TOWNSHIP OF PEQUANNOCK

REQUEST FOR PROPOSALS for
Competitive Contract for BLS Emergency Services and Transportation

The Township of Pequannock, a municipal corporation in the County of Morris and the State of New Jersey, having its offices at 530 Newark-Pompton Turnpike, Pompton Plains, NJ 07444, through a fair and open process in accordance with N.J.S.A. 19:44A-20.5 et seq., is soliciting proposals from contractors interested in providing BLS Emergency Services and Transportation.

Submission Deadline: Friday, November 7, 2025

Number of Proposals to be sent: one (1) original, hard copy (clearly marked as "original"), one *(1)* copy (clearly marked as "copy") and one (1) complete copy, as a PDF on a CD/DVD or Portable USB Drive.

Address all Proposals to:

Adam W. Brewer, Township Manager
Township of Pequannock
530 Newark-Pompton Turnpike
Pompton Plains, New Jersey 07444

Proposals must be returned to the Manager's Office in a sealed envelope bearing the name and address of the proposer written on the face of the envelope and clearly marked "BLS Emergency Services and Transp01iation Proposal - Attn: Adam W. Brewer."

Proposals may be hand delivered or mailed. In the case of mailed proposals, the Township assumes no responsibility for documents received after the above-stated designated date and time. Proposals received after the designated date and time for receipt will not be accepted and will be returned unopened. Proposals will not be accepted by facsimile or e-mail.

Each proposal and all required forms must be signed by a person authorized to do so. Proposals must cover all information requested in this RFP. Responses which, in the judgment of the Township fail to meet the requirements of the RFP or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected. All communications concerning this RFP or the RFP process shall be directed, in writing, to Manager Brewer. The Manager's decision shall be final and conclusive.

This RFP is not intended to be an offer, order or contract and should not be recognized as such, nor shall any obligation or liability be imposed on the Township by issuance of this RFP.

The Township shall not be responsible for any expenditure of monies or other expenses incurred by the proposer in making its proposal.

The Township, in its sole discretion, reserves the right to reject any or all proposals and to waive any and all irregularities as is in the best interest of the Township. A final award shall be made by Resolution adopted by a majority of the Township Council based upon the qualifications made to the Township that have been determined to be **the most advantageous to the Township, price and other factors considered.** The Township Council reserve the right to negotiate the terms and conditions with any qualified proposer before making its determination and appointment.

1. **Purpose & Scope.** The contractor shall furnish all personnel, vehicles, uniforms, materials, training, equipment, supervision and associated operational necessities to manage, operate and maintain an Emergency Medical Transportation Service serving the Township of Pequannock with hours of operation generally on weekdays from 6:00 AM to 6:00 PM.

   a. The contractor shall provide a licensed ambulance dedicated to providing EMS services to the Township of Pequannock during the identified service hours. The ambulance shall be kept in good repair, free of dents and other physical damage and be clearly marked with the contractor's name. The ambulance shall meet all applicable state licensing, certification, servicing and maintenance requirements.

   b. The term of the agreement shall be a period of twelve (12) months, with four (4) subsequent one (1) year renewal periods equaling a total possible contract term of five (5) years.

   c. The contractor shall at all times maintain licensure as an ambulance service by the NJ Department of Health and Senior Services and at all times abide by the rules, regulations and standards of applicable law and regulation.

   d. The contractor shall provide two (2) dedicated emergency medical technicians ("EMTs"),certified by the NJ Department of Health with CPR and other applicable/required training and/or certifications.

   e. The contractor shall make the dedicated ambulance and EMTs reasonably available for any/all special events in the Township, provided adequate notice is provided to the contractor from the Township, at least two (2) weeks prior to the special event.

   f. The contractor shall provide the Township quarterly reports, subject to H.I.P.P.A. restrictions, detailing, at a minimum the number of patients transported and corresponding response times.

   g. The contractor shall, when requested by the Township, review any call with the Medical Director or similar position and any applicable staff and provide a report, subject to H.I.P.P.A restrictions, to the Township.

   h. The contractor shall follow applicable procedures as established by the Township of Pequannock Police Department including EMT check in, keys at desk and radio check in.

   i. The contractor shall arrange for meetings quarterly or as needed between the contractor, Chief of Police, Township Manger and other parties as may be required or requested by the Township.

   J. The Township shall provide the contractor with a schedule of expected EMS services.

   k. During the hours of operation, the following procedures shall be observed:

1) All emergency medical 911 requests received by the Township will be telephonically conferenced by the Township with the contractor's dispatch center for emergency medical dispatch.

2) Mutual aid requests should be made directly to the contractor's dispatch center.

3) Should a request for emergency medical services be made and the contractor not be able to provide BLS response because of engagement on another call or other reasonable circumstance, the contractor will arrange for mutual aid emergency service. If the contractor is unable to secure mutual aid emergency service, the Township will dispatch the Pequannock Township First Aid Squad in a mutually agreeable manner.

l. The Township will allow the contractor access to the Pequannock Township First Aid Squad frequency during the hours of operation.

m. The contractor may bill for emergency treatment and transportation in a manner that is in accordance with applicable state and federal law and regulation, a usual and customary fee not to exceed $600 .00. The contractor shall be solely responsible for the collection of any/all fees, leaving the Township with no liability for the payment of any costs associated with emergency services and transportation.

2. **Contract Required.** The successful proposer will be required to execute the Township's form of contract which includes its standard form indemnification and insurance provisions.

3. **PROPOSER'S RESPONSIBILITY IN RESPONDING TO TOWNSHIP'S REQUEST FOR PROPOSALS FOR BLS EMERGENCY SERVICES AND TRANSPORTATION.** The proposer shall in response to this RFP provide at a **minimum** the following information:

a. Qualification Information:

1. Full name and business address of the corporation, firm or individual submitting the proposal. If a corporation or firm, all key points of contact shall be identified with corresponding contact information (name, title, mailing address, e-mail address and telephone number), e.g. Medical Director, Contract Administrator, etc.

2. A statement concerning the contractor's ability to provide BLS Emergency Services and Transportation . A minimum of five (5) years of experience providing BLS Emergency Services and Transportation to a municipality or municipalities in the State of New Jersey is required .

3. A list of all public entities that the contractor currently serves with BLS Emergency Services and Transportation.

4. A list of emergency medical facilities that the contractor anticipates providing BLS Emergency Services and Transportation to, should the need arise to provide transportation to a location other than Chilton

Medical Center, a community hospital located in the Township of Pequannock.

5. A statement regarding the contractor's knowledge of or familiarity with the Township of Pequannock and a statement regarding the number of certified EMTs the contractor currently has employed to demonstrate an ability to meet the contract's needs.

6. Any other information that describes the proposer's ability to perform the service for which proposals are being solicited.

b. Cost Proposal - The cost proposal, will satisfy the following requirements:

1. Compliance with the provisions articulated herein, with respect to billing and possession of the necessary equipment and financial resources to meet the contract's obligations.

