

Proposal Response Sheet

Morgan County Emergency Medical Services Board Inc – RFP 15-01
EMERGENCY AMBULANCE SERVICES

Name of firm: _____

Firm's Website: _____

Mailing Address: _____

Remit Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Payment Terms: _____

Authorized Representative: _____

Print: _____

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: _____

Authorized Representative: _____

Print: _____

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: _____

The signature (s) above indicates that certifies that:

- (i) the Proposer's signatory is an agent authorized to submit proposals on behalf of the organization/firm;
- (ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
- (iii) all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition;
- (iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
- (v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and a contract awarded.

_____ Check here if you qualify as a MBE____, HBE____ or WBE____ (Minority, Hispanics or Woman owned Business Enterprise) If so, please indicate the classification below:

African American Hispanic American Asian American Native American Other _____

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Have you included another firm to participate in the completion of the services: _____

If so, who? _____

(Include the complete business name, address, phone and contact person)

Please note that all of the information contained on this page will be used during the evaluation of the responses

The first page of this document MUST be printed on your company letterhead or stationary.

Definitions for the information listed on the first page

Minority/Hispanic/Woman owned Business Enterprise:

Minority – a Black American having his or her origin in the black racial groups of Africa.

Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture.

Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

Cover Sheet/Proposal Response Sheet (Required)

Comprehensive Response to Minimum Requirements & Required Services

Cost & Fees

Experience of Respondent

References

Additional Information (optional)

(This checklist does not absolve the Respondent of any other required documentation indicated in the document not list above. Please use the information highlighted above as a reference only)