



**EVENT # 5814**

**SAVANNAH FIRE & EMERGENCY SERVICES  
EMERGENCY MEDICAL TECHNICIAN TRAINING**

**SCOPE OF WORK**

**2.0 Broad Description of Project**

The City of Savannah is soliciting proposals from qualified firms to develop and deliver Emergency Medical Technician (EMT) training for Savannah Fire and Emergency Services (SFES) personnel.

All respondents to this RFP are subject to instructions communicated in this document and are cautioned to completely review the entire RFP and follow instructions carefully. The City reserves the right to reject any or all proposals, and/or to waive technicalities and informalities at the sole discretion of the City.

Electronic submissions will not be accepted for this proposal.

**2.1 Scope of Services**

- 2.1.1 Provide EMT training in accordance with guidelines set by National Registry of EMT's and the State of Georgia Office of Emergency Medical Services (EMS).
- 2.1.2 Propose a comprehensive EMS training program designed specifically for training 40 to 60 firefighters per year to the level of EMT.
- 2.1.3 Provide credentialed medical professionals to present information in a contextualized format whereby students are able to build long-standing occupational EMS skill-sets needed to excel in the emergency medical field.
- 2.1.4 The expectation is that 90 percent will earn the National Registry Emergency Medical Technician (NREMT) Certification.
- 2.1.5 Provide a minimum of 120 hours of coursework instruction and 24 hours of clinical training for each student.
- 2.1.6 Develop courses to be scheduled each year with 12-21 students per course. The courses will be delivered on a fire department shift friendly (A, B, & C shifts) schedule, with approximately four (4) to seven (7) students per shift attending daily. (Example: Each shift (A, B, and C) will have four (4) to seven (7) students per day with the same training delivered three (3) days in a row totaling 12 to 21 students per course.
- 2.1.7 SFES prefers a blended program that includes non-traditional instructional methods with instructor lead didactic reinforcement and skills instruction.

- 2.1.8 Deliver clinical and skills instruction at a location arranged by SFES.
- 2.1.9 Provide all of the necessary books, curriculum, and other equipment required for the students to successfully participate in the training.
- 2.1.10 Record daily attendance of students and provide to SFES upon request, reports on student progress, student's grade point average, class completion rates, and exam pass rates.
- 2.1.11 Proposer's training program shall be approved by the State of Georgia Office of EMS and NREMT for initial education requirements.
- 2.1.12 Ensure instructors have all/any of the required state certifications, approvals, and licenses necessary to provide this training in the State of Georgia.
- 2.1.13 Utilize SFES EMT instructors when available to facilitate state required Level 2 instructional hours requirements in accordance with Rule 511-9-2-.17, Standards for Emergency Medical Service Instructors (3) (d). The instructor must teach a minimum of 40 hours per instructor license renewal period in approved courses.
- 2.1.14 Mentor the SFES EMT instructors in order to develop the SFES EMT Program into a self-sufficient and stand-alone successful initial educational EMT Program.
- 2.1.15 Schedule and cover the cost of the NREMT exam fee for each student.
- 2.1.16 Identify a remediation process for the students that do not pass the NREMT exam.
- 2.1.17 Deliver three (3) EMT courses to be completed in 2018 and three (3) EMT courses to be completed in 2019. Additional courses may be extended up to four (4) additional one-year periods if agreeable to all parties.

## **2.2 Proposal Format**

Proposals shall be submitted in the following format and include the following information:

- a) Understanding and Methodology: Detailed description in narrative format describing understanding of the project and methodology to accomplish each task in Scope of Services, Section 2.1.
- b) Fee Proposals per instructions in Section III signed by responsible party. Identify additional services which may be required and associated costs.
- c) Statement of Qualifications: Response to instructor qualifications identified in section 2.1 of this document. Attach resumes of all key team members.
- d) Business Information: History and background of the firm, the firm's expertise, and number of years in business.
- e) Description and References on Similar Projects: State whether the firm has prior experience relative to the proposed project. Provide a minimum of three (3) successfully completed reference projects, similar in nature to the above requested proposal. Reference projects should include project name, location, description of

work, date completed, and representative's name, address, phone number, and other contact information.

- f) Schedule of DBE Schedule of Participation and DBE Sub Payment Form
- g) Schedule of proposed timeline for project.

A table of contents with corresponding tabs should be included to identify each section.