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

d. **Proof of Business Registration Certificate.** Proposer must furnish a copy of their New Jersey Business Registration Certificate prior to award of contract as required by N.J.S.A. 52:32-44.

e. **Stockholder Disclosure Certification.** Proposer must complete and submit the Stockholder Disclosure Certification attached hereto as Exhibit B.

f. **Affirmative Action.** In accordance with the laws of the State of New Jersey, all contracting entities must comply with the requirements of N.J.S.A. 10:5-31 et and N.J.A.C. 17:27 et Proposer is required to submit an Affirmative Action Statement together with evidence of compliance. Appendix A contains mandatory Affirmative Action Language which shall appear in any contract with the Township and which lists in subparagraph (j) thereof the acceptable documents that may be submitted to evidence compliance. Proposer must complete and submit the Affirmative Action Compliance Notice attached hereto as Exhibit C.

g. **Affidavit of Non-Collusion.** Proposer shall properly execute and submit the Affidavit of Non-Collusion attached hereto as Exhibit D.

h. **Pay to Play.** The successful proposer is advised of the responsibility to file an annual disclosure statement on political contributions with the New Jersey Election Law Enforcement Commission pursuant to N.J.S.A. 19:44A-20.13 (P.L. 2005, c.271, s.3) if the successful proposer receives contracts in excess of $50,000 from public entities in a calendar year. It is the successful proposer's responsibility to determine if filing is necessary. See Exhibit E.

i. **Americans with Disabilities Act of 1990.** Discrimination on the basis of disability in contracting for the purchase of goods and services is prohibited. Proposers are required to read Americans with Disabilities language attached to this RFP at Exhibit F and agree that the provisions of Title II of the Act are made a part of the contract. The successful Proposer will be obligated to comply with the Act and to hold the owner harmless.

j. **Protected Information.** By submission of the response to the RFP, the proposer certifies that the service to be furnished will not infringe upon any valid patent, trademark or copyright and the successful proposer shall, at its expense , defend any and all actions or suits charging such infringement, and will save the Township harmless in any case of any such infringement.

k. **Insurance.** A copy of a Certificate of Insurance shall be submitted, issued by an insurance carrier licensed in the State of New Jersey , for the firm showing the amount of professional liability insurance and all other insurance coverages in place for the proposed contract period , naming the Township of Pequannock as additionally insured on all lines with the exception of Worker's Compensation. Insurance limits shall be equal to or greater than the following:

- Commercial General Liability - $5,000,000 each occurrence, $5,000,000 aggregate
- Medical Malpractice-Professional Liability - $5,000,000 each claim $5,000,000 annual aggregate
- Worker's Compensation - Statutory
- Automobile Liability - $5,000,000 combined single limit any one accident
- Employer's Liability - $1,000,000
- Cyber - $1,000,000

l. **Certification of No Disciplinary Sanctions or Professional Negligence.** Proposer shall complete Exhibit G and submit the Certification with his/her Proposal.

m. **Signature Page.** Proposer shall complete and submit the signatory page attached as the Proposer's acceptance of the terms and conditions of this RFP.

n. **RFP Document Checklist.** Proposer must complete and submit the RFP Document Checklist attached hereto as Exhibit I.

o. Medicare/Medicaid Billing. The contractor shall be certified by Medicare and Medicaid to process BLS treatment and transportation services, as may be applicable.

4. **EVALUATION CRITERIA AND BASIS FOR AWARD OF CONTRACT.** The Township shall award the contract based upon price and other factors, including but not limited to, qualifications, merit, references and experience with issues confronting the Township of Pequannock. The specific evaluation criteria will include:

1. The completeness of the proposal and the contractor's experience, qualifications and reputation; and

2. The contractor's ability to submit a proposal that is consistent with the Purpose and Scope, as well as the areas identified in the Responsibility in Responding to the Township's Request for Proposals, identified in sections one (1) and three (3), respectively, of this RFP; and

3. Cost

A final award shall be made by Resolution adopted by a majority of the Township Council based upon the proposal made to the Township that has been determined to be **the most advantageous to the Township, price and other factors considered.** The Township Council reserves the right to negotiate the terms and conditions with any qualified proposer before making its determination and appointment. All awards are and shall be subject to the availability of funds.

TOWNSHIP OF PEQUANNOCK

STOCKHOLDER DISCLOSURE CERTIFICATION
Exhibit B

Atlantic Ambulance Corp

☐ I ce1tify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding g stock of the undersigned .

OR

☒ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

☐Partnership ☒Corporation (non profit) ☐Sole Proprietorship
☐Limited Partnership ☐ Limited Liability Corporation ☐Limited Liability Partnership
☐Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name:
Home Address:

Name:
Home Address:

Name:
Home Address:

Name:
Home Address:

Name:
Home Address:

Name:
Home Address:

Subscribed and sworn before me this 6 day of November, 2025

Meghan Krieg
(Notary Public)

My Commission Expires

MEGHAN KRIEG
Notary Public, State of New Jersey
Comm. # 50089123
My Commission Expires 8/30/2028

Scott Leighty
(Affiant)

Scott Leighty, President, Atlantic Ambulance Corp
& Executive Vice President, Atlantic Health System, Inc.
(Print name & title of affiant)

(Corporate Seal)

TOWNSHIP OF PEQUANNOCK

AFFIRMATIVE ACTION AFFIDAVIT
Exhibit C

STATE OF NEW JERSEY

ss

COUNTY OF Morris

I, Scott Leightof the (City, Township, Borough) of Morristown in the County of Morris, State of New Jersey, of full age being duly sworn according to law on my oath depose and say that:

1. I am (President,) of the firm of Atlantic Ambulance Corp. a contractor of the State of New Jersey, County of Morris, Township of Pequannock.

2. I am familiar with the affirmative action requirements of P.L. 1975, c. 127 and rules and regulations issued by the Treasurer, State of New Jersey, pursuant thereto.

3. Atlantic Ambulance Corp. has complied with all the affirmative action requirements of the State of New Jersey, including those required by P.L. 1975, c. 127 and rules and regulations issued by the Treasurer, State of New Jersey pursuant thereto.

4. I am aware that if Atlantic Ambulance Corp. does not comply with P.L. 1975, c. 127 and rules and regulations issued pursuant thereto, that no monies will be paid by the State of New Jersey, County of Morris, Township of Pequannock, until an affirmative action plan is approved. I am also aware that the contract may be terminated and that Atlantic Ambulance Corp. may be debarred from all public contracts for a period of up to five (5) years.

5. I am aware that Atlantic Ambulance Corp. is required to submit one of the following three documents to the Township of Pequannock along with the signed contract for goods or services : 1) a copy of a letter from the Office of Federal Contract Compliance Programs evidencing federal affirmative action plan approval; 2) a copy of a Celtificate of Employee Information Repolt issued by the State of New Jersey; or 3) a completed Initial Affirmative Action Employee Information Report (Form AA302).

6. If I am submitting an Initial Affirmative Action Employee Information Report (Form AA302), in compliance with paragraph 5 above, I do hereby celtify that I have never before applied for a celtificate of employee information report in accordance with rules promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time; and I agree to submit immediately to the Division a Copy of the Employee Information Report.

Subscribed and Sworn to
Before me this 6 day
of
November 2025

Scott Leighty
Signature of Authorized Representative

Scott Leighty, President, Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc.

