. All costs incurred in the preparation and presentation of the proposal shall be wholly borne by the prospective bidder.
4. **Opening of Proposals:** At the specified time and date stated above, all submitted Proposals shall be opened. The *names only* of companies submitting a proposal will be publicly read aloud. All Proposal information received will be held confidential until after final action by the City of Troy, except as required by law. Any interested parties may attend. No immediate decision will be rendered.
5. **Proprietary Information:** The information provided in the RFP is intended solely for internal use by the Proposer in its Proposal preparation. All information contained herein is proprietary and shall not be distributed to any third party, except as required by law.
6. **PRE-PROPOSAL INFORMATION AND QUESTIONS:** Each proposal that is received by the deadline will be evaluated on its merit and completeness of all requested information. In preparing proposals, Respondents are advised to rely only upon the contents of this RFP and accompanying documents and any written clarifications or addenda issued by the City of Troy Purchasing Department. If a Respondent finds a discrepancy, error, or omission in the RFP documents, or requires any written addendum thereto, the Respondent is requested to notify the Purchasing contact so that written clarification may be sent to all prospective Respondents. **THE CITY IS NOT RESPONSIBLE FOR ANY ORAL INSTRUCTIONS.** All questions must be submitted in writing to the Purchasing contact before the Pre-Proposal Question Deadline indicated on the Project Timeline. All answers will be issued in the form of an Addendum.
 - a. All questions must be submitted in writing to the Purchasing Manager at e.frontera@troymi.gov before the Pre-Proposal Question Deadline.
 - b. **No communication is permitted between Proposers and other City Departments, Divisions or Committee members prior to the award of the bid unless sanctioned by the Troy Purchasing Department.**



7. **Mandatory Pre-Proposal Meeting:** A Pre-Proposal Meeting will be held on **THURSDAY, MAY 22, 2025, 10:00 A.M.**, at City Hall - Fire Department Conference Room, 500 West Big Beaver Road, Troy, MI 48084. Staff will be available at this meeting to answer questions and provide clarification of this RFP. **Attendance at the meeting is mandatory.** Please bring your copy of the Bid Documents to the meeting. Questions submitted in a written format are encouraged and will be accepted at the meeting.
8. **Questions Deadline:** Prospective Proposers may request that the City of Troy clarify information contained in the RFP. All such requests must be made in writing and emailed to Emily Frontera, E.frontera@troymi.gov. The City of Troy will provide a written response to all written questions and requests for clarification within three (3) business days after the receipt of such request. The City of Troy will not respond to any questions or requests for clarification received after the close of business on **June 5, 2025**. The City of Troy response to any request for clarification will be provided to all potential Proposers.
9. **Restrictions on Communication:** From the issue date of the RFP until a contract is awarded, Proposers shall not communicate about the subject of the RFP or a Proposer's Proposal with the City of Troy City Council members, Committee members, management or employees, except for Requests for Clarification.
10. **Addenda to the RFP:** If it becomes necessary to revise any part of the RFP, notice of the revision will be emailed in the form of an addendum to all parties who have submitted an Intent to Respond. All addenda shall become a part of the RFP. Each Proposer should in its Proposal, to avoid any miscommunication, acknowledge all addenda which it has received, but the failure of a Proposer to receive, or acknowledge receipt of; any addendum shall not relieve the Proposer of the responsibility for complying with the terms thereof. Acknowledgment by the Proposer should consist of returning an email verifying receipt of the addenda, as part of the Proposal.
11. **RFP/Proposal Information Controlling:** The City of Troy intends that all Proposers have equal access to information relative to the RFP, and that the RFP contains adequate information. Part of the RFP preparation has included discussions with selected prospective Proposers; however, each Proposer shall prepare its Proposal based only on the information contained in the RFP, notwithstanding any information that may have been previously provided. A prospective Proposer noting any inconsistency between the information contained in the RFP and any information previously provided to it should request clarification prior to the Pre-Proposal Question Deadline. No information communicated, either verbally or in writing, to or from a Proposer shall be effective unless accompanied by written communication contained in the RFP, an addendum to the RFP, a request for clarification or written response thereto, or in the Proposal.
12. **Finality of Decision:** Any decision made by the City of Troy, including the Company selection, shall be final.
13. **City of Troy Reservation of Rights:** The City of Troy reserves the right in its sole discretion (for this and the other provisions of this RFP) to accept or reject any or all Proposals with or without cause. The City of Troy reserves the right to waive any irregularity or informality in the RFP process, and the right to award the Contract to other than the Proposer submitting the best financial Proposal. The City of Troy reserves the right to request additional information from any or all Proposers. The City of Troy reserves the right to negotiate with the Proposers concerning their Proposals.
14. All information requested herein shall be submitted with the Request for Proposal (RFP); failure to do so may result in rejection of the RFP as non-responsive and/or incomplete.
15. Any and all proposals submitted must be on the City of Troy request for proposal forms. If more than one proposal is submitted, a separate proposal form must be used for each. Forms are enclosed, or obtainable at the Purchasing Department, City of Troy or on the MITN Purchasing Group website at www.bidnetdirect.com/city-of-troy-mi.



