CONFIRE JOINT POWERS AUTHORITY

REQUEST FOR QUALIFICATIONS

IFT/CCT MUTUAL AID PARTNER APPLICATION

RFQ No. 2026-IFT/CCT-01 (Draft)

REVISED COMMITTEE REVIEW DRAFT

July 12, 2026

WORKING DRAFT NOTICE

This document is prepared as an example for internal policy and process review. It is not open for responses and may not be relied upon as an issued solicitation. The final construction and release are contingent on adoption of the IFT/CCT Mutual Aid Partner Policy and completion of legal, risk management, and governance review. Dates, submission instructions, final insurance limits, and the designated contacts will be inserted before release.

Prepared for	CONFIRE Executive Team and Administrative Committee
Purpose	Identify qualified private ambulance providers for potential IFT/CCT mutual aid partner status
Qualification cycle	Annual
Issuance status	Not authorized for release

RFQ Summary

Issuing agency	CONFIRE Joint Powers Authority (CONFIRE)
Purpose	Establish a neutral, documented qualification process for private ambulance providers that may be considered for IFT/CCT mutual aid support.
Eligible applicants	Private ambulance providers within the scope of this RFQ that hold the required legal and ICEMA authorizations.
Service categories	BLS interfacility transport, ALS interfacility transport, and critical care transport, as authorized.
Nature of process	Qualification only. This is not a procurement award, subcontract, franchise, provider rotation, guaranteed work program, or allocation of market share.
Qualification period	One annual RFQ cycle, subject to continuing eligibility and any stated conditions.
Agreement required	Qualification does not create approved partner status. A mutual aid agreement must be approved by the Administrative Committee, fully executed, and followed by operational onboarding.
Activation	Case-by-case operational decision by CONFIRE based on system need, patient care, authorization, capability, availability, hospital impact, contract compliance, and protection of 911 resources.
911 authority	None. Qualification does not authorize 911 response, 911 posting, use of CONFIRE 911 status, or performance of CONFIRE primary emergency ambulance obligations.
No entitlement	No exclusivity, dispatch priority, rotation position, guaranteed volume, compensation, preferred status, or right to receive transports.
Response period	Proposed: 30 calendar days after issuance; exact dates will be inserted before release.
RFQ contact	To be designated before release. All substantive communications must go through the designated contact.

KEY NOTICE TO APPLICANTS

Submission of a response does not create a contract award, subcontractor status, approved partner status, right to an agreement or activation, guaranteed call volume, dispatch priority, exclusivity, compensation, market share, preferred status, or 911 response authority. Qualification is only the first step in CONFIRE's governance and operational approval process.

1. Purpose and Authority

CONFIRE seeks qualifications from private ambulance providers interested in potential IFT/CCT mutual aid partner status. The purpose is to support system resiliency and hospital throughput while preserving CONFIRE and its primary ambulance subcontractor for 911 response and other primary obligations.

The intended relationship is reciprocal mutual aid. CONFIRE may request IFT/CCT support from an approved partner when operational conditions warrant, and an approved partner may request assistance from CONFIRE when appropriate. Each request remains discretionary and subject to legal authority, system status, patient care needs, provider availability, and the requesting party's primary responsibilities.

This RFQ is intended to implement CONFIRE's IFT/CCT Mutual Aid Partner Policy. It establishes one published process, one set of qualification standards, and one documented evaluation method for all eligible applicants.

2. Nature and Limitations of This RFQ

- This is a qualifications process, not a solicitation for a procurement award or guaranteed work.
- CONFIRE may qualify multiple applicants, one applicant, or no applicants and is not obligated to negotiate or execute an agreement with any qualified applicant.
- A qualification determination is not a contract, franchise, license, exclusive operating right, subcontract, property interest, or authorization to represent that the applicant is a CONFIRE provider.
- Qualification does not authorize 911 response, posting of 911 resources, performance of CONFIRE primary emergency ambulance obligations, or use of CONFIRE approval to imply 911 authority or market endorsement.
- Each applicant bears its own costs of responding, participating in due diligence, negotiating an agreement, and preparing for activation.
- CONFIRE may cancel, amend, suspend, or reissue this RFQ; reject any or all responses; waive immaterial irregularities; request clarification; verify information; and impose reasonable conditions on qualification.

- If a mutual aid agreement is executed, the agreement controls over inconsistent statements in this RFQ or the applicant's response.

3. Scope and Eligible Service Categories

This RFQ applies only to private ambulance providers seeking IFT/CCT mutual aid partner status with CONFIRE.

