

ADDENDUM No. 1

RFP No. 26-04

Advanced Life Support (ALS) Ambulance Services

Due: February 17, 2026 at 2:00 P.M. (local time)

The information contained herein shall take precedence over the original documents and all previous addenda (if any) and is appended thereto. **This Addendum includes eighteen (18) pages.**

The Proposer is to acknowledge receipt of this Addendum No. 1, including all attachments in its Proposal by so indicating in the proposal that the addendum has been received. Proposals submitted without acknowledgement of receipt of this addendum may be considered non-conforming.

The following forms provided within the RFP Document should be included in submitted proposal:

- **Attachment B – City of Ann Arbor Non-Discrimination Declaration of Compliance**
- **Attachment C - City of Ann Arbor Living Wage Declaration of Compliance**
- **Attachment D - Vendor Conflict of Interest Disclosure Form of the RFP Document**

Proposals that fail to provide these completed forms listed above upon proposal opening may be rejected as non-responsive and may not be considered for award.

I. CORRECTIONS/ADDITIONS/DELETIONS

Changes to the RFP documents which are outlined below are referenced to a page or Section in which they appear conspicuously. Offerors are to take note in its review of the documents and include these changes as they may affect work or details in other areas not specifically referenced here.

Section/Page(s)	Change
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Page 15	As provided in RFP No. 26-04 Document: Form, Section 2 – Scope of Services as Page 15
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As updated herein: The following is removed from N. Scheduled Transfers. The remaining portion under “N. Scheduled Transfers” is still applicable.

N. Scheduled Transfers

~~The Contractor is responsible for any request a scheduled transfer such as doctor's appointments, inter facility transfer, transfer from hospital to residence, or any other transfer is that scheduled within the City.~~

Comment: Other contractors who are not awarded this contract may provide scheduled transfers also known as inter-facility transfers within the City of Ann Arbor. The contractor is not required to provide this service as part of this contract.

II. QUESTIONS AND ANSWERS

The following Questions have been received by the City. Responses are being provided in accordance with the terms of the RFP. Respondents are directed to take note in its review of the documents of the following questions and City responses as they affect work or details in other areas not specifically referenced here.

Question 1:

Will all 9-1-1 ALS transport requests be routed to the selected Contractor when units are available, or may calls be routed to alternate providers under certain conditions (e.g., mutual aid, overload)?

Answer 1:

All 9-1-1 ALS transport requests will be routed to the selected contracted along with AAFD. Call may be routed to alternate providers under certain conditions. All calls routed to another provider shall be documented in the quarterly reports. If the contracted provider is routing a significant number of incidents, this may be grounds for breach of contract. If the awarded contractor deliberately routes all incidents to a third party service in an effort to undermine the RFP process, that will be considered terms for breech of contract.

Question 2:

Can the City provide time of day and day or week breakdown of request services?

Answer 2:

We do not have this information. There is no current contract in place requiring this disclosure of information.

Question 3:

Does 'single provider of ALS service' refer exclusively to ALS transport, or also to ALS response without transport?

Answer 3:

There will only be a single ALS provider under this contract for all 9-1-1 calls for service. This is in addition to the AAFFD BLS ambulance transport service.

Question 4:

Does the City have minimum response time benchmarks or performance thresholds it expects proposers to meet?

Answer 4:

The City is not paying for an ALS provider under this contract. One purpose of this RFP is to determine market willingness to provide ALS services and under what benchmarks.

Question 5:

Will response-time performance be contractually enforced through corrective actions or penalties?

Answer 5:

We anticipate this being part of the negotiation process with the selected vendor.

Question 6:

How does the City define 'level zero' or 'zero status' for reporting purposes?

Answer 6:

This is not having a unit available at time of call. The current provider routinely states "scrambling a unit" either from a hospital or their headquarters. "Scrambling a unit" or other similar terminology is considered not having a unit available at time of call.

Question 7:

Please clarify the distinction between no-cost public safety standby and billable athletic/community standby.

Answer 7:

The following specifies public safety stand-by. Athletic / community stand-by events that are hosted by non-City entities are outside of this scope,

L. Standby Ambulances

The Contractor shall provide a standby ALS ambulance and crew upon request of the Fire Chief or Police Chief, at no additional charge to the City when there is reason to believe a life threatening public emergency presently exists or is eminent in the City, which includes standing-by a law enforcement, fire, rescue, and / or hazardous materials response incidents. This also includes providing a standby ambulance during training or other planned events by either police or fire at no additional charge.