16. Municipalities are exempt from Michigan State Sales and Federal Excise taxes. Do not include such taxes in the proposal figure. The City will furnish the successful bidder with tax exemption certificates when requested.
17. If further information regarding this proposal is required, please contact the Purchasing Manager and submit questions in writing to Emily Frontera, Purchasing Manager; e.frontera@troymi.gov.
18. VENDOR CHANGES OR ALTERATIONS TO RFP DOCUMENTS INCLUDING SPECIFICATIONS MAY RESULT IN AN RFP BEING CONSIDERED NON-RESPONSIVE. The only authorized vendor changes to a RFP document will be in the areas provided for a bidder's response, including the "Exceptions" section of the proposal. If a change or alteration to the documents is undetected and the bidder is awarded a contract, the original terms, conditions, and specifications in the Authorized Version of the RFP document will be applicable during the term of the contract. The City of Troy shall accept NO CHANGES to the RFP document made by the Vendor unless those changes are set out in the "Exceptions" provision of the Authorized Version of the RFP document. It is the Vendor's responsibility to acquire knowledge of any changes, modifications or additions to the Authorized Version of the RFP document. Any Vendor who submits a proposal and later claims it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP document, shall be bound by the proposal, including any changes, modifications or additions to the Authorized Version.

If a proposal is awarded to a Vendor who claims that it had no knowledge of any changes, modifications or additions made by the City of Troy to the Authorized Version of the RFP, and that Vendor fails to accept the award, the City of Troy may pursue costs and expenses to re-bid the item from that Vendor. The Authorized Version of the RFP document shall be that document appearing on the MITN website with any amendments and updates.

The City of Troy officially distributes RFP documents from the Purchasing Department or through the MITN Purchasing Group website. Copies of RFP documents obtained from any other source are not considered official copies. Only those vendors who obtain RFP documents from either the Purchasing Department or the Bidnet Direct/MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the sources indicated, it is recommended that you register on the MITN Purchasing Group site, www.bidentdirect.com/city-of-troy-mi, and obtain an official copy.

19. A successful bidder furnishing labor on City/public premises does agree to have his workers covered by Workers' Compensation, and furnish a Certificate of Insurance showing coverage for bodily injury and property damage and Workers' Compensation to the Purchasing Manager within 5 days of a verbal request. ***The "Company Representative" does warrant that by signing the RFP document, the "additional insured endorsement" will be included in the Insurance Coverage supplied to the City as part of the specified requirements.***
20. To the fullest extent permitted by law, the successful bidder agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Troy, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Troy, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the contract.



**STATEMENT OF NO BID
CITY OF TROY**

BID NUMBER: RFP-COT 25-14

TITLE: Emergency Medical and Advanced Life Support Ambulance Services

Please Send or Fax To:

City of Troy Purchasing Department
500 W. Big Beaver Rd.
Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
	Our company does not handle the type of product / service
	We cannot meet the specifications nor provide an approved alternate – please explain below
	Our company is not interested in bidding at this time
	Job is too small
	Job is too large
	Cannot be competitive
	Liability Issues such as insurance, bonding, indemnification, hold harmless
	Insufficient time to respond – please explain below
	Our company's schedule would not permit performance of the specifications
	Other – describe below

REMARKS:

COMPANY INFORMATION:

COMPANY NAME: _____ on the bid list for the item described above.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

TITLE: _____

COMPANY ADDRESS: _____

FAX NUMBER: _____ TELEPHONE NUMBER: _____

IMPORTANT NOTE: To qualify as a respondent to the proposal, the vendor must submit a proposal or return this completed form.

VENDOR REGISTRATION: The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN Purchasing Group website after award. Please register to see results – www.bidnetdirect.com/city-of-troy-mi



**VENDOR CERTIFICATION
THAT IT IS NOT AN
“IRAN LINKED BUSINESS”**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an “IRAN LINKED BUSINESS”, as defined by law.

Vendor	
Legal Name	
Street Address	
City	
State, Zip	
Corporate I.D. Number/State	
Taxpayer I.D. #	

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an “IRAN LINKED BUSINESS” as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor’s Authorized Agent: _____

Printed Name of Vendor’s Authorized Agent: _____

Witness Signature: _____

Printed Name of Witness: _____



Proposer’s Sworn and Notarized Familial Disclosure

(to be provided by the Proposer)

The undersigned, the owner or authorized officer of _____ (the “Proposer”), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of _____ and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER:

By: _____

Its: _____

STATE OF MICHIGAN)

)ss.

COUNTY OF _____)

This instrument was acknowledged before me on the ____ day of _____, 2025,

by _____



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three-year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three-year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City’s Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Name of Agency/Company/Company *(Please Print)*

Name and title of authorized representative *(Please Print)*

Signature of authorized representative Date

I am unable to certify to the above statements. Attached is my explanation.



**CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT**

TO WHOM IT MAY CONCERN:

_____, being duly sworn deposed, says that he/she
(Print Full Name)

is _____. The party making the foregoing proposal or bid,
(State Official Capacity in Company)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

SIGNATURE OF PERSON SUBMITTING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20__ in
and for _____ County.

My commission expires:



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A **Corporation** duly organized and doing business under the laws of the State of _____
for whom _____, bearing the office title of _____,
whose signature is affixed to this proposal, is duly authorized to execute contracts.

A **partnership**, all members of which, with addresses, is:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AN **INDIVIDUAL**, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

_____	_____
-------	-------



PROJECT TIMELINE

The following is the *tentative schedule* for the Company selection

Request for Proposal issued & posted on MITN,	May 16, 2025
Mandatory Pre-Proposal Meeting - Thursday, 10:00 AM <i>Troy City Hall, Fire Department Conference Room 500 W Big Beaver, Troy MI</i>	May 22, 2025
Proposal Due Date <i>Proposals will be received electronically by the City of Troy on the MITN website, until Thursday, June 12, 2025; 10:00 AM E.D.T.</i>	June 12, 2025
Conduct interviews with highest rated Companies, week of	June 23, 2025
Emergency Medical and ALS Ambulance Services Recommendation to City Council	July 28, 2025

SECTION III: Operational Requirements – Ambulance Service – continued

- F. Additional Tasks-** The City of Troy reserves the option of identifying and assigning additional non-emergency tasks which can be performed by the ALS units when not engaged in EMS responses. Currently these include responding to carbon monoxide alarms with City approved meters. Training for all employees must be conducted annually on proper CO monitoring.