3.1 Eligible Service Categories

- BLS interfacility transport, if authorized by ICEMA and all other applicable authorities.
- ALS interfacility transport, if authorized by ICEMA and all other applicable authorities.
- Critical care transport, if the applicant is authorized and demonstrates the required personnel, equipment, medical oversight, clinical systems, and competency controls.

An applicant may request qualification for one or more categories. CONFIRE may qualify an applicant by category and may impose category-specific, geographic, scheduling, or operational conditions.

3.2 Providers and Activities Outside This RFQ

1. CONFIRE's primary ambulance subcontractor.
2. Public agencies providing ambulance services under their own legal authority.
3. Public or private ambulance providers currently operating as 911 EOA providers under separate ICEMA, County, EOA, or local EMS authority.
4. Public agency mutual aid, automatic aid, disaster mutual aid, MHOAC requests, ICEMA requests, EMSA requests, and other emergency management mutual aid systems.
5. 911 mutual aid between CONFIRE and existing public or private 911 providers when requested under separate legal, regulatory, contractual, ICEMA, EOA, public agency, or emergency management authority.

Nothing in this RFQ limits existing 911 mutual aid systems or creates an alternate 911 provider pool. Providers outside this RFQ may continue to participate in 911 mutual aid under their existing authority.

4. Proposed Schedule and Communications

Exact dates will be inserted before release. The proposed annual RFQ schedule is:

Milestone	Proposed Timing
RFQ release	Day 0
Written questions due	10 business days after release
Final addendum or responses to questions	At least 5 business days before the response deadline
Responses due	30 calendar days after release
Administrative and mandatory qualification review	Within 10 business days after the deadline
Technical evaluation and due diligence	Within 30 business days after the deadline
Notice of qualification determination	Target: within 45 business days after the deadline
Agreement development and onboarding	As directed by CONFIRE after qualification
Administrative Committee consideration	After agreement terms and due diligence are complete

4.1 Designated Contact and Written Questions

All questions and substantive communications concerning this RFQ must be submitted in writing to the designated RFQ contact. Oral statements and prior discussions do not amend this RFQ. Only a written addendum issued by CONFIRE may modify the requirements.

4.2 Neutrality and Contact Restrictions

Responses will be evaluated under the published criteria. Endorsements, political support, lobbying, third-party advocacy, prior discussions, and market position will not substitute for required qualifications or confer preference. An attempt to obtain nonpublic evaluation information, directly contact an evaluator outside the designated process, or secure preferential treatment may be documented and may result in exclusion when CONFIRE

determines, after notice and an opportunity to respond, that the conduct materially compromised the integrity of the process.

5. Minimum Qualifications and Determination Standards

5.1 Minimum Qualifications

1. Legal authority to perform each requested service category, including a valid ICEMA transport agreement and all required licenses, permits, approvals, and authorizations.
2. Demonstrated IFT and/or CCT capability within the applicant's authorized scope.
3. Adequate staffing, fleet, equipment, dispatch, communications, clinical oversight, medical control, and operational readiness.
4. Effective quality management, clinical review, adverse event reporting, complaint response, corrective action, hospital coordination, transfer-of-care, and customer service practices.
5. Compliance with applicable laws, regulations, ICEMA policies, EMS standards, labor requirements, privacy and security requirements, and billing rules.
6. Current insurance and the ability to accept final indemnification, defense, liability allocation, and risk management requirements acceptable to CONFIRE.
7. Financial responsibility and business continuity sufficient to maintain reliable operations and the capabilities represented in the response.
8. Past performance, professional conduct, compliance history, ownership transparency, and business reliability sufficient to protect patients, hospitals, CONFIRE's County contract, 911 system performance, public trust, and operational integrity.
9. No current exclusion, suspension, debarment, or other restriction that prevents or materially limits the proposed services.
10. Complete and accurate information, authorization for reasonable verification, and a continuing duty to report material changes.

5.2 Mandatory Requirements, Curable Defects, and Material Risk

Determination Type	Treatment
Nonwaivable mandatory requirement	A response will not proceed to scoring if it is late; outside the eligible private-provider scope; lacks the current ICEMA agreement or legal authorization required for a requested category; contains a material misrepresentation or omission; or is affected by a current exclusion, debarment, or restriction that prevents or materially limits the proposed services.
Curable administrative defect	CONFIRE may permit correction of a missing signature, incomplete field, mislabeled attachment, minor formatting issue, or other nonmaterial omission. Any cure request will be written, time-limited, and administered consistently. Failure to cure by the stated deadline may result in rejection.
Material risk review	Adverse contract, financial, regulatory, clinical, operational, billing, insurance, or litigation history will be evaluated for severity, recency, relevance, finality, pattern, corrective action, current status, recurrence, and reasonably anticipated effect on performance. A current, uncured material condition that is reasonably likely to impair performance or create material system risk may result in nonqualification.

