

**PROFESSIONAL SERVICES CONTRACTS TO BE AWARDED BY  
CRITERIA ESTABLISHED PURSUANT TO N.J.S.A. 19:44A-1 ET.SEQ.**

The City of Millville solicits statements of qualification and proposals for applicants for **MEDICAL DIRECTOR OF THE CITY OF MILLVILLE EMERGENCY MEDICAL SERVICES**. Responses should address the general criteria and criteria for the position sought and the desired compensation package. All responses will be treated as confidential. Sealed proposals will be received by the Purchasing Board of the City of Millville, 12 South High St. no later than 10:00 AM Thursday, April 2, 2020 when publicly opened. Please Submit three (3) copies of your proposal. Appointment shall be for the calendar year of 2020 and subject to the execution of an appropriate contract.

The City reserves the right but has no obligation to interview any or all of the responders and the right to request clarifying information subsequent to the submission of the proposal.

Services requested are for a community profile as follows:

- 44 square miles
- 6500 9-1-1 EMS calls per year
- Fire Department Based EMS
  - 1 Chief EMT
  - 16 Full times EMT's
  - 10-12 Part time EMT's
  - 15 Full time firefighter/EMT's not assigned to EMS but perform 1<sup>st</sup> responder duties

The successful candidate will provide the City with services related, but not necessarily limited to:

1. Determining the competency of all crew members that are performing Basic Life Support Services (BLS).
2. Supervising the Basic Life Support services efficiently and effectively. Must have 24 hour/7 days a week contact availability.
3. Providing medical quality assurance oversight regarding the administration of BLS services by the provider's crew members.
4. Review the utilization of the AED, as well as interpretation of treatment protocols and documentation standards.

5. Overseeing training of all EMTs and continuing education for all EMTs in the City EMS.
6. Addressing patient care complaints regarding services rendered by EMTs as needed.
7. Making recommendations for improving the City's EMS services and communicating recommendations as to EMS Services to the EMS Department.
8. Reviewing EMS Standard Operating Procedures on a periodic basis.
9. Any other thing necessary and proper for completion of your duties.
10. Provide training as necessary for EMTs on a regular basis.
11. Any other matter directed by the City.

## **PROFESSIONAL INFORMATION AND QUALIFICATIONS**

1. Name of Firm.
2. Address of principal place of business and all other offices and corresponding telephone and fax numbers.
3. Areas of Practice
4. Description of proposer's education, experience, qualification, and a description of his/her experience with a position similar to that described above.
5. At least three (3) references of which two (2) must have knowledge of your service to a public entity.
6. Cost Details, including the hourly rates of the individual who will perform the services and the time estimates required.
7. Statement executed by a corporate officer, member, partner or sole proprietor certifying that there are no prior or pending ethics complaints against them or their company.

## **Additional Requirements**

1. **Insurance.** The applicant / proposer shall provide documentation that insurance for professional liability coverage with limits as to liability acceptable to the City. Must maintain professional liability insurance in the amount of \$1,000,000 with a company with at least an "A" rating with AM Best.

### Limits

\$1,000,000 Each Accident

\$1,000,000 Disease – Policy Limit

\$1,000,000 – Each Employee

General Liability

Limits:

\$1,000,000 Each Occurrence  
\$2,000,000 General Aggregate  
Automobile Liability \$1,000,000  
Professional Liability \$1,000,000  
Cyber Security and Privacy Liability \$1,000,000  
Technology Errors and Omissions \$1,000,000

**2. Financial Disclosure.** The applicant/proposer if required by law, shall file a Financial Disclosure Statement pursuant to Local Government Ethics Law *N.J.S.A. 40A:9-22(1) et seq.*

**3. Law Against Discrimination and Affirmative Action.** The applicant/proposer as a “professional” shall file a statement as to compliance with *N.J.S.A. 10:5-1 et seq.* (Laws Against Discrimination) and P.L. 1975, c.127 (Affirmative Action).

**4.** Enclose copy of New Jersey Business Registration Certificate

### **Selection Criteria**

**The selection criteria used in awarding a contract or agreement for this service shall include:**

- 1. The Medical Director shall be a physician who is licensed by the New Jersey State Board of Medical Examiners to practice medicine.**
- 2. Board Certified in Emergency Medicine from ABEM**
- 3. Experience and knowledge of the NJ EMS system**
- 4. References**
- 5. Ability to perform the task in a timely fashion.**
- 6. Cost Competitiveness**

## **Registering a Business with the New Jersey Department of the Treasury**

Business organizations or individuals doing business in New Jersey are required to register with the Department of the Treasury, Division of Revenue. Registration is free and is a one-time action - there are no fees to register. However, you should update your contact and tax eligibility information as needed. Registration is required to conduct most business with any state, county, municipal, local board of education, charter school, county college, authority, or state college or university. The contracting agency may be required to have a copy of the "proof of registration certificate" submitted as part of a public bid or prior to issuing a purchase order.

**To register:** Businesses must complete **Form NJ-REG** and submit it to the Division of Revenue. The form can be filed online or by mailing a paper form to the Division. Online filing is strongly encouraged.

- Register online at [www.nj.gov/treasury/revenue/taxreg.htm](http://www.nj.gov/treasury/revenue/taxreg.htm). Click the "online" link and then select "Register for Tax and Employer Purposes."
- Download the paper form and instructions at [www.nj.gov/treasury/revenue/revprnt.htm](http://www.nj.gov/treasury/revenue/revprnt.htm).
- Call the Division at 609-292-1730 to have a form mailed to you.
- Write the Division at: Client Registration Bureau, PO Box 252, Trenton, NJ 08646-0252.

