INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.	BIDDER NAME
BID NUMBER: OT905315 — OPENING DATE (1:00 p.m.): December 1, 2014	STREET ADDRESS ☐ Check if remit address is different and list on separate sheet
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395	CITY / STATE / ZIP
	COUNTY / MBE/EDGE CERTIFICATE NUMBER
	TELEPHONE NO. ( ) / TOLL FREE NO. 1 - ( )
Attn: Bid Desk	CONTACT PERSON / FAX NO. ( )
REQ./INDEX NO. DRC013 / BID NOTICE DATE 11/06/14	CONTRACTOR'S E-MAIL ADDRESS

SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)

☐ E-Mail ☐ Fax

In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%,10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, ____Days, Net 30 Days

PARTICIPATING AGENCY(IES): DEPARTMENT OF REHABILITATION AND CORRECTIONS (DRC), 770 W. BROAD ST., COLUMBUS, OHIO 43222. THIS ADD-ON INVITATION TO BID (ITB) IS FOR THE FOLLOWING DRC FACILITIES ONLY: CHILLICOTHE CORRECTIONAL INSTITUTION, LEBANON CORRECTIONAL INSTITUTION, NORTHEAST PRE-RELEASE CENTER, ROSS CORREECTIONAL INSTITUTION, TOLEDO CORRECTIONAL INSTITUTION, TRUMBULL CORRECTIONAL INSTITUTION, SOUTHEASTERN CORRECTION COMPLEX AND WARREN CORRECTIONAL INSTITUTION.

THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:

EMERGENCY MEDICAL AMBULANCE SERVICES

TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning 12/01/14 or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire 06/30/2015 unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency.

INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 10/2013, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions. All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.

By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.

Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/. All questions should be submitted a minimum of five (5) working days prior to the bid opening date.

PRINTED/TYPED SIGNATURE	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)	DATE

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICAN): [Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?
   ☐ United States: _____(State) ☐ Canada ☐ Mexico (Go to B-1)
   ☐ Other: (Specify Country)_____ (Go to A-2)

2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.
   ☐ Yes (Go to Section B-1) ☐ No (Go to Section A-3)

3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy American Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.

   _____(Item) _____(Country of Origin)

   _____(Item) _____(Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.
   ☐ Yes (Go to C) ☐ No (Go to B-2)

2. Bidder has significant economic presence within the state of Ohio.
   ☐ Yes (Answer a, b, c, d below) ☐ No (Go to B-3)
   a) Bidder has paid the required taxes due the state of Ohio ☐ Yes ☐ No
   b) Bidder is registered with the Ohio Secretary of State
      ☐ Yes (Charter/Registration No.: _____) ☐ No
      Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:
      http://www.sos.state.oh.us/
   c) Bidder has ten or more employees based in Ohio or border state. ☐Yes ☐ No (Go to B-2d)
   d) Bidder has seventy-five percent or more employees based in Ohio or border state.
      ☐ Yes ☐ No (Go to B-3)

3. Border state bidder:
   ☐ Yes (Specify which state then go to B-2c): ☐ KY ☐ MI ☐ NY ☐ PA ☐ IN ☐ No (Go to B-4)

4. Border state bidder: mined products mined in respective border state ☐ Yes ☐ No ☐ Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business ☐ Yes ☐ No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:
http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx

D. INDEPENDENT CONTRACTOR ACKNOWLEDGEMENT: Contractor certifies that Contractor is a "business entity" as that term is defined in O.R.C. Section 145.037. See SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS Independent Contractor Acknowledgement.

Bidder is defined as a business entity ☐ Yes ☐ No

SPECIAL CONTRACT TERMS AND CONDITIONS

SUPPLEMENTAL BID: Any award made as a result of this bid will become a part of Contract No. OT900712 effective 12/01/14.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

SITE VISIT: Prior to submitting their bid response, the bidder should visit the institution(s) for which they are bidding in order to survey the facility(s) and to become familiar with the requirements of the bid. The bidder must contact each facility they are bidding to schedule an appointment. (See Appendix A for the facility's contact person.) The bidder must call the contact person at each applicable institution listed below at least two (2) business days prior to the scheduled site visit to obtain entry authorization into the institution. Bidders must have with them a picture I. D. (such as a valid Ohio driver's license) in order to be admitted to institutions for site visits. In accordance with agency policy, no knives, firearms, cameras/photo equipment, recording devices, cell phones, computers and/or pagers will be allowed in the complex.