Disclosure of a breach, default, termination, bankruptcy, investigation, settlement, claim, or similar matter does not automatically disqualify an applicant. Material nondisclosure, a false certification, or a current condition that prevents lawful or reliable performance may be disqualifying regardless of numerical score.

6. Response Instructions

- Submit one searchable PDF, organized in the order shown in Appendix A, with bookmarks for each appendix and major attachment.
- A cover or transmittal letter is optional, may not exceed one page, will not be scored, and may not replace a required form, certification, disclosure, or attachment.
- Complete Appendices A through F and begin each appendix on a new page. Forms may be expanded electronically, but the wording, item numbers, and certification language may not be altered.
- The narrative responses required by Appendix B are limited to seven pages total: B-5, three pages; B-6, two pages; and B-7, two pages. Required forms and supporting documents are excluded from this limit.
- Use 11-point or larger readable type, standard margins, and consecutively numbered pages. Identify the applicant and requested service categories on the response cover page.

- Generic marketing materials are not requested and will not improve the evaluation. Include only evidence directly responsive to a requirement.
- Do not submit protected health information, unnecessary sensitive personal data, or security-sensitive operational details unless specifically requested through a secure process.
- If confidentiality is asserted, follow Section 12 and include a separately labeled confidential appendix and a complete redacted public copy.

7. Required Response Package

Item	Required Submission
A	Appendix A - Submission Checklist and Response Index.
B	Appendix B - Applicant Information and Capability Form, including the limited narratives specified in B-5 through B-7.
C	Current ICEMA transport agreement; applicable licenses, permits, certificates, service-level authorizations, and category-specific approvals.
D	Organizational chart showing parent entities, controlled affiliates, key ownership, and leadership.
E	Appendix C - Disclosure Questionnaire, with explanations and supporting documents for each affirmative response.
F	Appendix D - Professional References: two required institutional references and one optional additional reference.
G	Appendix E - Certification, Response Validity, and Addenda Acknowledgment, signed by an authorized representative.
H	Appendix F - Financial Responsibility and Business Continuity Attestation, plus current insurance certificates or other evidence of coverage.
I	Supporting evidence specifically referenced in the forms or requested by CONFIRE.
J	Confidential appendix and redacted public copy, only if the applicant asserts that material is exempt from disclosure.

7.1 Material Changes and Continuing Duty to Update

The applicant must notify the designated RFQ contact within five business days after learning of a material change affecting its response or qualification. Material changes include ownership or control, leadership, legal authority, ICEMA status, service authorization, insurance, regulatory action, material clinical or billing issues, labor or fleet disruption, financial impairment, litigation, or any other event reasonably likely to affect performance or risk.

8. Evaluation and Qualification Process

8.1 Review Steps

Step	CONFIRE Review
Administrative review	Confirm timely receipt, required format, signed certification, and substantial completeness.
Mandatory qualification review	Verify scope eligibility, ICEMA status, legal authority, requested categories, required disclosures, and other pass/fail requirements.
Technical evaluation	Conflict-screened evaluators independently score the response under Appendix G before any panel consensus discussion.
Due diligence	CONFIRE may request clarification, contact references and regulators, verify licensing and insurance, conduct interviews, inspect facilities or equipment, and review additional evidence.
Consensus and risk determination	The panel documents a consensus score, category minimums, unresolved concerns, conditions, and any material-risk finding.
Final RFQ determination	The Executive Director, or designee, determines whether the applicant is qualified, qualified with conditions, deferred pending cure or additional information, or not qualified.
Notice	CONFIRE provides written notice identifying approved categories and conditions or the general basis for nonqualification.