Dedicated Units – “Dedicated ALS Ambulances” for the City of Troy refers to Advanced Life Support (ALS) ambulances that are assigned exclusively to serve the City of Troy, ensuring continuous availability for emergency medical responses. In the context of your evaluation, having dedicated ALS ambulances means that these units are stationed within Troy or an agreed upon distance and are not pulled away to service other jurisdictions unless explicitly agreed upon.

Section IV: Miscellaneous Proposal Terms and Conditions

- A. Inspection** - The City of Troy reserves the right to inspect any or all of the providers' facilities and records as part of the selection criteria. If any material to be reviewed by the City of Troy is considered “proprietary”, and not subject to a “Freedom of Information Request”, that material must be designated as such.
- B. Payment** - Ambulance Service Payments: In the event payments are due to the provider from the City of Troy as part of a subsidy, the billing shall be for the previous month's service and shall be forwarded to the City by the 15th of the following month.
- C. Purchase Order Issuance-** After the award recommendation has been approved by the City Council, the successful service provider will receive a purchase order that will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the service provider to perform the contract in accordance with the proposal submitted and the mandatory requirements as stated in this proposal. A contract document will not be issued.
- D. Audit** – The City of Troy reserves the right, at the end of each contract year, to audit the service provider's incident response data by a third-party auditing firm at the expense of the service provider.

SECTION III: Operational Requirements – Ambulance Service

The following are the operational requirements for the delivery of ambulance services to the City of Troy.

Dedicated Units – “Dedicated ALS Ambulances” for the City of Troy refers to Advanced Life Support (ALS) ambulances that are assigned exclusively to serve the City of Troy, ensuring continuous availability for emergency medical responses. In the context of your evaluation, having dedicated ALS ambulances means that these units are stationed within the City of Troy or an agreed upon distance and location, and are not pulled away to serve other jurisdictions unless explicitly agreed upon by the City.

A. Response Time Priority 1- Response time requirements are based upon contracted service option of the provider:

1. Provider shall have a paramedic ALS unit on the scene within **6 minutes 00 seconds** from the receipt of the call at the provider’s dispatch to arrival on scene for 90% of all incidents dispatched as an emergency, or Priority 1.

Response time criteria shall not apply to incidents that are dispatched as non-emergency or downgraded to non-emergency, prior to the arrival of the ambulance.

B. Response Time Priority 3- The provider shall have a paramedic ALS unit on the scene within **15 minutes 00 seconds** from the receipt of the call at the provider’s dispatch to arrival on scene for 90% of all incidents dispatched as non-emergency or Priority 3.

C. Advanced Life Support- All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority and must maintain the minimum inventory of equipment and supplies per OCMCA.

D. Vehicles- Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, make, model, and mileage. All vehicles shall be maintained in a safe operating condition. Vehicle chassis over 5 years old are not acceptable and shall be not be used. Maintenance logs shall be maintained for each vehicle and made available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of “critical vehicle failures” per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced

For dedicated units, provider shall provide AVL capabilities with City of Troy software and each unit must have GPS mapping and routing software integrated with CAD.

E. Staffing Coverage- Deployment plans shall specify staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance service and be included in the proposal.

SECTION II: Operational Requirements – EMS Service – continued

- X. Emergency Medical Dispatch-** The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in its use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate. The contractor shall provide a quality assurance program for the accepted telephone triage system meeting NFPA 1710 which establishes a 60-second turnout time for emergency medical incidents at not less than 90% of dispatched incidents
- Y. Differential Dispatch-** Provider shall identify its capabilities to implement a dispatch system capable of directing response priorities based on the nature of the illness, injury or situation. The objective of this program is to match the appropriate response (emergency/non-emergency) to the nature of the request for service.
- Z. Predictive Dispatch-** Emphasis will be placed on the provider's successful use of predictive dispatch software or other technology to more accurately manage deployment of resources within the City of Troy.
- AA. Emergency Operations Center Support-** The contractor shall provide a supervisor to represent EMS in the Emergency Operations Center of the City of Troy in the event of EOC activation due to a community emergency.
- BB. Bloodborne Pathogen Decontamination Facility-** The provider shall make available a decontamination facility for the City of Troy Police and Fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour-7 day a week basis with a 15-minute advance notification. Providers shall specify the location and capability of their decontamination facility.
- CC. Disposal of Biohazard Contaminated Waste-** The contractor shall provide disposal service for any contaminated materials generated by the City of Troy Police or Fire departments. Waste will be bagged and tagged with appropriate labels by the affected City of Troy personnel and forwarded to the provider for disposal.
- DD. Base of Operations-** The provider shall identify the location(s), which are to serve as the base of operations for this program. It is highly desired and preferred that such base of operations be located at or in a facility within the City of Troy. Full coverage of services must be maintained during shift changeover.
- EE. Charges-** The provider and City shall specify what ambulance user charges are to be assessed and include a current schedule of charges.
- FF. Payment-** The City of Troy dedicated unit service shall be billed for the previous month's service by the 15th of the following month.