State of New Jersey
County of Morris

Signed and sworn to (or affirmed) before me on
Nov. 6, 2025, by Scott Leighty

(Signature of Notarial Officer)

(Title of Office)
My Commission Expires: 8.30.28

Appendix A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

Each contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

1. Appropriate evidence that the contractor is operating under an existing Federally approved or sanctioned affirmative action program;
2. A certificate of employee information report approval, issued in accordance with N.J.A.C. 17:27-4; or
3. An employee information report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor, in accordance with N.J.A.C. 17:27-4.

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment oppoltunity shall include, but not limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment adveltising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 5:31 et seq. as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to afford equal employment opportunities to minority and women workers consistent with good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2, or good faith efforts to meet targeted county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedure, if necessary, to assure that all personal testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractor shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the Division form time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

TOWNSHIP OF PEQUANNOCK

NON-COLLUSION AFFIDAVIT
Exhibit D

State of New Jersey
County of Morris _ _ _ _ _ _ ss:

I, Scott Leighty, residing in Morristown
(name of affiant) (name of municipality)
in the County of Morris and State of New Jersey of full age,
being duly sworn according to law on my oath depose and say that:

I am President, Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc.
(title or position) (name of firm)

- - - - - - - - - - - - - - - - - the Proposer making this proposal for the RFP

entitled Competitive Contract for BLS Emergency Services and Transportation, and that I executed
(title of RFP) the said proposal with

full authority to do so that said Proposer has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive procurement in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Township of Pequannock _ _ _ _ _ _ _ _ relies upon the truth of the statements contained in said
Proposal (name of contracting unit)
and in the statements contained in this affidavit in awarding the contract for the said project.

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 Atlantic Ambulance Corp.

Subscribed and sworn to

before me this day

Scott Leighty
Signature

Nov. 16, 2025

Scott Leighty, President Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc.
(Type or print name of affiant under signature)

Meghan Krieg
Notary public of

My Commission expires

(Seal)

MEGHAN KRIEG
Notary Public, State of New Jersey
Comm. # 50089123
My Commission Expires 8/30/2028

TOWNSHIP OF PEQUANNOCK

DISCLOSURE OF CONTRIBUTIONS (Pay-to-Play)
Exhibit E

Starting in January 2007, all business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of $50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

TOWNSIIIP OF PEQUANNOCK

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability
Exhibit F

The contractor and the Township of Pequannock, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") *(42 USC. S121 01* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is Further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

TOWNSHIP OF PEQUANNOCK

Certification of No Disciplinary Sanctions or Professional Negligence
Exhibit G

I _ Scott Leighty, President _ _ _ _ _ of the Atlantic Ambulance Corp. _____ in the County of Morris _ _ _ and the State of New Jersey _____ of full age, being duly sworn according to law on my oath depose and say that :

I am _ Scott Leighty _ _ _ _ _ _ _ _ _ _ _ _ , an officer of the firm of _ Atlantic Ambulance Corp _ _ _ _ _ _ _ _ _ _ _ submitting and RFP for the above named work, and that I executed the said RFP with full authority to do so; that said proposer at the time of making of this proposal is not included on the State of New Jersey, Department of Treasury, Division of Property Management & Construction List of Debarred, Suspended and Disqualified bidders and that all statements contained in the Affidavit in awarding the contract forsaid work.

The undersigned further warrants that the professional licenses and/or certifications of those individuals listed in this RFP are valid and not expired or suspended.

The undersigned further warrants that should the name of the firm making this proposal appear on the Treasurer's List of Debarred, Suspended and Disqualified Bidders at any time prior to, and during the life of this contract, including the Guarantee Period, that the Township shall be immediately notified by the signatory of this Eligibility Affidavit.

The undersigned understands that the firm making the proposal as a contractor is subject to disbandment, suspension and/or disqualification in contracting with the State of New Jersey at the Department of Environmental Protection if the Contractor, pursuant to N.J.S.A. 7:1-5.2, commits any of the acts listed therein, and as determined according to applicable law and regulation.

Atlantic Ambulance Corp
_____
Name of the Firm (Print or Type)

Scott Leighty
_____
Signature / Title

Scott Leighty, President Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc.
_____
(Type or Print Name of Affidavit

Subscribed and Sworn to me this 6 Day of November, 2025 .

Meghan Krieg
_____
Notary Public

My Commission Expires _____

MEGHAN KRIEG
Notary Public, State of New Jersey
Comm. # 50089123
My Commission Expires 8/30/2028

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

✓ A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

0 B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

0 C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)

Scott Leighty — Signature of Vendor's Authorized Representative

1/6/25 — Date

Scott Leighty, President Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc. — Print Name and Title of Vendor's Authorized Representative

22-3820288 — Vendor's FEIN

Atlantic Ambulance Corp. — Vendor's Name

973-422-7978 — Vendor's Phone Number

475 South Street, — Vendor's Address (Street Address)

973-422-2584 — Vendor's Fax Number

Morristown, NJ 07962 — Vendor's Address (City/State/Zip Code)

Bradley.Ericksonjr@atlantichealth.org — Vendor's Email Address

; Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

TOWNSHIP OF PEQUANNOCK

SIGNATORY PAGE
Exhibit H

State of New Jersey

County of Morris ss:

I., being of full age and being duly sworn, upon his oath deposes and says:

2. I am President of the firm of

Atlantic Ambulance Corp. & Executive Vice President, Atlantic Health System, Inc.
(Name and Mailing Address of Proposer)

973-422-7978 Bradley.Ericksonjr@atlantichealth.org

Phone and Email of Proposer)

3. I have carefully read and examined the Township's RFP, including any modifications and/or addenda incorporated therein, and have full knowledge of the conditions under which the services described herein must be performed.

4. I am duly authorized to submit this proposal on behalf of the above proposer as its act and deed and the proposer is ready, willing and able to perform if awarded the contract. The proposal is a true offer of the proposer to provide the design engineering services required by this RFP. All of the statements and declarations contained in the proposal are truthful to the best of my knowledge and belief.

Scott Leigh
(Signature)

Subscribed and sworn to (Corporate Seal)

before me this 6 day

of November ,2025

Meghan Krieg

Notary Public of the State
of New Jersey

My Commission expires
(Notary Seal)

MEGHAN KRIEG
Notary Public, State of New Jersey
Comm. # 50089123
My Commission Expires 8/30/2028

TOWNSHIP OF PEQUANNOCK

DOCUMENT CHECKLIST
Exhibit I

Included with the response, at a minimum, please provide the following documents.

Required	Submission Requirement	Initial each required entry and if required submit the item
✓	New Jersey Business Registration Ce1tificate (prior to award of contract)	SL
✓	Stockholder Disclosure Ce1tification	SL
✓	Affirmative Action Affidavit and Mandatory Affirmative Action Language	SL
✓	American with Disabilities Act of 1990	SL
✓	Non-Collusion Affidavit	SL
✓	A Certificate of Insurance	SL
✓	Certification of No Disciplinary Sanctions or Professional Negligence	SL
✓	Certification of Non-Involvement in Prohibited Activities in Russia or Belarus	SL
✓	Signatory Page	SL

Atlantic Health

Memo

Risk Management and Legal Affairs
475 South Street
Morristown, NJ 07960

From	Ashley R. McEnroe, Esq.
Title	Vice President & Chief Risk Officer
Telephone	973.660.3552
Email	ashley.mcenroe@atlantichealth.org

To	Township of Pequannock – Township Manager
CC	Patricia McManus
Subject	RFP - BLS Emergency Services and Transportation Township of Pequannock
Date	November 4, 2025

Atlantic Ambulance Corp. is insured for professional and general liability insurance through AHS Insurance Company, Ltd., an AM Best Rated Company "A-". AHS Insurance Company, Ltd. insures the parent company, Atlantic Health System and all of its subsidiaries and employees, including Atlantic Ambulance Corp.. The general liability coverage has limits of $5,000,000, and the professional liability policy has limits of $2,000,000 each occurrence with no aggregate.

