Purchase Order - Vendor Single

Reference Number	P.O. Date	Price Agreement #	Requestor	Buyer
CT 4400 20082701049 - 1			Lauren Brumley, 974-9106	See Solicitation, 512-974-2500

VENDOR	SHIP TO	BILL TO
MARC STAUBLEY PUB8318104 PUBLIC CONSULTING GROUP INC 816 Congress Ave Suite 1110 AUSTIN, TX 78701	Finance & Admin Svcs Dept BUDGET OFFICE 301 W 2ND ST ROOM 3 Austin, TX 78701-3906	Finance & Admin Svcs Dept BUDGET OFFICE PO BOX 1088 Austin, TX 78767-8865

The City's standard purchase terms and conditions are hereby incorporated into this order by reference, with the same force and effect as if they were incorporated in full text. The full versions are available at https://assets.austintexas.gov/purchase/downloads/standard_purchase_terms_and_conditions.pdf or call the Purchasing Office at (512) 974-2500. Please include above reference number on all packages, deliveries, and invoices.

Line	Quantity	Unit	Comm Code	Commodity Line Description	Unit Price	Extended Amount
1	0.00		91832	Dispatch Equity and Optimization - Fire and EMS	0.000000	$250,000.00

Extended Description

Order Total: $ 250,000.00

VENDOR INSTRUCTIONS:

1. SEND ORIGINAL INVOICE WITH DUPLICATE COPY TO THE CITY DEPARTMENT TO WHICH THE GOOD(S) WERE DELIVERED
2. SHIPPING INSTRUCTIONS: F.O.B. DESTINATION UNLESS OTHERWISE SPECIFIED.
3. NO FEDERAL OR STATE SALES TAX SHALL BE INCLUDED IN PRICES BILLED. LIMITED SALES TAX #74-6000085.

Erin D'Vincent

Digitally signed by Erin D'Vincent
DN: cn=Erin D'Vincent, o=City of Austin, ou=Purchasing Office, email=erin.dvincent@austintexas.gov, c=US
Date: 2020.09.17 13:39:16 -05'00'

Authorized Agent for City Manager

By acceptance of this purchase order, you agree to comply with the terms and conditions incorporated herein by reference and made a part of this order.

9/17/2020

Date

CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
and
Public Consulting Group, LLC ("Contractor")
for
Dispatch Equity and Optimization Study
Contract Number: CT 4400 20082701049

The City accepts the Contractor's Offer for the above requirement and enters into the following Contract. This Contract is between Public Consulting Group, LLC having offices at 816 Congress Ave, Suite 1110, Austin, TX 78701 and the City, a home-rule municipality incorporated by the State of Texas. Capitalized terms used but not defined herein have the meanings given in the Solicitation.

1.1 **This Contract is composed of the following documents in order of precedence:**

1.1.1 This Document

1.1.2 Negotiated Documents dated August 17, 2020, attached as Exhibit A.

1.1.3 Negotiated Schedule of Work/Milestones, attached as Exhibit B.

1.1.4 The City's Solicitation RFP 4400 EAD3010 including all documents incorporated by reference.

1.1.5 Contractor's Offer, dated June 4, 2020, incorporated herein and attached as Exhibit C hereto.

1.2 **Compensation.** Contractor shall be paid a Not-to-Exceed amount up to $250,000.

1.3 **Term of Contract.** This Contract shall become effective on the date executed by the City ("Effective Date") and shall remain in effect until the earliest of when the deliverables set forth in the Contract are complete or the City terminates the Contract.

1.4 **Designation of Key Personnel.** The City and the Contractor resolve to keep the same key personnel assigned to this engagement throughout its term. In the event that it becomes necessary for the Contractor to replace any key personnel, the replacement will be an individual having equivalent experience and competence in executing projects such as the one described herein. Additionally, the Contractor shall promptly notify the City and obtain approval for the replacement. Such approval shall not be unreasonably withheld. The City's key personnel are identified as follows:

	Name	Phone Number	Email Address
City Contract Manager	Dr. Mark Escott	512-978-0001	Mark.Escott@austintexas.gov
City Project Manager	Jeff Hayes	512-978-0002	Jeff.Hayes@austintexas.gov
City Contract Administrator	Erin D'Vincent	512-974-3070	Erin.DVincent@austintexas.gov

1.5 **Invoices.** The City's preference is to have invoices emailed to Jeff.Hayes@austintexas.gov. For questions regarding your invoice/payment please contact the City Contract Manager.

This Contract (including any Exhibits and referenced Documents) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior agreements and

understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

PUBLIC CONSULTING GROUP, LLC	**CITY OF AUSTIN**
Marc Staubley	Erin D'Vincent
Printed Name of Authorized Person	Printed Name of Authorized Person
Marc Staubley	Erin D'Vincent Digitally signed by Erin D'Vincent DN: cn=Erin D'Vincent, o=City of Austin, ou=Purchasing Office, email=erin.dvincent@austintexas.gov, c=US Date: 2020.09.17 12:55:19 -05'00'
Signature	Signature
Practice Area Director	Procurement Supervisor
Title:	Title:
9/15/2020	September 17, 2020
Date:	Date:

PUBLIC CONSULTING GROUP

Solutions that Matter

August 17, 2020

Erin D'Vincent, Procurement Supervisor
City of Austin, Municipal Building
124 West 8th Street, Room 308
Austin, Texas 78701

RE: EMS Subject Matter Expert

Dear Ms. D'Vincent,

This letter is to address the City's request for Public Consulting Group, Inc. (PCG) to include a dedicated Emergency Medical Services (EMS) subject matter expert (SME) on the project team for the Dispatch Equity and Optimization Efficiency Study, RFP# 4400 EAD3010.

During the meeting on August 12, 2020, the City provided clarification and requested an adjustment to PCG's proposed project team to include a highly qualified non-fire EMS SME. As an integral part of the PCG consulting team, the EMS SME will provide expertise and input into our analysis of pre-hospital response, transportation, and service equity within Austin-Travis County EMS service area, including input to guide comprehensive recommendations.

PCG has identified two highly qualified EMS subject matter experts to join our project team both of whom bring 40-years' experience in 3rd service EMS operations, administration and training and have represented EMS issues at the local, regional, state and even national-levels. Both experts are recipients of multiple awards and achievements for their life-time commitment to EMS delivery and ambulance transportation. Please review the attached resumes for:

- ***Gregory Reid*****,** past Executive Director for REACT Emergency Medical Service in Shawnee, OK and current President of the Oklahoma Ambulance Association.
- ***Matthew Zavadsky*****,** Chief Integration Officer for Medstar Mobile Healthcare in Fort Worth, TX.

I can be reached at 512-777-5486 or acoffman@pcgus.com should you have any questions or need additional information regarding the project team.

We look forward to hearing from you.

Sincerely,

Alina Coffman

Alina Coffman
Senior Operations Manager
Public Consulting Group, Inc.

GREGORY A. REID

1816 Cedar Hill Rd,
Norman, OK 73072
405-613-7443
GAR281@gmail.com

EDUCATION

University of Oklahoma, Norman, OK
Batchelor of Arts, Political Science
Focus of Education: Public Administration, Personnel Management, Governmental Functions. Minor: History

Oklahoma City Community College, Oklahoma City, OK
Associate in Allied Health
Focus of Education: Emergency Medical Technology

EMPLOYMENT

April 1996 – July 2018
REACT Emergency Medical Service, Shawnee, OK
Executive Director
Responsible for the Management and Operations of Emergency Medical Services for Shawnee, Pottawatomie County and portions of Lincoln, Seminole and Okfuskee Counties. Paramedic EMS that employs over 50 Paramedics, EMTs and staff, responding to over 13,000 Calls for Service per year, serving over 950 square miles. Prepares and oversees budget of over $6.3 million annually. Oversight of Revenue Cycle including all medical billing and collections activity. Creates Personnel and Operational policy, analyzing System Performance and Quality Improvement activity. Responsible for the consolidation of two EMS that previously served the area.

September 1994 – April 1996
EMPACT EMS, Shawnee Regional Hospital, Shawnee, OK
Department Manager
Responsible for the Management and Operations of Hospital Based EMS. Service responded to over 3500 Calls for Service per year and served all of Pottawatomie County and a portion of Lincoln County.
Emergency Medical Care, Advanced and Basic Cardiac Care instructor, American Heart Association

June 1979 – September 1994
Norman Police Department, Police Paramedic Division, Norman, OK
Paramedic, Field Training Officer
Responsible for providing patient care, training new Paramedics, EMTs and First Responder Police Officers, Public Education, and occasional Shift Supervision. Council of Law Enforcement, Education and Training – Instructor (Basic Law, Medical, Firearms, Emer Veh Ops)
Emergency Medical Care, Advanced and Basic Cardiac Care instructor, American Heart Association
Departmental Award, Lifesaving, 24 Commendations.

June 1985 – September 1994
Moore-Norman Career Technology
Adjunct Professor
Responsible for instruction and clinical supervision of EMT, Intermediate and Paramedic students. Prepares lessons, lectures, examines for didactic content. Teaches and evaluates clinical skills.

ACTIVITIES

Oklahoma Trauma and Emergency Response Advisory Council
Governor's Appointee, 2014 – 2019,
Chair 2016 - 2018

Governor's Task Force, EMS Readiness
Chair, 2006

Oklahoma Emergency Response Development Advisory Committee
Appointed by Commissioner of Health, 2003 - 2013

Oklahoma Ambulance Association
President-Elect, 2017
Secretary, 2010-2016
President 2007, 2008
Treasurer, 2003
President, 2001
Legislative Task Force, 2005 to Present

American Ambulance Association
Ethics Committee Member (Elected) 2005 – 2011
Bylaws Committee Member, approx. 2012 – 2017

Oklahoma EMT Association
Member 1981 - Present
Treasurer, Board Member 1984 – 1990

Oklahoma State Trauma Advisory Council
Member, 2000 - 2004

Tecumseh 911 Authority
Vice Chair, Board Member, 1997 – 2008, 2010-2014, 2016-2017

Honors

Oklahoma EMT Association
2019 John Hansen Lifetime Achievement Award

Oklahoma EMT Association
2006 President's Award

Oklahoma EMT Association
2002 Beverly Doyle, EMS Leadership Award

Oklahoma Ambulance Association
2002 President's Service Award

Exhibit A

Matthew S. Zavadsky, MS-HSA, NREMT

PROFESSIONAL EXPERIENCE

MedStar Mobile Healthcare, Fort Worth, Texas *11/2008 – Present*

Chief Strategic Integration Officer *(February 2012 – Present)*

Operations Director *(November 2008 - February 2012)*

MedStar responds to over 155,000 responses per year with a fleet of 65 ambulances. As Operations Director - Responsible for the overall operations of a high performance, all ALS EMS provider covering Ft. Worth and 14 surrounding cities. As CSIO – Responsible for all external and interagency relationships, new strategic initiatives, healthcare system integration and media relations.

Key Achievements:

- Developed and implemented multiple Mobile Healthcare Programs for patient navigation and negotiated multiple paid contracts for patient navigation
- JEMS EMS 10 recipient 2013, First time an entire ***agency*** has won the award
- EMS World/NAEMT Paid EMS Provider of the Year – 2013
- Texas EMS Provider of the Year for 2010
- Attained first ever CAAS Accreditation with a perfect, no deficiencies score - 2010
- Achieved response time compliance under new, more strict compliance standard

Center for Public Safety Management (CPSM), Washington, D.C. *1/2017 – Present*

Senior Associate – EMS

Key Achievements:

- Numerous consulting projects to evaluate and make recommendations to improve EMS financial, clinical and operations outcomes for urban, suburban and rural communities.

University of North Texas, School of Public Health, Fort Worth, TX *8/2013 – 8/2020*

Adjunct Faculty

Develop and instruct a Graduate Certificate program in Accountable Care.

University of Central Florida, College of Health and Public Affairs, Orlando, FL *8/2002 – 5/2014*

Adjunct Faculty

Develop and provide instruction in traditional and non-traditional (WebCT) venues for students pursuing degrees in Healthcare Administration.

Key Achievements:

- Two classes per semester in Healthcare Economics and Policy, U.S. Healthcare Systems, Managed Care and Healthcare Finance

Tri-State Ambulance, Inc., La Crosse, WI *12/2006 – 11/2008*

Director

Responsible for the operations and improvement of a healthcare system affiliated ambulance service providing 9-1-1 EMS operations in five counties and sole ALS provider for 2,200 square miles of western Wisconsin and eastern Minnesota.

Key Achievements:

- Successfully lead a complete management re-organization
- Implemented Emergency Medical Dispatch using Priority Dispatch® AMPDS®
- Developed comprehensive compliance program for billing and field operations
- Implemented a community health program for the administration of vaccines in the home and workplace

Volusia County (FL) Government *4/2002 – 10/2006*

Emergency Medical Services Director

Responsible for the regulation, operational and clinical oversight and improvement of fourteen agencies providing over 70,000 emergency medical services responses annually to a population of more than 1,000,000 residents and visitors to a high tourist market.

Key Achievements:

- Authored and assured promulgation of comprehensive rewrite of EMS Ordinance, including the requirement for EMS agencies to provide closest unit response across jurisdictional boundaries to reduce emergency response times
- Oversee budget of $12 million for non-profit ambulance contractor
- Implemented a comprehensive incident-level data reporting and analysis process to identify areas for clinical and operational improvement

The Health Council of East Central Florida, Inc. Orlando, FL *4/2000 – 4/2002*

Executive Director

Responsible for the management, development and oversight of a regional healthcare not-for-profit public policy agency.

