Request for Proposals (RFP) for Ambulance Services for the Northern Shelby County Joint Ambulance District, Shelby County, Ohio

Issue Date: 07-10-2026

Submission Due Date: 08-10-2026

Northern Shelby County Joint Ambulance District

P.O. Box 190
Botkins, OH 45306
Telephone: 937-489-1041

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Section 1 - Administrative Overview

Purpose of the RFP

This Request for Proposals (RFP) is issued by the Northern Shelby County Joint Ambulance District (the "District") to solicit proposals from qualified providers to furnish ambulance and related emergency medical services (EMS) within the District. To best serve its constituents, the District reserves the right to award single or multiple contracts, and may divide services by geography, response type, service level, time frame, backup/overflow coverage, or any other category deemed appropriate. Nothing in this RFP shall be construed as a commitment to an exclusive award.

RFP Timeline

RFP issued on: July 10th, 2026
Questions due by: July 27th, 2026
Responses to questions posted by: August 3rd, 2026
Proposal submission deadline: August 10th, 2026
Interviews, if any: August 17th through August 26th
Anticipated award: September 3rd
Anticipated service start date: January 1st, 2027

Authority

Proposals must be signed and submitted by an individual with the legal authority to bind the responding ambulance service provider to all representations, pricing, and commitments contained therein.

Disqualification of Proposals

The District reserves the right to accept only those proposals that comply with all RFP requirements and demonstrate the proposer's ability to deliver safe, lawful, financially stable, and operationally sound service. Where permitted by law, the District may waive minor informalities or request clarifications from proposers.

It is the proposer's sole responsibility to ensure its proposal is delivered to the specified location on or before the deadline. Late proposals will be rejected without review.

If determined to be in its best interest, the District further reserves the right to:

- Reject any or all proposals;
- Issue addenda, cancel, or reissue this RFP;
- Negotiate with one or more proposers; and
- Make single or multiple awards, in whole or in part.

Proposals and Materials Submitted

All proposals and materials submitted in response to this RFP shall become the property of the District and are subject to the Ohio Public Records Act [Ohio Revised Code (ORC) § 149.43]. Any claims of trade secret protection or confidentiality must be explicitly identified, properly substantiated, and legally supported by the proposer at the time of submission.

Final Contract

The issuance of this RFP, the submission of a proposal, and the District's evaluation of responses do not obligate the District to award a contract. Any final agreement is subject to formal approval by the District and the successful negotiation of mutually acceptable terms.

Any resulting agreement is anticipated to have an initial term of two (2) years. The District retains the sole option to extend the agreement for additional one-year renewal terms under terms it deems appropriate. Final provisions governing renewals, termination (for cause or convenience), notice and cure periods, and end-of-term transition obligations will be explicitly defined in the final contract.

Inspection of Proposals

Proposals shall be available for public inspection in accordance with the Ohio Public Records Act (ORC § 149.43) following the contract award, or at such an earlier milestone as required by law. Each proposer bears sole responsibility for clearly identifying and marking any information it deems a trade secret or otherwise exempt from disclosure. The final determination regarding public disclosure remains within the sole discretion and legal obligation of the District.

Contract Invalidation

If any provision of the resulting agreement is held to be invalid, illegal, or unenforceable by a court of competent jurisdiction, such provision shall be severed, and the remaining provisions shall continue in full force and effect to the fullest extent permitted by law.

Estimated Business Volumes and Payer Distributions

The District makes no representations, warranties, or guarantees, express or implied, regarding historical or future volumes of calls for service, transports, patient payer mix, service demand, revenue generation, or the geographic distribution of incidents. Proposers must rely strictly upon their own independent due diligence, data analysis, and inquiries submitted during the formal question period. The accuracy of any historical data provided by the District is not guaranteed and shall not form the basis of any claim for additional compensation or contract modification.

Immunity from Liability

By submitting a proposal, the provider explicitly agrees that the District, its board members, officers, employees, advisors, and agents shall be held harmless and immune from any liability. The District shall not be liable for any costs, losses, claims, or damages—including, but not limited to, proposal preparation costs, lost profits, or consequential damages—arising out of or relating to this RFP process, evaluation, or selection, except as otherwise required by law.

Reservation of Rights

The District retains absolute discretion to manage this procurement process in the public interest. Specifically, the District may amend, modify, or withdraw this RFP; alter operational requirements; or request supplemental statements and clarifications from any bidding entity. Furthermore, the District reserves the right to thoroughly investigate the background of any proposer, negotiate with one or more providers, reject any or all submissions, or divide the contract via multiple awards as permitted by law.

Existing Contracts & Agreements with Third Parties

Proposers must fully disclose and document all existing arrangements, affiliations, or contractual relationships that could impact or influence service delivery within the District. This disclosure must include, but is not limited to, any agreements with hospital systems, municipalities, fire departments, public safety dispatch centers, neighboring EMS providers, or corporate affiliates that may introduce operational dependencies, resource constraints, or conflicts of interest.

Section 2 – Scope of Work and Services

Background, Service Area Jurisdictions, and Operational Demand Profile

The Northern Shelby County Joint Ambulance District is a statutory political subdivision organized under the laws of the State of Ohio for the express purpose of providing unified, high-performance ambulance transport and advanced life support (ALS) EMS. The District's primary response jurisdiction encompasses a diverse geographic footprint of approximately 9,250 residents (based on baseline demographic metrics, subject to significant daytime commercial surges), structurally comprising the Villages of Anna, Botkins, and Jackson Center, alongside the Townships of Dinsmore, Franklin, and Jackson in Shelby County, Ohio. This operational footprint includes a critical, high-volume transportation corridor consisting of Interstate 75 from mile marker 95 to mile marker 105. Proposers are strictly responsible for conducting comprehensive geospatial and demographic analyses of the District's mixed municipal, agricultural, and rural topography, and must account for distinct target hazards and localized system demand drivers, including major industrial manufacturing plants, public school campuses, senior care facilities, and dense agricultural operations. To establish a baseline for deployment planning, the District's historical call volume reflects approximately 850 EMS dispatches annually, with specific peak-demand intervals occurring between the hours of 0600 to 1800.

All public requests for emergency assistance within the jurisdiction are processed and routed via the Shelby County Emergency Services 911 Dispatch Center (Shelby County 911 Center), which serves as the primary public safety answering point (PSAP). The Shelby County 91Center utilizes standardized Emergency Medical Dispatch (EMD) protocols to provide pre-arrival instructions and executes the primary dispatch of the selected provider's units via integrated computer-aided dispatch (CAD) and radio communication interfaces. To ensure absolute regulatory compliance and system alignment, each proposer must demonstrate comprehensive familiarity with, and strict adherence to, all statutory rules, clinical protocols, and administrative laws promulgated by the State of Ohio. This explicitly mandates uncompromised alignment with the Ohio Department of Public Safety Division of EMS and the State Board of Emergency Medical, Fire, and Transportation Services, ensuring that all proposed staffing models, medical director protocols, and vehicle licensures completely fulfill Ohio's public safety mandates.

Objectives

The District is seeking comprehensive, competitive proposals from qualified vendors to provide high-quality, clinically sophisticated, and fully compliant EMS and ambulance transportation. To optimize fiscal responsibility and operational efficiency, the District reserves the right to award a single contract for all services or separate contracts for distinct service categories.

Proposals must be clearly delineated by defined service categories. While the District establishes the baseline geographic boundaries and minimum hours of coverage required to maintain systemic integrity, proposers must explicitly detail their deployment models, staffing levels, and resource allocations.

The District's overarching objective is to secure an evidence-based EMS delivery system that guarantees measurable clinical and response performance through strict adherence to established response-time benchmarks and national standards. Furthermore, the system must ensure workforce excellence by utilizing credentialed, highly qualified field personnel operating under progressive clinical protocols. This framework requires systemic interoperability to foster seamless communication and operational coordination among local fire-based first responders, PSAPs, and regional receiving hospitals. Ultimately, these integrated components must deliver uncompromised reliability, providing dependable, uninterrupted emergency coverage for all residents and communities within the District's jurisdiction.

Contractual compliance and system efficacy will be stringently monitored by the District through quantified performance metrics, mandatory electronic patient care reporting (ePCR) data submissions, rigorous clinical quality assurance/quality improvement (QA/QI) processes, and liquidated damages for non-compliance as codified in the final agreement.

District Responsibilities/Role

In procuring ambulance services, the Northern Shelby County Joint Ambulance District acts as the statutory authority on behalf of the taxpayers, member communities, patients, and the general public. Under any resulting agreement, the District retains absolute administrative and operational oversight of the EMS delivery system. Because the District reserves the right to award service contracts to single or multiple providers, it maintains the sole, non-delegable authority to design deployment frameworks, adjust geographic response zones, coordinate service delivery, and enforce systemic accountability to promote optimal, equitable performance throughout the jurisdiction.