The language of the insurance contract does not allow Atlantic Health System to name other individuals or entities as "additional insured" to that policy. Notwithstanding the inability to name the Township of Pequannock as an "additional insured" under the contract of insurance, the intent of the indemnification provision of the contract is to make the Township of Pequannock whole, in the event of a claim arising out of the services provided by Atlantic Health System, including Atlantic Ambulance Corp., under the contract for BLS Emergency Services and Transportation to the same extent as if the Township of Pequannock were named as an additional insured. To that end, Atlantic Ambulance Corp. would add the following language into the indemnification section of the contract.

Atlantic Ambulance Corp. will defend, indemnify, and hold harmless the Township of Pequannock from and against any losses, penalties, damages, settlements, costs, charges, or other expenses or liabilities, including but not limited to any attorneys' fees and costs of suit, arising out of or resulting from the performance of the work as described in the contract for BLS Emergency Services and Transportation provided that any claims, damages, loss, or expenses are (i) attributable to bodily injury, or to injury to or destruction of tangible property and (ii) are caused by any negligent or willful act or omission by Atlantic Ambulance Corp.. In the event

the injury is caused in part by the negligent or willful act or omission of Atlantic Ambulance Corp., Atlantic Ambulance Corp. shall only be required to defend, indemnify and hold harmless. the Township of Pequannock to the extent of Atlantic Ambulance Corp.'s negligence or willful act or omission. This Hold Harmless and Indemnification Clause shall extend, but not be limited to, any claims which would have been insured by virtue of being named as an additional insured on a commercial general liability and professional liability insurance policy from a third-party insurer meeting the requirements above without contribution from the Township of Pequannock's insurance carriers.

Atlantic Health System and Atlantic Ambulance Corp. have multiple contracts with municipalities, counties and the State as well as private companies where "additional insured" status is not provided. Concern regarding the lack of an "additional insured" status is typically addressed through indemnification language satisfactory to both parties.

If you have any questions or would like to discuss further, please do not hesitate to reach out to me directly.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC.
1166 Avenue of the Americas
New York, NY 10036
Attn: healthcare.accountscss@marsh.com Fax: 212-948-1307

CN102774430-AHS-SPEC-25-26

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : N/A	N/A
INSURER B : Safety National Casualty Corporation	15105
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ATLANTIC AMBULANCE CORP
475 SOUTH STREET
MORRISTOWN, NJ 07962

COVERAGES **CERTIFICATE NUMBER:** NYC-012441568-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	[X] ANY AUTO			CA 6675925	06/01/2025	06/01/2026	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SP4066623	06/01/2025	06/01/2026	[X] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N/A		SIR $500,000			E.L. EACH ACCIDENT	$
	if yes, describe under DESCRIPTION OF OPERATIONS below			E.L. Max Limit Occurrence $1.5M			E.L. DISEASE - EA EMPLOYEE	$
				E.L. Max Limit Aggregate $3M			E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BLS EMERGENCY SERVICES AGREEMENT – CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT, FOR AUTO LIABILITY ONLY.

CERTIFICATE HOLDER

TOWNSHIP OF PEQUANNOCK
TOWNSHIP MANAGER
530 NEWARK-POMPTON TURNPIKE
POMPTON PLAINS, NJ 07444

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

CERTIFICATE OF LIABILITY INSURANCE

6/1/2026

DATE (MM/DD/YYYY): 11/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	MARSH MANAGEMENT SERVICES CAYMAN LTD. GOVERNORS SQUARE BUILDING 4, 2ND FLOOR 23 LIME TREE BAY AVENUE P.O. BOX 1051 GRAND CAYMAN KY1-1102 CAYMAN ISLANDS	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : AHS INSURANCE COMPANY, LTD.	
INSURED 1559225	Atlantic Ambulance Corp 475 South Street PO BOX 1905 Morristown NJ 07960	INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 22581806 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	N	N	AHS 060125	6/1/2025	6/1/2026	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ XXXXXXX
							MED EXP (Any one person)	$ XXXXXXX
							PERSONAL & ADV INJURY	$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ XXXXXXX
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ XXXXXXX
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
A	UMBRELLA LIAB OCCUR	N	N	AHSFINEL2500000	6/1/2025	6/1/2026	EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 3,000,000
	DED RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			NOT APPLICABLE			PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX
A	HOSPITAL PROFESSIONAL LIABILITY	N	N	AHS 060125	6/1/2025	6/1/2026	$2,000,000 Per Occurrence (Employees)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BLS Emergency Services Agreement Evidence of Insurance Only. The Excess Policy extends to the General Liability Coverage only.

CERTIFICATE HOLDER

22581806
Township of Pequannock
Township Manager
530 Newark-Pompton Turnpike
Pompton Plains NJ 07444

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh Management Services Cayman Ltd.

04/18/08

Taxpayer Identification# 223-620-288/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:
ATLANTIC AMBULANCE CORP

TRADE NAME:

ADDRESS:
475 SOUTH ST
MORRISTOWN NJ 07960-6459

SEQUENCE NUMBER:
0786704

EFFECTIVE DATE:
10/23/01

ISSUANCE DATE:
04/18/08

James J. Fruscione
Director
New Jersey Division of Revenue

FORM BRC(08-01) This Certificate is NOT assignable or transferable and must be conspicuously displayed at above address

Certification 24211

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-2024 to 15-DEC-2027

ATLANTIC HEALTH CORPORATE OFFICE
475 SOUTH STREET
MORRISTOWN NJ 07962

ELIZABETH MAHER MUOIO
State Treasurer

New Jersey Department of Health

NJHealth
New Jersey Department of Health
Office of Emergency Medical Services

The New Jersey Department of Health - Office of Emergency Medical Services recognizes that the requirements for licenses as set forth at N.J.A.C. 8:40 and/or 8:41. et seq. and hereby recognizes licensure to:

Atlantic Ambulance
25B Vreeland Rd
Ste 301
Florham Park, New Jersey 07932

As a provider of the following services:

MICU, BLS, SCTU, MAV

Provider ID: 1411001

Valid: 12/27/2024

Expiration: 12/31/2026

Candace Gardner, Paramedic
Director, Office of Emergency Medical Services

Atlantic Ambulance

Emergency Medical Services

for

Pequannock Township

Contact:

Atlantic Ambulance Corporation
475 South Street
Morristown, NJ 07960

Primary Contact
Bradley Erickson, Manager
Office: 973-422-7978
Fax: 973-535-0681
Email: Bradley.Ericksonjr@atlantichealth.org

Secondary Contact
Glenn Deitz, Director
Office: 973-422-7972
Fax: 973-535-8369
Email: Glenn.Deitz@atlantichealth.org

Table of Contents:

Executive Summary:

Atlantic Ambulance (AA) is a non-profit corporation dedicated to providing the finest ambulance service in New Jersey. We provide multiple levels of medical transportation services including Basic Life Support (BLS) and Advanced Life Support (ALS) Emergency Response. We provide both ALS and BLS inter-facility transportation, Air Medical transportation, and special event services as well.