Question 8:

What types of billing concessions are contemplated, and are approvals or reporting required?

Answer 8:

The City of Ann Arbor will not be responsible for making the vendor whole for patients who do not pay for service. As part of negotiations, we would expect full disclosure from the contractor on billing / collection practices.

Question 9:

Is billing permitted for ALS assessment/treatment without transport, and are there preferred billing standards?

Answer 9:

Yes, billing is permitted for ALS assessment/treatment without transport. However, any AAFFD unit may also obtain a refusal where the contractor would be unable to bill.

Question 10:

Billing standards are to be disclosed as part of the RFP submission.

Question 10:

What notice timeframe constitutes failure to respond to a scheduled transfer triggering AAFFD backfill billing?

Answer 10:

Outside of exigent and extremely unusual circumstances, AAFFD does not do scheduled transfers. The City only bills the contract for assistance with lift assists. Also, see response to Question #1.

Question 11:

Will the AAFD assistance fee be adjusted annually, and how will updates be communicated?

Answer 11:

AAFD assistance fee is adjusted annually as part of the City budget process. Updates will be communicated annually upon City budget ratification in late May.

Question 12:

Are specific AVL data standards, formats, or refresh rates required for City integration?

Answer 12:

No. The future of dispatch for the City remains uncertain.

Question 13:

Does the City expect real-time or near-real-time access to ePCR or dashboards beyond quarterly reports?

Answer 13:

No. The City would be open to anything the contractor is willing to provide.

Question 14:

Will the final Professional Services Agreement be revised to reflect a patient-billing revenue model?

Answer 14:

It is expected the contractor will bill patients as outlined in the RFP.

Question 15:

Is environmental impact reporting expected to become a mandatory contractual requirement

Answer 15:

The environmental commitment listed in the RFP is the current requirement.

Question 16:

Will evaluation weights remain unchanged after interviews, particularly for Fee Proposal scoring?

Answer 16:

The scores are not adjusted after the interviews. However, based on the interviews, the top scoring proposal may be not be selected.

Question 17:

Can the City confirm whether a single ALS award is intended, and when multiple awards may be considered?

Answer 17:

A single award is intended.

Question 18:

Does the City expect a formal transition or readiness plan prior to January 1, 2027 go-live?

Answer 18:

Yes, there will be an expectation for the selected contractor to engage with AAFD for a transition plan.

Question 19:

Do the Table of Contents and the Cover letter count towards the 30 pages/60 sides?

Answer 19:

No.

Question 20:

Is the awarded contractor expected to be the exclusive provider of ALS ambulance transport for all 9-1-1 incidents within the City?

Answer 20:

Yes. However, AAFD will continue to maintain BLS ambulance transport. It is required the selected contract to have a positive and coordinated response plan with AAFD.

Question 21:

Under what circumstances may the City utilize secondary or mutual-aid ambulance providers?

Answer 21:

If the AAFD ambulance is unavailable and the contractor is unavailable then mutual will be utilized.

Question 22:

What response time benchmarks will be used to evaluate compliance, and how are start/stop times defined?

Answer 22:

This is defined in the RFP – page 14.

Question 23:

What corrective actions are anticipated for non-compliance with performance standards?

Answer 23:

This will be part of the negotiation process. Continued, routine non-compliance may result in termination of contract.

Question 24:

How does the City define a System Status / Level Zero condition?

Answer 24:

This is not having a unit available at time of call. The current provider routinely states “scrambling a unit” either from a hospital or their headquarters. “Scrambling a unit” or other similar terminology is considered not having a unit available at time of call.

Question 25:

What expectations exist for surge capacity during periods of peak demand?

Answer 25:

There are not set expectations for surge. It is understood the City has times of peak demand such as Art Fair and football games. The City expects regular and open discussion with the contractor as part of operational planning. AAFFD staffs additional BLS ambulance(s) during these periods. Expectations for surge may frame future contracts.

Question 26:

Under what circumstances may the City request standby ambulance services?

Answer 26:

The following specifies public safety stand-by. Athletic / community stand-by events that are hosted by non-City entities are outside of this scope,

L. Standby Ambulances

The Contractor shall provide a standby ALS ambulance and crew upon request of the Fire Chief or Police Chief, at no additional charge to the City when there is reason to believe a life threatening public emergency presently exists or is eminent in the City, which includes standing-by a law enforcement, fire, rescue, and / or hazardous materials response incidents. This also includes providing a standby ambulance during training or other planned events by either police or fire at no additional charge.