To ensure contract integrity and safeguard public safety, the District shall actively monitor provider compliance and stringently enforce all terms, conditions, and response-time benchmarks set forth in the agreement. This oversight will be executed through independent, continuous audits of independent CAD records, ePCR, and clinical QA/QI indicators.

Furthermore, the District will serve as the primary administrative liaison, managing systemic coordination among member jurisdictions, PSAPs, fire-based first responders, medical direction authorities, regional receiving hospitals, and relevant stakeholders. To facilitate successful contract execution, the District will provide selected vendors with necessary standardized operational data, including updated geographic information system mapping, dispatch routing parameters, and authorized emergency medical protocols, while retaining final decision-making authority over all system-wide operational disputes.

Ambulance Service Responsibilities

The selected provider shall deliver all ambulance services in strict compliance with all applicable federal, state, and local laws, statutory regulations, licensure mandates, authorized medical protocols, and explicit contractual provisions. To ensure systemic reliability, the provider must continuously maintain a state of operational readiness sufficient to meet the rigorous response-time benchmarks, geographic coverage mandates, and staffing configurations established by the District.

The provider is required to submit a comprehensive deployment plan detailing its staffing configurations, credentialing levels, unit hour utilization (UHU) models, and stationing or dynamic posting strategies. To guarantee an uncompromised level of clinical care, all regularly scheduled 911 emergency response units must be continuously staffed at ALS level, utilizing a minimum configuration of one state-certified Paramedic and one emergency medical technician (EMT) twenty-four (24) hours per day, seven (7) days per week. On-call backup or surge-capacity crews may operate at the basic life support (BLS) level.

Additionally, any provider awarded an operational scope within the jurisdiction must maintain a dedicated physical deployment infrastructure within the District's boundaries. The provider must explicitly identify its proposed brick-and-mortar stations or strategic posting locations within their proposal, which will be audited by the District to verify geographic efficacy prior to final contract execution.

Performance Requirements

The primary ambulance service provider shall maintain an absolute state of operational readiness, responding to all dispatched incidents—including mandatory, automatic dispatch to all structural fires—within the District's jurisdiction. System compliance will be evaluated utilizing a strict fractile response-time methodology rather than volume-based completion metrics. The primary provider must achieve the District's mandatory response-time standard, which is established as an emergency (Priority 1) arrival on scene within twelve (12) minutes and fifty-nine (59) seconds (less than or equal to 12:59) for at least ninety percent (90%) of all dispatched emergency incidents, measured on a calendar-month basis. Mutual aid reliance is strictly restricted and may only be leveraged as a secondary tier when both the primary on-duty units and mandated on-call surge configurations are fully committed to simultaneous life-safety incidents within the District. Performance standards for secondary, overflow, or non-emergency providers will be proportional to their awarded operational scope and codified explicitly within their respective final agreements.

The District will independently measure, audit, and enforce compliance through mandatory monthly electronic reporting of compressed unit-status timestamps, specifically capturing PSAP dispatch-to-en-route (turnout time), dispatch-to-on-scene (total response time), clear-scene-to-hospital-arrival, and hospital-drop-to-back-in-service (extended wall-time) metrics. Turnout times for emergency responses must not exceed sixty (60) seconds (less than or equal to 1:00) for ninety percent (90%) of monthly dispatches.

While the District retains sole administrative authority to grant formal, case-by-case response exclusions for catastrophic, verified force majeure events—such as declared disasters, extreme weather emergencies, or MCIs—standard operational variances including routine simultaneous call volume, preventable mechanical failures, or predictable traffic congestion will not exempt the provider from compliance calculations. Any individual monthly fractile performance degradation below the ninety percent (90%) threshold will immediately trigger an automatic administrative review, a mandatory thirty (30) day corrective action plan (CAP), and the assessment of progressive liquidated financial damages. A failure to rectify performance deficits within the designated CAP period, or a sustained failure to meet benchmarks for any two months in a rolling six-month period, will constitute a material breach of contract, serving as immediate grounds for contract termination for cause.

Governance, Interagency Coordination, and Stakeholder Requirements

To ensure continuous contractual alignment, operational transparency, and systemic accountability, the selected provider or providers shall strictly participate in a tiered mandatory meeting and governance schedule administered by the District. The provider shall designate executive and operational representatives—specifically including the regional director, the dedicated operations manager, and the clinical/ QA/QI director—who possess the binding administrative authority to execute immediate corrective actions on behalf of the vendor. Executive-level contract performance reviews will be conducted no less than quarterly to evaluate long-term strategic alignment, financial compliance, and macro-systemic trends.

However, to prevent operational or clinical degradation, mandatory operational-level reviews shall be conducted on a monthly basis. These monthly sessions will rigidly audit a standard agenda, including detailed fractile response-time performance, vehicle maintenance and fleet uptime, clinical QA/QI indicators, ePCR documentation compliance, public transparency metrics, and patient billing/collections integrity, including any citizen complaints or fee disputes.

Furthermore, the provider shall actively participate in external stakeholder, regional medical direction, and interagency coordination meetings as directed by the District. This includes, but is not limited to, mandatory attendance at dispatch/PSAP committee meetings to optimize communication interfaces, hospital emergency department liaison meetings to mitigate patient offload delays, and regional medical advisory board sessions to review protocol compliance.

The District maintains sole authority to convene extraordinary or emergency meetings with twenty-four (24) hours' notice to address critical performance deficits or immediate threats to public safety. Attendance and active, collaborative preparation for all scheduled and extraordinary meetings are considered core operational requirements of the contract; failure to provide the mandated authorized representatives or to meaningfully participate in these governance structures will constitute an operational non-compliance event and will be subject to progressive liquidated financial damages.

Data Submission and Required Reporting Framework

To facilitate transparent contract administration and data-driven oversight, the selected provider or providers shall furnish comprehensive, verified operational, clinical, and financial reports to the District. All reports shall be generated from unedited CAD and ePCR data architectures, formatted to the District's exact specifications, and delivered electronically by the tenth (10th) business day following the close of each reporting period. While the District reserves the right to modify reporting parameters or demand ad-hoc data extractions at any time, the provider must strictly adhere to the mandatory reporting schedule across four distinct administrative categories:

1. Monthly Operational & Performance Reports

The provider shall submit monthly performance packets detailing total call volumes, UHU, and a breakdown of services rendered by clinical level (ALS, BLS, and critical care). Crucially, Response Time Compliance must be reported monthly rather than quarterly, utilizing a strict fractile

methodology that details response summaries for all incidents categorized by dispatch priority. Additionally, monthly reports must document all mutual aid metrics—specifically detailing incidents where mutual aid was requested into the District or provided out of the District—alongside a comprehensive Fleet Status Report tracking mechanical failures, out-of-service time, and preventative maintenance compliance for all assigned apparatus. The provider shall also submit a report outlining the response times of all mutual aide coming into the district.

2. Monthly Clinical & Quality Assurance Reports

To ensure clinical excellence, the provider shall submit a monthly QA/QI report. This submission must outline aggregate compliance with regional medical protocols, patient offload delays (hospital wall-time) exceeding twenty (20) minutes, clinical skill proficiency tracking (such as successful advanced airway management and intravenous access rates), and mandatory benchmarking for high-acuity time-sensitive clinical events, including cardiac arrest, stroke, STEMI, and major trauma. The provider shall also submit a monthly hospital destination report, outlining all transports and hospital destinations.

3. Quarterly Staffing, Licensure, and Workforce Reports

On a quarterly basis, the provider shall furnish a verified roster of all personnel assigned to the District's operations. This report must explicitly verify current state certifications, National Registry status, mandatory provider compliance with specialized certifications (e.g., ACLS, PALS, PHTLS), and a comprehensive log of internal "live fire" and emergency training hours completed. The report must also track workforce stability metrics, including employee turnover rates and unit-shift vacancy totals.

4. Annual Financial Transparency and Solvency Audits

To safeguard public resources and guarantee uninterrupted system continuity, the provider shall submit annual financial reporting sufficient to demonstrate robust ongoing solvency and corporate liquidity. This requirement mandates that the provider submit a certified Independent Financial Audit annually, prepared by a licensed Certified Public Accountant (CPA) in accordance with Generally Accepted Accounting Principles (GAAP). Contrary to previous iterations, this annual independent audit shall be funded entirely at the provider’s sole expense as a mandatory cost of operational compliance, serving as a baseline requirement for the extension or continuation of the contract term. Failure to deliver accurate, validated reports within the established timeframes shall constitute an operational infraction and will trigger immediate progressive financial penalties.