Our mission is to not only provide superior medical care to our patients, but to provide compassionate and courteous service to all our customers. We ensure to maintain our goals by putting the patient first, treating all customers equally, and providing our team with the highest levels of continuing education in all aspects of medical care, transportation, and customer service.

Atlantic Ambulance is affiliated with Morristown Medical Center in Morristown, NJ and Atlantic Health System based in Morristown, NJ. AHS consists of six Northern New Jersey Hospitals including Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center, Hackettstown Medical Center and Goryeb Children's Hospital and is an affiliate of CentraState Medical Center.

We are honored to serve numerous municipalities and engage in many community events throughout New Jersey. We are equally honored to be considered on the request for Emergency Medical Services for Pequannock Township. The commitment and dedication to provide the finest ambulance service in New Jersey is the same level of service we will bring to Pequannock Township residents, employees, and visitors.

We look forward to the opportunity to further discuss how Atlantic Ambulance can be of service to the Pequannock Township and we thank you for your consideration.

Business Background & Experience

Atlantic Ambulance looks forward to the opportunity to provide Basic Life Support Services to Pequannock Township. In addition to our fleet of licensed ambulances, AA staffs on-duty supervisory staff that are available to provide further support at large scale incidents where coordination of resources may be required.

Atlantic Ambulance stations nearby "float units" that are repositioned for additional coverage in the event additional responses or multiple emergencies occur while primary ambulances are assigned. AA also has a network of up to 52 staffed ambulances on the road daily, and those not on assignment will be available as additional back-up and positioned per our system status management plan.

Accreditation

Atlantic Ambulance is one of three New Jersey Ambulances services to be accredited by the Commission on Accreditation of Ambulance Services (CAAS). To become accredited an agency must pass a rigorous process that includes policy evaluation, site inspection, and team member interviews ensuring that standards are in place. CAAS currently has 121 standards that ensure the highest bar is set for accredited agencies.

Atlantic Ambulance

CAAS ACCREDITED

Experience

During the merger of several hospitals in 2001, Atlantic Ambulance was formed out of the existing Mobile Intensive Care Paramedic Units. Since 2001, Atlantic Ambulance has seen tremendous growth and experience in its 23 plus years of existence.

Operating in 21 counties of New Jersey, AA is affiliated with 9 acute care hospitals and is one of only a few healthcare systems that provides all levels of pre-hospital and inter-facility care. Additionally, AA has over 200 total vehicles in its fleet used to complete all levels of medical transportation.

Volume of Transports

Service Line	Volume
Air Medical Flights	800
Ground Emergency Medical Services	20230
Ground Non-Emergency Ambulance	41300
Mobility Assistance Vehicle	9400
Mobile Intensive Care Unit	16600
Specialty Care Transport	7100

EMS Division – The EMS division includes New Jersey's BLS emergency "911" contracts.

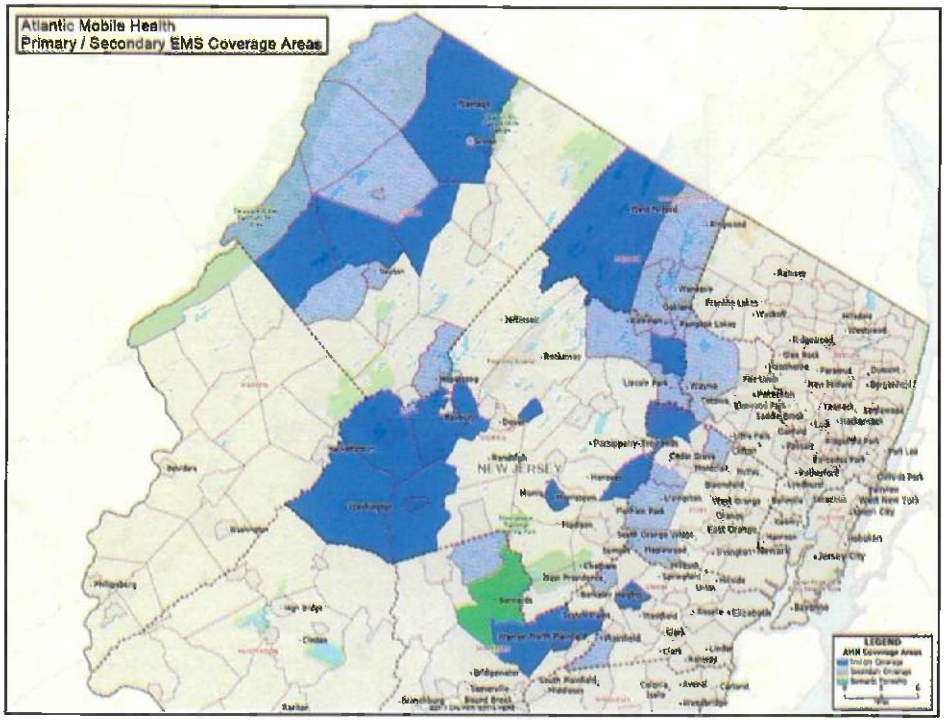
AA's contracted EMS Division ambulance units answer over 20,000 emergency calls per year. We have also expanded our BLS "911" service areas which includes the towns of: Green Brook Township, Randolph Township, Rockaway Borough, Roxbury, Mine Hill, Mount Olive, West Milford, Morristown, Pequannock, Chester Township, Chester Borough, East Hanover, Lincoln Park, Wanaque, Warren, Watchung, Bernards Township, Fairfield, and Mountainside.

AA also provides secondary coverage to assist municipal agencies when volume is high or the agency is not available.

- AA's New Jersey MICP Units responded to over 15,000 calls in 2024.
- The Air Medical Services includes two bases and provides emergent scene flights and specialty care inter-facility flights. Air One and Air Three are based in and serve Northern NJ, both are currently licensed and have designated primary area in Pike County, PA.