8.2 Evaluation Criteria and Qualifying Standard

Criterion	Primary Considerations	Points	Min.
Operational and clinical capability	Category-specific capability; clinical leadership; medical oversight; equipment; patient care systems; CCT competence.	25	15
Staffing, fleet, dispatch, and readiness	Staffing depth; vehicles; communications; availability; continuity; surge capability; readiness.	20	-
Quality, compliance, and past performance	Quality management; clinical review; regulatory and contract history; billing compliance; safety; reliability; references.	20	12
Hospital coordination and customer service	Transfer of care; facility communication; service recovery; complaint response; support for throughput.	15	-
Mutual aid capacity and system impact	Reciprocal capability; protection of primary obligations, CONFIRE's County contract, 911 performance, hospitals, and public trust.	10	-
Business reliability, financial responsibility, and insurance	Ownership transparency; financial capacity; insurance; business continuity; ability to accept agreement requirements.	10	6
Total		100	75

To qualify, an applicant must receive at least 75 total points, meet each stated category minimum, pass all mandatory requirements, and have no unresolved material-risk finding. Numerical scoring supports consistency but does not override a failed mandatory qualification or documented material risk.

8.3 Clarifications, Interviews, and Site Review

CONFIRE may request written clarification or additional documentation. Clarification may explain or verify an existing response but may not be used to replace a materially deficient response or provide an unfair advantage. Interviews, demonstrations, reference checks, and site reviews may be used to validate and, when supported by documented evidence, revise an evaluation.

8.4 Reconsideration

An applicant may submit a written request for reconsideration within five business days after notice of nonqualification. The request must identify a material factual or procedural error in the existing record and may not introduce a substantially new qualification response. The Executive Director, or designee, will issue the final RFQ-stage determination. Reconsideration does not create a right to qualification, agreement negotiation, or Administrative Committee consideration.

9. Post-Qualification Process and Activation

A qualification notice does not make the applicant an approved mutual aid partner and does not authorize activation. Before a provider may be activated:

1. CONFIRE confirms qualification for one or more service categories and identifies any conditions or outstanding due diligence.
2. CONFIRE and the qualified applicant develop a mutual aid agreement acceptable to CONFIRE.
3. The proposed mutual aid agreement is presented to the Administrative Committee for approval.
4. The agreement is fully executed by authorized representatives.
5. The provider completes operational onboarding, contact validation, dispatch and communications testing, documentation exchange, and any required training or readiness verification.
6. CONFIRE provides written confirmation that the provider is active and eligible for case-by-case requests.
7. The provider meets all insurance requirements by providing necessary certifications with endorsements.

CONFIRE is not obligated to complete agreement negotiations with every qualified applicant. Qualification expires at the end of the annual cycle unless extended in writing and may end earlier if the applicant fails to maintain eligibility or complete agreement and onboarding requirements.

9.1 Anticipated Agreement Principles

- Authorized service categories and any geographic, scheduling, or operational limits.
- Request, acceptance, decline, cancellation, reassignment, dispatch, status-update, and escalation procedures.

- Clinical responsibility, medical control, transfer of care, documentation, quality review, incident reporting, data exchange, privacy, and records retention.
- Billing, payer responsibility, compensation, and financial terms, if any. Unless otherwise agreed, the provider performing the transport remains responsible for its own billing and collections.
- Insurance, indemnification, defense, liability allocation, and risk management requirements.
- Hospital coordination, customer service, complaint response, performance monitoring, corrective action, term, renewal, suspension, and termination.
- No 911 authority, no subcontractor status, no exclusivity, no guaranteed volume, no performance credit, and no unauthorized use of CONFIRE names or marks.

9.2 Activation and Reciprocal Requests

Activation remains a case-by-case operational decision of CONFIRE. CONFIRE may consider patient care, transport category, hospital need, authorization, clinical capability, equipment, availability, geography, estimated response time, prior performance, system status, County contract compliance, and preservation of 911 resources. No rotation, equal-share formula, queue position, or dispatch priority is created.

An approved partner is not required to accept every request if acceptance would impair its own legal, contractual, system, or patient care responsibilities. A partner may request assistance from CONFIRE, but CONFIRE may decline based on legal authority, 911 obligations, County contract duties, operational capacity, and system conditions.

10. Continuing Eligibility, Performance Monitoring, Suspension, and Removal

10.1 Continuing Eligibility and Duty to Update

Qualification and approved partner status are conditioned on continuous compliance with this RFQ, the IFT/CCT Mutual Aid Partner Policy, applicable law, and any mutual aid agreement. CONFIRE may require annual renewal and updated evidence of ICEMA authorization, licenses, permits, insurance, staffing, fleet, ownership, financial responsibility, service capability, compliance history, and other continuing qualifications. A provider must promptly report any material change that may affect qualification, performance, or risk.

10.2 Performance Monitoring

CONFIRE may monitor transport reliability, clinical and operational performance, hospital interactions, transfer-of-care practices, documentation, complaints, professional conduct, regulatory and billing compliance, customer service, and any matter that may affect patient care, CONFIRE's County contract, hospital relationships, public trust, or EMS system reliability. CONFIRE may require records, incident reports, interviews, corrective action plans, or other documentation reasonably necessary to evaluate continued eligibility.