Billing Reporting / Billing Policy Reporting

The selected provider shall report to the District on its billing and collection practices as part of its regular reporting obligations. Such reporting shall include a description of the provider’s billing policy, including whether the provider utilizes a hard-billing model or another billing and collection approach,

together with any material changes to that policy during the term of the agreement. The provider shall also furnish such additional billing and collection information as the District may reasonably request for oversight purposes.

ePCR / State Reporting / HIPAA Compliance

The selected provider shall maintain an electronic patient care reporting system and shall comply with all applicable federal and state requirements governing patient care documentation, EMS reporting, privacy, and data security, including HIPAA and all applicable Ohio reporting requirements. The provider shall ensure that all records, submissions, and data-sharing practices are timely, accurate, secure, and compatible with District, dispatch, hospital, regional, and state systems and requirements.

Quality Improvement / Quality Assurance

The selected provider shall demonstrate and maintain the ability to conduct quality assurance and quality improvement reviews relating to clinical care, response performance, documentation, protocol compliance, and overall service delivery. The provider shall maintain an internal QA/QI process sufficient to identify deficiencies, evaluate provider performance, implement corrective action where necessary, and support continuous improvement throughout the term of the agreement. The District may require reasonable reporting or participation in review processes related to such QA/QI activities.

Staffing Requirements, Workforce Credentialing, and Deployment Standards

To ensure the delivery of uninterrupted, high-quality clinical care, the selected provider or providers shall maintain absolute, continuous staffing levels of appropriately licensed, credentialed, and highly qualified personnel. The provider must establish a robust, on-duty workforce configuration twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year, completely independent of any "on-call" or unstaffed standby models for primary emergency response. To guarantee a resilient and legally defensible level of care, every regularly scheduled 911 emergency response ambulance deployed within the District must be strictly configured and continuously operating at the ALS level. The mandatory minimum staffing for each in-house, on-duty unit shall consist of at least one (1) state-certified Paramedic and one (1) state-certified EMT. The provider’s submission must include a detailed, data-driven UHU deployment plan demonstrating that an adequate number of these fully staffed ALS units are active simultaneously to absorb secondary or overlapping emergency call volume without degrading the District's primary response-time benchmarks.

Proposals must include comprehensive, binding descriptions of corporate employment practices, explicitly detailing proactive recruitment and retention strategies designed to mitigate employee turnover and maintain workforce stability within the District's assigned stations. The provider shall detail its comprehensive supervision hierarchy, including the continuous on-duty presence of a field operations supervisor, alongside a dedicated continuing education program that aligns with national standards and regional medical direction mandates. Furthermore, the provider must detail an explicit, immediate operational backfill policy, defining how vacancy spikes caused by sick leave, injury, or extended hospital

offload times will be seamlessly mitigated using dedicated relief personnel to ensure no assigned unit drops below minimum staffing thresholds.

Finally, the proposal must outline a formalized operational framework for seamless integration with local first responders, dispatch PSAPs, and neighboring mutual aid agencies. This must include specific mechanisms for collaborative training, joint "live fire" and mass-casualty scene drills, and clear interoperability protocols detailing how the provider's field crews will coordinate with member-jurisdiction fire department resources performing concurrent first-responder medical intervention. All personnel assigned to the District must clear mandatory criminal background checks, National Sex Offender Registry screenings, and pre-employment drug testing, with all documentation maintained for unannounced administrative audits by the District.

Fleet Specifications, Capital Infrastructure, and Reserve Capacity Requirements

The selected ambulance service provider shall bear sole operational and financial responsibility for provisioning, equipping, and maintaining a dedicated fleet of emergency medical vehicles and support apparatus that strictly comply with all applicable local, state, and federal statutory mandates to include radio communication platforms compatible with the Shelby Interoperable Communications System. All ambulances deployed under this agreement must certified to the most current CAAS GVS (Ground Vehicle Standard) or federal KKK-A-1822 specifications, and must be fully licensed by the State as ALS transport units. To eliminate capital infrastructure depreciation on the emergency scene, no ambulance may be introduced into or operated within the District with an odometer reading exceeding one hundred thousand (100,000) miles, and any vehicle that reaches two hundred fifty thousand (250,000) cumulative miles or seven (7) years of age must be immediately and permanently retired from the District’s frontline or reserve deployment matrix. Each unit must be outfitted with standardized, state-of-the-art frontline biomedical equipment, including automated power-cot and power-load systems to mitigate provider injury, and advanced 12-lead diagnostic cardiac monitors/defibrillators capable of seamless cellular data transmission to regional receiving hospitals. The provider shall provide the district on an annual basis the make, model, and year of each vehicle in their fleet servicing the District.

To guarantee uninterrupted systemic redundancy and absorb simultaneous emergency call volume, the provider shall continuously maintain a fixed, mandatory minimum fleet allocation physically stationed within the District’s boundaries at all times. This capital footprint shall consist of no less than two (2) fully operational, continuously staffed frontline ALS ambulances. Crucially, the provider must also maintain a mandatory in-District reserve fleet at a minimum ratio of 1:2 (one mechanical reserve vehicle for every two frontline vehicles). These reserve ambulances must be mechanically identical to frontline units, fully stocked with identical ALS equipment sets, and stored in a state of immediate readiness; in the event a frontline unit is sidelined due to preventative maintenance, unscheduled mechanical failure, or a traffic collision, the provider must seamlessly transition field crews into the reserve apparatus to ensure frontline coverage never drops below the District-mandated threshold.

Proposals must include an exhaustive, unedited description of the vendor's preventative maintenance scheduling, computerized fleet tracking systems, and immediate roadside breakdown protocols. Furthermore, the provider’s deployment model must explicitly verify that all vehicles dedicated to this contract are restricted to providing 911 emergency response and authorized services within the District’s boundaries; the unauthorized cross-border utilization of District-allocated frontline units for secondary,

non-emergency interfacility transfers outside the jurisdiction is strictly prohibited and shall constitute a material breach of contract subject to immediate financial penalties and contract termination.

Medical Supplies, Logistics, and Controlled Substance Inventory Mandates

The selected ambulance service provider shall assume sole operational, logistical, and financial responsibility for provisioning, stocking, and replenishing all medical supplies, life-support equipment, and pharmaceuticals required to maintain the fleet in an uninterrupted state of ALS readiness. All clinical consumables, durable medical equipment, and diagnostic tools deployed within the District must strictly adhere to federal, state, and local statutory regulations, and must comprehensively meet or exceed the standardized ambulance equipment guidelines established by the American College of Surgeons, the National Association of EMS Physicians, and the District's regional medical direction. To eliminate clinical risk, the provider shall implement a rigorous, electronic inventory tracking framework (such as radio-frequency identification or barcoded tracking) to ensure that no expired, compromised, or recalled medical supplies or medications are present on any active unit. The provider must guarantee that all specialized medical devices, including automated external defibrillators, mechanical chest compression systems, and advanced airway equipment, are subjected to mandatory, documented daily operational checks and certified preventative maintenance testing in accordance with manufacturer specifications.

Crucially, the provider shall establish a seamless, non-compensable first responder exchange protocol to support the District's integrated public safety network. In the event that member-jurisdiction fire department or law enforcement personnel arrive on scene first and utilize their own medical supplies, specialized equipment, or pharmaceuticals during patient stabilization, the arriving ambulance crew must immediately restock those first-responder agencies on a strict one-for-one, like-kind basis prior to clearing the scene, with all costs absorbed entirely by the provider. Furthermore, regarding advanced pharmaceutical management, the provider must demonstrate absolute, unwavering compliance with all Drug Enforcement Administration and State Board of Pharmacy regulations governing the security, tracking, and disposal of controlled substances. Every ALS unit must be equipped with digital, biometric-access safes to secure narcotics, and the provider must maintain a closed-loop, verifiable electronic chain-of-custody log. Any supply chain disruption, stock-out of critical life-saving medications, or failure to immediately restock local first responders shall constitute an operational non-compliance event, triggering immediate administrative penalties and serving as grounds for contract review.

System Deployment Philosophy and Continuity of Operations Mandates

These specifications establish a strict performance-based service agreement wherein the selected provider or providers assume full operational risk and accountability for system deployment. While the District does not explicitly dictate the daily schedule or specific unit-hour deployment configurations of the provider, the District rigorously prescribes the required outcomes: uncompromised clinical care, strict fractile response-time compliance, and continuous geographic coverage. The provider must independently calculate, fund, and deploy the precise level of operational effort, staffing models, and capital resources necessary to meet these performance metrics across all awarded service categories. Crucially, if the provider fails to achieve the monthly response-time benchmarks for any two months in a rolling six-month period, the District reserves the absolute administrative right to strip the provider of deployment autonomy and mandate a fixed, non-negotiable minimum UHU schedule at the provider's sole expense until compliance is sustained.

