

Ambulance

Schedule of Items

Item 1	Ambulance (24-hour shift)	(ALS)	Daily Rate	\$ _____
Item 2	Ambulance (24-hour shift)	(BLS)	Daily Rate	\$ _____
Item 3	Patient Transport		Mile Rate	\$ _____

NOTE: The vendor’s services will be required to be available for a 24-hour period but in most cases the crew will be required to work a 16-hour shift, with 8 hours off, meeting the 2:1 work/rest guidelines (see D. 6.5)

Equipment Information

License #:		State (Where the license was issued)	
VIN Number:	Insurance Expiration Date:		
Equipment ID (Identify each unit with a unique resource number/name for identification purposes.)			
Make:		Model:	
Year:		4 X 4:	<input type="checkbox"/> Yes <input type="checkbox"/> No

D.2 EQUIPMENT REQUIREMENTS

Equipment shall meet all standards established by specification or incorporated by reference and shall be maintained in good repair by the Contractor.

D.2.1 Contractor Provided Equipment

- Ambulances shall meet State rules, regulations and licensing requirements.
- Ambulances shall be equipped with Advanced Life Support (ALS), or Basic Life Support (BLS) if that is the level of service in your area.
- Contractor shall furnish an inventory of medical supplies upon arrival at incident for restocking purposes. Failure to provide the inventory will result in no reimbursement.

D.2.2 Patient Transport (Mile Rate)

Shall apply when equipment is transporting patients from the incident to the medical facilities only.

All Contractor personnel shall comply with Exhibit F, Safety Standards.

D.3 PERSONNEL REQUIREMENTS

A minimum of 2 personnel shall be provided for each shift. If ordered for a double shift, the contractor equipment shall be staffed with four personnel (two per shift). All personnel shall meet State rules, regulations, and licensing requirements.

a. Payment.

- i. **Daily Rate** - Payment will be made on basis of calendar days (0001 – 2400). For fractional days at the beginning and ending of time under hire, payment will be based on 50 percent of the Daily Rate for periods less than 8 hours.
 1. Payment of the daily rate for travel to and from the incident and between incidents will be calculated as follows:
Travel miles from point of hire / 45 mph (ref. D.6.5.2) / 11 hours X daily rate.
- ii. **Patient Transport (Mile Rate)** – Shall apply when equipment is transporting patients from the incident to the medical facilities only.