10.3 Denial, Conditions, Suspension, and Removal

CONFIRE may deny, defer, condition, suspend, decline to renew, or remove an applicant, qualified provider, or approved partner when the provider:

1. Fails to meet or maintain a mandatory qualification or required legal, regulatory, clinical, financial, or operational capability.
2. Fails to maintain required licenses, permits, certifications, insurance, transport agreements, or ICEMA authorization.
3. Violates applicable law, CONFIRE policy, an RFQ certification, a mutual aid agreement, or lawful operational direction.
4. Provides materially false, misleading, incomplete, or untimely information, or fails to report a material change.
5. Demonstrates poor performance, unresolved patient-care or compliance concerns, or fails to complete required corrective action.
6. Creates documented material risk to patient care, hospital relationships, system reliability, CONFIRE's County contract, public trust, or CONFIRE's legal, financial, or operational interests.
7. Misrepresents itself as a CONFIRE subcontractor or 911 provider, or uses qualification or mutual aid activity to claim exclusivity, guaranteed volume, dispatch priority, market access, preferred status, or endorsement.
8. Fails to provide requested records, incident information, renewal documentation, or reasonable cooperation in a qualification or performance review.

The Executive Director, or designee, may impose an immediate interim suspension when continued eligibility or activation may present material risk to patient care, system reliability, contract compliance, hospital coordination, public trust, or CONFIRE's operational integrity. CONFIRE may provide written notice and a reasonable opportunity to respond when practicable. Suspension, nonrenewal, removal, or expiration does not create a right to compensation, an agreement, future activation, or continued status. A mutual aid agreement may establish additional remedies and procedures.

11. General Conditions

Condition	Requirement
Accuracy and verification	CONFIRE may verify any representation and rely on the response when determining qualification and developing an agreement.
Addenda and oral statements	Applicants must monitor and acknowledge written addenda. Oral statements and prior communications do not modify the RFQ or create a commitment.
Conflicts and independent response	Applicants must disclose actual or potential conflicts. Responses must be independently prepared and may not rely on collusion, contingent influence, or improper preferential access.
No assignment or unauthorized provider use	Qualification may not be assigned, transferred, or used by another provider without prior written approval and any required governance action.
Use of CONFIRE name	RFQ participation or qualification may not be used to imply endorsement, preferred status, 911 authority, subcontractor status, market access, or guaranteed work.
Compliance with law	The applicant remains responsible for all laws, regulations, policies, authorizations, labor obligations, clinical requirements, privacy requirements, and billing rules applicable to its operations.
Reservation of rights	CONFIRE may request additional information, conduct independent due diligence, impose reasonable conditions, terminate review, or decline to proceed when necessary to protect patient care, system operations, contract compliance, hospitals, public trust, or CONFIRE's legal and operational interests.

12. Public Records and Confidentiality

Responses and related records may be subject to disclosure under the California Public Records Act and other applicable law. CONFIRE cannot guarantee confidentiality merely because an applicant labels information confidential, proprietary, or trade secret. CONFIRE will determine whether a record is exempt based on applicable law and the facts presented.

An applicant asserting an exemption must identify each specific portion claimed exempt, state the legal basis, place the material in a separately labeled confidential appendix, and provide a complete redacted public copy. Do not submit unnecessary sensitive personal data, protected health information, passwords, security credentials, or detailed cybersecurity configurations. CONFIRE may consult legal counsel and provide notice to the applicant before disclosure when appropriate and legally permitted.

13. Submission Instructions

TO BE FINALIZED BEFORE RELEASE

The issued RFQ will identify the issue date, exact response deadline, submission email or portal, designated contact, file-size limits, final insurance requirements, cure period, and any pre-submission conference information. The proposed submission method is one electronic package containing the searchable response PDF, a separately labeled confidential appendix if needed, and a redacted public copy if confidentiality is asserted.

Responses received after the final deadline will be rejected unless CONFIRE formally extends the deadline or determines that a CONFIRE-controlled submission system failure prevented timely delivery. The applicant is responsible for confirming successful delivery and for submitting through the authorized method.

Appendix A - Submission Checklist and Response Index

Submit the response in the order shown below. Complete the Included and Response Location columns. The optional cover letter, if used, precedes this appendix.