SECTION II: Operational Requirements – EMS Service (continued)

- Q. Incident and Training Standby** - The contractor shall provide ALS ambulance units as requested to standby at public safety emergency scenes such as fires, hazardous materials incidents, police tactical incidents, and police and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ALS ambulance units shall assist in medical evaluation, treatment and transport of emergency personnel as required and shall not reduce the quantity of any required/dedicated units for the City of Troy. A maximum 15-minute response time is allowed for incident standby requests.
- R. Event Standby** - The contractor shall provide ALS ambulance units as requested to standby at community events such as fairs, festivals, concerts, shows, displays, etc. These units shall be available for emergency responses as needed and shall not reduce the quantity of any required/dedicated units for the City of Troy.
- S. Communications** - The ALS ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with: provider's dispatch, fellow medical resources, and area hospitals or treatment facilities. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter. The contractor is responsible for making accommodations for the provider's dedicated units to communicate with Troy Dispatch and Troy Fire and Police units via radio communications on the Oakland County P25 MPSCS System.
- T. Recording Capability**- The provider shall record all telephone and radio communications and retain the recordings for a minimum of 1 year.
- U. E-911 Interface**- The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the City of Troy in order to allow the transfer of E-911 calls including AN/ALI information to minimize the time required to initiate a response.
- V. Personnel Recall Capability**- The provider shall indicate what capability exists to recall off duty personnel in the event of multi-casualty, mass casualty, or other incident beyond the scope of normal operations.
- W. Computer Aided Dispatch System**- The provider shall utilize a computer aided dispatch system, which provides for optimum system deployment. The provider shall agree to work with the City of Troy in exploring the potential for CAD integration between the provider and the City of Troy and/or the use of predictive dispatch software or other technology which provides for optimum system deployment.

SECTION II: Operational Requirements – EMS Service (continued)

- I. **Quality assurance program** - The contractor shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel and shall also hold the CAAS accreditation (Commission on Accreditation of Ambulance Services).
- J. **Complaint resolution**- In the event a complaint arises over the provision of contract performance or emergency medical care, the procedure shall be as follows:
 - (1) The complaint shall be forwarded to the provider's field supervisor, for investigation and review. The complaint shall be investigated and a written report provided to the City within 15 days on company letterhead identifying the complaint, resolution, and measures taken to prevent in the future.
 - (2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement Committee of the Oakland County Medical Control Authority.
- K. **Incident Command System**- The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy on their role and responsibilities within the framework of the Incident Command System. Proof of training is required annually for each employee working in Troy.
- L. **Police Incident Training**- The contractor shall provide training on an annual basis for medical personnel operating in the City of Troy for EMS response to specific police incidents. This training when requested will be provided by the City of Troy Police Department. In addition, the provider shall provide two Tactical EMS (TEMS) medics who will attend all City of Troy Tactical Support Team training sessions and will assist at all tactical related incidents.
- M. **Hazardous Materials Training**- All medical personnel shall be trained to the hazmat first responder awareness level and WMD Awareness as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training. Proof of this training is required for each employee working in Troy.
- N. **Insurance**- The Provider shall comply with the insurance requirements specified in Section 7 of this RFP.
- O. **Resource for Public Safety Agency Training**- The provider shall serve as a resource for EMS training for the fire and police departments. This shall include CPR, first aid, and other related training.
- P. **Mutual Aid**- The provider shall submit a mutual aid resource plan showing the average number of Basic and Advanced ambulances that could be provided for a back-to-back or multi-casualty incident. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back incidents across geographic areas. This plan shall coincide with or otherwise not conflict with the City of Troy emergency response plan.

SECTION II: Operational Requirements – EMS Service (continued)

- F. Monthly meetings-** A supervisory member of the provider's staff shall participate in a monthly meeting with members of the City of Troy Fire and Police Departments to assess the effectiveness of the program.
- G. Personnel-** The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act shall not be allowed to work in the City of Troy. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the City of Troy.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians. Employees with one or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in the City of Troy. Employees with a conviction for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Impaired (OWI), Operating While Under the Influence of Narcotic (OUIN), in the last five (5) years shall not work in the City of Troy.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver-training program.

The provider shall notify the Oakland County Medical Control Board and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

The provider shall agree to remove an employee from the City of Troy operating area upon written request of the fire or police chief.

The Provider shall deliver within 30 days of execution of the agreement a list of all personnel who will or may be assigned to this agreement. The list shall include each person's full name, position, title or function they will be performing, and a copy of any licenses required by the State of Michigan. This same information shall be provided to the City within 10 days of any new hires of personnel who will provide services to the City.

- H. Drug testing -** The provider shall have a random and probable cause drug-testing program for all personnel operating in the City of Troy.

SECTION II: Operational Requirements – EMS Service

The following are the operational requirements for the delivery of emergency medical services to the City of Troy.

- A. Deployment plan-** The provider will have 5 dedicated ALS units from 7 am to 7 pm and 4 dedicated ALS units from 7 pm to 7 am, seven days a week. Times may be adjusted with mutual agreement between the vendor and City.
- B. Licensure-** The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of the appropriate State of Michigan license to provide services in Michigan is required and must be submitted with the proposal.
- C. Advanced Life Support-** All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Oakland County Medical Control Authority.
- D. Reports-** Response-time and dispatch call processing-time summaries shall be reported at least monthly. These reports shall include: compliance with response-time standards, list of calls referred to other agencies, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies, the City may request data be submitted in computer format. The provider shall also submit required information to the MCA in a manner and format prescribed by the MCA (i.e. compatibility with an information system prescribed by the MCA). Non-compliance with this provision will be subject to contract termination based upon the 90-day notice provision.
- E. Supervision-** Contractor shall provide organized Field Supervision Personnel (e.g. field training officers, field supervisors). The supervisory personnel shall be in sufficient numbers to provide field evaluation and job supervision.