Key Achievements:

- Conducted research on non-emergency use of emergency rooms to revise delivery models
- Managed certificate of need process for hospital service line expansions

Education:

University of Central Florida, College Health and Public Affairs, Orlando, FL *12/2001*
Master of Science – Healthcare Services Administration
Graduate Certificate – Healthcare Data Management

University of Bridgeport, Bridgeport, CT *5/1985*
Bachelor of Science – Business Management

Professional Certifications:

- ❑ State of Texas - EMT *(2009 – Present)*
- ❑ National Registry of EMTs – *Registered EMT (2009 – Present)*
- ❑ Emergency Medical Dispatch – National Academy of EMD (*1993 – 2009*)
- ❑ National Registry of EMTs – *Registered Paramedic (1986 – 2001)*
- ❑ National Academy of Emergency Medical Dispatch - *EMD Instructor* (*1993 – 2002)*
- ❑ Emergency Medical Services - *Instructor* (*1987 - 1996*)
- ❑ Advanced Cardiac Life Support - *Instructor* (*1994 - 1996*)
- ❑ Pre-Hospital Trauma Life Support - *Instructor* (*1986 - 1991*)

Professional Affiliations:

- ❑ **Board Member/President** – National Association of EMTs *(2012 - Present)*
- ❑ **Editorial Advisory Board** – *EMS World Magazine* (*2012 – Present*)
- ❑ **Mobile Integrated Healthcare Editor** – *Journal of Emergency Medical Services* [JEMS] *(2014 - Present)*
- ❑ **Committee Member** – *NFPA MIH Guide for Fire Service Implementation* (*2015 – Present*)
- ❑ **Program Chair** – *EMS Transformation Summit* (NAEMT) *(2015, 2016, 2017, 2018, 2019, 2020)*
- ❑ **Committee Member** – *Mathematica/Lewin Group ED/Throughput Expert Work Group* (*2015 – Present*)
- ❑ **Appointee** – *Agency for Healthcare Research and Quality [AHRQ] Innovation Project Team (2015)*
- ❑ **Steering Committee Appointee** – *Promoting Innovation in EMS Project (2014-2019)*
- ❑ **Appointee** – *Institute of Medicine, Healthcare Policy Workgroup on the Impact of the Patient Protection and Affordable Care Act on U.S. Preparedness Resources and Programs (2013)*
- ❑ **Steering Committee Appointee** – *NHTSA Project - Model EMS System of the Future (2014)*

Professional Achievements

- ❑ **Recipient** – "*EMS-10 Innovator*"; Journal of Emergency Medical Services (*2010, 2013, 2018*)
- ❑ **Recipient** – "*Injury Prevention Program of the Year*"; Texas Department of Health. (*2019*)
- ❑ **Recipient** – "*EMS Provider Agency of the Year*"; NAEMT/EMS World (*2013*)
- ❑ **Recipient** – "*Paid EMS Agency of the Year*"; Texas Department of Health. (*2010*)
- ❑ **Recipient** – *Regent's Award*; American College of Healthcare Executives (*2001*)
- ❑ **Book Co-Author** – *Mobile Integrated Healthcare – Approach to Implementation*, Jones & Bartlett. (*2014*)
- ❑ **Chapter Author** – *Introduction to Community Paramedicine & Community Needs Assessment*, Community Health Paramedicine - Jones & Bartlett Publishing (*2019*)
- ❑ **Chapter Author** – *Your Future Career in EMS*, Caroline Paramedic Textbook - Jones & Bartlett Publishing (*2017*)
- ❑ **Chapter Author** – *Mobile Integrated Healthcare for the Geriatric Patient*, GEMS Textbook - Jones & Bartlett Publishing (*2014*)
- ❑ **Chapter Author** – *Levels of Ambulance Service*, Managing Ambulance Services, Pearson Publishing (*2014*)
- ❑ **Presenter** – EMS World Expo (*2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020*)
- ❑ **Presenter** – EMS Today (*2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020*)
- ❑ **Presenter** – Pinnacle EMS Leadership Conference – Power Seminars (2013, 2014, 2015, 2016, 2017, 2018, 2019)
- ❑ **Presenter** – Homecare 100 Leadership Conference – *EMS-MIH Collaborations with Home Care and Hospice* (*2014 & 2017*)
- ❑ **Published** – EMS World – 12 part monthly series "*Promoting Innovations in EMS*" (*January – December 2018)*
- ❑ **Published** – EMS World – 12 part monthly series "*High Value EMS*" (*January – December 2017)*
- ❑ **Published** – JEMS "*Beyond Glucose – Point of Care Testing in EMS*" *(June 2016)*
- ❑ **Published** – EMS World – 12 part monthly series "*MIH Roadmap for Success*" (*January – December 2015)*
- ❑ **Published** – JEMS Special Supplement – "*Doing it Right – MIH Programs*" *(September 2015)*
- ❑ **Published** – JEMS Special Supplement – "*MIH Technology Innovations*" *(November 2015)*
- ❑ **Published** – JEMS "*International Models of EMS-MIH*" *(June 2015)*
- ❑ **Published** – JEMS "*MIH Outcome Measures Project*" *(May 2015)*
- ❑ **Published** – EMS Insider "*MIH from the Payer's Perspective*" *(4 Part Series; March – July 2014)*
- ❑ **Published** – JEMS "*New Role of Patient Experience for EMS*" *(February 2014)*
- ❑ **Published** – JEMS "*Imparting Knowledge and Restoring Hope – MIH in Action*" *(February 2014)*
- ❑ **Published** – EMS World "*Value-Based Purchasing for EMS*" *(March 2014)*
- ❑ **Published** – EMS Insider "*BOLO – Situational Awareness in EMS*" *(November 2014)*
- ❑ **Published** – EMS Insider "*Redefining EMS*" *(March 2013)*
- ❑ **Published** – EMS Insider "*Clinical Benchmarks that Matter*" *(January 2013)*
- ❑ **Published** – EMS World "*Cultivating Stakeholder Relationships*" *(December 2012)*
- ❑ **Published** – EMS Insider "*New Model for EMS – Community Health*" (*December 2010*)
- ❑ **Published** – EMS World "*Cultivating Stakeholder Relationships*" *(December 2012)*
- ❑ **Published** – EMS World "*Creating a Public Affairs Strategy That Works*" *(May 2012)*

Negotiated Schedule of Work/Milestones

Exhibit B

Phase	Timeframe (Calendar Days)	Tentative Dates	Invoice Amount
I: Project Initiation	40 Days	October 19, 2020 – November 30, 2020	$59,750
II: Data Collection	56 Days	December 1, 2020 – January 31, 2021	$59,750
III: Data Analysis	49 Days	February 1, 2020 – March 21, 2021	$59,750
IV: Development of Report	45 Days	March 22, 2021 – May 5, 2021	$59,750

PUBLIC CONSULTING GROUP

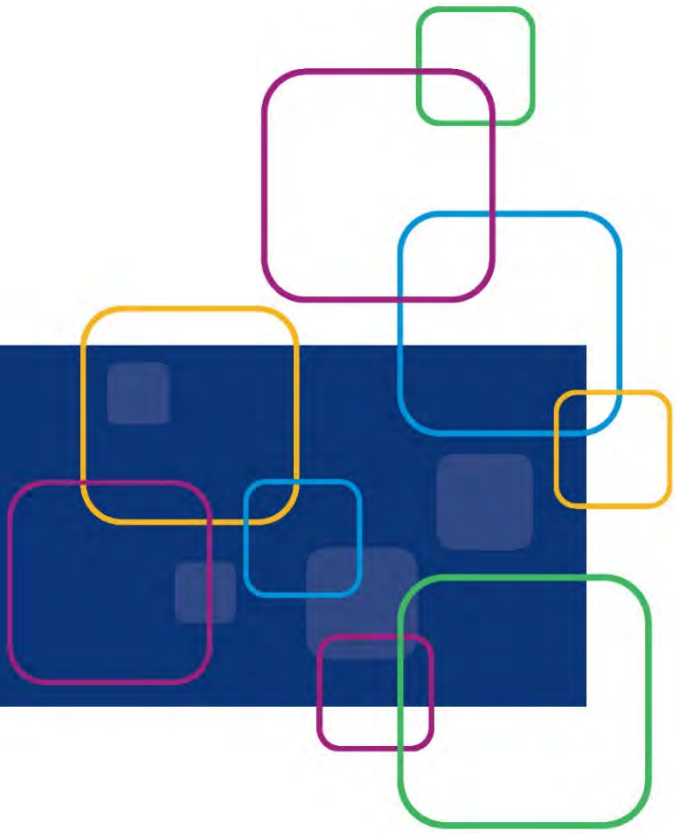
Solutions that Matter

TECHNICAL PROPOSAL

CITY OF AUSTIN
REQUEST FOR PROPOSALS

Dispatch and Equity Optimization Efficiency Study

RFP#: 4400 EAD3010



July 2, 2020 | 2:00pm

Erin D'Vincent, Procurement Supervisor
City of Austin, Municipal Building
124 West 8th Street, Room 308
Austin, Texas 78701
512-974-2500
Erin.Dvincent@austintexas.gov

PUBLIC CONSULTING GROUP

Solutions that Matter

Marc Staubley
Public Consulting Group, Inc.
816 Congress Avenue, Suite 1110
Austin, TX 78701

June 4, 2020

Erin D'Vincent, Procurement Supervisor
City of Austin, Municipal Building
124 West 8th Street, Room 308
Austin, Texas 78701

Dear Ms. Vincent,

Public Consulting Group, Inc. (PCG) is pleased to present this proposal to the City of Austin, Texas for Dispatch Equity and Optimization Efficiency Study, RFP# 4400 EAD3010.

For over three decades, PCG has worked with public providers and state agencies to develop and implement practical, cost-effective solutions that matter. We bring dedicated and experienced staff, company experience, and financial stability to perform this dispatch equity and optimization efficiency study. We are uniquely qualified to perform all services identified in the RFP as we offer:

- **Unparalleled Knowledge of Fire/Emergency Medical Services (EMS) Landscape:** Our diverse experience providing consulting and assessment services to more than 400 Fire and EMS providers across the country sets us apart from other firms. We help Fire/EMS agencies identify and implement improvement initiatives; working with providers in multiple states; at the city, county, and state level; for urban and rural providers; and address a wide range of focus areas such as operational assessments, dispatch and emergency response evaluations, financial analysis, prevention initiatives and community risk reduction strategies.

- **Practical Strategies and Innovative Solutions:** While our recommendations focus on practical strategies (such as helping providers improve operations and efficiency, increase quality and access to care, incorporate best practices, reduce costs, and promote effective use of resources), we are also at the forefront of helping providers implement innovative solutions. Through our work with the new Emergency Triage, Treatment and Transport (ET3) program, we are partnering with local service providers to evaluate access and quality of care, assess program eligibility, strengthen relationships with all stakeholders involved in the continuum of care, develop implementation plans, and define ways to lower healthcare costs.

- **Dedicated and Experienced Staff:** With more than 2,500 employees across five practice areas, we assemble project teams with the right multi-disciplinary experience to address the unique challenges of each project. Our breadth of knowledge in the Fire/EMS and healthcare fields cover all programmatic facets and the dedicated project team includes subject matter experts with practical Fire/EMS expertise, financial management, data analysis, program effectiveness, policy evaluation, and project management experience. The project team also includes experts with

deep programmatic knowledge in Medicaid and Health Equity, including how social determinants of health (SDOH) come together to affect a community's patient outcomes. Our staff has led the largest Delivery System Reform Incentive Payment (DSRIP) program in the country, New York, and will carry over that expertise for Austin.

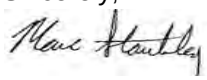
- **Local Experience and Local Staff:** PCG is the largest Ambulance Supplemental Payment vendor in the State. In 2009, PCG assisted the Texas Health and Human Services Commission with the establishment of the first EMS Certified Public Expenditure (CPE) Program in the country. This Spring, PCG helped more than 69 providers including the City of Houston, Dallas, Plano, El Paso and Grand Prairie; collectively, realizing over $250 million in additional revenues through the Ambulance Supplemental Payment Program. The project will be managed from our local Austin office that has been in operations since 2009 and is the Health Practice Area centralized office, with an Austin-based Health Practice Area Director, technical advisor, project manager, subject matter experts and project support staff.

PCG's Lead Technical Advisor, Matt Sorrentino, has over 15 years' experience managing projects for state and local entities in Texas and beyond. Contact: msorrentino@pcgus.com or 512-287-4663.

Most importantly, we know Texas and Austin because we work here, we live here, and we've been supporting Texas-based Fire/EMS providers since 2006. We recognize the challenges faced by providers in the State, and we understand the City's critical task to successfully tackle inequality in one of the most economically segregated metropolitan areas in the county.

We greatly appreciate the opportunity to assist the City of Austin on this crucial initiative and look forward to your review of our proposal.

Sincerely,



Marc Staubley,
Director, Health Practice Area

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SECTION I: TECHNICAL RESPONSE

1: City of Austin Purchasing Office Documents

Complete and submit City of Austin purchasing office documents.

The following documents are included in this section:

A. Signed Offer Sheet
B. Section 0605 Local Business Presence Identification Form
C. Section 0630 Exceptions
D. Section 0800 Non-Discrimination and Non-Retaliation Certification
E. Section 0835 Nonresident Bidder Provisions
F. Section 0840 Service-Disabled Veteran Business Enterprise
G. Section 0900 Subcontracting/Sub-consulting Utilization Form
H. Section 0905 Subcontracting/Sub-consulting Utilization Plan
I. Signed Addendums

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: Public Consulting Group, LLC

Company Address: 816 Congress Avenue, Suite 1110

City, State, Zip: Austin, Texas 78701

Vendor Registration No. VS0000069890

Printed Name of Officer or Authorized Representative: Marc Staubley

Title: Director, Health Practice Area

Signature of Officer or Authorized Representative:

Date: May 26, 2020

Email Address: mstaubley@pcgus.com

Phone Number: 512.287.4662

*** Proposal response must be submitted with this signed Offer sheet to be considered for award**

Exhibit C

CITY OF AUSTIN
PURCHASING OFFICE
STANDARD PURCHASE DEFINITIONS

Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.

1. **Addendum** - a written instrument issued by the Contract Awarding Authority that modifies or clarifies the Solicitation prior to the Due Date. "Addenda" is the plural form of the word.

2. **Alternate Offers** - multiple Offers with substantive variations from the same Offeror in response to a Solicitation.

3. **Appropriate**, **Appropriated**, or **Appropriation** - the adoption by the City Council of a budget for a fiscal year that includes payments to be made under the Contract during the respective fiscal year.

4. **Authorized City Representative** - a person designated by the City Manager to act for the Contract Awarding Authority.

5. **Best Offer** - the best evaluated Offer in response to a Request for Proposals or Request for Qualification Statements.

6. **Best Offeror** - the Offeror submitting the Best Offer.

7. **Bid** - a complete, properly signed response to an Invitation for Bid, which if accepted, would bind the Bidder to perform the resultant Contract.

8. **Bidder** - a person, firm, or entity that submits a Bid in response to an Invitation for Bid. Any Bidder may be represented by an agent after submitting evidence demonstrating the agent's authority. The agent cannot certify as to his own agency status.

9. **Bid Guaranty** – a form of security assuring that the bidder (a) will not withdraw the Bid within the period specified for acceptance, and (b) will execute a Contract and furnish required bonds and any necessary insurance within the time specified in the Solicitation, unless a longer time is allowed by the City. The guarantee will be returned to the Bidder upon execution of a Contract.

10. **Bid Sheet** - a document, signed and dated by a Bidder, containing unit and extended bid prices for all goods and/or services, identified by item numbers and descriptions, for which Bids are being submitted

11. **Business Entity** – any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation.

12. **Central Purchase Order (CT)** - a financial system document issued by the Contract Awarding Authority to encumber funds to pay for the deliverables identified in a Contract.

13. **City** - the City of Austin, a Texas home-rule municipal corporation.

14. **Compliance Plan** - is defined in chapter 2-9 of the City Code.

15. **Construction** - the construction, repair, rehabilitation, alteration, conversion or extension of buildings, parks, utilities, streets or other improvements or alterations to real property.

16. **Contract** - a binding legal agreement between the City and the Offeror. The Contract includes, without limitation, the Solicitation, the Offer submitted in response to the Solicitation, the Contract award, the Standard Purchase Terms and Conditions, Supplemental Terms and Conditions if any, Specifications, and any addenda and amendments thereto. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

A. any exceptions to the Offer accepted in writing by the City
B. the Supplemental Purchase Terms and Conditions
C. the Standard Purchase Terms and Conditions
D. the Offer, exhibits, and attachments; within the Offer, drawings (figured dimensions shall govern over scaled dimensions) will take precedence over specifications or scope of work.

17. **Contract Awarding Authority** - a City department authorized to enter into Contracts on behalf of the City.

18. **Contractor/Consultant** - a person, firm or entity that supplies or provides goods and/or services to the City by Contract.

19. **Controlling Interest** means: (1) an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stocks or otherwise that exceeds 10 percent; (2) membership on the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than 10 members; or (3) service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers.

20. **Deliverables** - the goods, products, materials, and/or services to be provided to the City under a Purchase Order, Contract, or Master Agreement.

21. **Delivery Order** - a release against a Master Agreement authorizing delivery of goods and/or performance of services. A financial system document issued by the Department to encumber funds to pay for the deliverables.

22. **Disadvantaged Business Enterprise** - is defined in 49 Code of Federal Regulation Part 26 or other applicable federal regulations.

23. **Due Date** - the date and time specified for receipt of Bids, Proposals, Qualification Statements, Quotations, Responses, Submittals and Compliance Plans.