Furthermore, system availability must remain absolute and uninterrupted under all conditions. The provider shall submit a binding, comprehensive Continuity of Operations Plan (COOP) that is fully compliant with the National Incident Management System (NIMS) and integrates seamlessly with the District's regional Emergency Operations Plan. This COOP must detail explicit, actionable strategies for maintaining baseline 911 emergency response and transport capabilities during severe system stressors, specifically guaranteeing uninterrupted service delivery during force majeure and disasters such as severe weather events, widespread technological or communication failures, and regional catastrophes. Additionally, the plan must outline immediate protocols for managing surge demand during MCIs and sudden, simultaneous call volume spikes, while effectively mitigating internal operational vulnerabilities including fleet mechanical breakdowns, critical staffing shortages, and labor disruptions or union strikes.

In the event of a labor action, strike, or systemic local workforce shortage, the provider is contractually and legally obligated to deploy out-of-market executive, supervisory, or mutual-aid personnel to the District's assigned stations within twelve (12) hours to maintain the mandated frontline ALS ambulance staffing levels. Any failure to maintain the required coverage baseline during a COOP activation, or any systemic suspension of services due to preventable labor or staffing shortages, shall constitute an immediate material breach of contract, carrying severe financial liquidation penalties and serving as immediate grounds for contract termination for cause.

Emergency Management, Disaster Response, and County EMA Integration

The selected ambulance service provider shall fully integrate into the District's public safety framework and shall actively participate in comprehensive planning, mitigation, training, and operational execution for all declared or undeclared disasters, mass-casualty incidents (MCIs), and large-scale public safety emergencies. All disaster-level coordination, asset deployment, and communication protocols shall be seamlessly routed through the Shelby County Emergency Management Agency (EMA) and the local Incident Command structure. Contrary to post-award planning models, each proposer must submit a comprehensive, actionable Disaster Response and Emergency Management Plan as a mandatory, binding component of their initial RFP proposal submission, which will be stringently evaluated by the District and the Shelby County EMA Director prior to contract award. This plan must explicitly demonstrate how the provider's corporate infrastructure, communication networks, and field personnel will comply with and support the Shelby County Comprehensive Emergency Management Plan (CEMP).

To ensure flawless interoperability during a crisis, the provider shall contractually mandate that all field personnel, dispatch staff, and supervisors maintain current certifications in the NIMS core curriculum, specifically including Incident Command System (ICS)-100, ICS-200, ICS-700, and ICS-800, while all executive and senior operational managers must hold ICS-300 and ICS-400 certifications. Upon activation of the Shelby County Emergency Operations Center or the establishment of a scene-level Unified Command for an event affecting the District, the provider shall immediately and non-compensably dispatch a qualified, credentialed operational supervisor to serve as a technical specialist or liaison officer within the command structure. Furthermore, during any declared emergency or active MCI within the jurisdiction, all of the provider's frontline and reserve assets physically located within the District shall instantly become dedicated public safety resources subject to the direct operational control of the local Incident Commander. The provider's disaster plan must outline explicit logistical protocols for the immediate deployment of specialized MCI supply configurations, standardized patient triage tagging systems, and real-time electronic patient-tracking data architectures that interface directly with regional

trauma hospitals, ensuring that routine commercial operations or out-of-district non-emergency transfers never compromise local disaster mitigation efforts.

Demonstration of Financial Depth, Corporate Stability, and Regulatory Compliance

The proposing ambulance service shall provide exhaustive, verified documentary evidence demonstrating the necessary financial capacity, corporate liquidity, and administrative infrastructure to seamlessly absorb all expansion, implementation, mobilization, and start-up costs required to initiate uninterrupted service delivery within the District. To establish a verifiable baseline of fiscal solvency, each proposer must submit complete, audited corporate financial statements—specifically including balance sheets, income statements, and statements of cash flows—prepared by an independent CPA in accordance with GAAP for the most recent two-year fiscal period. Unaudited financial statements will be summarily rejected unless the proposer is a newly formed joint venture or subsidiary, in which case the parent corporation must submit its own audited financial records alongside a binding, non-delegable Corporate Performance Guarantee executing full financial liability for the subsidiary's contractual obligations.

To safeguard the District against secondary liabilities and regulatory entanglements, the proposer shall submit an unedited, exhaustive disclosure of its legal and regulatory history spanning the five (5) consecutive years prior to the proposal submission date. This mandatory disclosure must be explicitly categorized and include the current administrative status, case numbers, and final resolutions for all pending or settled insurance claims, administrative investigations, and civil litigations. This reporting mandate encompasses:

- *Liability Claims*: All automobile liability and professional medical malpractice claims.
- *Labor and Employment Disputes*: All wage-and-hour disputes, collective bargaining grievances, and state or federal labor relation board complaints.
- *Regulatory Sanctions*: All Occupational Safety and Health Administration (OSHA) citations, State Board of Pharmacy administrative actions, and state EMS board licensing sanctions.
- *Federal Healthcare Audits*: Any past or ongoing investigations, audits, or Corporate Integrity Agreements (CIAs) administered by the Department of Health and Human Services (HHS) Office of Inspector General (OIG) or the Centers for Medicare & Medicaid Services (CMS).

Finally, any proposer asserting a trade secret exemption or seeking to protect sensitive financial data from public disclosure must explicitly identify the exact, narrow material claimed exempt and provide a specific, comprehensive legal brief citing the applicable statutory authority under the Ohio Public Records Act (ORC §149.43). The District will evaluate all public records claims strictly through the lens of Ohio jurisprudence, and no provision of this procurement framework shall be construed as an administrative guarantee that any submitted material will be withheld from public scrutiny. Any attempt by a proposer to blanketly designate an entire proposal, or its mandatory core financial audits, as confidential or proprietary shall result in the immediate determination that the proposal is non-responsive, leading to automatic disqualification from the selection process.

Mutual Aid Participation, System Accountability, and Regional Interoperability

The selected ambulance service provider shall actively participate in all established automatic-aid, mutual-aid, and regional disaster support frameworks approved by the District and coordinated through the Shelby County Emergency Management Agency (EMA). However, mutual aid shall be strictly utilized

as a secondary emergency safety net and shall never be integrated into the provider's routine deployment design or unit-hour calculation models. The provider is contractually prohibited from utilizing neighboring municipal or township emergency resources to subsidize daily operational shortages; automatic or mutual aid from external agencies may be requested into the District only when all mandated, in-District frontline ALS ambulances and on-duty surge units are simultaneously committed to verified, concurrent emergency incidents within the jurisdiction. To ensure absolute transparency, the provider shall implement an electronic tracking matrix to audit all mutual aid vectors, delivering a monthly compliance report to the District that details the exact dispatch time, response times, clinical levels, and specific justifications for every instance where an outside agency was dispatched into the District.

To maintain equitable regional public safety relationships, the provider must actively manage a balanced, reciprocal mutual aid profile. If the volume of mutual aid requested into the District by the provider exceeds three percent (3%) of the District's total monthly emergency call volume for any given calendar month, the District will assess progressive liquidated financial damages and mandate an immediate increase in the provider's local on-duty unit hours at the vendor's sole expense.

Conversely, regarding outward assistance, the provider shall respond to mutual aid requests from neighboring jurisdictions only when explicitly authorized by the regional dispatch authority and in strict accordance with ORC statutory provisions. Crucially, the provider is strictly prohibited from dispatching any active, in-District frontline ALS ambulance across jurisdictional lines if doing so reduces the District's internal coverage footprint below a critical safety baseline of one (1) fully staffed frontline ALS unit, unless a mass-casualty incident or formal emergency declaration is enacted by the affected neighboring authority. Failure to adhere to these boundaries, or any systemic pattern of draining regional public safety resources due to internal staffing or fleet deficits, shall constitute an operational default and a material breach of contract.

Revenue Architecture, Compassionate Billing, and Financial Compliance Mandates

The selected ambulance service provider shall establish, manage, and execute a comprehensive, transparent revenue collection and medical billing system in strict compliance with all federal, state, and local statutory regulations, including HCPCS standards, Health Insurance Portability and Accountability Act (HIPAA) privacy mandates, and the red flags rule. While the provider is strictly prohibited from engaging in on-scene collections or soliciting financial information during patient care or transport operations, all post-incident billing practices must be executed with the highest degree of administrative integrity. To safeguard the District's constituents from predatory financial practices, the provider must implement a mandatory Resident Compassionate Billing Policy. Under this policy, for any verified resident or taxpayer within the District's member jurisdictions, the provider shall accept insurance, Medicare, or Medicaid assignments as payment in full; the provider is contractually prohibited from engaging in aggressive "balance billing" or deploying predatory third-party collection agencies against residents for uncompensated out-of-pocket co-pays or deductibles, unless explicitly authorized by the District Board.

