



REQUEST FOR PROPOSALS

AMICA MUTUAL PAVILION AND THE RHODE ISLAND CONVENTION CENTER EVENTS EMERGENCY MEDICAL/FIRST AID SERVICES

The Amica Mutual Pavilion and the Rhode Island Convention Center (OVG) requests proposals from firms interested in being selected as the provider of Event Emergency Medical/First Aid Services at the Amica Mutual Pavilion and the Rhode Island Convention Center.

The Rhode Island Convention Center Authority owns the Amica Mutual Pavilion and the Rhode Island Convention Center, located at One LaSalle Square and 1 Sabin Street Providence, Rhode Island, respectively. The facilities are currently managed for the Authority by OVG.

Additional information on the Rhode Island Convention Center Authority and its facilities is available on our website at: <http://www.riconvention.com/>

A MANDATORY PRE-QUALIFICATIONS TOUR OF THE FACILITIES WILL TAKE PLACE ON, **Friday, November 8, 2024, AT 11:00AM. Interested parties should meet in the lobby of the Amica Mutual Pavilion.**

SCOPE OF SERVICES:

The services that the selected provider will be responsible for are emergency medical and first aid treatment at the Amica Mutual Pavilion and the Rhode Island Convention Center. Persons performing the services must be trained and certified to appraise and initiate the administration of emergency care for victims requiring first aid, victims of trauma or acute illness before or during transportation of the victim to a health care facility via ambulance or other means.

TERM:

Three (3) years with the option of OVG to add up to Two (2) One (1) year renewal.

Once contracted OVG/RICCA has the option to cancel the contract on a 30 days' notice.

CRITICAL DATES:

The following are the critical dates and times:

Respondents Notification: Friday, November 1, 2024

Mandatory Pre-Qualifications Tour of Facilities Friday, November 8, 2024, at 11:00AM

Vendor questions concerning the RFP due by: Friday, November 15, 2024, 2:00PM

OVG response to vendor RFP questions due by: Friday, November 22, 2024, 2:00PM

Response Due Date: Friday, December 6, 2024, at 11:00AM

QUALIFICATIONS:

For your response to be properly evaluated you must provide the following:

1. **Firm Profile:** Provide a profile of your firm which includes its size and an overview of its total operations. Provide a mission statement outlining your policies with regards to customer service and show its applications within your previous experience as well as the facility operation.
2. **Summary of Related Experience:** In an overview format summarize your experience during the past five to eight years that uniquely qualifies you to provide the services outlined in this Request.

Submit evidence of Emergency Medical/First Aid Services you have provided for Events at comparable facilities.

For each related experience identified, provide the name, address and telephone number of the applicable client.

3. **Personnel:** Identify the lead person and associated personnel your firm would assign.

Provide an outline of your intended methods of staffing. The outline should include your intended methods for replacing staff which has failed to show for duty at the last minute.

Provide detailed information regarding training methods and practices that your firm participates in. This information should include any handouts supplied to staff as well as a detailed outline of your training program.

Respondents are required to comply with the affirmative action requirements of the State of Rhode Island.

Identify all sub-contractors that you anticipate having a significant role in the administration of the terms of the Contract.

All staff must be licensed and certified as EMTs by the Rhode Island Department of Health.

Identify method of staff training with the Incident Command System (ICS) structure.

Provide staff qualifications with the ICS structure.

Provide samples of medical reports prepared by your staff. Personal information may/will be redacted prior to submission.

Provide information on the size of your fleet, to include the age of the fleet and maintenance certification sheets on each vehicle within the fleet.

Provide information on uniforms proposed for use at the facilities. Photographs or catalog cut sheets are acceptable.

4. **Fee:** Based upon an estimated man hours per event provide your fee proposal.
5. **Approach:** Include a detailed statement of your approach to the services requested.
6. **Insurance:** Please provide the amount of professional liability coverage which you currently carry.
7. **Licenses:** Hold and maintain in good standing all required applicable local, state and federal licenses and permits for the services required.

Respondents may be interviewed by OVG, at its sole discretion, for the purpose of obtaining clarification or additional information.

