



TOWN OF HAMILTON, MASSACHUSETTS

577 BAY ROAD
P.O. Box 429
HAMILTON, MA 01936

REQUEST FOR PROPOSAL
EMERGENCY AMBULANCE SERVICES
RFP HFD FY20-1

GENERAL INFORMATION

The Town of Hamilton (Town) is requesting proposals from private ambulance companies (Provider) to provide town wide coverage for the citizens of our community for a potential three year period starting July 1, 2019 through June 30, 2022. The range of services being requested is specified within the Scope of Work. All proposals must be received by May 31, 2019, no later than 10:00am in order to be accepted. No proposal will be accepted after the due date and time specified in this Request for Proposal (RFP). The proposals will be reviewed and award granted within thirty (30) days after the due date. Any and all questions can be directed to Joseph Domelowicz, Town Manager, (978) 468-5570, jdomelowicz@hamiltonma.gov, 577 Bay Road, P.O. Box 429, Hamilton, MA 01936

DEMOGRAPHICS

Hamilton is a rural-suburban community with 14.7 square miles of landmass and a population of approximately 8,000 people. At the moment, the Town has trended towards an aging population. There are presently 2250 homes throughout the community with a large housing authority located in the downtown area. In addition to the residential aspect, there are four public schools, three private pre-schools, a seminary college, a small commercial shopping downtown district and a private golf/equestrian club.

STATISTICS

Over the last three (3) years the town has responded to five hundred (500) calls, on average, for ambulance services per year. Of the 500 calls for ambulance services per year, there were, on average, three hundred and forty (340) ambulance transports to area medical facilities. These figures are for reference only and in no way guarantee a minimum or maximum number of responses and/or ambulance transports that the Provider can ultimately count on. They are merely a measurement of what was provided in the past and cannot be considered a guarantee.

REQUIREMENTS

The following minimum requirements must be met in order for the applicants to be considered for being awarded the contract.

- A. The Provider is licensed by the Commonwealth of Massachusetts to operate an ambulance service for Advanced Life Support (ALS) pursuant to Massachusetts state laws and regulations.
- B. The Provider shall have a minimum of three (3) years' experience in the operation of an ambulance service company without any license suspension, revocation, or refusal by the Commonwealth of Massachusetts.
- C. The Provider shall have experience providing 911 ALS ambulance service to at least one comparable municipality within the Commonwealth of Massachusetts for a minimum of one year.
- D. The Provider shall have a minimum of three (3) years of corporate experience without any bankruptcy proceedings.
- E. Provider must be able to execute, and maintain, an affiliation agreement with an area hospital authorized as an Emergency Medical Direction Facility in accordance with 105 CMR 170.000, as adopted under Massachusetts General Laws, Chapter 111C governing Ambulance Services and Emergency Medical Care.
- F. All of the Providers vehicles shall be Class I ambulances pursuant to Federal Ambulance Specifications and Massachusetts General Laws, Chapter 111C, and the regulations promulgated thereunder.
- G. Provider's ambulances shall meet or exceed the United States Government DOT Specification KKK-A-1822E and specifications of Massachusetts General Law Chapter 111C; and shall have equipment and supplies as required by 105 CMR 170.000.
- H. Provider shall maintain and keep all the ambulances required under its contract for ambulance service in good mechanical and operating condition.
- I. The Providers vehicles must be inspected every ninety (90) days by a certified automobile mechanic to ensure that they are in proper mechanical condition and comply with all safety regulations. All records of inspection and maintenance shall be furnished to the Town of Hamilton or their designee.