Question 27:

Are scheduled or interfacility transports included within the scope of this contract?

Answer 27:

The following is removed from “N. Scheduled Transfers. The remaining portion under “N. Scheduled Transfers” is still applicable.

N. Scheduled Transfers

~~The Contractor is responsible for any request a scheduled transfer such as doctor's appointments, inter facility transfer, transfer from hospital to residence, or any other transfer is that scheduled within the City.~~

Question 28:

What CAD and ePCR systems are currently used by the City and Fire Department?

Answer 28:

Washtenaw County Metro Dispatch uses CLEMIS CAD (primary PSAP)

Emergent Health Partners uses Logis CAD (secondary PSAP)

AAFD uses ImageTrend for PCR

Question 29:

What data elements must be shared with the City, and at what frequency?

Answer 29:

See “G. MONITORING AND OVERSIGHT” RFP page 13.

Question 30:

Is the contractor responsible for all billing and collections related to transports?

Answer 30:

Yes - only for transports the contractor provides. AAFD does billing and collections for transports AAFD completes.

Question 31:

Can the City confirm whether charts, graphics, tables, and appendices embedded within the narrative count toward the 30-sheet (60 sides) limit, or if only core narrative pages are counted?

Answer 31:

Yes.

Question 32:

Should the Fee Proposal be included as a separate PDF file on the USB drive, or excluded entirely from the digital submission and provided only in hard copy?

Answer 32:

Fee proposal is fine to be hard copy only.

Question 33:

Should the Fee Proposal envelope include the offeror's name and address, or only be marked 'Fee Proposal – RFP #26-04'?

Answer 33:

Fee proposal should include offeror's name and address.

Question 34:

Given that the City does not directly compensate the Contractor, can the City confirm whether the Living Wage Ordinance applies to all personnel assigned to this contract or only to City-requested services such as standby coverage?

Answer 34:

Living Wage Ordinance applies to all personnel assigned to this contract including City-requested services such as standby coverage.

Question 35

Is a signed statement acknowledging receipt of all addenda sufficient, or must each addendum be individually initialed or attached?

Answer 35:

A single statement acknowledging that all addenda was received would be sufficient.

Question 36:

Are tabs, dividers, or color-coded section separators acceptable if they do not increase page count?

Answer 36:

Tabs, dividers or color-coded section separators will not count toward the stated page limit.

Question 37:

May the authorized negotiator differ from the individual signing the proposal, provided both have documented authority?

Answer 37:

Yes.

Question 38:

Will pricing information be excluded from the public opening record since fee proposals are submitted separately?

Answer 38:

Yes. Pricing information will be excluded from the public opening.

Question 39:

Please provide clarification on basic life support ambulance dispatching.

Answer 39:

It is expected the contractor will work with the City on deployment and response of BLS ambulances. The contractor deliberately positioning and dispatching BLS ambulances where AAFFD BLS ambulance(s) are available will be considered a bad faith interpretation of this contract. This RFP is for advanced life support services, and contractors are requested to direct their focus to that.

Question 40:

Please provide clarification on notification requirements for motor vehicle accident notification

Answer 40:

Clarification for “G. MONITORING AND OVERSIGHT” page 13. Notification is only required when a motor vehicle crash involving an ambulance is severe enough that the involved ambulance is not drivable / towed from the crash scene.

Question 41:

Would you consider an alternative proposal being submitted along with the main proposal?

Answer 41:

Yes. But all alternatives must be within total page limit.

Question 42:

Please explain the current structure and process for 911 calls and the dispatch of EMS units in the City. Will Contractors be required to provide EMD services?

Answer 42:

All 9-1-1 calls for the City of Ann Arbor are answered by the Washtenaw County Metro Sheriff's Office Dispatch Center. Fire and EMS requests are transferred to Emergent Health Partners. This is an ALS ambulance contract, not a dispatch contract. There is no requirement for the contractor to provide EMD services. Notification / dispatch of resources will be worked out with the selected contractor.

Question 43:

Will the awarded ALS contractor be required to enter into a service contract with the City's dispatch vendor?

Answer 43:

No. The future of dispatch for the City is uncertain.

Question 44:

Can you explain the current response cooperation between the City of Ann Arbor Fire Department and the Current ALS Contractor? Does a Fire Apparatus respond to all EMS responses, or do you have a tiered response system depending on the EMD status? If tiered, can you describe that plan?