Included	Required Item	Response Location / Page
[ ]	Appendix A - Submission Checklist and Response Index	
[ ]	Appendix B - Applicant Information and Capability Form	
[ ]	ICEMA transport agreement and required legal or regulatory authorizations	
[ ]	Organizational chart and ownership / affiliate information	
[ ]	Appendix C - Disclosure Questionnaire and explanations	
[ ]	Appendix D - Professional References	
[ ]	Appendix E - Certification, Response Validity, and Addenda Acknowledgment	
[ ]	Appendix F - Financial Responsibility and Business Continuity Attestation	
[ ]	Current insurance certificates or other evidence of coverage	
[ ]	Other supporting evidence specifically referenced in the response	
[ ]	Confidential appendix, if applicable	
[ ]	Complete redacted public copy, if confidentiality is asserted	

Appendix B - Applicant Information and Capability Form

Complete each item. Attach additional pages only where requested and identify the corresponding subsection. Forms may expand electronically.

B-1. Applicant Identity and Contacts

Legal name	
DBA or trade names	
California entity number	
Headquarters address	
Website	
Primary RFQ contact	
Title, email, and telephone	
Operational / after-hours contact	

B-2. Ownership, Control, Affiliates, and Leadership

Identify each parent entity, controlled ambulance affiliate, and person or entity holding 10 percent or more direct or indirect ownership or control. Attach an organizational chart.

Name	Relationship / Role	Ownership %	Jurisdiction

List key executive, operational, clinical, compliance, and financial leaders relevant to the proposed services.

Name	Title	Responsibility	Years with Applicant

B-3. Requested Service Categories and Availability

Select	Service Category	Authorized Area	Hours Available	Proposed Initial Availability
[ ]	BLS IFT			
[ ]	ALS IFT			
[ ]	CCT			
Limitations	Describe any geographic, scheduling, minimum lead-time, clinical, equipment, or other limitation on availability.			

B-4. Legal and Regulatory Authorization

Authorization / License	Number	Issuing Agency	Expiration	Attachment Ref.
ICEMA transport agreement				

Authorization / License	Number	Issuing Agency	Expiration	Attachment Ref.
California ambulance license / permit				
Service-level authorization				
CCT authorization, if applicable				
Other material authorization				

Pending or conditional matters	Identify any pending renewal, conditional authorization, geographic limitation, restriction, corrective action, or other qualification affecting the requested services.

B-5. Operational and Clinical Capability

Primary and backup dispatch	
Dispatch platform / communications	
Current operating counties / service areas	
IFT volume, most recent 12 months	
CCT volume, most recent 12 months	
Normal operating hours	
Estimated onboarding time after approval	

Resource Type	Total	Normally Staffed	Potential Mutual Aid Availability	Notes
BLS ambulances				
ALS ambulances				
CCT-capable ambulances				
CCT nurses				
Respiratory therapists				
Other specialty personnel				

Medical director	Name, qualifications, and role in IFT/CCT oversight.
Clinical / quality leader	Name, qualifications, and responsibility.
CCT clinical model	Personnel model, required credentials, medical control, and category limitations.
Equipment / medication standards	Summarize standards and readiness verification.

REQUIRED B-5 NARRATIVE - MAXIMUM 3 PAGES

Address: (1) staffing and coverage model; (2) dispatch, communications, and status interoperability; (3) fleet, equipment, maintenance, and infection-control readiness; (4) clinical oversight, credentialing, competency validation, and CCT model; and (5) surge, backup, and continuity capability. Cite supporting evidence or attachments where useful.

B-6. Quality, Compliance, Hospital Coordination, and Customer Service

REQUIRED B-6 NARRATIVE - MAXIMUM 2 PAGES

Address: (1) quality management and clinical review; (2) adverse event, incident, complaint, escalation, corrective action, and service-recovery processes; (3) transfer-of-care, facility communication, hospital coordination, and support for throughput; (4) privacy, security, records, and billing compliance controls; and (5) current institutional IFT/CCT relationships relevant to the proposed service area.

Compliance officer / responsible executive	
Quality / clinical review frequency	
Typical complaint acknowledgment time	
Typical complaint resolution target	

B-7. Mutual Aid Readiness and System Protection

REQUIRED B-7 NARRATIVE - MAXIMUM 2 PAGES

Address: (1) how the applicant would accept, decline, cancel, and provide status on requests; (2) how mutual aid would be provided without impairing the applicant's legal, contractual, 911, or patient care responsibilities; (3) how the applicant would manage a request it accepts but later cannot complete; (4) circumstances in which the applicant may request reciprocal assistance from CONFIRE; and (5) how the applicant would protect CONFIRE's County contract, hospitals, public trust, and 911 performance.