24. **Goods** - supplies, materials, or equipment.

25. **Highest Responsible Offer** - the highest Offer meeting all requirements of the specifications, terms, and conditions of the Invitation for Bid-Sale or Request for Quotation-Sale.

26. **Highest Responsible Offeror** - the Offeror submitting the “Highest Responsible Offer.”

27. **Interested Party** – a person who has a Controlling Interest in a Business Entity with whom the City contracts or who actively participates in facilitating the Contract or negotiating the terms of the Contract, including a broker, intermediary, adviser, or attorney for the Business Entity.

28. **Invitation for Bid (IFB)** - a Solicitation requesting pricing for a specified Good or Service which has been advertised for Bid in a newspaper and/or on the Internet.

29. **Late Offer** - a Bid, Proposal, Quote, Response, or Submittal that is received after the Due Date and time specified in the Solicitation.

30. **Lowest Responsible Offer** - the Offer meeting all requirements of the specifications, terms, and conditions of the Invitation for Bid or Request for Quotation resulting in the lowest cost to the City in a total cost concept or based solely on price, taking into consideration the financial and practical ability of the Vendor to perform the Contract, past performance of the Vendor, and compliance with all City ordinances concerning the purchasing process.

31. **Lowest Responsible Offeror** - the Offeror submitting the Lowest Responsible Offer.

32. **Master Agreement** - a term contract that is used when the total quantity required cannot be definitely fixed, but can be stated as an estimate or within maximum and minimum limits with deliveries on demand. A Master Agreement does not create a financial obligation.

33. **Minority-Owned Business** - is defined in chapter 2-9 of the City Code.

34. **Non-Professional Services** - services performed that are not of a professional nature such as lawn care, security, janitorial, etc.

35. **Offer** - a complete signed response to a Solicitation including, but not limited to, an Invitation for Bid, a Request for Proposal, a Request for Qualification Statements, or a Request for Quotation.

36. **Offeror** - a person, firm, or entity that submits an Offer in response to a City Solicitation. Any Offeror may be represented by an agent after submitting evidence demonstrating the agent's authority. The agent cannot certify as to his own agency status. Includes Bidders, Proposers, Quoters, Contractors and Consultants.

37. **Pre-Bid / Proposal / Quote / Response / Submittal Conference** - a conference conducted by the Contract Awarding Authority, held in order to allow Offerors and Vendors to ask questions about the proposed Contract and particularly the Contract specifications.

38. **Professional Services** - services that use skills that are predominantly mental or intellectual, rather than physical or manual such as accounting, architecture, land surveying, law, medicine, optometry, professional engineering, etc.

39. **Proposal** - a complete, properly signed response to a Request for Proposals, which if accepted, would bind the Proposer to perform the resultant Contract.

40. **Proposal Guaranty** - a form of security assuring that the Proposer (a) will not withdraw the Proposal within the period specified for acceptance, and (b) will execute a Contract and furnish required bonds and any necessary insurance within the time specified in the Solicitation, unless a longer time is allowed by the City. The guarantee will be returned to the Proposer upon execution of a Contract.

41. **Proposer** - a person, firm or entity that submits a Proposal in response to a Request for Proposals. Any Proposer may be represented by an agent after submitting evidence demonstrating the agent's authority. The agent cannot certify as to his own agency status.

42. **Purchase Order (PO)** - an order placed by a City department for the purchase of Goods and/or Services written on the City's standard Purchase Order form and which, when accepted by the Vendor becomes a Contract. The Purchase Order is the Vendor's authority to deliver and invoice the City for Goods and/or Services specified, and the City's commitment to accept the Goods and/or Services for an agreed upon price.

43. **Purchasing Office** - refers to the Purchasing Office in the Financial and Administrative Services Department of the City.

44. **Quote** - a complete, properly signed response to a Request for Quotation, which if accepted, would bind the Offeror to perform the resultant Contract.

45. **Quoter** - a person, firm or entity that submits a Quote in response to a Request for Quotations. Any Quoter may be represented by an agent after submitting evidence demonstrating the agent's authority. The agent cannot certify as to his own agency status.

46. **Request for Information (RFI)** - a solicitation used to obtain "state of the art" information on goods and/or services for informational purposes only.

47. **Request for Interest (RFINT)** - a solicitation used to identify interest in a City requirement.

48. **Request for Proposal (RFP)** - a solicitation used to acquire goods and/or services when a clearly defined scope of work or specification is not available.

49. **Request for Qualification Statements (RFQS)** - a solicitation used to acquire professional services as defined by the State of Texas Government Code, Chapter 2254.

50. **Request for Quotation (RFQ)** - a solicitation used to acquire goods and/or services with a total dollar value less than the State of Texas competitive bidding amount.

51. **Resident Bidder** - a person, firm, or entity whose principal place of business is in the State of Texas, including a Contractor whose ultimate parent company or majority owner has its principal place of business in the State of Texas.

52. **Response** - a complete signed reply to a Solicitation including, but not limited to a Request for Information and/or a Request for Interest.

53. **Response Guaranty** – a form of security assuring that the Offeror (a) will not withdraw the Offer within the period specified for acceptance, and (b) will execute a Contract and furnish required bonds and any necessary insurance within the time specified in the Solicitation, unless a longer time is allowed by the City. The guarantee will be returned to the Offeror upon execution of a Contract.

54. **Responsible** - refers to the financial and practical ability of the Offeror to perform the Contract and takes into consideration resources, expertise, and past performance of the Offeror as well as compliance with all City ordinances concerning the purchasing process.

55. **Responsive** - meeting all the requirements of a Solicitation.

56. **Services** - include all work or labor performed for the City on an independent Contractor basis other than construction.

57. **Solicitation** - as applicable, includes Invitation for Bid, Invitation for Bid - Sale, Request for Proposal, Request for Qualification Statements, Request for Quotation, Request for Quotation – Sale, Request for Information, Request for Interest, or such other request as defined by the City.

58. **Subcontractor/Subconsultant** - a person, firm, or entity providing goods and/or services to a prime Contractor / Consultant to be used in the performance of the prime Contractor/Consultant's obligations under a Contract.

59. **Sub-Subcontractor/Sub-Subconsultant-** a person, firm or entity providing goods and/or services to a Subcontractor/Subconsultant to be used in the performance of the Subcontractor/Subconsultant's obligations under a Contract.

60. **Unbalanced Offer** - an Offer that is based on prices which are significantly less than cost for some items and significantly more than cost for others.

61. **Vendor** - a person, firm, or entity that sells Goods and/or Services.

62. **Woman-Owned Business** - is defined in chapter 2-9 of the City Code.

Exhibit C

CITY OF AUSTIN
PURCHASING OFFICE
SOLICITATION INSTRUCTIONS V2 JUNE 26, 2018

1. **VENDOR REGISTRATION:** All Vendors, Contractors, Subcontractors, Consultants, and Subconsultants desiring to sell to the City must be registered to do business with the City prior to submitting an Offer to a City solicitation. Prime Contractors/Consultants are responsible for ensuring that their Subcontractors/Subconsultants are registered. Registration can be done through the City's online vendor registration system. Log onto http://www.austintexas.gov/financeonline/vendor_connection/index.cfm and follow the directions.

2. **EQUAL OPPORTUNITY:**

   A. **Equal Employment Opportunity:** No Contractor, or Contractor's agent, shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the contract and the Contractor's suspension or debarment from participation on future City contracts until deemed compliant with Chapter 5-4.

   B. **Americans with Disabilities Act (ADA) Compliance:** No Contractor, or Contractor's agent, shall engage in any discriminatory practice against individuals with disabilities as defined in the ADA, including but not limited to: employment, accessibility to goods and services, reasonable accommodations, and effective communications.

3. **MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM:** All City procurements are subject to the City's Minority-Owned and Women-Owned Business Enterprise Procurement Program found at Chapters 2-9A, 2-9B, 2-9C, and 2-9D of the City Code. The Program provides Minority-Owned and Women-Owned Business Enterprises (MBEs/WBEs) full opportunity to participate in all City contracts. Goals for MBE/WBE participation are stated in each Solicitation and differ from contract to contract based on the type of contract, the availability of MBEs/WBEs to perform the functions of the contract, and other factors. Information on achieving the goals or documenting good faith efforts to achieve the goals are contained in the MBE/WBE Program Package contained in Section 0900 of the Solicitation. When goals are established, Offerors are required to complete and return the MBE/WBE Compliance Plan with their Offer. If no goals are established, Offerors are required to submit the No Goals Utilization Plan. If a Compliance Plan or No Goals Utilization Plan is not submitted prior to the date and time set forth in the Solicitation, the Offer will not be accepted for consideration.

4. **SOLICITATION:**

   A. **Review of Documents:** Offerors are expected to examine all documents that make up the Solicitation. Offerors shall promptly notify the City of any omission, ambiguity, inconsistency or error that they may discover upon examination of the Solicitation. Offerors must use a complete Solicitation to prepare Offers. The City assumes no responsibility for any errors or misrepresentations that result from the use of incomplete Solicitations.

   B. **Location of Documents:** Solicitations are issued by the Purchasing Office. The location and phone number for the Purchasing Office are specified in the advertisement and in the Solicitation.

5. **WRITTEN EXPLANATIONS OR CLARIFICATIONS:** Any material information given to one Offeror concerning a Solicitation will be furnished as an Addendum to all Offerors who have been issued a Solicitation. Any explanation, clarification, interpretation or change to the Solicitation made in any other manner is not binding upon the City, and Offerors shall not rely upon such explanation, clarification, interpretation or change. Oral explanations or instructions given before the award of the Contract are not binding. Requests for explanations, clarifications or interpretations may be faxed to the City at (512) 974-2388. The fax must clearly identify the buyer's name and solicitation number.

6. **PRE-BID / PROPOSAL / RESPONSE CONFERENCE:** If a Pre-Bid/Proposal/Response conference is mandatory, the time, place and mandatory nature of the conference will be specified on the cover page of the Solicitation. If a Pre-Bid/Proposal/Response Conference is mandatory and is not attended by an Offeror, their Offer will be rejected.

7. **PREPARATION OF OFFERS:**

   A. **Alternate Offers:** Alternate Offers will be rejected unless the Solicitation authorizes the submission of Alternates.

   B. **Bid Preparation Costs:** All costs associated with preparing a Bid in response to a Solicitation shall be borne by the Bidder.

   C. **Bid / Proposal / Response Guaranty or Bond:** When required by the Solicitation, an Offer must be accompanied by a Bid/Proposal/Response Guaranty or a Bid / Proposal / Response Bond with Power of Attorney attached, issued by a solvent surety authorized under laws of the State of Texas and acceptable to the City.

   D. **Brand Name or Equal:** If the Solicitation indicates brand name or "equal" products are acceptable, the Offeror may propose an "equal" product but must be prepared to demonstrate those features that render it equal. Final determination of a product as an "equal" remains with the City.

   E. **Delivery Time:** Delivery time, if stated as a number of days, will be based on calendar days. Time is of the essence in any City purchase. If the indicated date cannot be met or the date is not indicated, the Offeror shall state its best delivery time.

   F. **Exceptions:** Exceptions that are taken to any portion of the Solicitation may jeopardize acceptance of the Offer.

   G. **Free on Board (FOB) Point:** The Offeror should quote its lowest and best price, with the goods delivered to the place specified, at the Offeror's expense and risk, and there tender delivery to the City.

   H. **Payment:** Payment terms shall be net 30 days.

   I. **Prices:** Offers shall be firm unless otherwise specified. Pricing shall be entered on the Bid/Quote Sheet (if applicable) in ink. Totals shall be entered in the "Total Price" column of the Bid/Quote Sheet. In the event of a discrepancy between unit price and extended price, the unit price shall govern.

   J. **Proposal Preparation Costs:** All costs directly or indirectly related to preparation of a Response to an RFP or any oral presentation required to supplement and/or clarify a Proposal which may be required by the City shall be the sole responsibility of the Proposer.

   K. **Proprietary Information:**

      i. All material submitted to the City becomes public property and is subject to the Texas Public Information Act, Chapter 552, Texas Government Code, upon receipt.
      ii. If an Offeror does not desire proprietary information in the Offer to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General.
      iii. Failure to identify proprietary information will result in all unmarked sections being deemed nonproprietary and available upon public request.
      iv. For Bids submitted in response to an Invitation for Bids (IFB), the City will not consider any requests to keep the contents of a Bid Sheet Proprietary or Confidential.

L. **Signature:** The Offeror must sign each document in the Solicitation requiring a signature. Any change made to the Offer must be initialed by the Offeror.

M. **Taxes:** Purchases of Goods or Services for City use are usually exempt from City, State, and most Federal Taxes. Offers should not include exempted taxes. The successful Offeror should request a Tax Exemption Certificate from the Purchasing Office. Under no circumstances shall the City be liable to pay exempt taxes under any Contract.

N. **Anti-Lobbying and Procurement:** Article 6, Chapter 2-7, City Code, repealed and replaced effective on June 25, 2018, prohibits lobbying activities or representations by Offerors during the No-Lobbying Period.

1. FINDINGS; PURPOSE.

(A) The council finds that persons who enter a competitive process for a city contract voluntarily agree to abide by the terms of the competitive process, including the provisions of this article.

(B) The council finds that it is in the City's interest:

(i) to provide the most fair, equitable, and competitive process possible for selection among potential vendors in order to acquire the best and most competitive goods and services; and

(ii) to further compliance with State law procurement requirements.

(C) The council intends that:

(i) each response is considered on the same basis as all others; and

(ii) respondents have equal access to information regarding a solicitation, and the same opportunity to present information regarding the solicitation for consideration by the City.

2. APPLICABILITY.

(A) This article applies to all solicitations except:

(i) City social service funding;

(ii) City cultural arts funding;

(iii) federal, state or City block grant funding;

(iv) the sale or rental of real property;

(v) interlocal contracts or agreements; and

(vi) solicitations specifically exempted from this article by council.

(B) Absent an affirmative determination by the council, the purchasing officer has the discretion to apply this article to any other competitive process.

(C) City Code Section 1-1-99 (*Offenses; General Penalty*) does not apply to this article.

3. DEFINITIONS.

In this article:

(A) AGENT means a person authorized by a respondent to act for or in place of the respondent in order to communicate on behalf of that respondent. Each of the following is presumed to be an agent:

(i) a current full-time or part-time employee, owner, director, officer, member, or manager of a respondent;

(ii) a person related within the first degree of consanguinity or affinity to a current full-time or part-time employee, owner, director, officer, member, or manager of a respondent;

(iii) a person related within the first degree of consanguinity or affinity to the respondent, if a respondent is an individual person; and

(iv) a lobbyist, attorney, or other legal representative of the respondent that has been retained by the respondent with respect to the subject matter of either the solicitation or the respondent's response to the solicitation.