To ensure absolute financial transparency and prevent the commingling of public funds, the provider shall utilize a secure, audited Lockbox Banking System or dedicated escrow architecture approved by the District, where all gross system revenues are routed, tracked, and reconciled on a monthly basis. The provider's submission must include an unedited copy of its corporate OIG Compliance Plan, alongside

proof of an annual independent coding audit to verify that billing practices are free from fraudulent "upcoding" or systematic over-billing. The billing system must maintain direct, seamless electronic data interface interoperability with the District's ePCR software to guarantee that clinical documentation matches billing codes automatically, eliminating manual entry lag. The provider shall deliver a monthly revenue and collection report detailing gross billings, net collections, contractual write-offs, uncompensated care allocations, and aging accounts receivable; any unauthorized deviations from the mandated billing philosophy, or any failure to provide unhindered access to billing audit trails upon the District's demand, shall constitute an operational default and serve as immediate grounds for contract termination for cause.

Unannounced Inspections, Real-Time Auditing, and Contract Compliance Access

To ensure continuous contractual compliance, clinical excellence, and public accountability, the District reserves an absolute, non-delegable, and unrestricted right to review, inspect, and audit all facilities, operational assets, and records managed by the selected provider. Contrary to standard business restrictions, the District's designated representatives—including the Board, medical direction authorities, or hired third-party consultants—shall possess the authority to conduct unannounced, 24/7/365 on-site inspections of any physical stationing locations, maintenance garages, and active or reserve ambulances positioned within the jurisdiction. The provider must guarantee immediate, unhindered physical entry and complete operational transparency during these inspections, which may evaluate frontline apparatus mechanical integrity, biomedical equipment functionality, mandatory pharmaceutical inventory levels, and real-time on-duty staffing credential verification. Furthermore, the provider shall grant the District permanent, secure, and continuous read-only administrative electronic access to all core software data architectures used under this agreement, including real-time CAD streams, electronic ePCR, automated vehicle location telemetry, and fleet maintenance systems, ensuring that compliance monitoring is executed via independent data validation rather than self-reported vendor packets.

All regulatory reviews and record inspections shall be conducted in strict alignment with applicable federal and state confidentiality laws, including HIPAA privacy mandates and the Ohio Public Records Act. To balance patient privacy with rigorous system oversight, the provider shall establish an optimized, HIPAA-compliant QA data exchange framework. Upon the District's request to review specific clinical interventions, response-time anomalies, billing structures, or patient complaints, the provider must immediately furnish all relevant operational logs, unedited dispatch timestamps, and de-identified electronic patient care summaries. The provider is contractually prohibited from withholding or delaying the transmission of personnel training records, state licensure verifications, internal disciplinary logs, or corporate financial ledgers under a claim of proprietary privilege or privacy shield. Any attempt by the provider to deny immediate physical access for an unannounced inspection, or any failure to deliver requested compliance records within forty-eight (48) hours of an administrative demand, shall constitute an immediate operational infraction, resulting in the assessment of progressive liquidated financial damages and serving as grounds for contract termination for cause.

Section 3 – Proposal Evaluation and Format

Proposal Evaluation Criteria

Proposals will be evaluated based on the criteria outlined herein. As part of this comprehensive review, the District reserves the right to utilize interviews, reference checks, financial audits, operational due diligence, and formal clarifications to verify a provider's capabilities.

Ultimately, the District is under no obligation to contract and may make a single award, multiple awards, or reject all submissions. To safeguard the public interest, the District further reserves the right to negotiate customized operational scopes with individual proposers in accordance with applicable law.

Minimum Qualifications

To be considered for award, each proposer must demonstrate to the District's satisfaction that it meets the following minimum qualifications as of the proposal submission deadline, or will meet them by the required service commencement date, where explicitly permitted below:

1. *Corporate Standing*: The proposer is duly organized, active, and authorized to conduct business in the State of Ohio.

2. *Licensure and Credentialing*: The proposer holds, or provides a verifiable plan to obtain prior to contract execution, all local, state, and federal licenses, permits, certifications, and professional credentials required to lawfully deliver the proposed ambulance and EMS services.

3. *Regulatory Compliance*: The proposer is in good standing with all applicable regulatory and licensing authorities, and is not currently subject to any material unresolved enforcement actions, suspensions, revocations, or other sanctions that would impair performance.

4. *Resource Capacity*: The proposer possesses the documented financial capacity, operational infrastructure, staffing resources, fleet equipment, and administrative support necessary to fulfill the full scope of services.

5. *Operational Timeline*: The proposer confirms it is fully capable of commencing 100% of operations by the service start date established by the District.

6. *Comparable Experience*: The proposer possesses a minimum of **5** years of experience providing ambulance or EMS services of a comparable type, volume, and complexity to the services requested herein.

7. *Insurability*: The proposer provides written certification from its insurance carrier confirming its ability to obtain and maintain the minimum insurance coverages required by the District.

8. *Disclosures*: The proposer has fully disclosed all material litigation, regulatory actions, contract defaults, terminations for cause, or adverse findings within the past **5** years, none of which render the proposer non-responsible or unsuitable for award as determined by the District.

9. *Administrative Responsiveness*: The proposer has submitted a complete, signed, and responsive proposal adhering to all administrative requirements of this RFP.

The District retains sole and absolute discretion to determine whether a proposer has satisfied the established minimum qualifications. To facilitate this determination, the District reserves the right to

request supplemental documentation, conduct independent reference checks, verify all submitted data, and evaluate any external information reasonably relating to the proposer's responsibility and operational capacity. Failure to satisfy or adequately document these minimum qualifications shall result in the rejection of the proposal as non-responsive or a determination that the proposer is non-responsible.

Proposal Content Organization and Mandatory Submission Format

To facilitate a rigorous, equitable, and legally defensible evaluation process, all respondents must strictly organize their proposals into the exact sequential sections detailed below. Proposals that deviate from this prescribed structure, omit mandatory disclosures, or utilize alternative indexing will be deemed non-responsive and summarily disqualified without technical review. For entities submitting limited-scope or single-category proposals (e.g., secondary overflow or non-emergency transport only), the submission must still rigidly follow this format, explicitly designating any non-applicable operational sub-sections as "N/A - Confined to [Insert Vendor's Proposed Service Category, e.g., Secondary Overflow Services or Non-Emergency Transport Only]".

- ***Section 1*: Executive Summary & Binding Authority**
    - *1.1 Cover Letter:* Signed by an executive officer authorized to legally bind the corporation.
    - *1.2 Investigative Authorization:* A completed, executed, and notarized copy of **Attachment A (Investigative Authorization Form)** for the entity and all principal corporate officers, permitting the District to conduct exhaustive criminal, financial, and professional credential background reviews.
- ***Section 2*: Table of Contents & Cross-Reference Index**
    - A comprehensive Table of Contents identifying page numbers for all core sections and mandatory appendices.
- ***Section 3*: Corporate Profile and Legal Status (Pass/Fail Gatekeeper)**
    - *3.1 State Registration:* Verified documentation of legal entity type, corporate registration with the Ohio Secretary of State, and active authorization to conduct business within the State of Ohio.
    - *3.2 Corporate Leadership:* Full legal names, titles, and addresses of all corporate officers, board members, and major shareholders holding more than a five percent (5%) equity stake.
    - *3.3 Statutory Identifiers:* Federal Employer Identification Number (FEIN), corporate headquarters address, and designated legal service of process contact.
- ***Section 4*: Qualifications, Experience, and Past Performance References**
    - *4.1 Corporate History:* Documented evidence of a minimum of five (5) consecutive years of experience operating public emergency medical services of similar demographic scale, topographic complexity, and call volume.

- *4.2 Key Personnel Roster:* Professional resumes, state certifications, and clinical leadership profiles for the dedicated Regional Director, Operations Manager, and Lead Clinical Quality Assurance Coordinator assigned to this contract.
- *4.3 Reference Matrix:* A minimum of three (3) verified references from public entities, joint ambulance districts, or municipal fire departments currently or previously contracted with the proposer within the past thirty-six (36) months, including total annual call volumes and contract manager contact information.