No additional compensation will be awarded due to unfamiliarity with the scope of service required. It will be assumed that the bidder has full knowledge of existing conditions/service areas and accepts them as is, unless otherwise specified within this bid. Once a contract is awarded, failure of the bidder to have requested a site visit, to become familiar with the facility and requirements of the bid, will be insufficient reason to support any request to be released from the contract.

LICENSE: The bidder shall submit as part of their bid a copy of state of Ohio Pharmacy License and Medical Directors (Name and License Number). A copy of the bidder's Ohio Medical Transportation Board (OMTB) License must be supplied, if applicable. If not provided with the bid response, the bidder will be required to provide the documents within seven (7) day from notification by the Office of procurement Services. Failure to provide the copies within seven (7) days will result in the bidder being deemed as not-responsive.

INSURANCE: The Contractor shall provide the following insurance coverage at its own expense throughout the term of this Contract:

1. General Liability Insurance: Commercial General Liability insurance coverage for bodily injury, personal injury, wrongful death, property damage. The defense cost shall be outside of the policy limits. Such policy shall designate the state of Ohio as an additional insured, as its interest may appear. The policy shall also be endorsed to include a blanket waiver of subrogation. At a minimum, the limits of the insurance shall be:

   $2,000,000 General Aggregate
   $1,000,000 per Occurrence Limit

   The policy shall also be endorsed to provide the State with 30-day prior written notice of cancellation or material change to the policy. It is agreed upon that the Contractor's Commercial General Liability shall be primary over any other insurance coverage.

1. Ambulance Services Professional Liability Insurance: Professional Liability Insurance covering all staff with a minimum limit of $1,000,000 per occurrence and $3,000,000 aggregate. If the Contractor's policy is written on a "claims made" basis, the Contractor shall provide the State with proof of continuous coverage at the time the policy is renewed. If for any reason the policy expires, or coverage is terminated, the Contractor must purchase and maintain "tail" coverage through the applicable statute of limitations.

2. Vehicle Liability Insurance: Vehicle liability insurance with a combined single limit of $1,000,000.

Certificates for Worker's Compensation and proof of insurance must be provided. The certificate(s) must be in a form that is reasonably satisfactory to the State as to the contents of the policies and the quality of the insurance carriers. All carriers must have at least an "A-"rating by A.M. Best.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

REFERENCES REQUIRED: Each bidder is to submit with the bid a listing of three (3) references with whom you have conducted business in the previous three (3) years or are currently providing ambulance services. Name, address and telephone number of each reference must be included.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the State will multiply all of the institution's estimated annual usages of a one-way trip by its corresponding unit price. For the Ambulette service, for evaluation purposes only, the State will multiply the price per mile times the amount of 100 miles. These figures will be added together for a total institution price. The Contract will be awarded to the lowest responsive and responsible bidder meeting all bid specifications and requirements as listed herein. Failure to bid all items for an institution may deem your bid not-responsive.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by institution.

CONTRACT RENEWAL: The Contract may be renewed for one (1) month at the State's option. Additionally, this Contract may be renewed, by agreement, for any number of times for any period of time under the same prices, terms and conditions stated herein. The cumulative total of all renewals by agreement may not exceed two (2) years.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc. Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

USAGE REPORTS: Every six (6) months the Contractor must submit a report (written or on disk) indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Rd., Columbus, OH 43228-1395, Attn: Kellie Johnson.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions: Paragraph G.):

Bidders seeking to enter into a service contract shall disclose the following:

a) Principal location of business for the contractor (Name/City/State/Country)

_____

b) Principal location of all subcontractors (Name/City/State/Country)

_____

_____

_____

c) Location where services will be performed (Name/City/State/Country)

_____

_____

_____

d) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

_____

_____

_____

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors, locations where services will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

EXPENDITURE OF PUBLIC FUNDS ON OFFSHORE SERVICES: The Contractor affirms to have read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract. Notwithstanding any other terms of this Contract, the State reserves the right to recover any funds paid for services the Contractor performs outside of the United States for which it did not receive a waiver. The State does not waive any other rights and remedies provided the State in this Contract.

The bidder must complete the attached Contractor/Subcontractor Affirmation and Disclosure Attachment A to abide with Executive Order 2011-12K, affirming no services of the Contractor or its subcontractors under this Contract will be performed outside the United States. During the performance of this Contract, the Contractor must not change the location(s) of the country where the services are performed, change the location(s) of the country where the data are maintained, or made available unless a duly signed waiver from the State has been attained to perform the services outside the United States.