(B) AUTHORIZED CONTACT PERSON means a City employee designated in a City solicitation as the point of contact for all purposes for that solicitation.
(C) CITY EMPLOYEE is defined in Section 2-7-2 (*Definitions*), and further includes an independent contractor hired by the City with respect to the solicitation.
(D) CITY OFFICIAL is defined in Section 2-7-2 (*Definitions*).
(E) NO-LOBBYING PERIOD means the period of time beginning at the date and time a solicitation is published and continuing through the earliest of the following:
  (i) the date the last contract resulting from the solicitation is signed;
  (ii) 60 days following council authorization of the last contract resulting from the solicitation; or
  (iii) cancellation of the solicitation by the City
(F) PURCHASING OFFICER means the City employee authorized to carry out the purchasing and procurement functions and authority of the City.
(G) RESPONSE means a written offer or submission in reply to a solicitation.
(H) RESPONDENT means a person or entity that has timely submitted or subsequently timely submits a response to a City solicitation, even if that person subsequently withdraws its response or has been disqualified by the City for any reason. Respondent includes:
  (i) a subsidiary or parent of a respondent;
  (ii) a joint enterprise, joint venture, or partnership with an interest in a response and in which a respondent is a member or is otherwise involved, including any partner in such joint enterprise, joint venture, or partnership; and
  (iii) a subcontractor to a respondent in connection with that respondent's response.
(I) SOLICITATION means an opportunity to compete to conduct business with the City that requires council approval under City Charter Article VII Section 15 (*Purchase Procedure*), and includes, without limitation:
  (i) an invitation for bids;
  (ii) a request for proposals;
  (iii) a request for qualifications;
  (iv) a notice of funding availability; and
  (v) any other competitive solicitation process for which the purchasing officer, in the purchasing officer's sole discretion, affirmatively determines this article should apply in accordance with Section 2-B.

4. RESTRICTION ON LOBBYING.

Subject to the exclusions in Section 5 (*Permitted Communications*), during a no-lobbying period,

(A) a respondent or an agent shall not communicate directly with a City official or a City employee, or both in order to:
  (i) provide substantive information about any respondent or response with respect to the solicitation to which the communication relates;
  (ii) encourage the City to reject one or more of the responses to the solicitation to which the communication relates;
  (iii) convey a complaint about the solicitation to which the communication relates; or
  (iv) ask any City official or City employee to favor or oppose, recommend or not recommend, vote for or against, consider or not consider, or take action or refrain from taking action on any vote, decision, or agenda item regarding the solicitation to which the communication relates.
(B) a City official shall not contact or communicate with a respondent regarding a response or the solicitation to which the no-lobbying period applies;
(C) a City employee, other than the authorized contact person, shall not contact or communicate with a respondent regarding a response or the solicitation to which the no-lobbying period applies.

5. PERMITTED COMMUNICATIONS.

The following communications are permitted under this article at any time:

(A) any communication between a respondent or agent and any authorized contact person, including, without limitation and in accordance with regulation, any complaint concerning the solicitation;

(B) any communication between a respondent or agent and any person to the extent the communication relates solely to an existing contract between a respondent and the City, even when the scope, products, or services of the current contract are the same or similar to those contained in an active solicitation;

(C) any communication between a respondent or an agent and a City employee to the extent the communication relates solely to a non-substantive, procedural matter related to a response or solicitation;

(D) any communication required by or made during the course of a formal protest hearing related to a solicitation;

(E) any communication between a respondent or an agent and the City's Small & Minority Business Resources Department, that solely relates to compliance with Chapters 2-9A through 2-9D (*Minority-Owned and Women-Owned Business Enterprise Procurement Program*) of the City Code;

(F) any communication between an attorney representing a respondent and an attorney authorized to represent the City, to the extent the communication is permitted by the Texas Disciplinary Rules of Professional Conduct;

(G) any communication made by a respondent or an agent to the applicable governing body during the course of a meeting properly noticed and held under Texas Government Code Chapter 551 (*Open Meetings Act*);

(H) any communication between a respondent or an agent and a City employee whose official responsibility encompasses the setting of minimum insurance requirements for the solicitation to which the communication relates, to the extent the communication relates solely to the insurance requirements established by the City in the solicitation; and

(I) any contribution or expenditure as defined in Chapter 2-2 (*Campaign Finance*).

6. MODIFICATION OF RESTRICTION.

The purchasing officer may waive, modify, or reduce the requirements in Section 4 (*Restrictions on Lobbying*) in order to allow respondents to communicate with a City employee or a City official other than the authorized contact person when the purchasing officer determines, in writing, that the solicitation must be conducted in an expedited manner, including but not limited to a solicitation conducted for reasons of health or safety under the shortest schedule possible with no extensions. Any such modification authorized by the purchasing officer shall be stated in the solicitation.

7. NOTICE.

(A) Each solicitation shall include a notice advising respondents and prospective respondents:

(i) of the requirements of this article;

(ii) that any communication initiated by a City employee or City official, other than the authorized contact person, during the no-lobbying period regarding a response or the solicitation may result in a violation of Section 4(A) if the respondent subsequently lobbies that City employee or City official.

(B) The purchasing officer, or a City employee designated by the purchasing officer, shall provide weekly written notice, accessible to all City employees and City officials, of each solicitation for which the no-lobbying period is in effect.

8. DISCLOSURE OF VIOLATION.

A City official or a City employee other than the authorized contact person that becomes aware of a violation of Section 4 (*Restrictions on Lobbying*) shall notify the authorized contact person in writing as soon as practicable.

9. ENFORCEMENT.

(A) A respondent that has been disqualified pursuant to Section 10(A) (*Disqualification; Contract Voidable*) may appeal such disqualification to a subcommittee that is less than a quorum of the Ethics Review Commission established in Chapter 2-7, Article 2 (*Ethics Review Commission*), whose decision on appeal shall be final and binding. Any appeal must be filed in the manner prescribed by the Ethics Review Commission within 5 calendar days of the notice given by the purchasing officer pursuant to Section 10(B).

(B) The purchasing officer shall waive a violation of Section 4(A) if the violation was solely the result of communications initiated by a City official or a City employee other than the authorized contact person.

(C) The purchasing officer has the authority to enforce this article through rules promulgated in accordance with Chapter 1-2 (*Adoption of Rules*), which at a minimum shall include a notice and protest process for respondents disqualified pursuant to Section 10 (*Disqualification; Contract Voidable*), including:

(1) written notice of the disqualification imposed pursuant to Section 10 (*Disqualification; Contract Voidable*);
(2) written notice of the right to protest the disqualification imposed; and
(3) written notice of the right to request an impartial hearing process.

10. DISQUALIFICATION; CONTRACT VOIDABLE.

(A) If the purchasing officer finds that a respondent has violated Section 2-7-104(1), the respondent is disqualified from participating in the solicitation to which the violation related.

(B) The purchasing officer shall promptly provide written notice of disqualification to a disqualified respondent.

(C) If a respondent is disqualified from participating in a solicitation as a result of violating Section 2-7-104(1) and the solicitation is cancelled for any reason, that respondent is also disqualified from submitting a response to any reissue of the same or similar solicitation for the same or similar project. For the purposes of this section, the purchasing officer may determine whether any particular solicitation constitutes a "same or similar solicitation for the same or similar project".

(D) If a respondent violates Section 104(1) and is awarded a contract resulting from the solicitation to which the violation relates, the City may void that contract.

(E) Respondents that violate Section 2-7-104(1) three or more times during a five year period may be subject to debarment from participating in any new contracts with the City for a period of up to three years.

8. **SUBMISSION OF OFFERS:** Offerors are required to submit an executed original and copies of the Offer as specified on the Offer Sheet of the Solicitation.

A. **Documents required with Offer:** Submit the following documents with the Offer, as applicable, prior to the Due Date (**SEE SECTIONS 0400, 0500 and 0600 IN THE SOLICITATION FOR ADDITIONAL REQUIRED INFORMATION). Failure to submit the documents may be grounds to reject the Offer:**

i. Cover Page, Offer Sheet signed by an authorized representative; ii. Section 0600, Bid/Quote Sheet or Offer, as applicable; iii. Section 0605, Local Business Presence Identification, if applicable;
iv. Section 0700, Reference Sheet, as applicable ;
v. Sections 0835 – Non-Resident Bidder Provisions;

vi. 0815, Living Wage and Benefits Contractor Certification, if applicable;
vii. Section 0900, MBE/WBE Procurement Program Package;
viii. Bid/Proposal Guaranty, if applicable; and ix.. any other document included in the Solicitation requiring completion or execution by the Offeror.

All other pages in the Solicitation should be retained by the Offeror.

B. **Mailing:** Offers and Compliance Plans (when required by the Solicitation), must be returned in a sealed envelope or container marked on the outside with the:

Offeror's Name & Address
Solicitation Number
Due Date and Time

i. If a MBE/WBE Compliance Plan is required, it may be submitted with the sealed Offer or in a separate sealed envelope. If the Compliance Plan is included with the Offer, the outside of the envelope must indicate that the Compliance Plan is included. If the Compliance Plan is submitted in a separate envelope, the outside of the envelope must identify the contents as the "Compliance Plan" and must also include the Offeror's name & address, the Solicitation number, and the Due Date and Time. If a Compliance Plan is required but is not submitted prior to the time set forth in the Solicitation, the Offer will not be accepted for consideration.
ii. When sending an Offer and/or Compliance Plan, use the proper address as shown below:

Address for US Mail (Only)	**Address for Fedex, UPS, Hand Delivery or Courier Service**
City of Austin	City of Austin, Municipal Building
Purchasing Office-Response Enclosed for Solicitation #	Purchasing Office-Response Enclosed for Solicitation #
P.O. Box 1088	124 W 8th Street, Rm 310
Austin, Texas 78767-8845	Austin, Texas 78701
	Reception Phone: (512) 974-2500

Note: Offers (including Compliance Plans) that are not submitted in a sealed envelope or container will not be considered.

iii. Unless authorized in the Solicitation, email, facsimile, or electronic Offers will not be accepted.

C. **Addendum:** Receipt of an Addendum should be acknowledged by signing and returning the Addendum with the Offer or under separate cover prior to the Due Date. The Addendum should be returned with the Offeror's name, address, the Solicitation number, and the Due Date and Time. If the elements covered in the addendum directly impact cost and the addendum is not returned before the Due Date and Time, the offer will be disqualified.

D. **Acceptance of Offers:** Offers must be received and time stamped at the receptionist's desk in the Purchasing Office prior to the Due Date and Time. The time stamp clock on the receptionist's desk in the Purchasing Office is the official time of record and is verified daily with the local time service at (512) 476-7744. It is the sole responsibility of the Offeror to ensure timely delivery of the Offer. The City will not be responsible for failure of service on the part of the U.S. Postal Office, courier companies, or any other form of delivery service chosen by the Offeror.

E. **Late Offers:** All Offers received after the Due Date and Time are considered late and will be returned to the Offeror. It is the responsibility of the Offeror to ensure that their Offer arrives at the proper location by the time and date indicated. Arrival at the City's mailroom, mail terminal, or post office box will not constitute the Offer arriving on time. Late Offers will be rejected unless the Purchasing Office, at its sole discretion, determines that the City's misdirection or mishandling was the sole or main cause for the Offer's late receipt at the designated location.

F. **Rejection of Offers:** The City reserves the right to reject any or all Offers and to waive any minor informality in any Offer or solicitation procedure (a minor informality is one that does not affect the competitiveness of the Offer).

9. **MODIFICATION OR WITHDRAWAL OF OFFERS:**

A. **Modification of Offers:** Offers may be modified in writing at any time prior to the Due Date.

B. **Withdrawal of Offers:** Offers may be withdrawn in writing, by email, or by facsimile (provided that the facsimile is signed by the Offeror) at any time prior to the Due Date. An Offeror may also withdraw an Offer in person, provided the withdrawal is made prior to the Due Date. A receipt of withdrawal must be signed by the Offeror. Withdrawn Offers may be resubmitted, with or without modifications, up to the Due Date.

10. **OPENING OF BIDS:** The Purchasing Office representative responsible for opening Bids shall confirm the time and announce the Bid opening. The representative shall then personally and publicly open all Bids timely received, reading each Bid aloud. Following the Bid opening, the City will post on the City's website the Bid Sheets from all timely received Bids.

11. **OPENING OF PROPOSALS / QUALIFICATIONS STATEMENTS AND RELEASE OF INFORMATION:** Proposals / Qualifications Statements will be opened in a manner that avoids disclosure of the contents. Following the Opening of Proposals / Qualification Statements, the City will post on the City's website the names of all Offerors submitting Proposals / Qualification Statements. At its sole discretion, the City may release to the public information that is contained in an opened Proposals / Qualifications Statement after City staff review, except as prescribed by State law, including Texas Government Code Chapter 552 and Local Government Code Chapter 252, provided that the City determines that the disclosure will not create a competitive disadvantage for the City.

12. **EVALUATION FACTORS AND AWARD FOR QUOTES AND BIDS:**

A. **Evaluation:** Offerors may furnish pricing for all or any portion of the Solicitation (unless otherwise specified). However, the City may evaluate and award the Contract for any item or group of items shown on the Solicitation, or any combination deemed most advantageous to the City. Offers that specify an "all or none" award may be considered if a single award is advantageous. An Offer containing prices significantly lower than all other Offeror's prices for an item will present a rebuttable presumption of irresponsibility.

B. **Award:** Request for Quotations and Invitations for Bids will be awarded to the Lowest Responsible Offeror. Invitation for Bids – Best Value will be awarded to the offeror who provides goods or services at the best value for the City based on factors outlined in Section 0600. Request for Quotations – Sale and Invitation for Bids – Sale will be awarded to the Highest Responsible Offeror.

C. **Local Business Presence:** A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important

functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

(1) For Invitations for Bids if the City receives a competitive sealed bid from an offeror who has Local Business Presences and whose bid is within three percent of the lowest bid price received from an offeror who does not have Local Business Presence, the City may enter into a contract with the local vendor.

(2) For Request for Proposals and Invitation For Bids-Best Value: Points will be awarded through a combination of the Offeror's Local Business Presence and/or the Local Business Presence of their subcontractors per the below evaluation criteria. Evaluation of the Team's Percentage of Local Business Presence will be based on the dollar amount of goods and/or services as reflected in the Offeror's MBE/WBE Compliance Plan or MBE/WBE Utilization Plan. For Local Business Presence to be considered a completed Section 0605 must be returned with the Offer.

LOCAL BUSINESS PRESENCE (Maximum 10 points)

Team's Local Business Presence	Points Awarded
Local business presence of 90% to 100%	10
Local business presence of 75% to 89%	8
Local business presence of 50% to 74%	6
Local business presence of 25% to 49%	4
Local presence of between 1 and 24%	2
No local presence	0

D. **Acceptance of Quote/Bid:** Acceptance of a Quote/Bid for an open market purchase or supply or service Master Agreement will be by a Purchase Order or a Contract as appropriate. Subsequent Delivery Orders may be issued as appropriate. The contents of a Quote/Bid shall become a part of the Purchase Order/Contract. Under no circumstances will the City be responsible for Goods or Services provided without an acceptance signed by or authorized by an Authorized City Representative.

13. **EVALUATION FACTORS AND AWARD FOR PROPOSALS AND RESPONSES:**

Competitive Selection: This procurement will comply with applicable City of Austin Policy. The successful Proposer will be selected by the City on a rational basis. Evaluation factors outlined in Section 0600 of the Solicitation shall be applied to all eligible, responsive Proposers in comparing proposals and selecting the successful Proposer. Award of a contract may be made without discussion with Proposers after proposals are received. Proposals should, therefore, be submitted on the most favorable terms.

14. **RESERVATIONS:** The City expressly reserves the right to:

A. specify approximate quantities in the Solicitation;
B. extend the Solicitation closing date and time;
C. waive as an informality, minor deviations from specifications provided they do not affect competition or result in functionally unacceptable Goods or Services;
D. waive any minor informality in any Offer or Solicitation procedure (a minor informality is one that does not affect the competitiveness of the Offeror);
E. add additional terms or modify existing terms in the Solicitation;
F. reject an Offer containing exceptions, additions, qualifications or conditions not called for in the solicitation;
G. reject an Offer received from an Offeror who is currently debarred or suspended by the City or State;

H. reject an Offer received from an Offeror who is currently debarred or suspended by the Federal Government (Applicable if project receives Federal funding);
I. reject an Offer that contains fraudulent information;
J. reject an Offer that has material omissions;
K. reject or cancel any or all Offers;
L. reissue a Solicitation;
M. procure any item by other means;
N. consider and accept alternate Offers, if specified in the Solicitation, when most advantageous to the City; and/or
O. reject an Offer because of unbalanced unit prices;

15. **NEGOTIATIONS OF PROPOSALS:** The City reserves the right to negotiate all elements which comprise the Offeror's Proposal to ensure that the best possible consideration be afforded to all concerned.