SCOPE OF WORK TO BE PROVIDED

- A. Provider shall deliver Basic Life Support (BLS), Advanced Life Support (ALS) and /or Paramedic Basic (PB) emergency ambulance service twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
- B. Response time for 85% of all emergency calls shall be no more than eight (8) minutes between dispatch and arrival at emergency location. Under normal circumstances, response times shall not exceed ten (10) minutes.
- C. Under condition where the extreme circumstance prevails, and condition of the contract can't be met by the Provider, the closest substitute, i.e. closest Municipality or private EMS Ambulance Service will be called without delay by Provider. Provider must update Hamilton Dispatch with the location and estimated time of arrival of the backup provider in accordance of this proposal.
- D. Provider will garage an ambulance and staff at the Hamilton Public Safety Building per agreed upon lease agreement, offering, at a minimum, BLS level service twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year, except when unit is in use. However, the Town of Hamilton and their citizens will not be left without a suitable back up when unit is in use.
- E. Backup ambulance service will be provided by the Provider twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) a year whenever dedicated units are in use.
- F. Provider shall install a "direct ring down" phone line between Provider Dispatch and the Hamilton Public Safety Building Dispatch. Hamilton Dispatch will notify Provider Dispatch directly using the direct ring down line for requests for ambulance services.
- G. Provider will provide an ambulance and staff, offering, at a minimum, BLS level service, to attend on site at all working fires. At the request of the Fire Chief, and/or OIC, Provider will respond with an ambulance to incidents involving hazardous materials or any other public safety emergency.
- H. Provider will provide an ambulance and staff, offering, at a minimum, BLS level service to attend all major community events, such as field days, parades, drills, etc. The Town will give the Provider at least twenty-four (24) hours' notice before such events occur.

- I. Provider will complete all necessary work to cause Hamilton to be designated a "Heart Safe Community" as administered by the Massachusetts Department of Public Health Office of Emergency Medical Services ("OEMS") and the American Heart Association. Such work includes, but is not limited to:
 1. Annually teach a CPR recertification course to all public safety personnel.
 2. Annually teach an EMT-B refresher course for all public safety personnel.
 3. Monthly teach an EMT CEU class for all public safety personnel.

GENERAL CONDITIONS

- A. Provider shall give the Fire Chief quarterly response time reports for each and every emergency call received during the quarter. The reports shall be delivered no later than ten (10) business days after the end of the quarter.
- B. On the date of execution of the contract, the Provider shall submit to the Town a performance bond with a surety acceptable to the Town or an irrevocable letter of credit from an institutional lender in an amount of at least \$50,000.
- C. Provider warrants and represents that it is licensed by the Commonwealth of Massachusetts to operate an ambulance service for BLS and ALS pursuant to all applicable laws and regulations. Provider will maintain its licensure throughout the term of this contract.
- D. Provider warrants and represents that it has never had any license suspension, revocation or refusal by the Commonwealth and have not filed for bankruptcy protection in the last ten (10) years.
- E. The Provider and its vehicles, equipment and personnel will be subject to inspection at any time by the Town's Health Agent. The Provider shall share with the Board of Health the OEMS ambulance inspection report within seven (7) days of receipt and provide any reports of correction of deficiencies found by OEMS.
- F. Provision of service shall be in full compliance with all applicable provisions of Massachusetts General Law Chapter 111C and accompanying regulations, including, but not limited to, 105 CMR 170.000 and the Massachusetts Region III EMS Counsel in regards to operations, vehicles, equipment, personnel, training, treatment protocols and quality improvement policies.
- G. Provider shall maintain Worker's Compensation insurance as required by Massachusetts General Law Chapter 152.

- H. Provider shall maintain motor vehicle insurance on all vehicles to be used in the amount of at least \$1,000,000 for property damage, at least \$1,000,000 for injuries to or death of any person, and at least \$3,000,000 for injuries to or death of more than one person.
- I. Provider shall maintain general liability and professional liability insurance in the amount of at least \$1,000,000 for property damage, at least \$1,000,000 for bodily, personal and advertising injury and at least \$3,000,000 aggregate.
- J. Provider shall maintain umbrella coverage for motor vehicle insurance, general, liability, and professional liability of at least \$2,000,000 per occurrence and \$2,000,000 aggregate.
- K. Provider shall cause the Town to be named as an additional insured on all insurances and shall provide Certificates of Insurance for each policy. The parties acknowledge that the types of insurance and coverage limits listed herein are the minimum necessary for the ambulance company to be awarded this contract. The types of insurance and coverage limits stated herein are not intended in any way to limit the ambulance company's liability for any damages arising from the ambulance company's performance. Further, the policies must contain a notation that the insurer will give thirty (30) days' notice to the Town of Hamilton prior to cancellation, change or non-renewal of the policy. At least thirty (30) days prior to the expiration of any policy, a signed and complete Certificate of Insurance with all endorsements attached, showing that the insurance coverage has been renewed or extended, shall be filed with the Town Clerks Office at Hamilton Town Hall.
- L. Unless provided by law, the Provider will indemnify and hold harmless the Town of Hamilton against any and all liability, loss, damages, costs, or expenses for personal injury or damage to real or tangible personal property that the Town may sustain, incur, or be required to pay, arising out of, or in connection with, the performance of the contract by reason of any negligent action or inaction or willful or intentional misconduct by the Provider, its agents, servants, or employees.
- M. The Provider that is awarded the contract agrees that it is an independent contractor of all operations under the contract and for all acts of its agents, servants, and employees, and that it will indemnify and hold harmless the Town, its officers, boards, committees, agents, servants and employees from any and all loss, damage, costs, charges, expenses, and claims which may be made against it or them or to which it or they may be subject by reason of any alleged act, action, neglect, omission, or default on the part of the Provider or any of its agents, employees, and will pay promptly, on demand, reasonable costs and expenses of the defense thereof, including attorney's fees and expenses. This indemnification is not limited by a limitation on the amount of type of damages, compensation, or benefits payable by or for the Provider under the Worker's Compensation Act, Disability Benefits Act or other employee benefits act.