Answer 44:

There is no contract outlining the response cooperation. The fire department responds to all priority EMS incidents and the majority of non-priority EMS incidents. The response plan will be part of negotiations.

Question 45:

Can you provide the number of EMS responses and the number of EMS transports?

Answer 45:

All available data concerning the current ALS provider is provided in the RFP.

Question 46:

Does the number of ALS requests for service listed in the RFP document reflect only responses where the Emergency Response system was activated, or does it also include scheduled transfers?

Answer 46:

All available data concerning the current ALS provider is provided in the RFP. The current provider has not disclosed scheduled transfers.

Question 47:

Can you provide a copy of the current fee schedule being utilized for Advanced Life Support Ambulance service in the city?

Answer 47:

We do not have this information. The City of Ann Arbor does not have a current contract for ALS service.

Question 48:

Currently, are residents charged different rates from non-residents for ALS service?

Answer 48:

The City of Ann Arbor does not have a current contract for ALS service. While we are unable confirm, it is our understanding there is a single rate structure. AAFD BLS bills under a single rate structure.

Question 49:

Does the city or the current ALS contractor have a fee for calls in which there is care provided at scene, but the patient refuses transport (Treat/No Transport)?

Answer 49:

We do not have this information. The City of Ann Arbor does not have a current contract for ALS service.

Question 50:

Does the charge for lifting assistance as described in the RFP only apply to scheduled transports, or does it extend to anytime an Emergency response requires additional help to be sent to the scene?

Answer 50:

This City lift assist only applies for scheduled transports or lift assist without other medical issue at an assisted living facility or skilled nursing facility

Question 51:

Does the City currently utilize any type of commercial or proprietary application to give call information, alerting, or response details that the awarded contractor will be expected to use?

If Yes, Will the city provide this access or will it be at the cost of the awarded contractor?

Answer 51:

No to both parts.

Question 52:

Please clarify the extent of disclosure for conflict of interest, do you wish to have forms for every employee (and their family member) that meets criteria due to performing work under the contract for compensation?

Answer 52:

Conflict of interest applies to family member of a city employee who has an *ownership interest* in the contractor. It is not enough to be a conflict just because an employee of the contractor is an immediate family member of a city employee. If there is a specific person, with a position of authority or on the board, etc., that the contractor wants to disclose so that we can look at that further, the contractor may do so.

Question 53:

Is this to presume the reservation of rights exists to select multiple vendors to evaluate the proposals? Or is this contradictory to the presumption of this RFP being a single source contract?

Answer 53:

We intend to only a single contractor will be awarded this contract.

Question 54:

With respect to sanctions placed by the MDHHS or WLMCA, does this mean current (in effect) sanctions, and does this extend to a situation where MDHSS or WLMCA still allows that employee to provide patient care services?

Answer 54:

This applies to sanctions where MDHHS or WLMCA prohibits the employee from providing patient care services.

Question 55:

Could you please define a disruption in service?

Answer 55:

This is intentionally left broad. An example would be deliberate negligence on the contractor to have a reasonable amount of spare / reserve ambulances and / or failure of the contractor to conduct maintenance and repair to maintain a safe and functional fleet.

Question 56:

Referencing not discriminating against arrest record, can we assume this means as long as it does not conflict with federal or state legal statutes or administrative rulings?

Answer 56:

Correct.

Question 57:

Why is the city asking for inter-facility transfer volume if this is an RFP for 9-1-1 ALS transport?

Answer 57:

It is requested to understand services within the City of Ann Arbor.

Question 58:

Given the nature of the MPSCS, should the AAFD decide to change its utilization of the existing talkgroups, would reasonable time be allotted to account for radio changes/template updates.

Answer 58:

Yes, it would be in the interest of the City and contractor for this to be a coordinated process with and agreed upon timeline.

Question 59:

Please add clarification for BLS unit response with AAFD's BLS ambulances, specifically for situations that may require a closest unit response such as in the case where a contractor's BLS ambulance may be closer than the AAFD BLS ambulance during a cardiac arrest.

Answer 59:

It is expected the contractor will work with the City on deployment and response of BLS ambulances. The contractor deliberately positioning and dispatching BLS ambulances where AAFD BLS ambulance(s) are available will be considered a bad faith interpretation of this contract. This RFP is for advanced life support services, and that should be the intended focus of the contractor. There is a difference between being across the street from an incident, and the contractor deliberately sending multiple ambulances to a call for service.

Question 60:

Since this will not be an exclusive contract, and the City does not have jurisdiction of inter-facility transfers, how can the contractor be held accountable for any transfer scheduled within the City?