16. **CONTRACT INCORPORATION:** Offeror should be aware that the contents of the successful Offer will become a part of the subsequent contractual documents. Failure of the successful Offeror to accept this obligation may result in the cancellation of any award. Any damages accruing to the City as a result of the successful Offeror's failure to contract may be recovered from the successful Offeror.

17. **OPPORTUNITY TO PROTEST:** The Purchasing Officer has the authority to settle or resolve any claim of an alleged deficiency or protest. The procedures for notifying the City of Austin of an alleged deficiency or filing a protest are listed below. If you fail to comply with any of these requirements, the Purchasing Officer may dismiss your complaint or protest.

A. **Prior to Offer Due Date:** If you are a prospective Offeror and you become aware of the facts regarding what you believe is a deficiency in the solicitation process before the Due Date for receipt of Offers, you must notify the City in writing of the alleged deficiency before that date, giving the City an opportunity to resolve the situation prior to the Offer Due Date.

B. **After Offer Due Date:** If you submit an Offer to the City and you believe that there has been a deficiency in the solicitation process or the award, you have the opportunity to protest the solicitation process or the recommended award as follows:

i. You must file written notice of your intent to protest within four (4) calendar days of the date that you know or should have known of the facts relating to the protest. If you do not file a written notice of intent within this time, you have waived all rights to protest the solicitation process or the award.
ii. You must file your written protest within fourteen (14) calendar days of the date that you know or should have known of the facts relating to the protest unless you know of the facts before the Offer has been closed. If you know of the facts before those dates, you must notify the City as stated above.
iii. You must submit your protest in writing and must include the following information:
    (1) your name, address, telephone, and fax number;
    (2) the solicitation number and the CIP number, if applicable;
    (3) a detailed statement of the factual grounds for the protest, including copies of any relevant documents.
iv. Your protest must be concise and presented logically and factually to help with the City's review.
v. When the City receives a timely written protest, the Purchasing Officer will determine whether the grounds for your protest are sufficient. If the Purchasing Officer decides that the grounds are sufficient, the Purchasing Office will schedule a protest hearing, usually within five (5) working days. If the Purchasing Officer determines that your grounds are insufficient, the City will notify you of that decision in writing.
vi. The protest hearing is informal and is not subject to the Open Meetings Act. The purpose of the hearing is to give you a chance to present your case, it is not an adversarial proceeding. Those who may attend from the City are: representatives from the department that requested the

purchase, the Department of Law, the Purchasing Office, and other appropriate City staff. You may bring a representative or anyone else that will present information to support the factual grounds for your protest with you to the hearing.

vii. A decision will usually be made within fifteen (15) calendar days after the hearing.

viii. The City will send you a copy of the hearing decision after the appropriate City staff has reviewed the decision.

ix. When a protest is filed, the City usually will not make an award until a decision on the protest is made. However, the City will not delay an award if the City Manager or the Purchasing Officer determines that:

(1) the City urgently requires the supplies or services to be purchased, or

(2) failure to make an award promptly will unduly delay delivery or performance.

In those instances, the City will notify you and make every effort to resolve your protest before the award.

18. **INTERESTED PARTIES DISCLOSURE**

As a condition to entering the Contract, the Business Entity constituting the Offeror must provide the following disclosure of Interested Parties to the City prior to the award of a contract with the City on Form 1295 "Certificate of Interested Parties" as prescribed by the Texas Ethics Commission for any contract award requiring council authorization. The Certificate of Interested Parties Form must be completed on the Texas Ethics Commission website, printed, and signed by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury. The City will submit the "Certificate of Interested Parties" to the Texas Ethics Commission within 30 days of receipt from the successful Offeror. The Offeror is reminded that the provisions of Local Government Code 176, regarding conflicts of interest between the bidders and local officials remains in place. Link to Texas Ethics Commission Form 1295 process and procedures below:

https://www.ethics.state.tx.us/File/

19. **POST OFFER DOCUMENTS REQUIRED FROM SUCCESSFUL OFFEROR:**

A. **Letters of Intent:** When a MBE/WBE Compliance Plan is required, the successful Offeror must submit to the Purchasing Officer the Letters of Intent to subcontract required by the Compliance Plan within three (3) business days after notification. Failure to submit the required letters will be grounds for rejection of the Offer.

B. **Certificates of Insurance:** When insurance is required, the Offeror must provide proof of coverage prior to execution of a Contract. The Offeror shall provide Certificates of Insurance in the amounts and for the coverages required to the Purchasing Office within 14 calendar days after written request from the City (See also "Insurance" in Section 0400, Supplement Purchase Provisions, of the Solicitation).

C. **Bonds:** When Bonds are required, the Offeror must provide the bonds prior to the execution of the Contract. The Offeror shall provide the Bonds, in the amounts and on the conditions required, within 14 calendar days after notification of award, or as otherwise required by the Solicitation.

D. **Chapter 176 Conflict of Interest Disclosure:** In accordance with Chapter 176 of the Texas Local Government Code, Offeror must file a Conflict of Interest Questionnaire with the Office of the City Clerk no later than 5:00 P.M. on the seventh (7^{th}) business day after the commencement of contract discussions or negotiations with the City or the submission of an Offer, or other writing related to a potential Contract with the City. The questionnaire is available on line at the following website for the City Clerk:

http://www.austintexas.gov/department/conflict-interest-questionnaire

There are statutory penalties for failure to comply with Chapter 176.

Exhibit C

CITY OF AUSTIN
PURCHASING OFFICE
STANDARD PURCHASE TERMS AND CONDITIONS

By submitting an Offer in response to the Solicitation, the Contractor agrees that the Contract shall be governed by the following terms and conditions. Unless otherwise specified in the Contract, Sections 3, 4, 5, 6, 7, 8, 20, 21, and 36 shall apply only to a Solicitation to purchase Goods, and Sections 9, 10, 11 and 22 shall apply only to a Solicitation to purchase Services to be performed principally at the City's premises or on public rights-of-way.

1. **CONTRACTOR'S OBLIGATIONS**. The Contractor shall fully and timely provide all Deliverables described in the Solicitation and in the Contractor's Offer in strict accordance with the terms, covenants, and conditions of the Contract and all applicable Federal, State, and local laws, rules, and regulations.

2. **EFFECTIVE DATE/TERM**. Unless otherwise specified in the Solicitation, this Contract shall be effective as of the date the contract is signed by the City, and shall continue in effect until all obligations are performed in accordance with the Contract.

3. **CONTRACTOR TO PACKAGE DELIVERABLES**: The Contractor will package Deliverables in accordance with good commercial practice and shall include a packing list showing the description of each item, the quantity and unit price Unless otherwise provided in the Specifications or Supplemental Terms and Conditions, each shipping container shall be clearly and permanently marked as follows: (a) The Contractor's name and address, (b) the City's name, address and purchase order or purchase release number and the price agreement number if applicable, (c) Container number and total number of containers, e.g. box 1 of 4 boxes, and (d) the number of the container bearing the packing list. The Contractor shall bear cost of packaging. Deliverables shall be suitably packed to secure lowest transportation costs and to conform with requirements of common carriers and any applicable specifications. The City's count or weight shall be final and conclusive on shipments not accompanied by packing lists.

4. **SHIPMENT UNDER RESERVATION PROHIBITED**: The Contractor is not authorized to ship the Deliverables under reservation and no tender of a bill of lading will operate as a tender of Deliverables.

5. **TITLE & RISK OF LOSS**: Title to and risk of loss of the Deliverables shall pass to the City only when the City actually receives and accepts the Deliverables.

6. **DELIVERY TERMS AND TRANSPORTATION CHARGES**: Deliverables shall be shipped F.O.B. point of delivery unless otherwise specified in the Supplemental Terms and Conditions. Unless otherwise stated in the Offer, the Contractor's price shall be deemed to include all delivery and transportation charges. The City shall have the right to designate what method of transportation shall be used to ship the Deliverables. The place of delivery shall be that set forth in the block of the purchase order or purchase release entitled "Receiving Agency".

7. **RIGHT OF INSPECTION AND REJECTION**: The City expressly reserves all rights under law, including, but not limited to the Uniform Commercial Code, to inspect the Deliverables at delivery before accepting them, and to reject defective or non-conforming Deliverables. If the City has the right to inspect the Contractor's, or the Contractor's Subcontractor's, facilities, or the Deliverables at the Contractor's, or the Contractor's Subcontractor's, premises, the Contractor shall furnish, or cause to be furnished, without additional charge, all reasonable facilities and assistance to the City to facilitate such inspection.

8. **NO REPLACEMENT OF DEFECTIVE TENDER**: Every tender or delivery of Deliverables must fully comply with all provisions of the Contract as to time of delivery, quality, and quantity. Any non-complying tender shall constitute a breach and the Contractor shall not have the right to substitute a conforming tender; provided, where the time for performance has not yet expired, the Contractor may notify the City of the intention to cure and may then make a conforming tender within the time allotted in the contract.

9. **PLACE AND CONDITION OF WORK**: The City shall provide the Contractor access to the sites where the Contractor is to perform the services as required in order for the Contractor to perform the services in a timely and efficient manner, in accordance with and subject to the applicable security laws, rules, and regulations. The Contractor acknowledges that it has satisfied itself as to the nature of the City's service requirements and specifications, the location and essential characteristics of the work sites, the quality and quantity of materials, equipment, labor and facilities necessary to perform the services, and any other condition or state of fact which could in any way affect performance of the Contractor's obligations under the contract. The Contractor hereby releases and holds the City

harmless from and against any liability or claim for damages of any kind or nature if the actual site or service conditions differ from expected conditions.

10. **WORKFORCE**

A. The Contractor shall employ only orderly and competent workers, skilled in the performance of the services which they will perform under the Contract.

B. The Contractor, its employees, subcontractors, and subcontractor's employees may not while engaged in participating or responding to a solicitation or while in the course and scope of delivering goods or services under a City of Austin contract or on the City's property .

i. use or possess a firearm, including a concealed handgun that is licensed under state law, except as required by the terms of the contract; or
ii. use or possess alcoholic or other intoxicating beverages, illegal drugs or controlled substances, nor may such workers be intoxicated, or under the influence of alcohol or drugs, on the job.

C. If the City or the City's representative notifies the Contractor that any worker is incompetent, disorderly or disobedient, has knowingly or repeatedly violated safety regulations, has possessed any firearms, or has possessed or was under the influence of alcohol or drugs on the job, the Contractor shall immediately remove such worker from Contract services, and may not employ such worker again on Contract services without the City's prior written consent.

11. **COMPLIANCE WITH HEALTH, SAFETY, AND ENVIRONMENTAL REGULATIONS**: The Contractor, its Subcontractors, and their respective employees, shall comply fully with all applicable federal, state, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration (OSHA). In case of conflict, the most stringent safety requirement shall govern. The Contractor shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Contractor's obligations under this paragraph.

12. **INVOICES**:

A. The Contractor shall submit separate invoices in duplicate on each purchase order or purchase release after each delivery. If partial shipments or deliveries are authorized by the City, a separate invoice must be sent for each shipment or delivery made.

B. **Proper Invoices must include a unique invoice number, the purchase order or delivery order number and the master agreement number if applicable, the Department's Name, and the name of the point of contact for the Department**. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading and the freight waybill, when applicable, shall be attached to the invoice. The Contractor's name and, if applicable, the tax identification number on the invoice must exactly match the information in the Vendor's registration with the City. Unless otherwise instructed in writing, the City may rely on the remittance address specified on the Contractor's invoice.

C. Invoices for labor shall include a copy of all time-sheets with trade labor rate and Deliverables order number clearly identified. Invoices shall also include a tabulation of work-hours at the appropriate rates and grouped by work order number. Time billed for labor shall be limited to hours actually worked at the work site.

D. Unless otherwise expressly authorized in the Contract, the Contractor shall pass through all Subcontract and other authorized expenses at actual cost without markup.

E. Federal excise taxes, State taxes, or City sales taxes must not be included in the invoiced amount. The City will furnish a tax exemption certificate upon request.

13. **PAYMENT**:

A. All proper invoices received by the City will be paid within thirty (30) calendar days of the City's receipt of the Deliverables or of the invoice, whichever is later.

B. **If payment is not timely made, (per paragraph A), interest shall accrue on the unpaid balance at the lesser of the rate specified in Texas Government Code Section 2251.025 or the maximum lawful rate; except, if payment is not timely made for a reason for which the City may withhold payment hereunder, interest shall not accrue until ten (10) calendar days after the grounds for withholding payment have been resolved.**

C. If partial shipments or deliveries are authorized by the City, the Contractor will be paid for the partial shipment or delivery, as stated above, provided that the invoice matches the shipment or delivery.

D. The City may withhold or set off the entire payment or part of any payment otherwise due the Contractor to such extent as may be necessary on account of:

i. delivery of defective or non-conforming Deliverables by the Contractor;
ii. third party claims, which are not covered by the insurance which the Contractor is required to provide, are filed or reasonable evidence indicating probable filing of such claims;
iii. failure of the Contractor to pay Subcontractors, or for labor, materials or equipment;
iv. damage to the property of the City or the City's agents, employees or contractors, which is not covered by insurance required to be provided by the Contractor;
v. reasonable evidence that the Contractor's obligations will not be completed within the time specified in the Contract, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;
vi. failure of the Contractor to submit proper invoices with all required attachments and supporting documentation; or
vii. failure of the Contractor to comply with any material provision of the Contract Documents.

E. Notice is hereby given of Article VIII, Section 1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin City Code concerning the right of the City to offset indebtedness owed the City.

F. Payment will be made by check unless the parties mutually agree to payment by credit card or electronic transfer of funds. The Contractor agrees that there shall be no additional charges, surcharges, or penalties to the City for payments made by credit card or electronic funds transfer.

G. The awarding or continuation of this contract is dependent upon the availability of funding. The City's payment obligations are payable only and solely from funds Appropriated and available for this contract. The absence of Appropriated or other lawfully available funds shall render the Contract null and void to the extent funds are not Appropriated or available and any Deliverables delivered but unpaid shall be returned to the Contractor. The City shall provide the Contractor written notice of the failure of the City to make an adequate Appropriation for any fiscal year to pay the amounts due under the Contract, or the reduction of any Appropriation to an amount insufficient to permit the City to pay its obligations under the Contract. In the event of non or inadequate appropriation of funds, there will be no penalty nor removal fees charged to the City.

14. **TRAVEL EXPENSES**: All travel, lodging and per diem expenses in connection with the Contract for which reimbursement may be claimed by the Contractor under the terms of the Solicitation will be reviewed against the City's Travel Policy as published and maintained by the City's Controller's Office and the Current United States General Services Administration Domestic Per Diem Rates (the "Rates") as published and maintained on the Internet at:

http://www.gsa.gov/portal/category/21287

No amounts in excess of the Travel Policy or Rates shall be paid. All invoices must be accompanied by copies of detailed itemized receipts (e.g. hotel bills, airline tickets). No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulations.