Pequannock Township Emergency Medical Services

Municipality	County	Coverage	Population	Length of Service
Andover Twp	Sussex	24/7 Primary Coverage	5914	2021 - Current
Bernards Twp	Somerset	7 days/week, 24 hours	27061	2018 - Current
Bernardsville	Somerset	7 days/week, 24 hour back up	7815	2019 - Current
Bloomingdale	Passaic	7 days/week, 24 hour back up*	8242	2014 - Current
Branchville	Sussex	7 days/week, 24 hour back up	783	2015 - Current
Butler	Morris	7 days/week, 24 hour back up	7774	2014 - Current
Chester	Morris	5 Days/week 13 hours	8951	2016 - Current
Cedar Grove	Essex	24/7 - Backup Coverage	12549	2020 - Current
East Brunswick	Middlesex	7 Days/week, 24 hours	46756	2016 - 2019
East Hanover	Morris	5 days/week 12 hours	11157	2009 - Current
Fairfield	Essex	5 days/week 12 hours	7466	2007 - Current
Frankford	Sussex	7 days/week, 24 hour back up	5348	2015 - Current
Fredon	Sussex	7 days/week, 24 hour back up	3196	2015 - Current
Green Brook	Somerset	24/7 Primary Coverage	7090	2023 - Current
Hampton Twp	Sussex	24/7 Dual Dispatch	4896	2015 - Current
Kinnelon	Morris	7 days/week, 24 hour back up	10213	2014 - Current
Lafayette	Sussex	24/7 Dual Dispatch	2300	2015 - Current
Lincoln Park	Morris	7 days/week, 24 hour back up*	10468	2014 - Current
Livingston	Essex	7 days/week, 24 hour back up	30142	2013 - Current
Mine Hill	Morris	24/7 - Primary Coverage	3679	2017 - Current
Manalapan	Monmouth	24/7 – Two Trucks	39546	2023 - Current
Morristown	Morris	24/7 - Two Trucks	18411	2015 - Current
Mountainside	Union	5 days/week 12 hours	6685	2005 - Current
Mt. Olive	Morris	5 days/week 14 hours	24193	2010 - Current
Newton	Sussex	7 days/week 24 hour back Up	7997	2006 - Current
Pequannock	Morris	5 days/week 12 hours, 2 Trucks	15420	2014 - Current
Plainfield	Union	7 days/week, 24 hour back up	51327	2012 - Current
Pompton Lakes	Passaic	7 days/week, 24 hour back up	11206	2014 - Current
Randolph	Morris	5 days/week, 13 hours	25893	2004-2009 2014-2019 2024 - Current
Ringwood	Passaic	7 days/week, 24 hour back up	12454	2014 - Current
Rockaway Boro	Morris	24/7 - Primary Coverage	6478	2017 - Current
Roseland	Essex	7 days/week, 24 hour back up	5937	2018 - Current
Roxbury Township	Morris	5 days/week, 13 hours	23883	2017 - Current
Sandyston	Sussex	7 days/week, 24 hour back up	1856	2015 - Current
Stillwater	Sussex	24/7 Dual Dispatch	3920	2015 - Current
Wantage	Sussex	7 days/week, 12 hours (24/7 Backup)	10934	2015 - Current
Warren/Watchung	Somerset	5 days/week 12 hours	20392	2007 - Current
Wayne	Passaic	7 days/week, 24 hour back up	55072	2018 - Current
West Milford	Passaic	1 day/week, 12 hours	26856	2016 - Current


Atlantic Mobile Health
Primary / Secondary EMS Coverage Areas
NEW JERSEY
LEGEND

Inter-Facility Transport Division

The inter-facility transport division provides contracted and on call inter-facility transports as well as special event services. AA provides Basic Life Support (BLS), Advanced Life Support (ALS), Specialty Care Transport Unit (SCTU), Pediatric, Neonatal, and Mobility Assistance Vehicles (MAV) to multiple hospitals, skilled nursing facilities, and other customers.

- The Inter-Facility transport division answers approximately 41,300 customer requests for non-emergency ambulance transport per year.
- The Specialty Care Transport Units have bolstered their service area with the addition of contracted units at Saint Peters University Hospital, Hunterdon Medical Center, and CentraState Medical Center. The SCTU answers approximately 7,100 requests for transport per year.
- Other special events include New York Jets Training Camp, community events, and on-call Strike Teams for high profile events including Super Bowl XLVIII and the PGA Tour.

Eagle Medical Transport is AA's for-profit arm which provides transport for patients with managed care insurances, making AA a provider of ALL insurances with one phone call.

Quality Assurance/Improvement:

AA uses an ongoing process of systematically and continuously assessing and improving clinical and operational performance through our rigorous Quality Assurance/Improvement Committee and process.

Responsibilities

The Executive Director of Atlantic Ambulance has the final authority and accountability for implementation of a Continuous Quality Improvement Plan (CQI). The Executive Director has delegated this responsibility to the Clinical Coordinator, Medical Oversight Board (MOB) and the Management Team.

The Clinical Coordinator or designee reports all activities to the MOB and the Leadership Team according to the agreed upon schedule. The Clinical Coordinator:

- Follows up on all activities where it is requested or indicated.
- Coordinates Divisional CQI activities including data collection, evaluation, reporting, and change recommendation.
- Implements an ongoing system for monitoring patient care activities and documentation of this process.

The MOB is responsible for the functional implementation of the CQI Plan. In doing so the MOB shall establish and maintain written standards in the form of Policies, Guidelines, Protocols, and Procedures.

The AA Medical Director acts as the Chairperson of the MOB.

The Medical Oversight Board consists of the following members:

- AA Medical Director
- Medical Directors of four MICU sites
  - Chilton Medical Center
  - Morristown Medical Center
  - Mountainside Hospital
  - Overlook Medical Center
- Medical Director of the EMS Fellowship
- EMS Fellow
- Pediatric Emergency Physician
- Trauma Surgeon/ Critical Care Physician
- Air Manager or a designee
- SCTU Manager or a designee
- MICU Manager or a designee
- AA BLS/EMS/Medical Transportation Manager or a designee
- AA Communications Manager or a designee
- Other invited guests

MOB members shall serve as the link between the divisions or specialty areas and act as work group facilitators within their division.

The Clinical Coordinator and the Medical Director or their designee shall conduct a comprehensive medical review using pre-established criteria for each review. This review will be used to guide policy development and continuing education.

Managers shall support the orientation of new employees and the recurrent training of employees by ensuring that:

1. each job has specific job descriptions
2. each division is responsible for orientation
3. supporting hospital educational services are available,
4. and specialty certification requirements are met.

Patient Records & Record Maintenance

Patient Care Records (PCRs) are completed on emsCharts. Designed from a clinical perspective, emsCharts provides complete electronic charting capabilities to eliminate PCR errors and maintain pertinent information. The Medical Records module provides the following features:

- Streamlined data entry with dialog and drop-down menus
- Clinically driven system design to mirror patient care
- Flexible user defined system configuration
- Instant access to information for improved patient healthcare
- Customized data elements to meet service's specific needs
- Electronic exports of PCR to the state level
- HIPAA compliance with quality assurance locks and security privileges
- Minimal redundant data entry for time savings and consistency
- Detailed activity logs documenting patient care
- Form letter templates for Medicare, reporting, and customer support purposes
- Supply tracking for improved inventory control
- Infinite reporting capabilities with text and graphic presentations
- Built in PCR audit process for improved quality control

Quality Assurance with emsCharts

Designed to provide an audit trail for monitoring all aspects of critical care and emergency transport services.

- Custom QA process for controlling and monitoring PCR
- Real time chart review for improved patient care
- Real time procedure monitoring of employee performance
- Comprehensive reporting for QA program
- Real time risk management reporting, tracking, and event trends

Chart Summaries

Displays information from patient demographics and chart data to assist in the reimbursement process.