Answer 60:

The following is removed from "N. Scheduled Transfers. The remaining portion under "N. Scheduled Transfers" is still applicable.

N. Scheduled Transfers

~~The Contractor is responsible for any request a scheduled transfer such as doctor's appointments, inter-facility transfer, transfer from hospital to residence, or any other transfer is that scheduled within the City.~~

Question 61:

Please clarify the meaning of "...any amount of concessions that may be made after collections reach a certain amount."

Answer 61:

The contractor is expected to outline this as part of their proposal.

Question 62:

What is the intent of any individual providing service reporting any potential protocol conflict to the Fire Chief/Designee immediately since this is the responsibility of the WLMCA?

Answer 62:

This is a contract with the City of Ann Arbor, and the City of Ann Arbor is free to set the terms of the contract. WLMCA is a separate legal entity from the City of Ann Arbor.

Question 63:

Please clarify the level of detail for "professional personnel" - Is it fair to assume management level and above?

Answer 63:

Yes - management level and above. This does not need to include field supervisors but the management level who supervises field supervisors and above.

Question 64:

Is there any mechanism for reimbursement in the event the contractor is required to provide ALS intercept services to the AAFD BLS unit?

Answer 64:

Any demand for reimbursement under the described scenario or other needs to be included in the fee proposal.

Question 65:

There are several references within the RFP and supporting documents that indicate the contractor will be required to share documents, and such documents may become the property of the City of Ann Arbor. Is it reasonable to assume any sharing of documents is subject to local/state/federal regulation and privacy protections e.g. HIPAA?

Answer 65:

None of the requested information contains personal health information (PHI). If the contractor's position that request information contains PHI and will not be disclosed by the contractor; that position shall be disclosed as part of the contractor's submission.

Question 66:

This section states the city retains the right to change the terms of the agreement, but if they do the compensation will be adjusted accordingly if those changes add to or deduct from the extent of the Services. Since the RFP explicitly states there will be no compensation to the Contractor, if the City changes the number of BLS ambulances it operates, this would impact the proposal of Contractors. Will the City change the number of BLS ambulances it operates during the term of this RFP?

And if so, will this trigger a re-opening of the contract for modifications to the Contractor's initial proposal? If not, how will this be handled?

Answer 66:

This is an RFP for ALS service. ALS service should be the focus of the contractor. The City maintains the right to increase the number of BLS ambulances it operates. The City increasing the number of BLS ambulances will not trigger a re-opening.

Question 67:

Would the city consider mutual aid a "subcontract"?

Answer 67:

Mutual aid is not a subcontract. However, the contractor routinely utilizing mutual aid to maintain contracted service levels will be used in weighing a renewal agreement.

Question 68:

RE: Page 15, Section N: We understand the City of Ann Arbor is currently seeking proposals from qualified contractors to provide 9-1-1 Advanced Life Support (ALS) ambulance services in collaboration with the Ann Arbor Fire Department. However, it is important to note that this Request for Proposal (RFP) does not guarantee exclusivity for pre-scheduled or hospital discharge transfers, nor does it specify any expected call volume. The absence of these guarantees can complicate the development of a sound and fact-based proforma. Could the City please clarify its intentions regarding these aspects of the RFP?

Answer 68:

We understand the complexity and uncertainty surrounding this RFP. Information regarding expected incident volume is contained in the RFP.

Question 69:

Our organization recognizes the intricacies involved in delivering EMS services and advocates for a dedicated platform exclusively for 911 units. We believe that combining EMS units with interfacility transfers and hospital discharge calls often disrupts the primary 911 response model. Would the city be open to adopting a model where 911 dedicated units respond solely to calls originating from the 911 system?

Answer 69:

The following is removed from "N. Scheduled Transfers. The remaining portion under "N. Scheduled Transfers" is still applicable.

N. Scheduled Transfers

~~The Contractor is responsible for any request a scheduled transfer such as doctor's appointments, inter facility transfer, transfer from hospital to residence, or any other transfer is that scheduled within the City.~~

Question 70:

If the city requires the new provider to assume responsibility for all emergency and non-emergency pre-scheduled calls, would the city consider allowing a 90 day ramp-up period free of any performance penalties?

Answer 70:

The City intends to work with the awarded contractor during an agreed upon ramp up period. This period is expected to be part of the negotiation process with the selected vendor.

Offerors are responsible for any conclusions that they may draw from the information contained in the Addendum.