Lease

- A. The Provider must supply a bid for an amount per month to be paid to the Town of Hamilton for leased space. The space to be leased is located in the Public Safety Building at 265 Bay Road, South Hamilton, MA, 01982. The designated space includes a heated garage space for one (1) ambulance, a staff day room, sleeping quarters, male and female toiletry and shower areas. The bids for the above-referenced lease space has a starting minimum bid of Six Hundred Dollars (**\$600.00**) to be paid on or before the first of every month to the Town of Hamilton.

REIMBURSEMENT TERMS

- A. The Provider shall reimburse the Town a flat monthly fee of at least one hundred and thirty dollars (**\$130.00**) per month for dispatch services. All parties expressly acknowledge that this fee is independent of the number of calls dispatched to the Provider. The Provider shall assure itself and the Town that such remuneration is acceptable to all regulatory authorities. An unfavorable opinion by an authority will cause this remuneration plan not to be implemented, but shall not otherwise void the contract.
- B. The contract term is for a potential three (3) year period from July 1, 2019 through June 30, 2022. The initial term is one (1) year. The Town reserves the right, at its own discretion, to renew the contract after June 30, 2020, by one or two one (1) year extensions, exercisable ninety (90) days prior to the expiration of the initial term and mutually agreed upon by both parties
- C. The contract may be terminated by either party at any time, for any reason, or no reason at all, with one hundred-eighty (180) days' notice in writing to the other at its principal place of business by certified mail.
- D. The contract may be terminated for cause if any party fails to comply with an obligation hereunder. If terminated for cause, the terminating party must provide thirty (30) days' notice, in writing, to the other at its principal place of business by certified mail. An opportunity to cure need not be given prior to sending a notice of termination for cause, nor must specific cause be identified in the notice.

MISCELLANEOUS CONDITIONS

- A. When awarded, the contract may not be assigned, or subcontracted, without the prior written consent of the Town.
- B. When awarded, the contract may not be modified except in writing executed by both

parties.

- C. When awarded, the contract may be executed by the two parties in person in counterparts.

- D. Fire/Police Department Resupply System: The Provider will establish a resupply system for disposable EMS equipment utilized by the Hamilton Fire Department & Police Department emergency response personnel. All disposable equipment will be provided immediately after usage and at no cost to the Town of Hamilton. This shall include, but not be limited to, disposable medical gloves, oxygen cylinders, oxygen masks, bandages, cervical collars, boards, straps, first aid items. All disposables shall meet or exceed current industry standards and best practices. Any request by Fire and Police Departments for the latest (most current) disposable items shall be considered and reviewed for purchase at the Providers cost. A review of the current items provided will take place within one month of the effective date of the contract and on an as needed basis determined by the Fire and/or Police Chiefs.

- E. Medical Waste:The Provider shall accept all medical waste generated at the EMS scene as well as accept medical waste collected by the Town of Hamilton employees who may act as first responders to an EMS emergency. The Provider will supply biological waste receptacles and sharps containers to first responders as required.

Proposal Submission Requirements

Time and Place of Submission: Proposals are to be submitted by May 31, 2019, no later than 10:00am, by mail, or in person, to the Town of Hamilton, Town Clerks Office, at 577 Bay Road, P.O. Box 429, Hamilton, MA 01936. Postmarks will not be considered. The Town shall not be responsible for proposals arriving late due to couriers, deliveries to wrong locations, express mailing service errors, etc. If, at the time that proposals are due, Town Hall is closed due to uncontrolled events, proposals will be accepted until 11:00 am on the next day the Town Hall is open after the due date. For the purposes of determining whether a proposer has met the deadline, the clock in the Town Clerk's office shall indicate the official time. No individual extensions of this deadline will be granted.