15. **FINAL PAYMENT AND CLOSE-OUT**:

A. If an MBE/WBE Program Compliance Plan is required by the Solicitation, and the Contractor has identified Subcontractors, the Contractor is required to submit a Contract Close-Out MBE/WBE Compliance Report to the Project manager or Contract manager no later than the 15th calendar day after completion of all work under the contract. Final payment, retainage, or both may be withheld if the Contractor is not in compliance with the requirements of the Compliance Plan as accepted by the City.

B. The making and acceptance of final payment will constitute:

i. a waiver of all claims by the City against the Contractor, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Contractor to comply with the Contract or the terms of any warranty specified herein, (4) arising from the Contractor's continuing obligations under the Contract, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and

ii. a waiver of all claims by the Contractor against the City other than those previously asserted in writing and not yet settled.

16. **SPECIAL TOOLS & TEST EQUIPMENT**: If the price stated on the Offer includes the cost of any special tooling or special test equipment fabricated or required by the Contractor for the purpose of filling this order, such special tooling equipment and any process sheets related thereto shall become the property of the City and shall be identified by the Contractor as such.

17. **AUDITS and RECORDS**:

A. The Contractor agrees that the representatives of the Office of the City Auditor or other authorized representatives of the City shall have access to, and the right to audit, examine, or reproduce, any and all records of the Contractor related to the performance under this Contract. The Contractor shall retain all such records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer. The Contractor agrees to refund to the City any overpayments disclosed by any such audit.

B. Records Retention:

i. Contractor is subject to City Code chapter 2-11 (Records Management), and as it may subsequently be amended. For purposes of this subsection, a Record means all books, accounts, reports, files, and other data recorded or created by a Contractor in fulfillment of the Contract whether in digital or physical format, except a record specifically relating to the Contractor's internal administration.

ii. All Records are the property of the City. The Contractor may not dispose of or destroy a Record without City authorization and shall deliver the Records, in all requested formats and media, along with all finding aids and metadata, to the City at no cost when requested by the City

iii. The Contractor shall retain all Records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer.

C. The Contractor shall include sections A and B above in all subcontractor agreements entered into in connection with this Contract.

18. **Financial Disclosures and Assurances:** The City may request and review financial information as the City requires to determine the credit worthiness of the Contractor, including but not limited to, annual reports, audited financial statements and reports, bank letters of credit or other credit instruments. Failure of the Contractor to comply with this requirement shall be grounds for terminating the Contract.

19. **SUBCONTRACTORS**:

A. If the Contractor identified Subcontractors in an MBE/WBE Program Compliance Plan or a No Goals Utilization Plan the Contractor shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Utilization Plan as approved by the City (the "Plan"). The Contractor shall not initially employ any Subcontractor except as provided in the Contractor's Plan. The Contractor shall not substitute any Subcontractor identified in the Plan, unless the substitute has been accepted by the City in writing in accordance with the provisions of Chapters 2-9A, 2-9B, 2-9C and 2-9D, as applicable. No acceptance by the City of any Subcontractor shall constitute a waiver of any rights or remedies of the City with respect to defective Deliverables provided by a Subcontractor. If a Plan has been approved, the Contractor is additionally required to submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager and the Purchasing Office Contract Compliance Manager no later than the tenth calendar day of each month.

B. Work performed for the Contractor by a Subcontractor shall be pursuant to a written contract between the Contractor and Subcontractor. The terms of the subcontract may not conflict with the terms of the Contract, and shall contain provisions that:

i. require that all Deliverables to be provided by the Subcontractor be provided in strict accordance with the provisions, specifications and terms of the Contract;
ii. prohibit the Subcontractor from further subcontracting any portion of the Contract without the prior written consent of the City and the Contractor. The City may require, as a condition to such further subcontracting, that the Subcontractor post a payment bond in form, substance and amount acceptable to the City;
iii. require Subcontractors to submit all invoices and applications for payments, including any claims for additional payments, damages or otherwise, to the Contractor in sufficient time to enable the Contractor to include same with its invoice or application for payment to the City in accordance with the terms of the Contract;
iv. require that all Subcontractors obtain and maintain, throughout the term of their contract, insurance in the type and amounts specified for the Contractor, with the City being a named insured as its interest shall appear; and
v. require that the Subcontractor indemnify and hold the City harmless to the same extent as the Contractor is required to indemnify the City.

C. The Contractor shall be fully responsible to the City for all acts and omissions of the Subcontractors just as the Contractor is responsible for the Contractor's own acts and omissions. Nothing in the Contract shall create for the benefit of any such Subcontractor any contractual relationship between the City and any such Subcontractor, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subcontractor except as may otherwise be required by law.

D. The Contractor shall pay each Subcontractor its appropriate share of payments made to the Contractor not later than ten (10) calendar days after receipt of payment from the City.

20. **WARRANTY-PRICE**:

A. The Contractor warrants the prices quoted in the Offer are no higher than the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.

B. The Contractor certifies that the prices in the Offer have been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such fees with any other firm or with any competitor.

C. In addition to any other remedy available, the City may deduct from any amounts owed to the Contractor, or otherwise recover, any amounts paid for items in excess of the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.

20. **WARRANTY – TITLE**: The Contractor warrants that it has good and indefeasible title to all Deliverables furnished under the Contract, and that the Deliverables are free and clear of all liens, claims, security interests and encumbrances. The Contractor shall indemnify and hold the City harmless from and against all adverse title claims to the Deliverables.

21. **WARRANTY – DELIVERABLES**: The Contractor warrants and represents that all Deliverables sold the City under the Contract shall be free from defects in design, workmanship or manufacture, and conform in all material respects to the specifications, drawings, and descriptions in the Solicitation, to any samples furnished by the Contractor, to the terms, covenants and conditions of the Contract, and to all applicable State, Federal or local laws, rules, and regulations, and industry codes and standards. Unless otherwise stated in the Solicitation, the Deliverables shall be new or recycled merchandise, and not used or reconditioned.

A. Recycled Deliverables shall be clearly identified as such.

B. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law; and any attempt to do so shall be without force or effect.

C. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the date of acceptance of the Deliverables or from the date of acceptance of any replacement Deliverables. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand either repair the non-conforming Deliverables, or replace the non-conforming Deliverables with fully conforming Deliverables, at the City's option and at no additional cost to the City. All costs incidental to such repair or replacement, including but not limited to, any packaging and shipping costs, shall be borne exclusively by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach of warranty, but failure to give timely notice shall not impair the City's rights under this section.

D. If the Contractor is unable or unwilling to repair or replace defective or non-conforming Deliverables as required by the City, then in addition to any other available remedy, the City may reduce the quantity of Deliverables it may be required to purchase under the Contract from the Contractor, and purchase conforming Deliverables from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such Deliverables from another source.

E. If the Contractor is not the manufacturer, and the Deliverables are covered by a separate manufacturer's warranty, the Contractor shall transfer and assign such manufacturer's warranty to the City. If for any reason the manufacturer's warranty cannot be fully transferred to the City, the Contractor shall assist and cooperate with the City to the fullest extent to enforce such manufacturer's warranty for the benefit of the City.

22. **WARRANTY – SERVICES**: The Contractor warrants and represents that all services to be provided the City under the Contract will be fully and timely performed in a good and workmanlike manner in accordance with generally accepted industry standards and practices, the terms, conditions, and covenants of the Contract, and all applicable Federal, State and local laws, rules or regulations.

A. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law, and any attempt to do so shall be without force or effect.

B. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the Acceptance Date. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand perform the services again in accordance with above standard at no additional cost to the City. All costs incidental to such additional performance shall be borne by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of

discovery of the breach warranty, but failure to give timely notice shall not impair the City's rights under this section.

C. If the Contractor is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Contract from the Contractor, and purchase conforming services from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source.

23. **ACCEPTANCE OF INCOMPLETE OR NON-CONFORMING DELIVERABLES**: If, instead of requiring immediate correction or removal and replacement of defective or non-conforming Deliverables, the City prefers to accept it, the City may do so. The Contractor shall pay all claims, costs, losses and damages attributable to the City's evaluation of and determination to accept such defective or non-conforming Deliverables. If any such acceptance occurs prior to final payment, the City may deduct such amounts as are necessary to compensate the City for the diminished value of the defective or non-conforming Deliverables. If the acceptance occurs after final payment, such amount will be refunded to the City by the Contractor.

24. **RIGHT TO ASSURANCE**: Whenever one party to the Contract in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to perform. In the event that no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Contract.

25. **STOP WORK NOTICE**: The City may issue an immediate Stop Work Notice in the event the Contractor is observed performing in a manner that is in violation of Federal, State, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Contractor will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Contractor shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.

26. **DEFAULT**: The Contractor shall be in default under the Contract if the Contractor (a) fails to fully, timely and faithfully perform any of its material obligations under the Contract, (b) fails to provide adequate assurance of performance under Paragraph 24, (c) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (d) makes a material misrepresentation in Contractor's Offer, or in any report or deliverable required to be submitted by the Contractor to the City.

27. **TERMINATION FOR CAUSE:**. In the event of a default by the Contractor, the City shall have the right to terminate the Contract for cause, by written notice effective ten (10) calendar days, unless otherwise specified, after the date of such notice, unless the Contractor, within such ten (10) day period, cures such default, or provides evidence sufficient to prove to the City's reasonable satisfaction that such default does not, in fact, exist. The City may place Contractor on probation for a specified period of time within which the Contractor must correct any non-compliance issues. Probation shall not normally be for a period of more than nine (9) months, however, it may be for a longer period, not to exceed one (1) year depending on the circumstances. If the City determines the Contractor has failed to perform satisfactorily during the probation period, the City may proceed with suspension. In the event of a default by the Contractor, the City may suspend or debar the Contractor in accordance with the "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors" and remove the Contractor from the City's vendor list for up to five (5) years and any Offer submitted by the Contractor may be disqualified for up to five (5) years. In addition to any other remedy available under law or in equity, the City shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the City as a result of the Contractor's default, including, without limitation, cost of cover, reasonable attorneys' fees, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. All rights and remedies under the Contract are cumulative and are not exclusive of any other right or remedy provided by law.

28. **TERMINATION WITHOUT CAUSE**: The City shall have the right to terminate the Contract, in whole or in part, without cause any time upon thirty (30) calendar days' prior written notice. Upon receipt of a notice of termination, the Contractor shall promptly cease all further work pursuant to the Contract, with such exceptions, if any, specified in the notice of termination. The City shall pay the Contractor, to the extent of funds Appropriated or otherwise legally

available for such purposes, for all goods delivered and services performed and obligations incurred prior to the date of termination in accordance with the terms hereof.

29. **FRAUD**: Fraudulent statements by the Contractor on any Offer or in any report or deliverable required to be submitted by the Contractor to the City shall be grounds for the termination of the Contract for cause by the City and may result in legal action.

30. **DELAYS**:

A. The City may delay scheduled delivery or other due dates by written notice to the Contractor if the City deems it is in its best interest. If such delay causes an increase in the cost of the work under the Contract, the City and the Contractor shall negotiate an equitable adjustment for costs incurred by the Contractor in the Contract price and execute an amendment to the Contract. The Contractor must assert its right to an adjustment within thirty (30) calendar days from the date of receipt of the notice of delay. Failure to agree on any adjusted price shall be handled under the Dispute Resolution process specified in paragraph 48. However, nothing in this provision shall excuse the Contractor from delaying the delivery as notified.

B. Neither party shall be liable for any default or delay in the performance of its obligations under this Contract if, while and to the extent such default or delay is caused by acts of God, fire, riots, civil commotion, labor disruptions, sabotage, sovereign conduct, or any other cause beyond the reasonable control of such Party. In the event of default or delay in contract performance due to any of the foregoing causes, then the time for completion of the services will be extended; provided, however, in such an event, a conference will be held within three (3) business days to establish a mutually agreeable period of time reasonably necessary to overcome the effect of such failure to perform.

31. **INDEMNITY**:

A. Definitions:

i. "Indemnified Claims" shall include any and all claims, demands, suits, causes of action, judgments and liability of every character, type or description, including all reasonable costs and expenses of litigation, mediation or other alternate dispute resolution mechanism, including attorney and other professional fees for:
   (1) damage to or loss of the property of any person (including, but not limited to the City, the Contractor, their respective agents, officers, employees and subcontractors; the officers, agents, and employees of such subcontractors; and third parties); and/or
   (2) death, bodily injury, illness, disease, worker's compensation, loss of services, or loss of income or wages to any person (including but not limited to the agents, officers and employees of the City, the Contractor, the Contractor's subcontractors, and third parties),

ii. "Fault" shall include the sale of defective or non-conforming Deliverables, negligence, willful misconduct, or a breach of any legally imposed strict liability standard.

B. **THE CONTRACTOR SHALL DEFEND (AT THE OPTION OF THE CITY), INDEMNIFY, AND HOLD THE CITY, ITS SUCCESSORS, ASSIGNS, OFFICERS, EMPLOYEES AND ELECTED OFFICIALS HARMLESS FROM AND AGAINST ALL INDEMNIFIED CLAIMS DIRECTLY ARISING OUT OF, INCIDENT TO, CONCERNING OR RESULTING FROM THE FAULT OF THE CONTRACTOR, OR THE CONTRACTOR'S AGENTS, EMPLOYEES OR SUBCONTRACTORS, IN THE PERFORMANCE OF THE CONTRACTOR'S OBLIGATIONS UNDER THE CONTRACT. NOTHING HEREIN SHALL BE DEEMED TO LIMIT THE RIGHTS OF THE CITY OR THE CONTRACTOR (INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO SEEK CONTRIBUTION) AGAINST ANY THIRD PARTY WHO MAY BE LIABLE FOR AN INDEMNIFIED CLAIM.**

32. **INSURANCE**: (reference Section 0400 for specific coverage requirements). The following insurance requirement applies. (Revised March 2013).

A. General Requirements.

i. The Contractor shall at a minimum carry insurance in the types and amounts indicated in Section 0400, Supplemental Purchase Provisions, for the duration of the Contract, including extension options and hold over periods, and during any warranty period.

ii. The Contractor shall provide Certificates of Insurance with the coverages and endorsements required in Section 0400, Supplemental Purchase Provisions, to the City as verification of coverage prior to contract execution and within fourteen (14) calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage.

iii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.

iv. The City may request that the Contractor submit certificates of insurance to the City for all subcontractors prior to the subcontractors commencing work on the project.

v. The Contractor's and all subcontractors' insurance coverage shall be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best ratings of B+VII or better.

vi. The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Contract, covering both the City and the Contractor, shall be considered primary coverage as applicable.

vii. If insurance policies are not written for amounts specified in Section 0400, Supplemental Purchase Provisions, the Contractor shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall follow the form of the primary coverage.

viii. The City shall be entitled, upon request, at an agreed upon location, and without expense, to review certified copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification of particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties hereto or the underwriter on any such policies.

ix. The City reserves the right to review the insurance requirements set forth during the effective period of the Contract and to make reasonable adjustments to insurance coverage, limits, and exclusions when deemed necessary and prudent by the City based upon changes in statutory law, court decisions, the claims history of the industry or financial condition of the insurance company as well as the Contractor.

x. The Contractor shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Contract or as required in the Contract.

xi. The Contractor shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies. Self-insured retentions shall be disclosed on the Certificate of Insurance.

xii. The Contractor shall provide the City thirty (30) calendar days' written notice of erosion of the aggregate limits below occurrence limits for all applicable coverages indicated within the Contract.

xiii. The insurance coverages specified in Section 0400, Supplemental Purchase Provisions, are required minimums and are not intended to limit the responsibility or liability of the Contractor.