Appendix C - Disclosure Questionnaire

Answer for the applicant, its parent and controlled affiliates, and any controlling owner or executive whose conduct is material to the proposed services. Disclose matters occurring during the preceding five years and any older matter that remains pending, unresolved, or operationally relevant.

DISCLOSURE STANDARD

An affirmative response does not automatically disqualify an applicant. CONFIRE will consider severity, materiality, relevance, recency, finality, corrective action, recurrence, current status, and system risk. A material omission, false certification, or misleading response may result in rejection, suspension, or removal.

No.	Disclosure Question	Yes	No
1	Has any license, permit, certificate, transport agreement, provider authorization, or operating authority been denied, restricted, conditioned, suspended, revoked, or placed under formal corrective action?	[ ]	[ ]
2	Has any EMS agency, regulator, accrediting body, or other authority issued a material finding, sanction, citation, patient safety determination, clinical practice restriction, or formal corrective action requirement?	[ ]	[ ]
3	Has any ambulance, IFT, CCT, hospital, healthcare, or public agency contract been terminated for cause, defaulted, not renewed for performance reasons, or subjected to material performance penalties?	[ ]	[ ]
4	Has the applicant or any controlling person been the subject of a material civil, criminal, administrative, or regulatory investigation or proceeding related to ambulance operations, healthcare, patient care, billing, fraud, labor, privacy, or public contracting?	[ ]	[ ]
5	Has the applicant or any controlling person been excluded, suspended, debarred, or otherwise restricted from a government or healthcare program?	[ ]	[ ]
6	Has the applicant been subject to a material billing audit, repayment, recoupment, settlement, corporate integrity obligation, or finding involving false, improper, or unsupported claims?	[ ]	[ ]
7	Has the applicant experienced a material labor dispute, work stoppage, staffing interruption, fleet interruption, dispatch failure, cyber event, or other operational disruption?	[ ]	[ ]
8	Does the applicant have an unresolved material hospital, patient, customer, payer, or public agency complaint or service dispute relevant to the proposed services?	[ ]	[ ]
9	Has the applicant completed or planned a material ownership, control, merger, acquisition, or restructuring change that may affect qualification or performance?	[ ]	[ ]
10	Does an actual or potential conflict of interest exist involving CONFIRE, its member agencies, evaluation personnel, or administration of a future agreement?	[ ]	[ ]
11	Is there any other matter that could reasonably affect legal authority, clinical reliability, compliance, professional conduct, hospital relationships, billing integrity, public trust, or protection of CONFIRE's 911 and County contract obligations?	[ ]	[ ]

Explanation of Affirmative Responses

For each Yes response, attach a concise explanation identifying the item number, date, agency or party, nature of the matter, current status, outcome, corrective action, recurrence, supporting documents, and why the matter does or does not affect current qualification.

Appendix D - Professional References

Provide two required references familiar with the applicant's ambulance, IFT, CCT, hospital, healthcare, or public agency performance. A third reference is optional. At least one required reference should be a hospital, health system, EMS agency, local government, or comparable institutional client. CONFIRE may contact other known clients, regulators, or agencies as part of due diligence.

Reference	Organization	Contact / Title	Email / Telephone	Relationship and Service Dates
1 - Required				
2 - Required				
3 - Optional				

Appendix E - Certification, Response Validity, and Addenda Acknowledgment

The undersigned is authorized to bind the applicant and certifies that:

1. The response and supporting information are complete and accurate to the best of the applicant's knowledge after reasonable inquiry.
2. The applicant has disclosed all material matters required by this RFQ and will promptly report material changes.
3. The applicant understands this is a qualification process, not a procurement award, subcontract, franchise, guaranteed work program, provider rotation, or allocation of market share.
4. Qualification does not create approved partner status, a right to an agreement or activation, guaranteed volume, dispatch priority, exclusivity, compensation, preferred status, or 911 authority.
5. The applicant will not represent itself as a CONFIRE subcontractor, CONFIRE 911 provider, approved mutual aid partner, or endorsed provider unless and until CONFIRE provides written authorization consistent with an approved agreement.
6. The applicant understands that qualification and approved partner status are conditioned on continuing eligibility and may be conditioned, suspended, not renewed, or removed as provided in this RFQ, any mutual aid agreement, and applicable law.
7. The applicant authorizes CONFIRE to verify licensing, authorization, insurance, references, compliance history, ownership, financial responsibility, and other information relevant to qualification and continuing eligibility.
8. The applicant understands that submitted records may be subject to public disclosure and that confidentiality is governed by applicable law, not by designation alone.
9. The response was independently prepared and no improper collusion, contingent influence, undisclosed conflict, or preferential access was used to seek qualification.
10. The response will remain valid and may be relied upon by CONFIRE for 180 calendar days after the response deadline unless extended or withdrawn with CONFIRE's written consent.
11. The applicant has reviewed and acknowledges all RFQ addenda listed below.