SPECIFICATIONS FOR EMERGENCY MEDICAL AMBULANCE SERVICES

I. SCOPE

The state of Ohio is seeking a contractor to provide Emergency Medical Ambulance Service to the Department of Rehabilitation and Correction (see institution list—Appendix A) within the state of Ohio. All Contract(s) awarded as a result of this ITB shall become a part of Contract No. OT900712. The term of any contract issued pursuant to this Bid shall be for a period of twelve (12) months, from December 1, 2014 through June 30, 2015 and any subsequent renewals.

II. CONTRACTOR'S RESPONSIBILITIES

A. Provide competent attendants.

B. Take precautions necessary to protect persons or property against injury or damage and to be responsible for any such injury or damage as a result of the Contractor's fault or negligence.

C. Perform the work without unnecessarily interfering with agency activities.

D. No attendants are permitted to have any relatives or acquaintances in the institutions or facilities they are servicing, if they do they are to notify the institution or facility management ahead of time.

E. The successful bidder must have the capability of furnishing additional attendants and ambulances required by the medical staff. Additional trips to be billed at the same rate as indicated in this bid submission.

F. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPPA)

III. REQUIREMENTS

A. Service Requirements

1. To provide emergency response services twenty-four (24) hours per day, seven (7) days per week for the institutions or facilities listed herein.

2. Ambulances, equipment, and attendants must meet or exceed the minimum National Health Care Standards or equivalent as outlined by the U.S. Department of Transportation. The Contractor must comply with Ohio Revised Code (ORC) Chapters 4765 and 4766.

3. The Contractor's personnel provided by this agreement are bound to observe the laws, regulations and policies of the state of Ohio and the institutions and facilities listed herein.

   Entrance into a facility requires each person to have a photo identification card in their possession (i.e. driver's license, state of Ohio identification card, etc.). The Contractor must ensure that all providers via this contract have a photo ID card in their possession while providing emergency services.

4. The Contractor must provide the institution(s) they are servicing with copies of Ohio State Board of Pharmacy License and Medication Addendum, along with a copy of their OMTB license, if applicable.

B. Medical Equipment and Related Supplies – All medical traumas, problems, ailments and conditions are intended to be covered by any ensuing contract. Based on the need of the requesting Agency, Contractor will need to provide emergency response vehicles that are equipped to provide Advance Life Support (ALS) services, Basic Life Support (BLS) services or Ambulette services.

1. Response time for ALS or BLS response is to be within fifteen (15) minutes after receiving the call from the requesting institution. The Contractor shall provide exception reports to the institution Health Administrator for any response that exceeds the fifteen minute requirement. Repeated responses in excess of the fifteen minute requirement may be cause for termination of the contract.

   If the awarded Contractor is unable to respond to the call, the Contractor shall contact the nearest EMS entity, public or private, whoever can respond to the institution without delay. The Contractor will be responsible for all charges pertaining to an EMS run performed by another EMS entity. Any invoices for charges received at the institution from another EMS entity will be forwarded to the Contractor for payment. The institution will pay the Contractor the awarded trip fee regardless of the trip charge billed by another EMS entity.

SPECIFICATIONS (CONT'D.)

2. Each emergency response vehicle is to be fully equipped and staffed with the necessary materials and attendants to initiate on-site immediate first aid/or patient emergency care. Response vehicle shall meet or exceed equipment requirements as contained in ORC Chapter 4766-2-10 for entity required to license. Contractors not required to license with Ohio Medical Transportation Board (OMTB) shall meet equipment loads, patient care equipment consistent with National Standards for Pre-Hospital Emergency Medical Services. The Contractor will provide professional staff certified and/or licensed by the state of Ohio to respond to requests for emergency/medical services. The Contractor's staff must be legally qualified to provide medical evaluation, medical treatment, and medical monitoring during the transportation to designated community hospitals, or other destination as instructed by institution, for all types of emergencies. The Contractor must comply with any and all other State and Federal staffing requirements in effect during the term of the contract.

3. All Ambulette Contractors operating in Ohio are required to be licensed by the OMTB. Ambulette Contractors shall comply with and provide requesting Agency with copies of the OMTB license issued in accordance with Chapter 4766 of the ORC/OAC, within five (5) days of the agency request.

   Ambulette transports will be scheduled by the parent institution with a minimum of one day advance notice. Pick-up and general destination will be given but exact destination will not be given, when transport is scheduled, due to security reasons. The transport vehicle will report to the entrance area for check-in. After inspection, the driver will be directed to the area pick-up of inmate and the correction officer. There will be no more than two (2) inmates transported by wheelchair at any given time. There will be two (2) officers assigned to each inmate. One officer per inmate will accompany in the ambulette and other officers in a chase vehicle. Inmates will be in wheelchairs and cuffed at wrists and legs shackled. A mileage report must be submitted with the run report. If an emergency arises during wheelchair transports, the driver should proceed to the nearest medical facility. No pocketknives, guns, etc., are permitted during transport or at the facility.