Contractor shall provide, at a minimum, one dedicated field supervisor certified at the paramedic level, available in the City of Troy service area 24 hours per day. This person shall be immediately available and in the field during the peak-load periods of the service area. The supervisor shall be dedicated solely to the City of Troy and shall act as a liaison to the City of Troy and related public-safety agencies.

The Contractor shall have policies for automatic supervisor response that include, but are not limited to:

- (1.) Incidents requiring two or more ALS-unit response;
- (2.) Multi-casualty or disaster incidents;
- (3.) Hazardous materials incidents involving patient care; and,
- (4.) Life-threatening incidents in immediate area of supervisor at time of dispatch.



REQUEST FOR PROPOSAL EMERGENCY MEDICAL AND AMBULANCE SERVICES

SECTION I: Overview

Anticipated Services: The City of Troy is soliciting proposals from qualified providers for the provision of advanced life support ambulance and related services. Proposals shall encompass dedicated advanced life support ambulance service for the City of Troy.

Contract Term: It is the intent of the City of Troy to enter into a contract with the provider that can provide the highest level of service at the lowest cost to the City of Troy. After the initial two-year contract period, the contract may be extended for an additional three calendar years at 1-year renewal increments through mutual consent of both parties within 90 days of contract termination.

Prior to June 1st of each contract renewal year, the successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or using the MI Treasury Inflation Rate Multiplier **whichever is lower**. The City of Troy will have the option of accepting the new prices, and continuing or extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion. **If the City accepts the price increase, the new pricing will not be implemented until the following anniversary date of the contract so as to allow for budget submission and City Council approval.**

Contract Termination: Termination of the contract by either party (the City of Troy or the service provider) shall require written notice a minimum of 90 days in advance.

Desired System: The desired system will consist of a system of advanced life support ambulances for transportation that will be **dedicated** to the City of Troy. It is anticipated that one provider will be chosen to provide ambulance services.

Innovative System Models – Prospective providers are encouraged to propose innovative system models, such as predictive dispatch software, aimed at providing the highest possible level of service while keeping costs as low as possible.

Activity Summaries: Activity summaries for the City of Troy that detail requests for emergency medical care will be made available upon request.



SIGNATURE PAGE

PRICES

Prices quoted shall remain firm for 120 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm from date of award through successful completion of all specified requirements of this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

NOTE: The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this offer and is in receipt of all addendum as issued.

COMPANY: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ FAX NUMBER (____) _____

REPRESENTATIVE'S NAME _____
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

TERMS: _____ EMAIL: _____

COMPLETION: AS SPECIFIED IN BID REQUIREMENTS.

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from City specifications and this proposal must be stated below. The reason(s) for the exception, substitution, and/or deviation are an integral part of this proposal offer:

ACKNOWLEDGEMENT: I, _____, certify that I have read the **Instructions to Bidders** (4 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

IMPORTANT: All City of Troy purchases require a **MATERIAL SAFETY DATA SHEET**, where applicable, in compliance with the **MIOSHA** "Right to Know" Law.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



Option 2: INNOVATIVE SYSTEM MODEL - Customized Emergency Medical and Transportation Service Model that may include ALS, BLS and First Responder services and any combination thereof, recommended by the firm that at a minimum can meet the City's Response Time Requirement of 6 minutes 00 seconds for 90% of emergency responses. Include all details explaining the workflow, anticipated hours and deployment of this model.

Prices listed will be the monthly cost to provide the type of customized response model as detailed by the Proposer to meet the Standard Response time of 6 minute 00 seconds for 90% of all emergencies.

Year 1 \$ _____ /Month

Year 2 \$ _____ /Month

Model Details: _____

NOTE: Additional pages may be added is more space is needed.

C. ADDITIONAL CHARGES

1. **BLOOD DRAWS** requested by Troy Police Department \$ _____ /EACH

2. **AMBULANCE USER FEE SCHEDULE**

Fee Scheduled attached and labeled _____ for identification purposes.

COMPANY NAME: _____



FEE PROPOSAL FORM

The undersigned company proposes to provide **EMERGENCY MEDICAL AND ADVANCED LIFE SUPPORT AMBULANCE SERVICES (ALS)** for the City of Troy for 2 YEARS with an **OPTION TO RENEW FOR 3 1-YEAR TERMS** in accordance with the specifications and attachments contained herein. The specifications and attachments are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: _____

A. ADVANCED LIFE SUPPORT AMBULANCE AND RELATED SERVICES

Provide advanced life support ambulance and related services at a Minimum Response Time Standard of 6 minutes 00 seconds for 90% of emergency responses, 24 hours, 7 days, 365 days a year. **Services shall include the following dedicated vehicles: 5 ALS 7am – 7 pm and 4 ALS 7 pm – 7am.**

Prices listed will be the monthly subsidy required by the service provider to dedicate the number of requested vehicles within the City of Troy and maintain the service level at the response time indicated for 90% of all emergencies.

	Number of Ambulances	Hourly Schedule	Cost Per Month
Year 1	5 – Advanced Life Support	7am – 7pm	\$
Year 2	4 – Advanced Life Support	7pm – 7am	\$

B. ALTERNATE PROPOSAL

Option 1: PERFORMANCED BASED PROPOSAL

Provide an ALS service model and related services to meet the required 6-minute response time for 90% of all emergency calls, 24 hours a day, 7 days a week, 365 days a year. Proposer shall include details and methodology for this performance-based service model.