PROVIDER'S RESPONSIBILITY: Providers shall utilize all the information delivered to them within this document in order to complete the proposal package for our review.

CONTRACT AWARD: The contract will be awarded by the Town of Hamilton within 30 days after the proposal due date. The time for award may be extended by agreement between the Town and successful proposer.

QUESTIONS: Questions and/or concerns regarding this Request for Proposal must be made in writing or by email no later than May 23, 2019 by 12:00 noon to the Town Manager.

Joseph Domelowicz, Town Manager
577 Bay Road
P.O. Box 429
Hamilton, MA 01936
jdomelowicz@hamiltonma.gov

ADDENDA: If necessary to maintain a fair and equal proposing environment, the Town will issue addenda to all Proposers who have requested bid packages. Addenda will be mailed, faxed, or e-mailed to all Proposers on record as having requested the RFP. Nevertheless, Proposers shall be responsible for ensuring that all addenda are in receipt prior to the proposal deadline. The Town will require acknowledgement of any addenda issued to be included on the proposal form. No addenda will be issued later than five days prior to RFP due date.

BASIS FOR AWARD: The Town Manager will be responsible for determining whether proposals should be rejected in the best interest of the Town, or recommended for approval. The contract will be awarded to the responsive and responsible bidder providing the most advantageous proposal based on the following requirements: Services to be provided, General Conditions, Lease Payment, Reimbursement Terms, Service Price, Net Cost, Miscellaneous Conditions, Evaluation Criteria and references. The Town will reserve a period of up to thirty (30) calendar days following the due date of the proposals in which to evaluate and award the contract. Conditional proposals will be rejected.

Vendor Service Price: The Service Price shall be defined as the monthly price for the services requested by the Town of Hamilton within this RFP.

Net Cost: The Net Cost will be used as a part of the evaluation criteria set forth in this RFP and shall be defined as follows:

Net Cost = Lease Payment + Dispatch Service Payment – Vendor Service Price.

Pricing shall be identified in the attached Proposal Pricing Form.

FINALITY OF PROPOSAL: After the proposal due date, a proposer may not change any provision of the proposal in a manner prejudicial to the interests of the Town or fair competition. Minor informalities will be waived, or the Proposer will be allowed to correct them. If a mistake and the intended proposal are clear on the face of the proposal document, the mistake will be corrected to reflect the intended correct proposal, and the Proposer will be notified in writing.

CONTACT PROHIBITION: All contacts with Town of Hamilton personnel concerning this RFP are prohibited, except for contacts specifically described herein. This prohibition shall apply to all prospective proposers from the date of release of the RFP until an ambulance company is selected. Violation of this condition may be considered sufficient cause by the Town to reject the response and/or selection of an ambulance company.

MINIMUM REQUIREMENTS: Any proposal that fails to meet the intent of the RFP, is incomplete, not properly signed, or contrary to the instructions and requirements contained in the RFP may be rejected by the Town of Hamilton.

TOWN'S RIGHTS: The Town may cancel this RFP or reject in whole, or in part, all proposals, if the Town determines that the cancelation or rejection serves the best interests of the Town of Hamilton.

SIGNATURES: Proposals must be signed as follows: (1) If the Proposer is an individual, by her or him personally; (2) If the Proposer is a partnership, by the name of the partnership, followed by the signature of each general partner; and (3) If the Proposer is a corporation, by the authorized officer.

CONTRACT: By submitting a proposal, the Provider agrees that if chosen, the Provider will enter into a contract with the Town of Hamilton under the terms and conditions described in this proposal.

Proposal Contents

1. Provider's information including name, company name, address, pertinent phone numbers, fax and e-mail.
2. Written proposal based on RFP, which includes each of the criteria: the Requirements set forth above, all proposed services clearly identifying how they fulfill the scope of services requested, net cost, General Conditions, Lease Payment and/or Reimbursements Terms, any related service costs to the Town of Hamilton, and Miscellaneous Conditions. The proposal must be signed and dated by company's owner and/or CEO.
3. One (1) original and two (2) copies of the proposal must be included in the packet.
4. Three (3) written references) by current clients you presently service. Include name, address and phone numbers.
5. Bidder Information Response
6. Certificate of Authority
7. Certificate of compliance with M.G.L. 1581B
8. Indemnity Agreement
9. Certificate of Tax Compliance pursuant to M.G.L. c.62C, §49A
10. Certificate of Good Faith

COMPARATIVE EVALUATION CRITERIA

Proposals will be considered pursuant to M.G.L. c 30B, the Uniform Procurement Act (Act). It is the intention of the Town to fulfill the intent and purposes of the Act. The Town shall apply the criteria which follow in its evaluation of the proposals.