Evaluation Criteria

OVG will carefully consider all information submitted. Factors/criteria for evaluating the proposals will include:

1. Competence to perform the services as reflected by technical training and education; general experience; experience in providing the required services, and the qualifications and competence of persons who would be assigned to perform the services.
2. Ability to perform the services reflected and the availability of experienced personnel to perform the services.
3. Past performance as reflected by the evaluation of private persons and officials of other entities that have retained the services of the firm.
4. Experience with state and local authorities.
5. Provide a minimum of three (3) client references for review.
6. Pricing.

This is a request for qualifications. Responses will be evaluated on the basis of the above and related merits of the proposal.

PROPOSAL SUBMISSION REQUIREMENTS

Each respondent must submit 3 copies of its proposal containing: all the information required in the Qualification section of this RFP, and its proposed fee, signed by a person legally authorized to bind the proposer to a contract. **Sealed proposals will be received until 11:00AM local time, on Friday, December 6, 2024, at which time all proposals will be opened.** Proposals must be addressed to:

**The Amica Mutual Pavilion OVG
One LaSalle Square
Providence, RI 02903
Attention: Robert Lauro Director of Operations**

The outside package in which the proposal is submitted should be marked **EVENT EMERGENCY MEDICAL/FIRST AID SERVICES QUALIFICATIONS**.

Submission of a response signifies careful examination of this Request for Qualifications (“RFP”) and complete understanding of the nature and extent of the work to be performed.

RIGHTS RESERVED TO THE AUTHORITY AND OVG

Notwithstanding any other provision of this RFP, OVG reserves to itself the rights listed below.

A. Right to Modify RFP Documents

OVG reserves the right to modify or amend any provision of the RFP documents.

B. Right to Reject Any and All Proposals

Whenever OVG deems it to be in the OVG’S best interest, OVG reserves the right, in its sole discretion, to cancel this RFP, to reject any and all proposals, to waive minor irregularities or informalities in a proposal; to re-advertise; and to proceed in a manner other than awarding a contract under this RFP. **OVG will not waive, however, the requirement that qualifications and proposals be received by OVG prior to the deadline for submission.**

C. Right to Cancel Award

OVG reserves the right to cancel negotiations with any proposer at any time prior to a contract being fully executed by the proposer and the OVG, and to award such contract to the OVG’S second choice.

D. Additional Cause for Rejection

In addition to any other cause for rejection of a submittal stated in this RFP, a proposal may also be rejected if there is evidence of collusion among proposers, if the proposer submitting

it is in default or arrears under any prior or existing contract with OVG, The Authority, or any other State of Rhode Island department or agency, or there is an unresolved claim between the proposer and the Authority or any other State of Rhode Island department or agency.

Any direct contacts made or attempted to be made by any proposer with any Authority Board member prior to the selection of qualified proposers will automatically disqualify a proposer from any further consideration.

Should you have any questions regarding this RFP, please contact Robert Lauro, Director of Security and Event Services, via email: rlauro@pvdricenter.com. All questions must be received by **Friday November 15, 2024, no later than 2:00PM**. OVG answers to all vendors questions will be posted on the Rhode Island Convention Center Authority's Web Site **on Friday November 22, 2024, no later than 2:00PM**.

Responses are irrevocable for a period of not less than sixty (60) days following the opening date and may not be withdrawn except with the express written approval of the Authority's Executive Director.

Respondents are advised that the Authority is a quasi-public agency of the State of Rhode Island and its records, including statements submitted in response to RFP, are public records unless otherwise exempted under state law.

THE RHODE ISLAND CONVENTION CENTER AUTHORITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

EVENTS EMERGENCY MEDICAL/FIRST AID SERVICES BID SHEET

Name of Company
or Corporation: _____

Company Address: _____

State and Date of Incorporation: _____

Project Manager to be Assigned: _____

PRINCIPALS AND/OR MEMBERS OF CORPORATION

_____	_____
_____	_____
_____	_____

The company shall provide services only upon request and for certain events.

Bid Sheet

Fees.

Two (2) Emergency Technicians (EMT's), along with an appropriately stocked Advanced Life Support (ALS) ambulance (One Package) per hour: \$_____

And on occasion one (1) additional EMT per hour: \$_____

Signature: _____ Date: _____