### **2.3 Basis of Award**

Proposals will be evaluated according to the following criteria and weight:

- a) Proposer's qualifications and experience, including support capabilities (30 points)
- b) Methodology (20 points)
- c) Proposed schedule (15 points)
- d) References (15 points)
- e) Fees (15 points)
- f) Local vendor (Within the city limits of Savannah and has a City of Savannah Business Tax Certificate) participation (5 points)

Proposals shall be evaluated by a selection committee. The selection committee reserves the right to conduct interviews of any or all proposers as it deems necessary. The City reserves the right to shorten the list of proposers and, at its option, request any or all proposers to participate in interviews or presentations.

The City also reserves the right to request a Best and Final Offer (BFO) from any or all proposers, and to re-score evaluations based on the best and final offer. Proposers may be required to provide clarification of their proposal as part of the BFO response.

### **2.4 Copies**

One (1) unbound, printed and signed original, six (6) identical, printed copies, and one (1) electronic copy on a flash drive of the proposal and supporting documents must be submitted in response to the RFP. All responses must relate to the specifications as outlined.

### **2.5 Contacts**

Proposers must submit proposals in accordance with the instructions contained in this RFP. All requested information must be submitted with the proposal. Instructions for preparation and submission of proposals are contained in this package. All questions regarding this request for proposal shall be submitted in writing and emailed to the person listed on the summary event page. Those intending to respond to this event, their employees, agents and attorneys, shall not make contact with City Council members, or with City staff outside of the Purchasing Department, regarding this event, during the bidding process and evaluation phase.

### **2.6 Acknowledgement of Addenda**

Proposers are responsible for determining and acknowledging any addenda issued in connection with the event.

### **2.7 Local Vendor Definition**

A bidder or business shall be considered a local vendor if it meets all of the following requirements:

- a) The bidder or business must operate and maintain a regular place of business with a

physical address within the corporate limits of the city, and

- b) The bidder or business must at the time of bid or quotation submission, have a current city business tax certificate issued by the city, and
- c) The business owner must serve a commercially useful function, meaning performance of real and actual service in the discharge of any contractual endeavor. The contractor/vendor must perform a distinct element of work for which the business owner has the skills, qualifications and expertise, as well as the responsibility for the actual performance, management and supervision of the work for which he/she has been contracted to perform.

## **2.8 Qualifications**

Proposer shall have experience providing training to local governments. In addition, the proposer shall meet the following minimum qualifications:

- Five (5) years of related work experience providing EMT training for government entities.
- Knowledge of state and local laws governing EMS.

## **2.9 Schedule**

Each proposer shall provide a schedule detailing how the proposer will provide the services described in this RFP. It should be noted that it is the City's goal to initiate this project within the first quarter of 2018.

**2.10 Fees:** The proposer shall submit fees based on the detailed listing in Section III of the RFP. The proposer shall provide hourly fees for services not specifically shown in the scope of services.

## **2.11 Insurance Requirements**

### **Comprehensive General Liability**

Contractor shall carry comprehensive general liability on an occurrence form with no "x, c or u" exclusions with the following minimum limits:

Each occurrence - \$2,000,000  
Damage to Rented Premises - \$1,000,000  
Medical Expense - \$5,000  
Personal & Adv. Injury - \$1,000,000  
General Aggregate - \$2,000,000  
Products – Completed Ops Aggregate - \$2,000,000

General aggregate shall apply on a per project basis.

Contractor will provide a Certificate of Insurance reflecting required coverage.

A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate

### **Professional Liability**

\$ 1,000,000 per occurrence limit

### **Commercial Automobile Liability**

The automobile policy must include coverage for owned, non-owned and hired automobiles.

Minimum limits are \$1,000,000

Contractor will provide a Certificate of Insurance reflecting required coverage.

A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

### **Workers Compensation**

Contractor shall carry a workers compensation policy including all statutory coverage required by Georgia state law

Minimum employer's liability limits:

- \$500,000 each accident
- \$500,000 each employee (disease)
- \$500,000 policy limit (disease)

Contractor will provide a Certificate of Insurance reflecting required coverage.

A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

### **Umbrella/Excess Liability**

Contractor shall carry an umbrella/excess liability policy which must follow form over underlying policies: general liability, auto liability and employer's liability.

Minimum limits:

\$2,000,000 per occurrence

\$2,000,000 aggregate

Contractor will provide a Certificate of Insurance reflecting required coverage. Waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate

**General**

All insurance shall be placed with Georgia admitted carriers with a current Best's rating of A (minus), X, or better

Any modifications to specifications must be approved by the City

**SECTION III  
FEE PROPOSAL**

***ALL PROPOSERS MUST BE REGISTERED SUPPLIERS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT [WWW.SAVANNAHGA.GOV](http://WWW.SAVANNAHGA.GOV). ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED.***

**ADDENDA ACKNOWLEDGEMENT**

My signature below confirms my receipt of all addenda issued for this proposal.