- ***Section 5*: Technical Approach to EMS Delivery & Deployment Modeling**
  - *5.1 Defined Geographic Scope:* Explicit confirmation of the proposed coverage zone, confirming uncompromised service across the Villages of Anna, Botkins, and Jackson Center, and the Townships of Dinsmore, Franklin, and Jackson.
  - *5.2 Unit Hour Deployment Schedule:* A comprehensive, hour-by-hour weekly matrix mapping the exact number of frontline, fully staffed Advanced Life Support (ALS) ambulances physically stationed inside the District boundaries.
  - *5.3 Capital Fleet and Equipment Inventory:* An itemized roster of all frontline and reserve ambulances assigned exclusively to the District, detailing vehicle year, make, model, current odometer reading, and confirmation of CAAS GVS/KKK-A-1822 certification, alongside an inventory verification of mandatory frontline clinical hardware (e.g., 12-lead monitors, power-load cot architectures).
  - *5.4 Continuity of Operations Plan (COOP):* A binding operational narrative detailing surge capacity protocols for mass-casualty incidents, severe weather, mechanical fleet failures, and immediate labor/staffing strike interventions.
- ***Section 6*: Clinical Quality Assurance & Workforce Practices**
  - *6.1 QA/QI Framework:* A copy of the provider's formal clinical Quality Assurance and Performance Improvement policies, including medical director oversight structures and ePCR compliance tracking.
  - *6.2 Personnel Management:* Comprehensive descriptions of corporate recruitment strategies, retention matrices, field training officer (FTO) programs, and mandatory continuing clinical education hours.
  - *6.3 Background Screening Protocols:* Verification of mandatory pre-employment and annual background vetting processes, including drug screening, criminal records checks, and National Sex Offender Registry tracking.
- ***Section 7*: Financial Stability and Solvency Disclosures**
  - *7.1 Audited Financial Statements:* Submission of complete, audited financial statements prepared by an independent Certified Public Accountant (CPA) in accordance with GAAP for the most recent two (2) fiscal years. (Entities utilizing a parent-subsidiary framework must include an executed, binding Corporate Performance Guarantee).

- *7.2 Risk and Litigation History:* A certified five-year history detailing all pending or resolved professional medical malpractice litigations, automobile liability claims, OSHA citations, State Board of Pharmacy administrative actions, and federal OIG/CMS healthcare billing audits.

- ***Section 8*: Revenue Architecture, Billing, and Customer Access**
  - *8.1 Standardized Rate Schedule:* Execution of the District's Mandatory Billing Template, establishing fixed, unalterable rates for ALS Emergency Base Rate, BLS Emergency Base Rate, Mileage Fees, and specialty disposable/pharmaceutical itemizations.
  - *8.2 Resident Compassionate Billing Policy:* Detailed narrative outlining compliance with the District's prohibition against resident balance billing and predatory third-party collections.
  - *8.3 Third-Party Billing Logistics:* Full identification of the internal or subcontracted medical billing clearinghouse, detailing their specific volume compliance history with Medicare Part B and Ohio Medicaid frameworks.
  - *8.4 Local Access Infrastructure:* Verification of dedicated local or toll-free public safety telephonic interfaces, administrative email portals, and a formalized corporate workflow for investigating, resolving, and reporting citizen or member-jurisdiction complaints within forty-eight (48) hours.
  - *8.5 Annual Fixed Service Fee Proposal:* Each proposer shall submit a proposed fixed fee for one (1) year of service for the scope of work included in its proposal. If the proposer is submitting for less than the full scope of District services, the proposed fixed fee shall apply only to the specific service category or categories proposed. The proposer shall clearly identify what services, staffing, vehicles, equipment, billing functions, administrative support, and other operational costs are included within the proposed annual fixed fee. The proposer shall also separately disclose any assumptions regarding patient billing revenue, collections, write-offs, subsidies, or other revenue sources that are expected to support the proposed service model.

- **Section 9: Mandatory Certifications and Attachments**
  - *9.1 Attachment A:* Fully executed and notarized Investigative Authorization.
  - *9.2 Attachment B:* Fully executed Non-Collusive Bidding Certification, verifying independent price formulation free from anti-competitive alignment.
  - *9.3 Attachment C:* As security for the faithful performance of all obligations under any resulting agreement, the selected provider shall furnish and maintain, at its sole cost and expense, a performance bond in an amount equal to fifty percent (50%) of the annual awarded contract value, issued by a surety authorized to do business in the State of Ohio and acceptable to the District.

Section 4 - Submittal Instructions

Deadline for Written Questions Relating to the RFP

The deadline for the submission of formal written questions regarding this RFP is 12:00 p.m. (Eastern Time) on 07-27-2026. Inquiries must be sent via email to Lance Symonds, Board President, at **nscjadoh@gmail.com**

Submittal Instructions

Proposers must submit their sealed written proposals no later than 2:00 p.m. (Eastern Time) on 08/10/2026 to the Village of Botkins administrative offices, located at 210 S. Mill St., Botkins, Ohio. To be considered, submissions must be physically received and time-stamped at the designated office on or before the specified deadline; late proposals will be rejected without review.

Following the submission deadline, a representative of the District may, upon request, disclose the names of the submitting firms. No further proposal content or public disclosure will be released except as required by the Ohio Public Records Act. Incomplete submissions or those failing to adhere to these instructions may be deemed non-responsive and disqualified from evaluation.

Section 5 – Additional Information and Requirements

1. To ensure receipt of all modifications, notices, and addenda regarding this RFP, all interested firms must register by notifying Lance Symonds, Board President, in writing via email at nscjadoh@gmail.com. The District will distribute subsequent updates and addenda exclusively to firms that have formally registered their interest. Firms that fail to register assume all risk of missing critical updates or amendments to this RFP.
2. By submitting a proposal, the provider acknowledges that it fully understands all requirements, provisions, and conditions outlined in this RFP. A provider's failure to familiarize itself with the RFP terms, information disseminated at pre-proposal conferences, or formal addenda shall not relieve the successful provider from full responsibility for its proposal or the complete performance of the resulting contract.
   The provider further acknowledges that the District assumes no responsibility for any conclusions or interpretations drawn by the provider based on information made available. The District does not guarantee the accuracy of any provided data, and the provider expressly waives any right to a claim against the District arising from inaccurate or incomplete information. Additionally, the District shall not be responsible for any costs, expenses, or burdens incurred by the provider in preparing or submitting its proposal.
3. Proposals submitted in response to this RFP are public records subject to the Ohio Public Records Act (ORC § 149.43). To protect the competitive integrity of the procurement process, the District may restrict public access to submissions until after the contract is awarded, as permitted by law. Any proposer asserting a trade secret exemption or other protected status for specific materials must conspicuously mark those sections and provide a detailed, written legal justification for the claim at the time of submission.
4. No organization, firm, or individual seeking a contract award under this RFP shall initiate or maintain any verbal, written, or electronic communication regarding this procurement with any District officer, elected official, employee, or designated representative, outside of the formal question and answer process. Any unauthorized contact will be thoroughly reviewed by the District. Upon a determination that a violation has occurred, the offending proposer’s submission shall be disqualified from consideration.
5. The District reserves the right to reject any or all proposals, in whole or in part; to request formal clarifications or supplemental data; to negotiate modifications to the proposed scope of services; and to waive any immaterial irregularities or minor informalities when deemed to be in the best interest of the District.
6. Proposals must be signed by an authorized official empowered to commit the provider’s resources, or include an accompanying letter of support from an official holding such authority.

The District appreciates the time, effort, and resources expended by each provider in preparing a response to this RFP.

APPENDIX A

Definitions

Advanced Life Support (ALS) – Advanced services or skills provided by a Paramedic who is certified and credentialed by the appropriate authority that include the use of techniques including intravenous (IV) therapy, ECG monitoring, medications, advanced airway management and similar treatments approved by the State of Ohio

Ambulance – A vehicle that meets State of Ohio standards to provide medical transportation for sick and injured patients.

Basic Life Support (BLS) – Basic EMS skills that include CPR, defibrillation, bleeding control, splinting, and similar treatments as authorized by the State of Ohio Emergency Medical Services.

Billing System – The system used by the contractor to collect accounts receivable from the provision of EMS by the Ambulance Service. The Ambulance Service may subcontract this to a third-party agency provided that all sections of its contract with the District are met.

Default – A situation in which the provider can no longer meet the performance requirements or other obligations established by its contract with the District.

Electronic Patient Care Report (E-PCR) – A computer program that allows EMS and fire department providers to input call and patient data into a reporting system.

Emergency Medical Services (EMS) – The care and transportation of acutely ill or injured patients to an appropriate medical facility.

Ambulance Service – Any public, private, nonprofit, municipal, intergovernmental, or other organization or business providing ambulance or related emergency medical services within the District service area.

Ambulance Services – The services sought through this RFP, which may include one or more categories such as 911 emergency response, non-emergency transport, standby coverage, overflow support, mutual aid, or related EMS functions, depending on the District's final scope of work.

EMT – A person certified by the State of Ohio and credentialed by the agency medical director to provide basic life support services.

Medical Oversight – The process of providing on-line and off-line medical oversight of the EMS system.