Proposal will be categorized as follows:

A. Emergency Ambulance Service Performance and Experience

Highly advantageous: Clearly demonstrates more than 3 years of high degree of expertise and experience in customer service in small communities like the Town of Hamilton.

Advantageous: Clearly demonstrates three years of expertise and experience and customer service.

Not advantageous: One to three years of experience in providing Emergency Ambulance Service.

Unacceptable: No clear statement of experience.

B. Quality of Written Proposal

Highly advantageous: Provides a consistently high quality of response and meets all the specifications of the Request for Proposal with no exceptions.

Advantageous: Meets most of the specifications in the Request for Proposal but without consistently high quality in all respects and with no more than one exception.

Not advantageous: Does not provide a high quality of response and has no more than two exceptions to the various specifications of the Request for Proposal.

Unacceptable: More than two exceptions and fails to respond at an acceptable level to the Request for Proposal specifications.

C. Proposer's References

Highly advantageous: All three of the proposer's references provide satisfactory remarks are of uniformly high quality.

Advantageous: Two of the three of the proposer's references provide satisfactory remarks of high quality.

Not advantageous: One of the three of the proposer's references provide satisfactory remarks of high quality.

Unacceptable: None of the proposer's references provide satisfactory remarks of high quality.

D. Lease

Highly advantageous: Price point for lease is more than the acceptable \$600.00/MN to the Town of Hamilton.

Advantageous: Price point for lease is at the acceptable \$600.00/MN to the Town of Hamilton.

Not advantageous: Price point for lease is less than the acceptable \$600.00/MN to the Town of Hamilton.

Unacceptable: Price point for lease is \$0.00/MN to the Town of Hamilton.

E. Ambulance Service to the Town

Highly advantageous: Services requested under this contract results in a net monthly cost of \$0.00/MN to the Town of Hamilton.

Advantageous: Services requested under this contract results in a net monthly cost of \$200.00/MN or less to the Town of Hamilton.

Not advantageous: Services requested under this contract results in a net monthly cost of more than \$200.00/MN but less than \$400.00/MN to the Town of Hamilton.

Unacceptable: Services requested under this contract results in a net monthly cost of over \$400.00/MN to the Town of Hamilton.

Bidder Information Response
Emergency Ambulance Services
RFP HFD FY20-1

Legal Name of the Bidder: _____

Company Name: _____

Company Address: _____

City State Zip: _____

Company Web Address: _____

Company Telephone: _____ Company Fax Number: _____

State of Incorporation (Date): _____

If the bidder is a partnership, give full name and addresses of all partners; and if an individual, give residential address if different from business address.

Company Contacts - Required Individual Submitting the Bid:

Name: _____ Title: _____

Mailing Address: _____

Telephone: _____ Fax number: _____ Email Address: _____

Individual to be contacted about the Bid:

Name: Title: _____ Mailing Address _____

Telephone: _____ Fax number: _____

Email Address: _____ Best Times to Contact: _____

It is the Bidder's responsibility to monitor the email address for the Bidder's contact person, provided in the Submission. The TOWN may need to contact the Bidder's contact person with clarification requests or for other reasons. The Town assumes no responsibility if a Bidder's designated email address is not current, or if technical problems, including those with the Bidder's computer, network, or internet service provider (ISP), cause e-mail communications between the Bidder and the Town to be lost or rejected by any means including email or spam filtering.