\_\_\_\_\_  
Signature

\*This acknowledgement is separate from my signature on the fee proposal form. My signature on the fee proposal form will not be deemed as an acknowledgement of addenda.

I have read and understand the requirements of this request for proposal RFP Event No. 5814 and agree to provide the required services in accordance with this proposal and all attachments, exhibits, etc. The proposed fee shall include all labor, material, and equipment to provide the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved. The fee for providing the required service is:

Total Annual Cost of Training \$ \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PROPOSER: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU HAVE THE REQUIRED INSURANCE? \_\_\_\_\_

**INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):**

**CHECK ONE:**

- \_\_\_\_\_ NON-MINORITY OWNED
- \_\_\_\_\_ AFRICAN AMERICAN
- \_\_\_\_\_ HISPANIC
- \_\_\_\_\_ WOMAN (non-minority)

- \_\_\_\_\_ ASIAN AMERICAN
- \_\_\_\_\_ AMERICAN INDIAN
- \_\_\_\_\_ OTHER MINORITY Describe:  
\_\_\_\_\_

**OFFICE OF BUSINESS OPPORTUNITY**  
**SCHEDULE OF DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION<sup>1</sup>**

<b>EVENT NUMBER:</b>		<b>PROJECT TITLE:</b>			
<b>PRIME CONTRACTOR NAME:</b>		<b>ADDRESS:</b>		<b>PHONE:</b>	<b>FAX:</b>
<b>SUBCONTRACTOR NAME</b>	<b>ADDRESS and PHONE NUMBER</b>	<b>SERVICES/WORK TO BE PERFORMED</b>	<b>DBE? (Y/N)</b>	<b>SUB-CONTRACT AMT (% OF TOTAL BASE BID)</b>	<b>SUB-CONTRACT AMT (\$)</b>
<b>TOTAL BASE BID<sup>2</sup></b>					\$
<b>TOTAL PROPOSED DBE SUBCONTRACTS<sup>2</sup></b>					\$
<b>BIDDER'S PROPOSED DBE PARTICIPATION<sup>3</sup></b>					%

I hereby certify that the above is a true reflection of proposed subcontracts, and that said firms shall be contracted to work on the trades specified and/or supply materials and/or equipment for this project. I have included a properly executed letter of intent for each DBE firm mentioned in this schedule with our response.

<b>Name and Title of Authorized Representative</b>	<b>Signature</b>	<b>Date</b>
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<sup>1</sup> Form to be completed and signed by the bidder/offeror; Use additional sheets if necessary.  
<sup>2</sup> To be provided only when the solicitation requires that the bidder/offeror include the dollar amount in its bid.  
<sup>3</sup> Total proposed DBE participation (\$) divided by bidder's total base bid (less any exclusions specifically mentioned in the solicitation), or total of all DBE Participation (%) if dollar amount is not required.  
*Schedule of DBE Subcontractor Participation\_Form 1310-4*

## DBE SUBCONTRACTOR PAYMENT REPORT

<b>Contract #:</b>	<b>Contract Amount:</b>	<b>Date Form Submitted:</b>		
<b>Project Name:</b>		<b>Project Completion Date:</b>		
<b>Prime Contractor:</b>		<b>Period Ending:</b>	<b>Amt. Paid to Prime:</b>	
<b>Contact Person:</b>		<b>Telephone#: (    )</b>		<b>Fax#: (    )</b>

### SUBCONTRACTING INFORMATION

TO BE SUBMITTED TO THE CITY OF SAVANNAH OFFICE OF BUSINESS OPPORTUNITY

DBE Subcontractor	Telephone #	Description of Work	Original Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid To Date

**Total Amount Paid to Subcontractors to Date:**

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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Note: The information provided herein is subject to verification by the Office of Business Opportunity.

**CONTRACTOR AFFIDAVIT AND AGREEMENT**  
Employment Eligibility Verification

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

BY:

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

\* \* \* \* \*

## **Instructions for Completing Contractor Affidavit and Agreement Form**

As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://everify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”

# ***Affidavit Verifying Status for City of Savannah Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for \_\_\_\_\_. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens.

Notary Public

My Commission Expires:

***Instruction for Completing Systematic Alien Verification  
for Entitlement (SAVE) Form***

O.C.G.A. § 50-36-1, requires Georgia’s cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain “public benefits” are legally present in the United States. Contracts with the City are considered “public benefits.” Therefore, the successful bidder will be required to provide the Affidavit Verifying Status for City of Savannah Benefit Application prior to receiving any City contract. The affidavit is included as part of this bid package but is only required of the successful bidder.