Appendix 8

REQUIRED FORMS

APPENDIX 8 - EXHIBIT A
FACE SHEET

*****THIS FORM MUST APPEAR AS THE FIRST PAGE OF THE PROPOSAL*****

This is a proposal to contract with Merced County EMS Agency to provide emergency medical ground ambulance and secondary PSAP services to persons requesting said service throughout the County of Merced.

Name of Proposer: _____

Dba: _____

Type Of Organization: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other _____

Date Founded Or Incorporated: __/__/____

Legal Address:

_____

_____

_____

Phone: (___)____-_____ ext.:_____ **Fax:** (___)___-_____

Federal Tax Identification Number: _____

Contact person: _____

Title: _____

Phone: (___)____-_____ **E-Mail:** _____ *(required for notification)*

Address For Mailings: (*If different from above*):

_____

_____

_____

Authorized Signature: _____
Date Submitted: __/___/_____

Print Name: _____

Title: _____

APPENDIX 8 - EXHIBIT B
DEBARMENT AND SUSPENSION CERTIFICATION

The Proposer, under penalty of perjury, certifies that, except as noted below, Proposer, its principal, and any named subcontractor:

1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
2. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
3. Does not have a proposed debarment pending; and,
4. Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessary result in denial of award, but will be considered in determining Proposer responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Certification.

Proposer Name: _____

Proposer Signature: _____

Title: _____

Date: ___/___/____

APPENDIX 8 - EXHIBIT C
REFERENCES

CURRENT REFERENCES **Proposer name:_____**

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

APPENDIX 8 - EXHIBIT C
REFERENCES

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

APPENDIX 8 - EXHIBIT C
REFERENCES

FORMER REFERENCES **Proposer name: _____**

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

APPENDIX 8 - EXHIBIT C
REFERENCES

Agency Name:	
Address:	
City, State, Zip Code:	
Contact Person:	
Telephone Number:	(____) _____ - _____
Service Provided:	
Dates/Type of Service:	___/____/_____,

APPENDIX 8 - EXHIBIT D
INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being _____ (title) for _____ (entity), which is a prospective Contractor to provide Emergency Ambulance and Secondary PSAP Services to Merced County recognizes that public health and safety requires assurance of safe, reliable and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the Merced County EMS Agency or its agents, such as, but not limited to, the character, reputation, competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability and general background, and specifically agrees that the EMS Agency, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

_____

Date: _____/____/_____

Individual Name

ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appears _____ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public;_____

Notary Public Seal Commission Expiration Date: ___/___/____

APPENDIX 8 - EXHIBIT E
INVESTIGATIVE AUTHORIZATION – ENTITY

The undersigned entity, a prospective Contractor to provide Emergency Ambulance and Secondary PSAP Services for Merced County recognizes that public health and safety requires assurance of safe, reliable and cost-efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by the Merced County EMS Agency, or its agents. The entity specifically agrees that the Merced County EMS Agency or its agents may conduct an investigation for the purpose into, but not limited to the following matters;

1. The financial stability of the entity, including its owners and officers, any information regarding potential conflict of interests, past problems in dealing with other clients or cities where the entity has rendered service, or any other aspect of the entity operations or its structure, ownership or key personnel which might reasonably be expected to influence the Merced County EMS Agency's selection decision.
2. The entity's current business practices, including employee compensation and benefits arrangements, pricing practices, billings and collections practices, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and genera internal personnel relations.
3. The attitude of current and previous customers of the entity toward the entity's services and general business practices, including patients or families of patients served by the entity, physicians or other health care professionals knowledgeable of the entity's past work, as well as other units of local government with which the entity has dealt in the past.
4. Other business in which entity owners and/or other key personnel in the entity currently have a business interest.
5. The accuracy and truthfulness of any information submitted by the entity in connection with such evaluation.

APPENDIX 8 - EXHIBIT E
INVESTIGATIVE AUTHORIZATION – ENTITY

This authorization shall expire six (6) months from the date of the signature.

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

Entity Name: _____

Authorized Representative (Signature): _____

Authorized Representative (Printed):_____

Title: _____

Date: __/___/___

ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____ to me personally known, who being by me duly sworn, did say that he/she is the _____ of _____ and that said instrument was signed in behalf of said entity by authority delegated to him/her, and said affiant acknowledges said instrument to be the free act and deed of said entity. In WITNESS WHEREOF, I have hereunto set by hand and affixed my official seal the day and year last above written.

_____

Notary Public

Notary Public Seal Commission Expiration Date: ___/___/_____