

QUESTIONS AND ANSWERS TO RFP 27-10

1. If the dedicated event ambulance transports a patient, the RFP requires another unit to continue standby coverage. Is the contractor expected to maintain a replacement ambulance immediately available specifically for A-State, or is the expectation that the contractor will provide the next reasonably available unit? **No, we recognize that because that ambulance had to transport the patient, it wasn't appropriate to wait for another ambulance to come and transport. The next reasonably available unit is acceptable. We just don't want to be without coverage until our dedicated unit returns, if we can help it.**
2. Is there a specific maximum amount of time allowed for the replacement ambulance to arrive after the event ambulance initiates transport? **No - I trust we can work in good faith with each other on this. I just don't want us sitting without an ambulance for an hour while the dedicated unit is tied up at the hospital when there is an ambulance that could come replace them until they return.**
3. The RFP says the temporary unit "must be ALS if the provider has one in-service." Does "in-service" mean an ALS ambulance that is unassigned and available, or would the contractor be expected to remove an ALS ambulance from normal 911/community coverage to backfill the A-State event? **The expectation would be that one is removed from community coverage. That said, I know they have minimum requirements for community coverage, so I wouldn't ask them to fall below that minimum or violate any requirements needed to provide us coverage. In that scenario, repositioning an ambulance to the event site while leaving it in service to respond to community/911 calls may be appropriate. Again, we can be flexible on that.**
4. The RFP specifically establishes compensation of "\$100 each, per game" for the two First Aid Room EMTs. Why would this be a requirement? What if the bidder cannot agree to that price? Can they object to that section, or should they not bid? Where does this dollar amount come from, it would be a net negative cost to any bidder, especially with an unknown length of the game - **This is not a requirement but a suggestion. You can submit your own pricing for this one.**
5. When an ambulance transports a patient from an A-State event, is the contractor authorized to bill the patient/patient's insurance for the medically necessary ambulance transport, or is transportation considered included within A-State's contracted standby rate? **I believe right now that transports are billable. I have no issue with this. In my mind, we are paying for the luxury of a normally off-duty crew to be on-site and assigned to our game, not for the cost of treatment.**

6. If the patient has no insurance or the claim is denied, does the contractor retain responsibility for the unpaid balance, or does A-State assume any financial responsibility? **The contractor should retain responsibility. If we didn't pay to have them on standby, they would have to send a unit from the community and would have this same issue, so I don't see a difference. The payment is just to have the asset for our sole use, not to pay for any treatment. That cost is still between the ambulance provider and the patient (in my opinion)**

7. The RFP requires crews to arrive at least 15 minutes before doors open and one ambulance to remain at least 30 minutes after the event. What event times should vendors use to calculate their bid pricing? Additionally, how will extended events, overtime, weather delays, extra innings, overtime periods, delayed starts, or prolonged post-event coverage be compensated? **If we are paying hourly rather than per event (e.g., football has an hourly rate, not a set price per game), I don't see this as an issue. We would just pay for time worked, and if the game runs longer and they have to be on-site longer, they would be compensated for that under the hourly rate.**

8. The RFP states that failure to meet minimum performance standards can result in assessment of damages, withholding of payment, replacement resources, or contract cancellation. What specific measurable performance standards, response times, penalties, and damage amounts will apply to this ambulance services contract? **The contracted vendor must meet all the RFP requirements. The performance-based standards are on page 13 of the RFP. The university rarely withholds payments.**

9. The RFP identifies failure to respond within the time specified in the bid as a possible reason for termination. What response time is being measured: arrival at the event, response to an incident within the venue, or replacement ambulance arrival? **The response measure refers to arrival at the event and replacement ambulance arrival.**

10. What is the payment policy when an event is canceled or postponed after crews have been scheduled? Is there a minimum cancellation-notice period? **In the past, most have a cancellation policy they provide as part of their packet, with costs based on different time marks (e.g., less than 24 hours before the event, \$150 fee, etc.). This will be based on the contract from the vendor.**

11. Several sections give A-State the option to add another ambulance during pre-operational planning. How much advance notice will normally be provided, and will additional units be billed at the contractor's established unit/hour rate? **Advance notice is difficult; usually, a minimum of 3 days. I always recognize that staffing on short notice can be difficult. We've never expected companies to whip up a crew in 12 hours. This is more of an FYI that certain events may need more than one ambulance, and I always try to give whoever is on the RFP first rights of refusal.**

12 Other events? How much advance notice will be provided? **This will be written into the contract the vendor supplies us.**

13. The RFP states that event ambulances are to be dedicated and "not on call for dispatch." However, the Dispatches section states that calls received by Jonesboro E911 will be assigned to the event's designated units when they can provide the required level of care. Please clarify whether an ambulance assigned to an A-State event is expected to respond to 911 calls occurring outside the event venue, or only medical incidents associated with the event. **The purpose of the "not on call for dispatch" is that the unit is dedicated to event operations and shouldn't be dispatched to non-event-related calls. It can still be dispatched to any call related to the event, and the goal of that section is to make sure E911 doesn't send an ambulance from community service to respond when one is already there. The vendor can still coordinate a unit to respond for transport in accordance with their policy, or, if they don't have one and would like another vendor to respond for transport, I suppose they could.**

14. Submission of proposals, section 4.0, states no later than 11:00 am, but fails to state a date for the 1100 deadline. Based on the chart above this section, I assume it is intended to be October 13th; however, I am seeking confirmation or an alternative date for the submission deadline. **Procurement Services must receive the sealed RFP on or before October 13, 2026, at 11:00 A.M. CST.**

15. Section 6.0 Award and term states, "The committee may award the proposal to one or more vendors, as recommended ... As a result of this RFP, the Department intends to award multiple contracts." This seems to contradict Section 16.0 "The object of this request for proposal is to acquire an exclusive contract for any events held on the premises of Arkansas State University, including but not limited to Centennial Bank Stadium and First National Bank Arena. Please advise if this is a sole-source or multi-vendor contract. **This will be a multi-awarded RFP, depending on the number of vendors that submit a proposal.**

16. In the "Ambulance Crews" section, you did not include a place for bidders to specify the number of AEMTs-Arkansas Department of Health-recognized EMS clinicians who provide ALS care and rank above EMTs but below paramedics). How would you prefer to categorize these advanced providers? **The vendor may categorize them as they prefer.**