- Exports information to external billing package or 3rd party service to eliminate redundant data entry
- Provides Utilization Reviews to ensure that sufficient documentation has been completed
- Collaborates with supply tracking for inventory demands and costs

Leadership Structure

- David Ferguson, Executive Director – More than 33 years of experience in healthcare administration
- Dr. Albert Ritter, Medical Director – 24 years of ER physician experience and provides quality assurance (Q/A) review on a monthly basis for all trips done by the ambulance company.
- Glenn Deitz MHA, MICP, FACPE, Director of Ground Medical Transportation– brings over 22 years of EMS experience, including 14 years as a Mobile Intensive Care Paramedic. Glenn is board certified in EMS Leadership as a Fellow with the American College of Paramedic Executives and was awarded the 2018 EMS Administrator of the Year by the NJ Department of Health, Office of Emergency Medical Services
- Bradley Erickson MBA, EMT, NJCEM, Manager of Emergency Medical Services- brings over 16 years of EMS experience. Brad is also a New Jersey Certified Emergency Manager
- David Petersen MSN, MICP, RN, Director of Quality, Clinical, and Patient Transfer Center – 26 years Mobile Intensive Care experience, Registered Nurse and 12 years of air medical flight experience.
- Philip Crowley MS, Manager of Transportation Services and Logistics
- Mary Luster, EMT, Assistant Manager – brings over 35 years of EMS experience
- Tom Schnezler BS, NRP, Assistant Manager- brings over 13 years of EMS experience.
- Richard Musso MPA, MICP, Assistant Manager- brings over 44 years of EMS experience, including 30 years as a paramedic.

Staffing & Personnel

AA provides staffing for the emergency medical services system, such that, at all times, there are two (2) New Jersey certified/recognized Emergency Medical Technicians at the Defibrillation level or above on each primary unit. All crew members are current and competent in any additional or ancillary certifications that are required to perform any and all job responsibilities, including, but not limited to, certification in Cardiopulmonary Resuscitation. All personnel are mentally and physically fit to perform their job functions.

Additionally, AA staff are required to complete supplementary training to include CPAP (continuous positive pressure oxygen delivery), and Aspirin/Narcan/Epi-Pen Administration. AA also participates in High Performance CPR initiatives which has been shown to improve pre-hospital cardiac arrest survival rates. These initiatives allow AA to be one of the most progressive EMS agencies in the state of NJ.

Further, AA maintained staffing levels such that waivers issues by the State of NJ to allow reduced staffing of 1 EMT and 1 First Responder during the COVID-19 Pandemic were not utilized. At all times during the Pandemic, AA has kept 2 EMTs staffed on every ambulance in service.

Employee Recruitment & Screening

AA Hiring processes include:

- Interview- conducted by EMS Management
- Criminal Background check
- Driver's license check
- Health and Wellness screening- performed by Occupational Medicine of Atlantic Health System
- Orientation Program- including classroom, clinical training and "ride time"
- AA is rolling out a newly developed Field Training Officer program that will allow for consistent training and serve as a resource to new hires.

We provide numerous in-house opportunities for continuing education and career advancement. Employees are also afforded the opportunity to attend local State and National conferences and educational seminars.

Employees receive a certain degree of benefits based on their status (full time, part time, etc.):

- Core Benefits:
  - Medical
  - Prescription
  - Vision
  - Dental
  - Flexible Spending Account
  - Basic life Insurance
  - CONCERN Employee Assistance Program
  - Retirement Plan

- Voluntary Benefits:
  - Supplementary Life Insurance
  - Long Term Disability
  - The Warner Companies Life Ins. Options
  - 403B Retirement Plan
  - Pet Insurance
  - Legal Services
- Unique Benefits:
  - Work and Family Benefits
  - Credit Union
  - Fitness Center discounts
  - Daycare discounts
  - Direct Deposit

Employee Retention

Atlantic Health System offers a tax-free educational assistance benefit program for full-time and part-time employees. Employees are entitled to education assistance benefits, reimbursed for tuition expenses and lab fees, if applicable, in a degree granting program up to a maximum of $5,250 per year incurred in connection with matriculation in an undergraduate or graduate degree program. Included in the above limits, employees shall also be entitled to reimbursement for certification/recertification exam fees for certification required for the employee's position or strongly recommended by the employee's department manager.

The PRIDE In Action Award was created for those employees who demonstrate superior customer services, strong leadership and success in their area of expertise. You can recognize those Atlantic Health System employees who are dedicated to the success of the organization with the PRIDE In Action Award.

The PRIDE In Action Award is one of Atlantic Health System's reward and recognition programs that recognizes an employee's exemplary performance. An employee designated for a PRIDE In Action Award has shown noteworthy and distinctive performance in support of PRIDE. PRIDE blends Atlantic Health System's Mission, Vision, Shared Values and Performance Standards in one philosophy, based on:

Purpose: drives us to improve the health and wellness of communities we service and pursue what we love.
Respect: creates trusting and enduring relationships, enabling us to treat all people with dignity, learn from one another and accept each other's beliefs.
Innovation: empowers opportunities for collaboration, creativity, future thinking and positive change.
Diversity & Inclusion: brings us together in a culture that is open and accepting of ideas,

where everyone belongs and can be their true and authentic selves.
Extraordinary Caring: inspires us to deliver excellence and compassion to our pa□ents, to our communities and to each other.

The PRIDE In Action Award provides immediate and tangible recognition for an exceptional accomplishment above normal expectations, which significantly contributes to the goals and values of the organization. It is not an award for attainment of pre-established goals, but rather an award to recognize exemplary performance. This award has limited formal provisions regarding award determination. Atlantic Health System's compensation practices are designed to attract and retain a quality workforce and to reward sustained performance. The PRIDE In Action Award is designed to recognize and reward unique or beyond expected performance for a specific event.

Atlantic Health System's strategy is to use the PRIDE In Action Award as a vehicle primarily for tangible recognitions, as well as to provide a greater number of awards with available resources. On this basis, the award value is $125 per individual.

Training & Education Program

All AA employees have access to no-cost training at Atlantic Mobile Health EMS Training Center. The Training Center provides a range of courses to all practicing EMS providers, in addition to introductory courses to new providers. After the mergers of Chilton and Hackettstown Hospitals and the tremendous volume of additional courses required for the employees, the training center has recently appointed a coordinator solely responsible to expand these services to include:

- Over 1400 courses that were held in 2024
- Over 10,000 teaching contacts per year not including employee competencies
- Coordinates all employee competencies and advanced training for specialty units including the Air Medical Service, Inter-facility Neonate, and Critical Care Units.
- Over 150 instructors on staff

All Atlantic Ambulance personnel go through yearly competencies and Corporate Compliance training. Our expectations and requirements exceed those of the States and Regions in which we serve. Our EMT's in the EMS Division must maintain the follow clinical certifications, education, or training:

- NJ EMT with defibrillation or NJ state recognized equivalent
- Basic Life Support Certification (CPR)
- Epi Pen- Administration of epinephrine for anaphylactic shock

- Narcan- Administration of intranasal narcan
- CPAP- Continuous positive pressure O2 delivery
- CEVO /EVOC- Emergency Vehicle Operation/Driving Course
- ICS 100/200 & NIMS 700 - Mass casualty training
- Radio use – including transmitting and receiving
- PEPP (Pediatric Education for Prehospital Providers) or PEARS
- PHTLS/ITLS (Prehospital Trauma Life Support)
- Paramedic Assistant Course or MICU Utilization

Yearly compliance training includes:

- HIPAA Privacy Awareness
- Workplace Violence/ Victim of Abuse
- Safety
- Security
- Hazardous Materials
- Medical Equipment
- Infection Prevention/ Bloodborne Pathogens/ Influenza, etc.
- Advanced Directives

Career Ladders for Team Members

In 2018, AA rolled out a program titled "EMT Pathways," where all staff have the opportunity to gain experience in the EMS field. The EMT Pathways program encourages staff to become further educated, trained, and versed in pre-hospital care. The program allows the most qualified and most trained staff to achieve Full-Time and Per-Diem positions on the contracted EMS, SCTU and "hybrid" trucks that float between EMS and interfacility transport.