Emergency Medical Dispatch System (EMDS) – An emergency medical dispatch system that provides protocols for triaging 911 requests for medical service and delivering protocol-driven pre-arrival patient care instructions.

Paramedic – A person certified by the State of Ohio and credentialed by the Agency Medical Director and Regional Medical Director to provide advanced life support services.

Primary Territory: A geographic area listed on an ambulance service certificate or certificate of registration in which the service may receive (pick up) patients.

Priority Dispatching: A structured method of prioritizing requests for ambulance and first responder services, based upon highly structured telephone protocols and dispatch algorithms. Its primary purpose is to safely allocate available resources among competing demands.

Protocol: A planned set of actions or course of treatment.

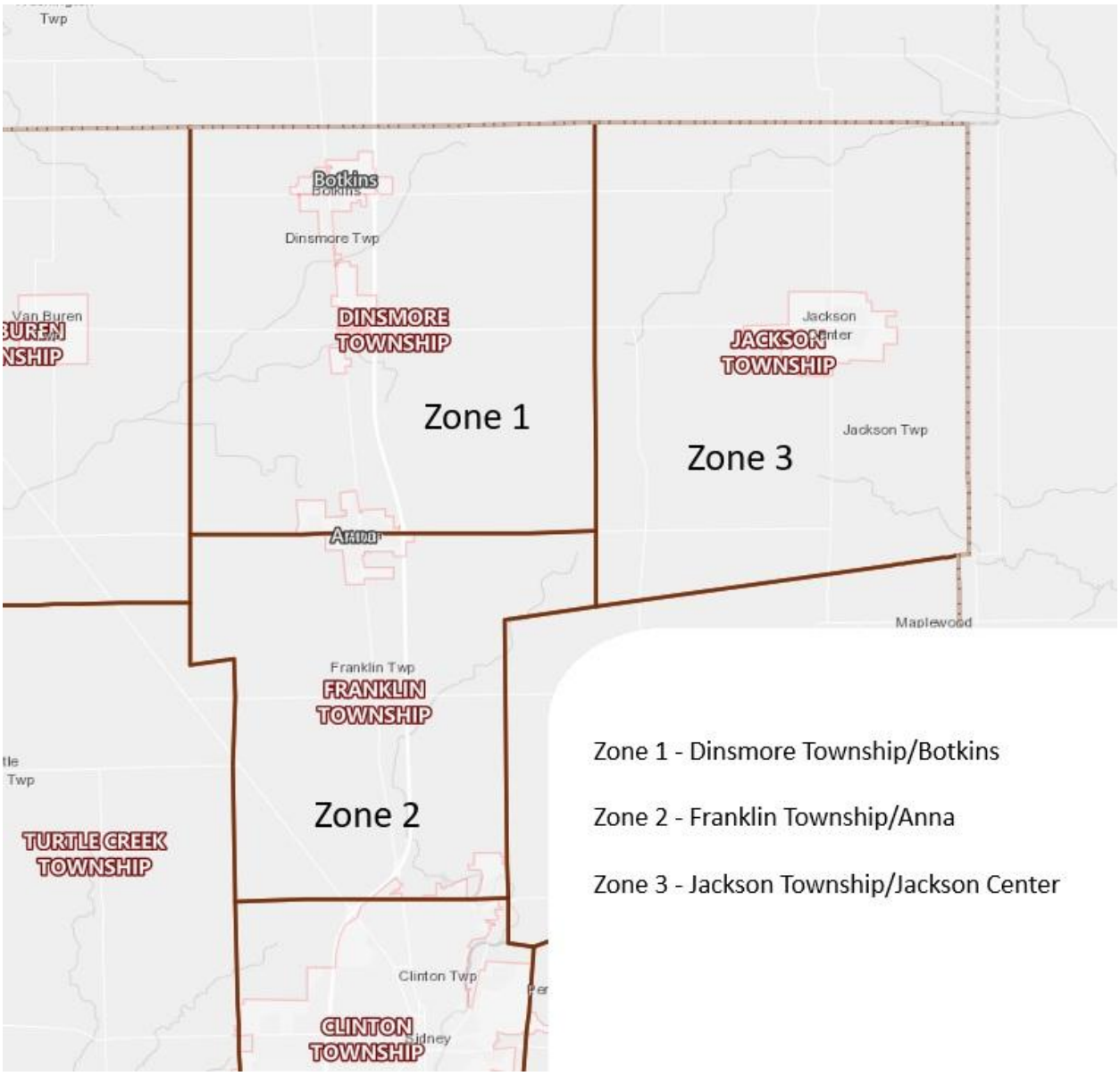
Request for Proposal (RFP): An invitation for proposals to provide services.

Response Time: The time elapsed from the moment the call is received until unit arrival on the scene.

Stand-by Service: Means having an ambulance fully equipped and staffed as required by State of Ohio EMS law to provide emergency services to a specific event or activity where EMS services could reasonably be anticipated. Being on standby means that the ambulance is unavailable for anything other than the event or activity to which it is dedicated and is not available for response elsewhere.

Third Party Payer: Any organization, public or private, that pays or insures health or medical expenses on behalf of beneficiaries or recipients.

APPENDIX B MAP OF SERVICE AREA



APPENDIX C: STATUTORY INSURANCE SPECIFICATIONS AND INDEMNIFICATION MANDATES

The selected ambulance service provider (hereinafter designated as the "Provider") shall, at its sole operational and financial expense, procure, maintain, and continuously verify a comprehensive portfolio of insurance coverages designed to insulate the Northern Shelby County Joint Ambulance District from system liabilities. All required insurance policies must be issued by corporate carriers authorized and licensed by the State of Ohio Department of Insurance to conduct business within the state, and must maintain an A.M. Best Company rating of no less than A- (Financial Size Category: VIII) or higher. Prior to the execution of any contract and before deploying any operational assets, the Provider must deliver certified ACORD Certificates of Insurance, alongside unedited copies of the specific policy endorsements, proving that the Northern Shelby County Joint Ambulance District—including its elected and appointed Board members, officers, employees, designated agents, and system volunteers—is formally designated.

To establish an impenetrable defensive perimeter against operational and clinical liabilities, the Provider must rigidly maintain the following minimum insurance thresholds:

- *Commercial General Liability*: A minimum of $1,000,000 per occurrence and $3,000,000 in the aggregate, specifically providing coverage for bodily injury, personal injury, broad-form property damage, explosion, collapse, and underground damage. hazards, and contractual liabilities.
- *Comprehensive Automobile Liability*: A minimum combined single limit of $1,000,000 per accident, explicitly insuring all owned, leased, non-owned, hired, or borrowed emergency transport vehicles and support apparatus.
- *Professional Medical Malpractice Liability*: A dedicated clinical liability floor of no less than $2,000,000 per claim and $4,000,000 in the aggregate, explicitly protecting against errors, omissions, or negligent acts committed by the Provider’s paramedics, EMTs, and clinical supervisors.
- *Cyber Liability and Data Security Privacy*: A minimum of $2,000,000 per claim and aggregate to protect against network breaches, ransomware disruptions, ePCR data loss, and regulatory fines stemming from HIPAA or Protected Health Information (PHI) disclosures.
- *Statutory Ohio Workers' Compensation*: Absolute, verifiable compliance with all Ohio Bureau of Workers’ Compensation (BWC) statutory requirements, maintaining Employer’s Liability limits of no less than $1,000,000 per accident or disease.
- *Commercial Excess/Umbrella Liability*: A minimum of $5,000,000 per occurrence and aggregate, executing on a strict "follow-form" architecture over all underlying general liability, auto liability, and professional medical malpractice lines.

The Provider explicitly assumes total, unreserved responsibility for any and all deductibles, self-insured retentions, or co-insurance burdens tied to these policies. Furthermore, to the absolute maximum extent permitted under Ohio jurisprudence, the Provider shall defend, indemnify, protect, and hold completely harmless the Northern Shelby County Joint Ambulance District and its entire public infrastructure from any and all civil claims, administrative actions, losses, regulatory citations, or legal expenses (including reasonable attorney fees and expert witness costs) arising out of or resulting from the operational, clinical, or administrative acts, omissions, or willful misconduct of the Provider’s field staff or corporate representatives. Any failure by the Provider to maintain these strict insurance architectures, or any administrative lapse in coverage during the contract term, shall constitute an immediate material breach of contract, resulting in the instantaneous suspension of service delivery.