Addenda Acknowledgment

Addendum No.	Date Issued	Acknowledged By Initials

Authorized Signature

Applicant legal name	
Authorized representative / title	
Signature / date	
Email and telephone	

Appendix F - Financial Responsibility and Business Continuity Attestation

Complete this appendix for the applicant and any parent or controlling entity relied upon for financial support. This appendix is certified through the signature in Appendix E. Do not submit full financial statements unless requested by CONFIRE.

No.	Financial and Continuity Question	Yes	No
1	Does the applicant have sufficient financial resources to maintain the staffing, fleet, equipment, insurance, licensing, dispatch, clinical oversight, and administrative systems represented in its response?	[ ]	[ ]
2	Is any current condition reasonably likely to impair payroll, staffing, fleet maintenance, equipment readiness, insurance coverage, licensing, dispatch, clinical operations, or continuity of service?	[ ]	[ ]
3	Is the applicant currently in an uncured material debt default, financial covenant breach, tax lien, judgment, or creditor enforcement action reasonably likely to affect operations?	[ ]	[ ]
4	During the preceding five years, has the applicant filed bankruptcy, entered receivership, or received a material going-concern qualification, or is any such matter currently pending?	[ ]	[ ]
5	Has any material insurance policy been cancelled, nonrenewed, restricted, subjected to a material reservation of rights, or interrupted in a way that may affect the proposed services?	[ ]	[ ]
6	Is a material financing, restructuring, or liquidity event pending that may affect the applicant's ability to perform as represented?	[ ]	[ ]

Attach an explanation for any No response to Question 1 or Yes response to Questions 2 through 6. Explain the amount or scope, current status, cure or mitigation, effect on operations, and supporting evidence. CONFIRE may request targeted documentation such as audited or reviewed statements, a bank reference, proof of liquidity, a parent guaranty, or other reasonable evidence when needed to resolve a material concern.

F-1. Current Insurance

Coverage	Carrier	Policy No.	Current Limit	Expiration
Commercial general liability				
Automobile liability				
Professional / medical liability				
Workers' compensation				
Cyber / privacy or other relevant coverage				

Attach current certificates or other evidence of coverage. Qualification may be conditioned on meeting final insurance, endorsement, indemnification, defense, and risk allocation requirements before an agreement is presented for approval.

Appendix G - Evaluation Criteria and Scoring Guide

This appendix is published to support consistent and transparent review. CONFIRE may use subfactors, verification results, interviews, and site-review findings within the listed categories. All pass/fail minimum qualifications remain controlling.

G-1. Scoring Scale

Rating	General Standard
0	No response, unsupported claim, or unacceptable condition.
1	Materially deficient; does not demonstrate the requirement or presents significant risk.
2	Partially meets; important gaps, limitations, or concerns remain.
3	Meets; adequately demonstrates the requirement with acceptable risk.
4	Exceeds; demonstrates strong capability, evidence, controls, and low implementation risk.
5	Substantially exceeds; demonstrates exceptional, well-documented capability and very low risk relevant to the requirement.

G-2. Weighted Evaluation and Minimums

Category	Max Points	Category Minimum	Evaluation Focus
1. Operational and clinical capability	25	15	Licensure; clinical leadership and oversight; equipment; policies; CCT competence; patient-care systems.
2. Staffing, fleet, dispatch, and readiness	20	-	Staffing depth; fleet; dispatch; communications; continuity; surge; readiness.
3. Quality, compliance, and past performance	20	12	Quality management; regulatory and contract history; billing; complaints; reliability; references.
4. Hospital coordination and customer service	15	-	Transfer of care; facility communication; service recovery; hospital relationships; throughput.
5. Mutual aid capacity and system impact	10	-	Reciprocal capability; protection of primary obligations, CONFIRE's County contract, 911 performance, hospitals, and public trust.
6. Business reliability, financial responsibility, and insurance	10	6	Ownership; financial capacity; insurance; continuity; agreement and risk requirements.
Total	100	75	Overall qualifying score, subject to all mandatory requirements and material-risk review.