B. Specific Coverage Requirements: Specific insurance requirements are contained in Section 0400, Supplemental Purchase Provisions

33. **CLAIMS**: If any claim, demand, suit, or other action is asserted against the Contractor which arises under or concerns the Contract, or which could have a material adverse affect on the Contractor's ability to perform thereunder, the Contractor shall give written notice thereof to the City within ten (10) calendar days after receipt of notice by the Contractor. Such notice to the City shall state the date of notification of any such claim, demand, suit, or other action; the names and addresses of the claimant(s); the basis thereof; and the name of each person against whom such claim is being asserted. Such notice shall be delivered personally or by mail and shall be sent to the City and to the Austin City Attorney. Personal delivery to the City Attorney shall be to City Hall, 301 West 2nd Street, 4th Floor, Austin, Texas 78701, and mail delivery shall be to P.O. Box 1088, Austin, Texas 78767.

34. **NOTICES**: Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Contract shall be in writing and shall be deemed delivered three (3) business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Routine communications may be made by first class mail, telefax, or other commercially accepted means. Notices to the Contractor shall be sent to the address specified in the Contractor's Offer, or at such other address as a party may notify the other in writing. Notices to the City shall be addressed to the City at P.O. Box 1088, Austin, Texas 78767 and marked to the attention of the Contract Administrator.

35. **TEXAS PUBLIC INFORMATION ACT**:

A. All material submitted by the Contractor to the City related to the Contract shall become property of the City upon receipt. Any portions of such material claimed by the Contractor to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.

B. In accordance with Texas Government Code Sec. 552.372, if this Contract has a stated expenditure of at least $1 million in public funds for the purchase of goods or services by the City or results in the expenditure of at least $1 million in public funds for the purchase of goods or services by the City in a fiscal year, Contractor agrees to:

i. Preserve all contracting information related to the Contract as provided by the records retention requirements in Section 17 (Audits and Records) of the Contract;

ii. Promptly provide to the City any contracting information related to the Contract that is in the custody or possession of Contractor on request of the City; and

iii. On completion of the Contract, either:

(1) Provide at no cost to the City all contracting information related to the Contract that is in the custody or possession of Contractor; or

(2) Preserve the contracting information related to the Contract as provided by the records retention requirements in Section 17 (Audits and Records) of the Contract.

C. The requirements of Subchapter J, Chapter 552, Texas Government Code, may apply to this Contract, and the Contractor agrees that the Contract can be terminated if the Contractor knowingly or intentionally fails to comply with a requirement of that Subchapter.

36. **NO WARRANTY BY CITY AGAINST INFRINGEMENTS**: The Contractor represents and warrants to the City that: (i) the Contractor shall provide the City good and indefeasible title to the Deliverables and (ii) the Deliverables supplied by the Contractor in accordance with the specifications in the Contract will not infringe, directly or contributorily, any

patent, trademark, copyright, trade secret, or any other intellectual property right of any kind of any third party; that no claims have been made by any person or entity with respect to the ownership or operation of the Deliverables and the Contractor does not know of any valid basis for any such claims. The Contractor shall, at its sole expense, defend, indemnify, and hold the City harmless from and against all liability, damages, and costs (including court costs and reasonable fees of attorneys and other professionals) arising out of or resulting from: (i) any claim that the City's exercise anywhere in the world of the rights associated with the City's' ownership, and if applicable, license rights, and its use of the Deliverables infringes the intellectual property rights of any third party; or (ii) the Contractor's breach of any of Contractor's representations or warranties stated in this Contract. In the event of any such claim, the City shall have the right to monitor such claim or at its option engage its own separate counsel to act as co-counsel on the City's behalf. Further, Contractor agrees that the City's specifications regarding the Deliverables shall in no way diminish Contractor's warranties or obligations under this paragraph and the City makes no warranty that the production, development, or delivery of such Deliverables will not impact such warranties of Contractor.

37. **CONFIDENTIALITY**: In order to provide the Deliverables to the City, Contractor may require access to certain of the City's and/or its licensors' confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which the City or its licensors consider confidential) (collectively, "Confidential Information"). Contractor acknowledges and agrees that the Confidential Information is the valuable property of the City and/or its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and/or its licensors. The Contractor (including its employees, subcontractors, agents, or representatives) agrees that it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without the prior written consent of the City or in a manner not expressly permitted under this Agreement, unless the Confidential Information is required to be disclosed by law or an order of any court or other governmental authority with proper jurisdiction, provided the Contractor promptly notifies the City before disclosing such information so as to permit the City reasonable time to seek an appropriate protective order. The Contractor agrees to use protective measures no less stringent than the Contractor uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.

38. **PUBLICATIONS**: All published material and written reports submitted under the Contract must be originally developed material unless otherwise specifically provided in the Contract. When material not originally developed is included in a report in any form, the source shall be identified.

39. **ADVERTISING**: The Contractor shall not advertise or publish, without the City's prior consent, the fact that the City has entered into the Contract, except to the extent required by law.

40. **NO CONTINGENT FEES**: The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Contract without liability and to deduct from any amounts owed to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

41. **GRATUITIES**: The City may, by written notice to the Contractor, cancel the Contract without liability if it is determined by the City that gratuities were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the City of Austin with a view toward securing the Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such contract. In the event the Contract is canceled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Contractor in providing such gratuities.

42. **PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS**: No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any solicitation shall have a financial interest, direct or indirect, in the Contract resulting from that solicitation. Any willful violation of this section shall constitute impropriety in office, and any officer or employee guilty

thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Contractor shall render the Contract voidable by the City.

43. **INDEPENDENT CONTRACTOR**: The Contract shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Contractor's services shall be those of an independent contractor. The Contractor agrees and understands that the Contract does not grant any rights or privileges established for employees of the City.

44. **ASSIGNMENT-DELEGATION**: The Contract shall be binding upon and enure to the benefit of the City and the Contractor and their respective successors and assigns, provided however, that no right or interest in the Contract shall be assigned and no obligation shall be delegated by the Contractor without the prior written consent of the City. Any attempted assignment or delegation by the Contractor shall be void unless made in conformity with this paragraph. The Contract is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third party beneficiaries to the Contract.

45. **WAIVER**: No claim or right arising out of a breach of the Contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Contractor or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Contract, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.

46. **MODIFICATIONS**: The Contract can be modified or amended only by a writing signed by both parties. No pre-printed or similar terms on any the Contractor invoice, order or other document shall have any force or effect to change the terms, covenants, and conditions of the Contract.

47. **INTERPRETATION**: The Contract is intended by the parties as a final, complete and exclusive statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Contract. Although the Contract may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other. Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.

48. **DISPUTE RESOLUTION**:

A. If a dispute arises out of or relates to the Contract, or the breach thereof, the parties agree to negotiate prior to prosecuting a suit for damages. However, this section does not prohibit the filing of a lawsuit to toll the running of a statute of limitations or to seek injunctive relief. Either party may make a written request for a meeting between representatives of each party within fourteen (14) calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, one (1) senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute. If, within thirty (30) calendar days after such meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.

B. If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within thirty (30) calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Contractor agree to act in good faith in the selection of the mediator and to give consideration to qualified individuals nominated to act as mediator. Nothing in the Contract prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or a contract interpretation expert. If the parties fail to agree on a mediator within thirty (30) calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center (DRC). The parties agree to participate in mediation in good faith for up to thirty (30) calendar days from the date of the first mediation session. The City and the Contractor will share the mediator's fees

equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.

49. **JURISDICTION AND VENUE**: The Contract is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, V.T.C.A., Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another state or jurisdiction. All issues arising from this Contract shall be resolved in the courts of Travis County, Texas and the parties agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the City to seek and secure injunctive relief from any competent authority as contemplated herein.

50. **INVALIDITY**: The invalidity, illegality, or unenforceability of any provision of the Contract shall in no way affect the validity or enforceability of any other portion or provision of the Contract. Any void provision shall be deemed severed from the Contract and the balance of the Contract shall be construed and enforced as if the Contract did not contain the particular portion or provision held to be void. The parties further agree to reform the Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent this entire Contract from being void should a provision which is the essence of the Contract be determined to be void.

51. **HOLIDAYS:** The following holidays are observed by the City:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

52. **SURVIVABILITY OF OBLIGATIONS:** All provisions of the Contract that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Contract.

53. **NON-SUSPENSION OR DEBARMENT CERTIFICATION:**

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. By accepting a Contract with the City, the Vendor certifies that its firm and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

54. **EQUAL OPPORTUNITY**

A. **Equal Employment Opportunity:** No Contractor, or Contractor's agent, shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the contract and the Contractor's suspension or debarment from participation on future City contracts until deemed compliant with Chapter 5-4.

B. **Americans with Disabilities Act (ADA) Compliance:** No Contractor, or Contractor's agent, shall engage in any discriminatory practice against individuals with disabilities as defined in the ADA, including but not limited to: employment, accessibility to goods and services, reasonable accommodations, and effective communications.

55. **BUY AMERICAN ACT-SUPPLIES (Applicable to certain Federally funded requirements)**

A. Definitions. As used in this paragraph –

i. "Component" means an article, material, or supply incorporated directly into an end product.

ii. "Cost of components" means -

(1) For components purchased by the Contractor, the acquisition cost, including transportation costs to the place of incorporation into the end product (whether or not such costs are paid to a domestic firm), and any applicable duty (whether or not a duty-free entry certificate is issued); or

(2) For components manufactured by the Contractor, all costs associated with the manufacture of the component, including transportation costs as described in paragraph (1) of this definition, plus allocable overhead costs, but excluding profit. Cost of components does not include any costs associated with the manufacture of the end product.

iii. "Domestic end product" means-

(1) An unmanufactured end product mined or produced in the United States; or

(2) An end product manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States exceeds 50 percent of the cost of all its components. Components of foreign origin of the same class or kind as those that the agency determines are not mined, produced, or manufactured in sufficient and reasonably available commercial quantities of a satisfactory quality are treated as domestic. Scrap generated, collected, and prepared for processing in the United States is considered domestic.

iv. "End product" means those articles, materials, and supplies to be acquired under the contract for public use.

v. "Foreign end product" means an end product other than a domestic end product.

vi. "United States" means the 50 States, the District of Columbia, and outlying areas.

B. The Buy American Act (41 U.S.C. 10a - 10d) provides a preference for domestic end products for supplies acquired for use in the United States.

C. The City does not maintain a list of foreign articles that will be treated as domestic for this Contract; but will consider for approval foreign articles as domestic for this product if the articles are on a list approved by another

Governmental Agency. The Offeror shall submit documentation with their Offer demonstrating that the article is on an approved Governmental list.

D. The Contractor shall deliver only domestic end products except to the extent that it specified delivery of foreign end products in the provision of the Solicitation entitled "Buy American Act Certificate".

56. **PROHIBITION OF BOYCOTT ISRAEL VERIFICATION**

Pursuant to Texas Government Code §2270.002, the City is prohibited from contracting with any "company" for goods or services unless the following verification is included in this **Contract**.

A. For the purposes of this Section only, the terms "company" and "boycott Israel" have the meaning assigned by Texas Government Code §2270.001.

B. If the **Principal Artist** qualifies as a "company", then the **Principal Artist** verifies that he:
   i. does not "boycott Israel"; and
   ii. will not "boycott Israel" during the term of this **Contract**.

C. The **Principal Artist's** obligations under this Section, if any exist, will automatically cease or be reduced to the extent that the requirements of Texas Government Code Chapter 2270 are subsequently repealed, reduced, or declared unenforceable or invalid in whole or in part by any court or tribunal of competent jurisdiction or by the Texas Attorney General, without any further impact on the validity or continuity of this Contract.

Exhibit C

CITY OF AUSTIN
PURCHASING OFFICE
SUPPLEMENTAL PURCHASE PROVISIONS

The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS:** (reference paragraph 5 in Section 0200)

   All requests for explanations or clarifications must be submitted in writing to the Purchasing Office by email to erin.dvincent@austintexas.gov no later than ten (10) business days before the solicitation due date.

2. **INSURANCE:** Insurance is required for this solicitation.

   A. **General Requirements:** See Section 0300, Standard Purchase Terms and Conditions, paragraph 32, entitled Insurance, for general insurance requirements.

      i. The Contractor shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to contract execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award
      ii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
      iii. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.
      iv. The Certificate of Insurance, and updates, shall be mailed to the following address:

      City of Austin Purchasing Office
      P. O. Box 1088
      Austin, Texas 78767

      OR

      PURInsuranceCompliance@austintexas.gov

   B. **Specific Coverage Requirements:** The Contractor shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Contractor.

      i. **Worker's Compensation and Employers' Liability Insurance:** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are $100,000 bodily injury each accident, $500,000 bodily injury by disease policy limit and $100,000 bodily injury by disease each employee.
         (1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
            (a) Waiver of Subrogation, Form WC420304, or equivalent coverage
            (b) Thirty (30) days Notice of Cancellation, Form WC420601, or equivalent coverage
      ii. **Commercial General Liability Insurance:** The minimum bodily injury and property damage per occurrence are $500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).
         (1) The policy shall contain the following provisions:
            (a) Contractual liability coverage for liability assumed under the Contract and all other Contracts related to the project.
            (b) Contractor/Subcontracted Work.
            (c) Products/Completed Operations Liability for the duration of the warranty period.

(d) If the project involves digging or drilling provisions must be included that provide Explosion, Collapse, and/or Underground Coverage.

(2) The policy shall also include these endorsements in favor of the City of Austin:
(a) Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
(b) Thirty (30) days Notice of Cancellation, Endorsement CG 0205, or equivalent coverage
(c) The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage

iii. **Business Automobile Liability Insurance:** The Contractor shall provide coverage for all owned, non-owned and hired vehicles with a minimum combined single limit of $500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are $250,000 bodily injury per person, $500,000 bodily injury per occurrence and at least $100,000 property damage liability per accident.

(1) The policy shall include these endorsements in favor of the City of Austin:
(a) Waiver of Subrogation, Endorsement CA0444, or equivalent coverage
(b) Thirty (30) days Notice of Cancellation, Endorsement CA0244, or equivalent coverage
(c) The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage.

C. **Endorsements:** The specific insurance coverage endorsements specified above, or their equivalents must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.

3. **INVOICES and PAYMENT:** (reference paragraphs 12 and 13 in Section 0300)

A. Invoices shall contain a unique invoice number and the information required in Section 0300, paragraph 12, entitled "Invoices." Invoices received without all required information cannot be processed and will be returned to the vendor.

Invoices shall be mailed to the below address:

	City of Austin
Department	City Manager's Office
Attn:	Patricia Bourenane
Address	P.O. Box 1088
City, State Zip Code	Austin, TX 78767

B. The Contractor agrees to accept payment by either credit card, check or Electronic Funds Transfer (EFT) for all goods and/or services provided under the Contract. The Contractor shall factor the cost of processing credit card payments into the Offer. There shall be no additional charges, surcharges, or penalties to the City for payments made by credit card.

4. **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING:**

A. On June 14, 2018, the Austin City Council adopted Ordinance No. 20180614-056 replacing Chapter 2.7, Article 6 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services requiring City Council approval under City Charter Article VII, Section 15 (Purchase Procedures). The City requires Offerors submitting Offers on this Solicitation to certify that the Offeror has not in any way directly or indirectly had communication restricted in the ordinance section 2-7-104 during the No-Lobbying Period as defined

in the Ordinance. The text of the City Ordinance is posted on the Internet at: https://assets.austintexas.gov/purchase/downloads/New_ALO_Ordinance_No_20180614-056.pdf and is also included in the Solicitation, Section 0200 V2, Solicitation Instructions June 26, 2018.

5. **INTERLOCAL PURCHASING AGREEMENTS:** (applicable to competitively procured goods/services contracts).