Prices listed will be the monthly subsidy required by the service provider to maintain the service level at the Standard Response Time of 6 minutes 00 seconds for 90% of all emergencies.

Year 1 \$ _____ /Month

Year 2 \$ _____ /Month

Model Details: _____

NOTE: Additional pages may be added if more space is needed.



REFERENCES

References- Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested (attach and mark REFERENCES for identification. List the three largest clients (by volume of runs) below.

AGENCY: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____
EMAIL _____

Ambulance Service: () yes () no

AGENCY: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____
EMAIL _____

Ambulance Service: () yes () no

AGENCY: _____
ADDRESS: _____
PHONE: _____ CONTACT: _____
EMAIL _____

Ambulance Service: () yes () no

COMPANY NAME: _____



CANCELLATION NOTICE: Worker's Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to City of Troy, 500 West Big Beaver Rd., Troy, MI 48084."

PROOF OF INSURANCE: Upon Notice of Award, the service provider shall provide to the City of Troy certificates of insurance and policies in full compliance with specifications as listed below:

1. Two (2) copies of the Certificate of Insurance for Worker's Compensation Insurance;
2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
3. Two (2) copies of Insurance for Vehicle Liability Insurance;
4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverage's expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the City of Troy at least ten (10) days prior to the expiration thereof.

INDEMNIFICATION / HOLD HARMLESS CLAUSE

To the fullest extent permitted by law, the _____
(name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless the City of Troy, its elected and appointed officials, employees, volunteers, and others working on behalf of the City of Troy against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Troy, its elected and appointed officials, employees, volunteers or others working in behalf of the City of Troy by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____



INSURANCE REQUIREMENTS

The Contractor shall procure and maintain during the term of this contract, the insurance coverages outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to the City of Troy.

WORKER'S COMPENSATION INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$5,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products & Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

MOTOR VEHICLE LIABILITY: The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage's, with limits of liability of not less than \$5,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, non-owned, and hired vehicles.

NOTE: Commercial General Liability and Automobile Liability limits may be obtained by using an Excess/Umbrella Liability policy in addition to the primary liability policy. If coverage limits are satisfied by an Excess and/or Umbrella policy, coverage must follow form of the primary liability policy, including but not limited to additional insured and primary/non-contributory coverage.

AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$5,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.

ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an ENDORSEMENT stating the following shall be **Additional Insured**: The City of Troy all elected and appointed officials, all employees and volunteers, and all boards, commissions and/or volunteers thereof. It is understood and agreed by naming the City of Troy as ADDITIONAL INSURED, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

COMPANY NAME: _____



INVOICING AND PAYMENT:

The City of Troy reserves the right to select the invoicing option deemed to be in its best interest at the time of implementation of the contract. No additional costs will be incurred for the invoicing option selected. Detailed billing will be required which minimally includes the project name, service(s) provided, hours worked, cost per hour, and a detailed breakdown of additional allowable expenses.

Termination of service will be unacceptable for non-payment of a bill without the successful bidder contacting the designated City representative to resolve the problem. The City will have 45 days to resolve any billing problem from written notice to terminate services.

PURCHASE ORDER:

After the Troy City Council has approved the award, the City of Troy Purchasing Department will issue an award letter to the successful proposer. The successful proposer once notified, will be required to sign the Contract Form. The purchase order issued in conjunction with the Contract Form from the City of Troy will create a bilateral Contract between the parties, and the successful bidder shall commit to perform the Contract in accordance with the mandatory requirements of the Specifications, Scope of Work and Proposal submitted.

RIGHT TO REQUEST ADDITIONAL INFORMATION:

The City reserves the right to request any additional information it deems necessary from any company responding to this RFP after the documents have been received.

QUALIFICATIONS OF PROPOSERS:

The Proposer may be required before the award of any contract to show to the complete satisfaction of the City of Troy that it has the necessary facilities, abilities, and financial resources to provide the services specified herein. The Proposer may also be required to give a past history in order to satisfy the City of Troy in regard to the Proposer's qualifications. The City of Troy may make reasonable investigations deemed necessary and proper to determine the ability of the Proposer to perform the work, and the Proposer shall furnish to the City of Troy all information for this purpose that may be requested.

ASSIGNMENTS:

The proposer agrees not to assign or transfer this service or any part thereof without the written consent of the City of Troy, acting through the Purchasing Manager or authorized representatives. Any unauthorized assignment may subject the proposer to immediate termination.

COMPANY NAME: _____



TRAINING MATERIALS:

As a specified requirement, the service provider shall serve as a resource for training for the City of Troy. Training will include, but not limited to, CPR, First Aid, and Bloodborne Pathogens. The provider will be able to pass the cost of mandated books and training materials to the City of Troy.

CONTRACT CANCELLATION DUE TO POOR PERFORMANCE:

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the City of Troy reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

DOWNPAYMENTS OR PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment for services to be provided prior to work completion as stipulated and full acceptance as being in conformance with the specified requirements of the proposal will not be considered for award.

ADDITIONAL INFORMATION:

For additional information/questions concerning this Request for Proposal, contact Emily Frontera, Purchasing Manager, at (248) 680-7291 or e.frontera@troymi.gov.

CONTRACT AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to: the completion of all information requested and detailed in the RFP, evaluation Phase 1, 2, and 3 Scoring, pricing, professional competence, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy. The intent of the award is to contract with one company for this project.

The City of Troy reserves the right to award to the company providing the best value proposal, in whatever manner is deemed to be in the City's best interest; to award the proposal which matches the City's needs; to reject a proposal which contains major deviations from specifications; to accept a proposal which has only minor deviations from specifications; or whatever is deemed to be in the City's best interest.