4. The Contractor will maintain adequate medical personnel, medical supplies, and medical transportation vehicles to provide emergency medical services for the ensuing contract in accordance with acceptable community standards. During emergencies, the Contractor will make available as many vehicles and personnel as is necessary to provide emergency response services. The Contractor will evaluate, treat, stabilize and/or transport all patients on emergency runs to a pre-designated Hospital unless the respective facility's medical supervisor and Contractor's staff agree otherwise, based upon the medically determined needs of the patient and in accordance with acceptable community standards.

C. Record Keeping – Complete records of emergency response trips, dates and medical services rendered must be maintained by the Contractor in accordance with applicable federal and state law. The EMS run reports will be submitted with all invoices and will be reviewed by the respective institution's medical staff prior to payment.

   The Contractor must recognize that, pursuant to the Ohio Revised Code, inmate medical records are the property of the respective facility and cannot be released to a third party. No information will be released by the Contractor to the news media without the prior approval of the respective institution.

D. Security – State of Ohio security personnel will be required to accompany and escort each inmate-patient in accordance with institutional and Agency security policies in effect during the term of the contract.

E. Expansion – Any contract awarded subsequent to this Bid is based on the institution's present staffing, equipment, supplies, and other capabilities. The institution and facility will not increase staffing, equipment, supplies or other capabilities in order for the Contractor to provide emergency services.

F. Removal of Institutions: The State shall provide thirty (30) days notice of termination for an institution removed from this contract.

SPECIFICATIONS (CONT'D.)

G. Pricing: Bidder shall provide line item pricing for each of the following requirements in the Price Schedule on Page 9. Estimated annual usages have been provided in Appendix B for each institution. Usages may change during the term of any ensuing contract, based on demographic changes at each institution. Bidder shall provide pricing in the order of the following columns:

1. The price for ALS one way trip from the requesting institution to the local area hospital listed in Appendix A.

2. The price for ALS one way trip from the requesting institution or local area hospital listed for that institution in Appendix A to either:

   a. Ohio State University Medical Center (OSU), 410 W. Tenth Ave., Columbus, OH 43210 or,
   b. Department of Rehabilitation and Correction, Franklin Medical Center (FMC), 1990 Harmon Ave., Columbus, OH 43223.

   These locations are all located in Franklin County. There shall be one price quoted for this trip regardless of the departure and the arrival locations.

3. The price for BLS one way trip from the requesting institution to the local area hospital listed in Appendix A.

4. The price for BLS one way trip from the requesting institution or local area hospital listed for that institution in Appendix A to either:

   a. Ohio State University Medical Center (OSU), 410 W. Tenth Ave., Columbus, OH 43210 or,
   b. Department of Rehabilitation and Corrections, Franklin Medical Center (FMC), 1990 Harmon Ave., Columbus, OH 43223.

   These locations are all located in Franklin County. There shall be one price quoted for this trip regardless of the departure and the arrival locations.

5. The price per mile for Ambulette Service from a designated pick-up location to a designated final location. The charge on the invoice shall not exceed the mileage accumulated while transporting the occupant(s) from pick-up to final destination. A mileage report summary shall be provided to the escort at the completion point of the trip. A duplicate copy shall accompany the invoice, for review prior to payment. For evaluation purposes only, a trip of 100 miles will be calculated.

PRICE SCHEDULE

Institution	Price for ALS one-way trip from Institution to Local Area Hospital	Price for BLS one way trip from Institution to Local Area Hospital	Price for ALS one way trip from Institution or Local Area Hospital to OSU/CMC/Nation wide Children's Hospital (Franklin County)	Price for BLS one way trip from Institution or Local Area Hospital to OSU/CMC/Nation wide Children's Hospital (Franklin County)	Price for Ambulette Service from designated location to designated location (Price per mile)
Chillicothe Correctional Institution	$	$	$	$	$
Lebanon Correctional Institution	$	$	$	$	$
Northeast Pre-Release Center	$	$	$	$	$
Ross Correctional Institution	$	$	$	$	$
Southeastern Correctional Complex	$	$	$	$	$
Toledo Correctional Institution	$	$	$	$	$
Trumbull Correctional Institution	$	$	$	$	$
Warren Correctional Institution	$	$	$	$	$

As a baseline for any future cost increase requests, the Bidder shall indicate, as a percentage of the total cost, what the cost elements are for calculating their price to the State. Sum of percentages must equal one hundred percent.