PROPOSAL PRICING FORM

<u>Description</u>	<u>Unit</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
1. <u>Lease Payment</u>	<u>Monthly</u>	<u>12</u>	<u>\$</u>	<u>\$</u>
2. <u>Dispatch Service</u>	<u>Monthly</u>	<u>12</u>	<u>\$</u>	<u>\$1,560.00</u>
3. <u>Vendor Service</u>	<u>Monthly</u>	<u>12</u>	<u>\$</u>	<u>\$</u>
		<u>*Net Cost</u>		<u>\$</u>

***Net Cost = Item 1 (Lease Payment) + Item 2(Dispatch) – Item 3(Vendor Service)**

CERTIFICATE OF AUTHORITY

1. I hereby certify that I am the Clerk/Secretary of _____
(Insert full name of Corporation)

2. Corporation, and that _____
(Insert the name of officer who signed the contract and bonds)

3. Is the duly elected _____
(Insert the title of the officer in line 2)

4. Of said corporation, and that on _____
(The date must be ON OR BEFORE the date the officer signed the contract and bonds.)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(Insert name from line 2) (Insert title from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST _____ AFFIX CORPORATE
(Signature of Clerk or Secretary) SEAL HERE

7. Name: _____ (Please print or type name in line 6)

8. Date: _____
(Insert a date that is ON OR AFTER the date the officer signed the contract and bonds.)

* The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation

CERTIFICATE OF COMPLIANCE WITH M.G.L. 151B

The undersigned hereby certifies that it is in compliance with and shall remain in compliance with Massachusetts General Laws (M.G.L.) Chapter 30B and shall not discriminate on any prohibited basis outlined therein. The Bidder also hereby certifies that it shall comply with all applicable Supplier Diversity Office (SDO) thresholds that have been established for the project.

Signature required

INDEMNITY AGREEMENT

In consideration of the award of Contract No RFP HFD FY20-1

by the Town of Hamilton, hereinafter referred to as INDEMNITEE, to the
CONTRACTOR/BIDDER:

Bidder

hereinafter referred to as INDEMNITOR, and for other good and valuable consideration, said INDEMNITOR agrees to hold INDEMNITEE, Town of Hamilton, and its various department and employees harmless from any and all liability, loss or damage that INDEMNITEE may suffer as the result of claims, demands, costs, including attorney's fees, or judgement or other actions against it by reason of any and all work done by or on behalf of the INDEMNITOR in connection with the above- referenced contract.

INDEMNITOR,

By Duly Authorized Agent

Date: _____

CERTIFICATE OF COMPLIANCE WITH MASSACHUSETTS TAX LAWS

Certificate of Good Standing issued by the Massachusetts Department of Revenue dated no earlier than 90 days before the bid submission deadline may be submitted in place of this certificate.

Pursuant to M.G.L. c.62C, §49A ,the undersigned, acting on behalf of the Contractor* certifies under the penalties of perjury that the Contractor is in compliance with all laws of the Commonwealth relating to taxes including payment of all local taxes, fees, assessments, betterments and any other local or municipal charges (unless the Contractor has a pending abatement application or has entered into a payment agreement with the entity to which such charges were owed), reporting of employees and contractors, and withholding and remitting child support**.

Contractor: _____ Date: _____

Print Name: _____

Social Security Number: _____

Corporation, Association or Partnership: _____ (Print)

Federal Tax ID Number or Social Security Number: _____

By: _____ Date: _____
(Authorized Corporate Signature)

Title: _____

Note to Contractor***: Please initial at whichever applies below.

To comply with all laws of the Commonwealth relating to taxes, the undersigned certifies that contractor:

1. _____ has filed all tax returns and paid all taxes required by law; or
2. _____ has filed a pending application for abatement of such tax; or
3. _____ has a pending petition before the appellate tax board contesting such tax; or
4. _____ does not derive taxable income from Massachusetts sources such that it is subject to taxation by the Commonwealth

* As used in this certification, the word "contractor" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

** The provision in this Certification relating to child support applies only when the Contractor is an individual.

*** Approval of a contract or other agreement will not be granted until the Town of Hamilton receives a signed copy of this Certification.

CERTIFICATE OF GOOD FAITH

Emergency Ambulance Services RFP HFD FY20-1

The undersigned hereby certifies that s/he will comply with all laws and regulations applicable to awards made subject to Massachusetts General Laws, Chapter 30B.

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature of Individual submitting the bid or proposal

Individual Full Name (Print/Type)

Name of Business (Print/Type)

(Date)

Two Witnesses or Notary

Witness One Signature

Witness Two Signature

Witness One Full Name(Print/Type)

Witness Two Full Name(Print/Type)

Witness One Primary Address

Witness Two Primary Address

OR

Commonwealth of Massachusetts

County of: _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared

_____(name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

- as partner for _____, a partnership.
- as _____ for _____, a corporation.
- as attorney in fact for _____, the principal.
- as _____ for _____, (a) (the) _____

(Official signature and seal of notary)

My commission expires: _____