Note: If you operate a corporation, limited partnership, limited liability company or limited liability partnership, before registering, you must obtain legal authority to operate in the State of New Jersey. Generally, this is accomplished by filing an original business certificate with the Division of Revenue, such as a Certificate of Incorporation or Formation. For more information on this subject, visit [www.nj.gov/treasury/revenue/filecerts.htm](http://www.nj.gov/treasury/revenue/filecerts.htm), or call 609-292-9292.

**Registering as an individual:** There is a simplified registration process for individuals doing business with any New Jersey government agency. The form can be downloaded from the web at [www.nj.gov/treasury/revenue/pdforms/reg.pdf](http://www.nj.gov/treasury/revenue/pdforms/reg.pdf). To obtain a copy by mail, call 609-292-1730, or write to the Division at the Client Registration Bureau, PO Box 252, Trenton, NJ 08646-0252.

**Questions?** Call 609-292-1730 or submit e-mail:  
[www.nj.gov/treasury/revenue/revcontact.html](http://www.nj.gov/treasury/revenue/revcontact.html).

### **How do I receive the proof of registration certificate?**

- New registrants. When completing Form NJ-REG, make sure you answer "Yes" to the contractor/subcontractor question (Online: Item 17; Paper Form: Item 18). The Division of Revenue will mail the certificate to the mailing address you supply on your registration form.
- Previously Registered Businesses. Call 609-292-1730 and select option 3. The Division of Revenue's service agents will take your order and mail you a certificate. Please allow 7 to 10 working days to receive your certificate. Alternately, you may visit the Division's Client Registration Bureau in person and request a certificate. The address is 847 Roebing Avenue, Trenton, NJ 08611. Service desk hours are 8:30am to 4pm, weekdays, excluding holidays.

**What information does the proof of registration contain?** The certificate displays the following information: Business Name, Trade Name (If Applicable), Taxpayer ID (Usually the Employer Identification Number), Business Address, Contractor Certification Number (State Issued), Certification Issuance Date, Effective Date (Business Start Date Entered on Form NJ-REG).

**STATEMENT OF OWNERSHIP OF CORPORATION OR PARTNERSHIP**

New Jersey law, N.J.S.A. 52:25--24.2, provides that no corporation or partnership shall be awarded any state, county, municipal or school district contract for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or accompanying the bid of said corporation or partnership there is submitted a statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

If one or more of such stockholders or partners is itself a corporation or partnership, the stockholders holding ten percent (10%) or more of that corporation's stock, or the individual partners owning ten percent (10%) or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non--corporate stockholder, and individual partner, exceeding the ten percent (10%) ownership criteria established in this act has been listed. Accordingly, this statement must be completed and submitted simultaneously with the bid.

In the case of corporate or partnership stockholders, continue the disclosure on extra sheets until all required individual stockholders or partners are disclosed.

(1) Names and addresses of all stockholders in

\_\_\_\_\_,  
a corporation, who own ten percent (10%) or more of its stock of any class are:  
Names: Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Names and addresses of all partners of

\_\_\_\_\_,  
a partnership, owning an interest therein of ten percent (10%) or greater are:  
Names: Addresses:

\_\_\_\_\_  
\_\_\_\_\_

(3) Continued information on stockholders or partnerships that are themselves corporations or partnerships (Use extra sheets if necessary and attach).

WITNESS: \_\_\_\_\_ (seal)  
(Contractor)

By: \_\_\_\_\_  
(Signature) (Authorized Signature)

\_\_\_\_\_  
(Printed Name) (Printed Name)

\_\_\_\_\_  
(Title) (Title)  
(Date) (Date)

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**AFFIDAVIT OF NON--COLLUSION**

STATE OF NEW JERSEY)

) ss.:

COUNTY OF)

I, \_\_\_\_\_ residing at

\_\_\_\_\_ in the City/Town/Township/Borough of \_\_\_\_\_, and State of \_\_\_\_\_, of full age, being duly sworn according to law upon my oath

depose and say:

1. I am the \_\_\_\_\_ of the firm of \_\_\_\_\_, the bidder making the bid for the City of Millville project, services and/or material bid, and I executed the Bid Proposal Form with full authority to do so; and I state that the bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above--named project and/or material bid, and that all statements contained in the bid and in this Affidavit are true and correct, and made with full knowledge that the City of Millville relies upon the truth of the statements contained in the Bid Documents completed and submitted by the bidder, and in the statements contained in this Affidavit, in awarding the contract for the said project, services and/or material bid.

2. I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_.

(Signature of Affiant)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. (Printed Name)

\_\_\_\_\_  
NOTARY PUBLIC (Title)

**EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE**

**N.J.S.A. 10:5-31 AND N.J.A.C. 17:27**

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

All goods, professional service and general service contracts are required to submit evidence of appropriate affirmative action compliance to the City of Millville and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the City files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the City of Millville, prior to the execution of the contract, **one** of the following documents:

**Goods and General Service Vendors**

1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the City of Millville and the Division. This approval letter is valid for one year from the date of issuance.

**Do you have a federally approved or sanctioned EEO/AA program? Yes  No**   
**If yes, please submit a copy of such approval.**

**-OR-**

2. A Certificate of Employee Information Report (hereafter "Certificate" ), issued in accordance with N. J. A. C 17:27-4 or 4.3. The vendor must provide a copy of the Certificate to the City of Millville as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor' s Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificate must be renewed prior to their expiration date in order to remain valid.

**Do you have a State Certificate of Employee Information Report Approval?**  
**Yes  No**

**If yes, please submit a copy of such certificate.**

**-OR-**

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form to the City of Millville. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted. The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website  
[http://www.state.nj.us/treasury/contract\\_compliance/](http://www.state.nj.us/treasury/contract_compliance/).

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to the Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N. J. S. A. 10:5-31 and N. J. A. C. 17:27 and agrees to furnish the required forms of evidence.

COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_