ERRORS AND OMISSIONS:

Proposers are not permitted to take advantage of any errors and omissions in the specifications since full instructions will be given should they be called to the attention of the Purchasing Office on or before the deadline specified in the Section Instructions to Bidders, item # 6 Pre-Proposal Information and Questions.

DOWN PAYMENTS OR PRE-PAYMENTS:

All proposals submitted with terms or any provisions in the proposal, which requires a down payment or pre-payment of any kind will not be considered for an award. The designated City Representative will make payment approval of all items upon acceptance of the work being invoiced.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification Regarding Debarment, Familial Disclosure and the Certification Regarding "Iran Linked Business" forms and return with your bid proposal.

COMPANY NAME: _____



TERMS AND CONDITIONS

PROPOSAL SIGNATURES:

Each authorized representative of the organization must sign the RFP with their usual signature and shall give their full business address. RFP documents submitted by partnerships shall be signed with the partnership name by one of the members or by an authorized representative. RFP documents by corporations shall be signed with the name of the corporation followed by the signature and designation of the President, Secretary, or other person authorized to bind it in the matter. RFP documents from governmental agencies must be signed by the principal authorized to bind it in the matter.

AWARD:

The evaluation and award of this proposal shall be a combination of factors including, but not limited to professional competence, references, and the correlation of the proposal submitted to the needs of the City of Troy and all criteria selection factors considered to be in the best interest of the City of Troy.

The City of Troy reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the City of Troy as a result of the evaluation process (see Section 4 - Selection Process); to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements

PRICES:

Prices quoted shall remain firm for 120 days or proposal award, whichever comes first, except the successful provider whose prices shall remain firm for the two-year contract period. The contract shall commence on January 1, 2026 or on a date that allows a 90-day start-up period after award. It is assumed that the 90-day interval after award will occur so that the commencement date will be January 1, 2026. The City of Troy and the recommended service provider will mutually agree upon the exact start date.

RENEWAL:

The contract may be extended for three (3) calendar years at 1-year renewal increments through mutual consent of both parties within 120 days of contract termination using the following conditions as described below;

The contract price may be amended on January 1, 2028 or the annual anniversary date mutually agreed upon as the start-up date if the successful bidder requests the increase in writing during the month of January 2027 under the following conditions:

1. The successful provider will have the option of holding the preceding year's price constant or submitting new prices based upon verifiable increases in labor contracts or the State of Michigan Department of Treasury Inflation Rate Multiplier, **whichever is lower**.
2. The City of Troy will have the option of accepting the new prices, and extending the contract, or rejecting the requested price increase and seeking new proposals. This provision does not preclude the City of Troy from seeking new proposals at its sole discretion.
3. If the City accepts the price increase, the new pricing will be not be implemented until the anniversary date of the contract.
4. An increase may be requested in writing in January of each year thereafter subject to the same terms and conditions stated in #1 and 2 above. Any increase shall be submitted prior to budget approval and effective the following anniversary date after acceptance.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

COMPANY NAME: _____



8. Professional References – please list at least three clients with whom you have provided Emergency Medical and ALS Services for within the past five (5) years that are similar in scope to the type of work described in this proposal. Contact names and the listed information are to be provided.

Entity Name	Address	Contact Name	Phone Number	E-Mail

9. As per the Anti-Kick Back Statute does your company offer and conduct an Annual Audit?

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative: _____

Title of Authorized Company Representative: _____

Representative's Name: _____
(print)

Company Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Date: _____



VENDOR QUESTIONNAIRE

DATE: _____
Month/Date/Year

COMPANY NAME: _____

ESTABLISHED: _____ 19____ / 20__ STATE: _____ Years in Business: _____

TYPE OF ORGANIZATION: (Circle One)
a. Individual
b. Partnership
c. Corporation
d. Joint Venture
e. Other _____

If applicable:
FORMER COMPANY NAME(S)

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. What is your company’s experience relative to Emergency Medical and ALS Services for Cities? Provide specific experience detailing the type of services involved and the type of services your company provides. Include a brief history of average call volume.

2. Describe your company’s background and its organizational structure along with the roles and background of the key team members to be assigned to the City. Describe capabilities specific to the scope of work within this RFP.



SELECTION PROCESS

CRITERIA FOR SELECTION

Selection of the most highly qualified proposer will be made on the basis of demonstrated competence and qualifications. An Evaluation Committee will review the proposals. The City of Troy reserves the right to award this proposal to the firm considered the most qualified based upon a combination of factors including but not limited to the following:

- B. Completeness of the proposal
- C. Financial strength and capacity of the firm
- D. Correlation of the proposals submitted to the needs of the City of Troy
- E. Any other factors which may be deemed to be in the City's best interest
- F. Evaluation process

Phase 1: Evaluation of Proposals

Each committee member will independently use a weighted score sheet to evaluate the proposals; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process.

Phase 2: Interview Score

The City, at their option, will invite at least the top three (3) rated firms to participate in an interview. If less than three (3) candidates remain in the process, all will be interviewed. Each committee member will independently use a weighted score sheet to evaluate the interview; each committee member will calculate a weighted score. The scores of the committee members will be averaged into one score for each firm for this phase of the process. Those being interviewed may be supplied with further instructions and requests prior to the interview. Persons representing the firm at the interview must be the personnel who will be assigned to this project.

Phase 3: Price

Points for price will be calculated as follows:

$$\text{FORMULA: } \{1 - (\text{Proposal Price} - \text{Low Price}) / \text{Low Price}\} \times \text{available points}$$

Phase 4: Final Scoring and Selection

The firm with the highest final weighted score will be recommended to the Troy City Council for award.