Administrative Cost	Labor Cost	Fuel Cost	Maintenance Cost	Other (Name Cost) (if applicable)
%	%	%	%	%

APPENDIX A

Institution	Local Hospital	Site Visit Contact	Contact Phone	Contact e-mail
Chillicothe Correctional Institution	Adena Regional Medical Center	Jane McAfee	(740) 774-7080 ext 2277	jane.mcafee@odrc.state.oh.us
Lebanon Correctional Institution	Atrium Medical Center	Laura Orahoske	(513) 932-1211 ext 2006	laura.orahoske@odrc.state.oh.us
Northeast Pre-Release Center	Metrohealth Medical Center	Robbyn Ware	(216) 771-6460 ext 2006	robbyn.ware@odrc.state.oh.us
Ross Correction Institution	Adena Regional Medical Center	Dwight Presler	(740) 774-7050 ext 2351	dwight.presler@odrc.state.oh.us
Southeastern Correctional Complex	Fairfield Medical Center	Chuck Ressley	(740) 653-4324 ext 2100	charles.ressley@odrc.state.oh.us
Trumbull Correctional Institution	St. Joseph Health Center	Jacqueline Scott	(330) 898-0820 ext 2023	jacqueline.scott@odrc.state.oh.us
Toledo Correctional Institution	St. Vincent Mercy Medical	Felicitas Jackson	(419) 726-7977 ext 7188	felicitas.jackson@odrc.state.oh.us
Warren Correctional Institution	Atrium Medical Center	Dawn Brown	(513) 932-3388 ext 2153	dawn.brown@odrc.state.oh.us

APPENDIX B

Institution	Calendar Year	Trip	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Chillicothe Correctional Institution	2013	Sent From Institution or Local ER To OSU	3	4	3	5	0	7	6	1	5	2	6	4	46
		Sent To Local ER	5	6	2	4	5	5	6	3	4	2	6	2	50
Lebanon Correctional Institution	2010	Sent From Institution or Local ER To OSU	9	12	12	7	8	9	5	9	4	12	2	7	96
		Sent To Local ER	5	5	8	4	8	3	8	14	8	6	8	9	86
Northeast Pre-Release Center	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	0	0	0	0	0	0	0
		Sent To Local ER	0	0	0	2	0	1	2	1	1	0	0	1	8
Ross Correctional Institution	2013	Sent From Institution or Local ER To OSU	5	1	1	1	1	1	4	2	4	2	3	4	29
		Sent To Local ER	3	2	2	1	2	2	6	4	3	0	4	4	33
Southeastern Correctional Complex	2013	Sent From Institution or Local ER To OSU	2	4	0	0	1	1	3	0	1	0	1	1	14
		Sent To Local ER	2	1	1	2	2	1	4	2	4	3	1	2	25
Trumbull Correctional Institution	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	0	0	0	0	0	0	0
		Sent To Local ER	2	6	0	8	0	0	0	0	0	0	0	0	16
Toledo Correctional Institution	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	2	1	0	0	0	0	3
		Sent To Local ER	0	0	7	7	6	15	18	10	0	0	0	0	63
Warren Correctional Institution	2010	Sent From Institution or Local ER To OSU	4	7	6	12	1	2	4	4	6	1	6	4	57
		Sent To Local ER	3	5	6	5	9	6	10	6	6	5	2	4	67

ATTACHMENT A

DEPARTMENT OF ADMINISTRATIVE SERVICES

STANDARD AFFIRMATION AND DISCLOSURE FORM

EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate “Not Applicable” in the appropriate spaces.

1. Principal location of business of Contractor:

   _____ _____
   (Address) (City, State, Zip)

   Name/Principal location of business of subcontractor(s):

   _____ _____
   (Name) (Address, City, State, Zip)

   _____ _____
   (Name) (Address, City, State, Zip)

2. Location where services will be performed by Contractor:

   _____ _____
   (Address) (City, State, Zip)

   Name/Location where services will be performed by subcontractor(s):

   _____ _____
   (Name) (Address, City, State, Zip)

   _____ _____
   (Name) (Address, City, State, Zip)

ATTACHMENT A Cont'd

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

_____	_____
(Address)	(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

_____	_____
(Name)	(Address, City, State, Zip)
_____	_____
(Name)	(Address, City, State, Zip)
_____	_____
(Name)	(Address, City, State, Zip)
_____	_____
(Name)	(Address, City, State, Zip)
_____	_____
(Name)	(Address, City, State, Zip)

Contract also affirms, understands and agrees that Contractor and its subcontracts are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The state has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contract may enter into with the State and is incorporated therein.

By: _____
Contractor

Print Name: _____

Title: _____

Date:_____