EMT Academy

Our innovative EMT Academy revolutionizes the training process for aspiring Emergency Medical Technicians (EMTs). Unlike traditional programs, our academy provides candidates the option to be hired as a Full-Time Trainee while completing the program. Over the course of approximately 10 weeks, candidates undergo 24 hours of intensive classroom instruction covering essential medical knowledge and procedures. Additionally, they spend 12 hours each week gaining hands-on experience in the field, applying their skills under supervised conditions. This unique blend of classroom learning and practical training prepares our graduates to excel in the demanding field of emergency medical services. We are proud to pioneer this groundbreaking approach, setting a new standard for EMT training in New Jersey and being the first to offer this style of program.

Uniforms & Professional Appearance

All AA employees are required by policy to maintain professional appearance at all times. AA provides all staff with uniforms that include their name and title attached to their uniform shirt. Additionally, AA staff are always required to have their provided name badge with them and displayed at all times.

Field Supervisors

AA employs four road supervisors that are available as needed or requested. The AA Road Supervisors are available to respond to a call separate and apart from the ambulance crew. The AA Road Supervisors have the authority to address and resolve personnel issues or assist with incident management as well as to take the lead of the EMS Branch until a replacement arrives or as designated by the incident commander.

Vehicles, Equipment & Supplies

Licensure

All AA ambulances that are in-service are licensed by the New Jersey Office of Emergency Medical Services and meet the requirements of all applicable Federal, State, and local laws, regulations, and licensure standards. All ambulances in AA's fleet are inspected by NJ Office of Emergency Medical Services (NJOEMS) for equipment and medical supply content, and satisfaction of vehicle requirements dictated by N.J.A.C 8:40. Re-inspection occurs on a routine basis and regulated by NJOEMS. Staff members are responsible for completing daily checks to assure proper levels of medical supplies and assure that supplies have not expired. AA Supervisory staff routinely perform spot inspections on all vehicles to assure staff compliance and regulatory compliance.

Maintenance

AA has a Support Services Division which plans for and maintains all AA ambulances and vehicles. AA maintains a 7,700 square foot garage and employ our own ASE Certified Mechanics. We employ a rigorous preventive maintenance and safety checks program that ensures all the ambulances are seen within 30 days regardless of mileage or hours run.

Operational Review

Basic Services

AA supplies personnel, equipment, vehicles and supplies to provide basic life support emergency ambulance service to transport any person who becomes injured or ill within the corporate limits of Pequannock Township, and who requires emergency medical treatment or emergency transport to a hospital. Additionally, AA is able to provide the same services in neighboring municipalities with whom the Township has a mutual aid agreement as requested.

Response by Multiple Agencies

AA understands that events requiring multiple agency response may be required (such as Police or Fire incidents), and AA works with local agencies to provide oversight as directed at the incident.

Timing

AA provides basic life support services without regard to a person's ability to pay for the services during mutually agreed upon hours. AA understands that the nature of this industry can require an extension of hours when a request for service is received prior to the agreed upon hours' end time. AA believes that it is necessary for crews to complete these assignments, even if the completion time is after the scheduled end of shift.

Dispatches

AA responds immediately to any dispatches received for emergency services. AA maintains a record of activity/calls received by identifying the type of call, disposition of call, the identity of the hospital to which the patient was transported, treatment received, the cancellation or release, and response time.

Response Times

AA continuously monitors response times throughout all divisions. We enforce a policy that requires the ambulance to be moving within 90 seconds of dispatch and then safely respond to emergency calls. Additionally, AA provides a monthly dashboard from a compilation of data so that the Township can continuously see AA's performance.

Driving Safety Program

All ambulances are equipped with a system that tracks and monitors safe driving. The system has proven to reduce accidents and can provide feedback to vehicle operators when certain parameters are exceeded such as forceful stops, sudden acceleration, hard cornering, or excessive speed. Ultimately this tool provides for a safer environment during transport for our patients and staff. Each AA employee that operates an emergency vehicle must have a valid driver's license and be certified in an emergency vehicle driving course.

Performance Service Standards

All of AA's services meet or exceed levels required by EMT-B Regulations. AA provides monthly operating reports to our customers by the 15th day of the next succeeding month as requested, with a copy to the designated liaison. Reports can contain (but are not limited to) the following:

- Total number of basic life support service responses from the preceding month.
- Average Response Times

- The total number of Transports, Cancels, & Refusals
- Additional information as requested by the Township.

Transport Destinations

AA believes it is important to honor patient requests related to hospital destination, or destination of choice. AA transports patients to such hospital or healthcare facilities as may be reasonably requested by or on behalf of the patient in accordance with current regulations. AA understands that under conditions where AA's personnel or the responding ALS unit deem a patient's condition to be critical, the patient may be transported to the closest appropriate medical facility.

Additional Technical Specifications from the RFP

I. Purpose & Scope

AA agrees to furnish all personnel, vehicles, uniforms, materials, training, equipment, supervision and associated operational necessities to manage, operate and maintain an Emergency Medical Transportation Service serving the Township of Pequannock with hours of operation generally on weekdays from 6:00 am to 6:00 pm. **Additionally, AA will provide a second ambulance to supplement coverage, extending hours until 7:00 pm.**

a. AA agrees to provide a licensed ambulance dedicated to providing EMS services to the Township of Pequannock during the identified service hours. The ambulance shall be kept in good repair, free of dents and other physical damage, and be clearly marked with the AA's name. The ambulance shall meet all applicable state licensing, certification, servicing and maintenance requirements. **Additionally, AA will provide a second licensed ambulance that meets the above specifications.**

b. AA agrees that the term of the agreement shall be a period of twelve (12) months, with four (4) subsequent one (1) year renewal periods equaling a total possible contract term of five (5) years.

c. AA agrees to, at all times, maintain licensure as an ambulance service by the NJ Department of Health and Senior Services and at all times abide by the rules, regulations and standards of applicable law and regulation.

d. AA agrees to provide two (2) dedicated emergency medical technicians ("EMTs"), certified by the NJ Department of Health (or NJ Department of Health recognized certification) with CPR and other applicable/required training and/or certifications. **Additionally, AA agrees to do the same for the second ambulance as offered previously.**

e. AA agrees to make the dedicated ambulance and EMTs reasonably available for any/all special events in the Township, provided adequate notice is provided to the AA from the Township, at least two (2) weeks prior to the special event.

f. AA agrees to provide the Township with quarterly reports, subject to H.I.P.A.A. restrictions, detailing, at a minimum the number of patients transported and corresponding response times.

We thank you for the opportunity to provide a proposal for Pequannock Township Emergency Medical Services!