- 40% Proposal Score (100-point base)
- 30% Price Score (100-point base)
- ~~30%~~ Interview Score (100-point base)
- 100%

SELECTION COMMITTEE

The City of Troy has organized a committee to review and assess the individual proposals generated from this RFP and to make a recommendation to the Troy City Council effectively recommending a Company that is most qualified by the committee at the July 28, 2025 City Council Meeting. The committee members are:

- | | |
|-----------------|-------------------------|
| Peter Hullinger | Fire Chief |
| Mike Koehler | Deputy Fire Chief |
| Michael Giorgi | Police Captain |
| Robert Bruner | Deputy City Manager |
| Rob Maleszyk | Chief Financial Officer |

Note: The City of Troy reserves the right to change the order or eliminate an evaluation phase if deemed in the City's best interest to do so.



REQUEST FOR PROPOSALS

Emergency Medical and Ambulance Services

The City of Troy is requesting that all bidders complete the Request for Proposal documents attached for Emergency Medical and Advanced Life Support (ALS) Ambulance Services. Proposals shall include the following information to demonstrate the company's qualifications and experience to provide services requested herein. Please read the Overview and Scope of Work section of this Request for Proposal document.

1. QUALIFYING CONDITIONS OF THE COMPANY WHO WILL BE RESPONSIBLE FOR EMERGENCY MEDICAL and ALS AMBULANCE SERVICES:

A. EXPERIENCE AND KNOWLEDGE

Describe your company's history and experience in providing emergency medical and ALS ambulance services. Include all business or professional licenses or certificates held by the organization to provide these services. Proposals shall also contain a list of communities your organization currently services and communities it previously served in the past 5 years and a minimum of three (3) comparable examples detailing the type of ambulance services provided. Provide additional information as will satisfy the City that your company is adequately prepared, in technical experience and otherwise, to fulfill the contract.

B. POSITIVE REFERENCES FOR THE COMPANY

Complete and include the "References Page". The company will be required to provide a minimum of three (3) positive, relevant, verifiable, customer references, which may include but are not limited to ability, performance of previous contracts and services, integrity, character, reputation, judgment, experience, efficiency, delivery, professionalism and timeliness.

C. QUALIFICATIONS OF COMPANY TO PROVIDE SERVICES AS SPECIFIED

Each company submitting a proposal will be required to submit a list of personnel, including supervisor/manager, to be assigned to the City, including resumes, experience and responsibilities. Each company will be required to describe capabilities specific to the scope of work as specified.

D. WORK PLAN AND METHODOLOGY PROPOSED

The company will be required to provide a work plan and methodology that outlines how the company intends to provide Emergency Medical and ALS Ambulance Services. Proposals shall include but are not limited to details demonstrating the organization's ability to execute services such as start-up, locations, locations of neighboring communities, service to other communities, deployment plan and vehicles.

E. RESPONSE TO ATTACHED QUESTIONNAIRE

The company will be required to provide detailed responses to questions asked in the enclosed vendor questionnaire.

2. FINANCIAL INFORMATION

The City of Troy reserves the right to require a bidder to show to the complete satisfaction of City staff that it has the necessary facilities, abilities, and financial resources to provide the service specified herein. The bidder may also be required to give a past history in order to satisfy the City of Troy in regard to the bidder's qualifications. The City of Troy may conduct a reasonable investigation deemed necessary and proper to determine the ability of the bidder to perform the work, and the bidder shall furnish to the City of Troy all information for this purpose that may be requested.



21. To the extent permitted by law, the City of Troy and the successful bidder waive all rights against each other and any of their subcontractors, sub-subcontractors, agents and employees, and the architect, architect's consultants, separate contractors, if any, and any of their subcontracts, subcontractors, sub-subcontractors, agents and employees, for damages caused by fire or other perils to the extent covered by property insurance obtained pursuant to this agreement or other property insurance applicable to the work. The policies shall provide such waivers of subrogation by endorsement or otherwise. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged for this contract.

SPECIAL INSTRUCTIONS

- All bidders are held to Proposal prices for 120 days or Proposal award, whichever comes first, except the successful company whose prices shall remain company through project completion.
- Final bid results will be posted on the MITN website after award. Please register to see results – www.bidnetdirect.com/city-of-troy-mi

IMPORTANT: Bid Proposals are received electronically on the MITN Purchasing Group website (www.bidnetdirect.com/city-of-troy-mi). Bid openings are being conducted in accordance with City Charter and Code utilizing Zoom Meetings. If interested, Bidders can attend bid openings utilizing the Zoom Meeting information and meeting code listed below. Please contact Emily Frontera, Purchasing Manager, e.frontera@troymi.gov with any questions regarding the bid opening.

BID OPENING

Date & Time: JUNE 12, 2025 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting:

<https://us02web.zoom.us/j/82010016326?pwd=tgocbLayfJfm5sRup0FbDYiUQzyAyA.1>

Meeting ID: 820 1001 6326

Passcode: 653566

One tap mobile

+16468769923,,82010016326#,,,,*653566# US (New York)

+16469313860,,82010016326#,,,,*653566# US

Dial by your location

• +1 646 876 9923 US (New York)

• +1 646 931 3860 US

• +1 301 715 8592 US (Washington DC)

• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

• +1 689 278 1000 US

Meeting ID: 820 1001 6326

Passcode: 653566

Find your local number: <https://us02web.zoom.us/j/82010016326?pwd=kdoyvKS7u4>