APPENDIX D: OFFICIAL SUBMISSION PROCEDURES, DISTRIBUTION ARCHITECTURE, AND PUBLIC RESERVATIONS

Sealed, formal proposals to provide comprehensive emergency medical and Advanced Life Support (ALS) ambulance transport services for the Northern Shelby County Joint Ambulance District shall be physically received at the District's designated administrative intake depository located at 210 S. Mill Street, Botkins, Ohio 45306, until exactly 2:00 p.m. Eastern Standard Time (EST) on 08-10-26. Each submission must be packaged in a secure, opaque envelope or transit box explicitly marked "RFP Response: Emergency Medical Services - Do Not Open." To achieve administrative parity, proposers must submit one (1) original hard copy, four (4) identical bound secondary hard copies, and two (2) separate, un-encrypted USB flash drives containing the entire proposal package in an optimized, searchable Adobe PDF format. The 2:00 p.m. EST deadline represents an absolute, non-waivable operational boundary; the District's intake timestamp shall serve as the official record of receipt, and any proposal arriving at 2:00:01 p.m. EST or later—regardless of courier delays, traffic conditions, severe weather, or administrative backlogs—shall be deemed non-responsive, instantly rejected, and returned to the sender completely unopened. Electronic mail or facsimile transmissions of the initial proposal packet are strictly prohibited and will result in immediate disqualification.

To ensure uniformity across all competitive bids, the master Request for Proposals (RFP) documentation and all secondary exhibits may be officially accessed through the centralized web portal for the Village of Botkins at www.botkinsohio.com/minutes/joint-ambulance-district, or via an explicit digital request directed to Lance Symonds, Board President, at nscjadoh@gmail.com. Every prospective vendor who downloads or requests this RFP is contractually obligated to register their corporate name, primary contact person, physical address, and a monitored corporate email address with the District to be placed on the Official Proposer Registry Log.

Any administrative clarifications, answers to submitted technical inquiries, or structural modifications to this procurement framework will be formally issued by the District as a numbered, sequential written Addendum. These Addenda will be pushed directly to all entities listed on the Proposer Registry Log and permanently posted to the centralized web portal; it remains the sole, un-delegable responsibility of each individual proposer to verify that they have compiled and integrated all active Addenda prior to final submission.

Finally, the Northern Shelby County Joint Ambulance District reserves the absolute, unreviewable administrative right to amend, modify, defer, or completely withdraw this RFP in its entirety at any point prior to the formal execution of a contract award. This reservation extends to the right to reject any or all submissions, to waive harmless informational irregularities or technical informalities in any proposal, and to initiate a completely new procurement cycle whenever the Board determines, in its sole executive discretion, that such administrative actions directly serve the fiscal, operational, or public safety interests of the District and its constituent populations.

ATTACHMENT A: INVESTIGATION AUTHORIZATION – COMPANY & AFFILIATES

The undersigned organization, executing this document as a prospective ambulance service provider to the Northern Shelby County Joint Ambulance District (hereinafter "the District"), explicitly acknowledges and agrees that the protection of public health, clinical safety, and systemic reliability requires absolute assurance of a vendor's operational integrity, fiscal solvency, and ethical business practices. Consequently, the organization hereby grants the District, its legal counsel, and its designated consulting agents an unrestricted, irrevocable authorization to conduct an exhaustive background investigation, inquiry, and audit into any and all aspects of the organization's corporate operations, financial structures, and historical performance frameworks deemed relevant by the District. The organization specifically and unalterably agrees that this investigative authority encompasses, but is not limited to, the following core matters:

1. *Corporate Structure, Solvency, and Piercing the Affiliate Shield*: The comprehensive financial stability, liquidity, creditworthiness, and capitalization profiles of the bidding organization, inclusive of its ultimate parent corporations, holding companies, subsidiaries, and sister affiliates. This includes the absolute right to investigate potential conflicts of interest, corporate interlocking directorates, insider transactions, or any organizational restructuring that might influence the provider's capacity to perform the awarded services.
2. *Operational, Regulatory, and Labor Compliance History*: The organization's current and historical business and employment practices. This includes employee compensation, benefits architectures, worker's compensation claims histories, and employee disciplinary patterns. Crucially, this authorizes the District to directly contact and obtain unedited records from all applicable regulatory bodies—including the Ohio Department of Public Safety Division of EMS, the Drug Enforcement Administration (DEA), the State Board of Pharmacy, the Occupational Safety and Health Administration (OSHA), and the Department of Health and Human Services (HHS) Office of Inspector General (OIG)—regarding past or pending licensing sanctions, narcotic tracking violations, or federal healthcare billing audits.
3. Objective Past Performance and Municipal Contract History: The historical performance, contract compliance, and systemic reliability of the organization across all public, private, or hospital-system clients served within the past seven (7) years. This explicitly authorizes the District to obtain documented evidence of any contract defaults, formal cure notices, assessed liquidated damages, service level agreement (SLA) failures, or early contract terminations enacted by any other unit of local government or public safety joint district.
4. *Secondary Corporate Interests*: Detailed review of any concurrent commercial or non-emergency transport operations in which the organization's owners, board members, or executive officers currently hold a controlling or material financial interest, ensuring that District-allocated emergency resources will not be compromised or diverted.
5. *Data Veracity and Material Accuracy*: The absolute accuracy, truthfulness, and completeness of all written narratives, financial statements, personnel credentials, and data points submitted by the organization in response to this RFP.

The organization hereby commands and authorizes any financial institution, certified public accountant, insurance carrier, law enforcement agency, state, or federal regulatory board, and past or current municipal client to release any and all requested records, audits, or depositions to the District or its agents upon presentation of this executed form. The organization takes full responsibility for facilitating

this process and hereby waives, releases, and holds harmless the District, its agents, and any entity responding to this inquiry from any and all civil liability, claims, or damages arising from the release or utilization of the information obtained. This authorization shall remain in full force and effect for a period of one-year (1-year) from the date of execution, or until the formal conclusion of the contract onboarding and transition period, whichever is later.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE COMPANY:

Name of Proposing Organization: _____

Authorized Officer Signature: _____ Date: _____

Printed Name and Title: _____

State of Ohio, County of _____ ss:

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires: _____

ATTACHMENT B: NON-COLLUSIVE PROPOSAL CERTIFICATION

By submission of this proposal, the proposing organization, each person signing on behalf of the organization, and—in the case of a joint venture or multi-provider submission—each participating party certifies under penalty of perjury in accordance with the laws of the State of Ohio, that to the best of his, her, or their knowledge and belief:

1. *Independent Price Formulation*: The prices, rates, and financial pro-formas contained within this proposal have been arrived at completely independently, without any prior or concurrent collusion, consultation, communication, or side-agreements with any other proposer, competitor, or affiliated sub-entity for the purpose of restricting competition, fixing rates, or rigging the procurement outcome.
2. *Non-Disclosure of Financial Terms*: Unless otherwise strictly required by statutory provisions of Ohio public records law, the specific service rates, unit-hour fees, and commercial pricing models contained in this proposal have not been knowingly disclosed by the proposer, and will not knowingly be disclosed, either directly or indirectly, to any other competitor or proposer prior to the District's formal, public opening of submissions.
3. *Prohibition of Anti-Competitive Inducement*: No attempt, solicitation, or commercial inducement has been made or will be made by the proposer to influence any other individual, partnership, joint venture, or corporation to submit, or refrain from submitting, a proposal for the purpose of restricting competition or creating an artificial market monopoly within the District's jurisdiction.
4. *Prohibition of Inside Information and Influence*: The proposer certifies that it has not received any non-public, proprietary advance information regarding this RFP from any board member, employee, fire chief, or designated consultant of the Northern Shelby County Joint Ambulance District, and that no conflict of interest or unethical administrative alignment exists to give the proposer an unfair competitive advantage.

ADMINISTRATIVE MANDATE FOR AWARD COMPLIANCE

A proposal shall not be considered for evaluation or contract award, nor shall any conditional award be executed, where Items (1), (2), (3), and (4) above have not been fully and unreservedly complied with. If a proposer cannot truthfully execute the foregoing non-collusive certification, the proposer is contractually mandated to check the exception box below and attach a comprehensive, signed, and notarized addendum setting forth in exhaustive detail the exact reasons and anti-competitive conditions preventing certification.

[ ] EXCEPTION: Proposer cannot execute the Non-Collusive Certification.

Detailed, signed, and notarized statement is attached as Addendum B-1.

Subscribed and executed under penalty of perjury under the laws of the State of Ohio, this _____ day of _____, 20, as the true, binding, and official act and deed of said corporation, partnership, or joint venture.

Full Legal Name of Proposing Organization: _____

Corporate Headquarters Address: _____

Authorized Executive Signature: _____ Date: _____

Printed Name of Signatory: _____

Official Corporate Title: _____

[AFFIX CORPORATE SEAL HERE]

State of Ohio, County of _____ ss:

Subscribed and sworn to before me this _____ day of _____, 20____.

_____

Notary Public in and for the State of Ohio

My Commission Expires: _____