   A. The City has entered into Interlocal Purchasing Agreements with other governmental entities, pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code. The Contractor agrees to offer the same prices and terms and conditions to other eligible governmental agencies that have an interlocal agreement with the City.

   B. The City does not accept any responsibility or liability for the purchases by other governmental agencies through an interlocal cooperative agreement.

6. **OWNERSHIP AND USE OF DELIVERABLES:** The City shall own all rights, titles, and interests throughout the world in and to the Deliverables.

   A. **Patents:** As to any patentable subject matter contained in the Deliverables, the Contractor agrees to disclose such patentable subject matter to the City. Further, if requested by the City, the Contractor agrees to assign and, if necessary, cause each of its employees to assign the entire right, title, and interest to specific inventions under such patentable subject matter to the City and to execute, acknowledge, and deliver and, if necessary, cause each of its employees to execute, acknowledge, and deliver an assignment of letters patent, in a form to be reasonably approved by the City, to the City upon request by the City.

   B. **Copyrights:** As to any Deliverable containing copyrighted subject matter, the Contractor agrees that upon their creation, such Deliverables shall be considered as work made-for-hire by the Contractor for the City and the City shall own all copyrights in and to such Deliverables, provided however, that nothing in this Paragraph 36 shall negate the City's sole or joint ownership of any such Deliverables arising by virtue of the City's sole or joint authorship of such Deliverables. Should by operation of law, such Deliverables not be considered work made-for-hire, the Contractor hereby assigns to the City (and agrees to cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver an assignment to the City of Austin) all worldwide right, title, and interest in and to such Deliverables. With respect to such work made-for-hire, the Contractor agrees to execute, acknowledge and deliver and cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver a work-for-hire agreement, in a form to be reasonably approved by the City, to the City upon delivery of such Deliverables to the City or at such other time as the City may request.

   C. **Additional Assignments:** The Contractor further agrees to, and if applicable, cause each of its employees to execute, acknowledge, and deliver all applications, specifications, oaths, assignments, and all other instruments which the City might reasonably deem necessary in order to apply for and obtain copyright protection, mask work registration, trademark registration and/or protection, letters patent, or any similar rights in any and all countries and in order to assign and convey to the City, its successors, assigns, and nominees, the sole and exclusive right, title, and interest in and to the Deliverables, The Contractor's obligations to execute acknowledge, and deliver (or cause to be executed, acknowledged, and delivered) instruments or papers such as those described in this Paragraph 36 A., B., and C. shall continue after the termination of this Contract with respect to such Deliverables. In the event the City should not seek to obtain copyright protection, mask work registration or patent protection for any of the Deliverables, but should arise to keep the same secret, the Contractor agrees to treat the same as Confidential Information under the terms of Paragraph above.

7. **CONTRACT MANAGER:** The following person is designated as Contract Manager, and will act as the contact point between the City and the Contractor during the term of the Contract:

Patricia Bourenane – Patricia.Bourenane@austintexas.gov

*Note: The above listed Contract Manager is not the authorized Contact Person for purposes of the **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING Provision** of this Section; and therefore, contact with the Contract Manager is prohibited during the no contact period.

Scope of Work
Exhibit C
SOLICITATION NO. RFP 4400 EAD3010
Description: Dispatch Equity & Optimization Efficiency Study

1.0 Purpose

The City of Austin (City) seeks a Contractor to conduct a comprehensive review of the equity and efficiency of the dispatch of emergency medical response related services of the Austin Fire Department (AFD) and Austin Travis County Emergency Medical Services (ATCEMS). The review should include an evaluation of response times, patient treatment and health equity, and resource utilization on responses. Additionally, the review should include recommendations on the locations of fire suppression and emergency medical resources, timelines, locations for new resources, and the applicability and impact of Insurance Services Office (ISO) ratings.

2.0 Background

While Austin was most recently recognized by US News and World Report as "The Best Place to Live in the U.S.," the City consistently makes national lists as a city with severe inequality. In 1950, Austin was fourth in the country for the most income inequality. In 2015, the University of Toronto's Martin Prosperity Institute listed Austin as the most economically segregated city in the country. Legacies of displacement by wealthier white Austinites and lack of access to opportunity for people of color have marked the city with continued racial disparities.

The City's Equity Office provides leadership, guidance, and insight on equity to improve the quality of life for Austinites and works to achieve the vision of making Austin the most livable city in the nation for all. The Equity Office was created in 2016 to focus on advancing equity in all aspects of City operations. The Equity Office strives to build and sustain a culture of equity across the City. This requires tackling tough issues such as institutional racism and implicit bias. For more information about the Equity Office, visit: http://www.austintexas.gov/department/equity/about.

City of Austin's Statement of Equity: To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing. Race is the primary predictor of outcomes and it is time to recognize, understand, and address racism at its various levels: personal, institutional, structural, and systemic. Equity is the condition when every member of the community has a fair opportunity to live a long, healthy, and meaningful life. Equity embedded into Austin's values system means changing hearts and minds, transforming local government from the inside out, eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

In 2019, the Texas State Legislature passed a bill that limits property tax increases to 3.5% per year. This combined with a projected population growth of 27.6% over the next decade creates the necessity to identify opportunities to improve efficacy, efficiency, and equity of emergency services. The City of Austin's FY 2019 – 2020 Operating Budget for AFD and ATCEMS is $293M.

During the fiscal year 2019-2020 budgeting process, the Austin City Council approved $250,000 in one-time funding for a dispatch equity and optimization efficiency study.

EMS System

The City of Austin-Travis County EMS System provides service to the City of Austin and the majority of Travis County through an interlocal agreement. The services to the City of Austin are provided by:

- Austin/Travis County EMS (ALS Ambulance Provider/EMS Dispatching)
- Austin Fire Department (BLS First Responder/Fire Dispatching)
- City of Austin – Travis County EMS System Office of the Medical Director (Medical Direction/ Physician Services)

The Austin – Travis County EMS system service area consist of 1,019 Sq. miles which includes the 325 Sq. miles of the City of Austin. ATCEMS has 34 ambulances that are on for 24 hours a day and 9 Demand (Peak Load) ambulances that are on 12 hours a day, all ambulances are Advance Life Support. Staffing for each unit consists of an Advance Life Support (ALS) provider and a Basic Life Support (BLS) provider.
Last Fiscal Year ATCEMS handled:

911 Calls: 139,032
Incidents: 125,393
Responses: 138,698
Patient Contacts: 104,231
Patient Transports: 76,706

Currently, AFD dispatches to its own and Travis County Emergency Services District (ESD) vehicles for fire suppression response. ATCEMS dispatches to its own and Travis County ESD vehicles for emergency medical response. While the two dispatching agencies utilize a shared computer-aided dispatch (CAD) system and a shared voice-radio system, their dispatching protocols and assignment matrices are not fully integrated, resulting in inefficiencies and inequities that this solution seeks to address. Likewise, decisions on placement of response resources throughout the community, whether "demand" (e.g., floating) or in-station, and the locations of new, planned stations, are not fully reviewed and vetted among the City agencies and the Travis County agencies they dispatch. Recommendations for improving 911 call-routing and processing, resource assignment and dispatching, cross-visibility of agency resources in CAD, and station-and-resource locations are all within the scope of this contract.

Dispatching for the City and Travis County Public Safety Departments are all housed within the Combined Transportation and Emergency Communications Center (CTECC). Austin Police Department and Travis County Sheriff's Office are Primary Public Safety Answering Points (PSAP) while Austin – Travis County EMS and Austin Fire are Secondary PSAP's. All agencies utilize the Central Square INFORM CAD System v5.8.17 but are unique agencies within the same CAD system.

ATCEMS utilizes DECCAN LiveMUM (Move up Module) in the dispatch center to reposition ambulances in real time based on historical call volume geography. ATCEMS is an Accredited Center of Excellence (ACE) through the National Academy of Emergency Dispatch (NAED).

3.0 Definitions

3.1 **9 Demand (Peak Load) ambulances**: Ambulances that are scheduled to be in service during peak or demand hours of a day.

3.2 **Accredited Center of Excellence (ACE**): Accredited centers share common goals to improve public care and maximize the efficiency of 9-1-1 systems; and the National Academy of Emergency Dispatch (NAED), through its College of Fellows, established a high standard of excellence for emergency dispatch, providing the tools to achieve the standard at both the dispatcher level through certification, and at the communications center level through the ACE program.

3.3 **Advance Life Support (ALS)**: A certification designed for professional healthcare providers who participate in the assessment and management of critical patients, including those working in in-hospital, pre-hospital, and out-of-hospital medical facilities.

3.4 **Basic Life Support (BLS)**: A type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway.

3.5 **Central Square INFORM CAD System v5.8.17:** Central Square is a public safety centered software vendor specializing in Computer Aided Dispatch (CAD) and 911 Telephony. INFORM is the advanced Computer Aided Dispatch software used for call-taking, dispatch and coordinating multi-agency response.

3.6 **City of Austin's definition of Equity:** A condition when everyone has a fair opportunity to live a long, healthy, and meaningful life. It implies that quality of life should not be compromised or disadvantaged because of an individual or population group's social circumstances or conditions. Achieving equity requires creating fair opportunities and eliminating gaps in quality of life outcomes between different social groups. Source: Adapted from the Robert Woods Johnson Foundation definition of "health equity," 2017.

3.7 **Combined Transportation and Emergency Communications Center (CTECC):** A secured site with restricted access, the facility and its operation is a partnership between the City of Austin (EMS, Fire, Police, Transportation and Office of Homeland Security and Emergency Management), Travis County, Texas Department of Transportation, and Capital Metropolitan Transportation Authority. The building hosts the following public safety and transportation systems: 911, 311, Computer Aided Dispatch (CAD), Fire and EMS Records Management System, Intelligent Transportation System, Region Radio System, and Capital Metro Fixed Route Dispatch.

3.8 **DECCAN LiveMUM (Move up Module)**: Deccan is a software vendor providing public safety with a suite of options for deployment. MUM being one of their products is real-time operational module that provides emergency dispatchers with instant, optimal move-up recommendations while helping them monitor live coverage.

3.9 **Insurance Services Office (ISO) ratings:** Ratings that are meant to score a fire department's performance against its organization's standards to determine property insurance costs.

3.10 **National Academy of Emergency Dispatch (NAED):** An academy within the International Academies of Emergency Dispatch (IAED). The IAED is a nonprofit standard-setting organization promoting safe and effective emergency dispatch services worldwide. Comprising three allied Academies for medical, fire, and police dispatching, the IAED supports first responder-related research, unified protocol application, legislation for emergency call center regulation, and strengthening the emergency dispatch community through education, certification, and accreditation.

4.0 Contractor Qualifications

4.1 The selected Contractor shall have demonstrated knowledge and expertise to provide a comprehensive review of the equity, efficiency, effectiveness, and safety of the emergency response related services of the AFD and ATCEMS. The selected entity shall demonstrate previous successful experience evaluating similarly sized organizations for a similar type study.

4.2 The selected Contractor shall have demonstrated experience engaging with the public, governmental stakeholders, and non-governmental stakeholders in the process of evaluating these topics.

4.3 The selected Contractor shall have partnerships with, and demonstrated experience in, the evaluation of the equity of services related to public safety, public health, or other governmental services.

4.4 The selected Contractor shall have experience in evaluating dispatching and agency improvements.

4.5 The selected Contractor shall be knowledgeable of accreditation processes, including Commission On Accreditation for Ambulance Services (CAAS) and Center for Public Safety Excellence (CPSE).

5.0 Contractor Responsibilities

5.1 The Contractor shall comply with any applicable Federal, State, and Local requirements.

5.2 The Contractor shall be available to make presentations to City Council, Travis County Commissioners Court, other City and County Boards & Commissions, Austin Firefighters Association, Emergency Medical Services Association, and any other groups the City deems necessary. These presentations shall be in person and dates will be discussed after the contract kickoff.

5.3 The Contractor shall adhere to all Federal, State, and City data confidentiality standards.

5.4 All draft and final reports shall be made available to the Contract Manager electronically.

5.5 All records that are provided to the Contractor or maintained by the Contractor or its sub-Contractors shall be kept confidential. Any violation may result in the Contractor being held liable by the City.

5.6 The Contractor shall submit monthly and quarterly, or as otherwise directed progress reports to

the Contract Manager or designee. The reports shall describe significant achievements and problems that have potential effect on schedule or costs. The Contract Manager or designee will review and approve all reports before Contractor receives payment. The exact content of the reports will be established during the contract negotiations.

6.0 Dispatch & Emergency Response Evaluation

6.1 The Contractor shall utilize evidence-based recommendations as well as U.S. and international industry standards, such as the National Fire Protection Association (NFPA) 1221 and NFPA 1710, to evaluate the current dispatch policies and procedures of the CTECC dispatch center.

6.2 As part of the evaluation, the Contractor shall determine if demand density and prolonged response times correlates with underserved populations.

6.3 The Contractor shall evaluate the number and percentage of emergency responses that meet established time standards for that type of response. Evaluating these metrics will help determine consistency across the city when accounting for demographics and zip codes.

6.4 The Contractor shall evaluate CTECC's dispatch system between the AFD and ATCEMS.

6.5 Contractor shall provide recommendations to enhance the equity, efficiency, and effectiveness of dispatching public safety workers.

6.6 The Contractor shall conduct community engagement sessions related to expectations for response time and services provided to inform their overall recommendations.

7.0 Resource Allocation Assessment

7.1 The Contractor shall use evidence-based recommendations as well as other available US and international industry standards, such as NFPA 1300, Standard on Community Risk Assessment and Community Risk Reduction Plan Development, to perform a comprehensive evaluation of growth and community risk of the City of Austin and Travis County.

7.2 The Contractor shall utilize evidence-based recommendations as well as other US and international industry standards, including the NFPA 1710, when evaluating and making recommendations regarding the response of and positioning of resources and staffing.

7.3 The Contractor shall evaluate the locations of fire and EMS stations to determine if they are located in such a manner as to equitably address demand.

7.4 The Contractor shall evaluate the type of apparatus, ambulances, and specialized vehicles housed in stations and determine the type and proximity of demand to these resources.

7.5 Following the evaluations, the Contractor shall investigate the effects of deploying multiple resources from larger stations in lieu of the single resource stations currently supported by the AFD and the ATCEMS. Multiple units could mean a combination of apparatus, ambulance and specialized vehicles or multiple similar apparatus, ambulances, or specialized vehicles.

7.6 The Contractor shall evaluate the emergency medical demand of the AFD and ATCEMS and investigate if integrating advanced care providers such as physicians, physician assistants, and or nurse practitioners either physically or as part of a telehealth program would improve health care equity and improve patient outcomes.

8.0 Prevention Initiative Evaluation

8.1 The Contractor shall evaluate the effectiveness of prevention community-wide initiatives among AFD and ATCEMS, as well as consistency with Austin Public Health (APH).

8.2 As part of the evaluation of risk discussed in section 6, the Contractor shall recommend other prevention activities that could be performed by AFD, APH and ATCEMS to improve health and safety in the community, but that are not currently performed.

8.3 As part of the evaluation of prevention services, the Contractor shall identify redundancies or conflicts in the prevention activities provided by AFD, APH, ATCEMS, and other city/county departments and make recommendations that will improve the provision of services.

8.4 The Contractor shall use evidence-based methodology for these evaluations.

9.0 Outcomes

9.1 Equitable Outcomes

9.1.1 How does the City improve equitable health outcomes among the community?

9.1.2 How might we deploy medical assets to improve equitable health outcomes in the community?

9.1.3 What coefficient or other modifiers could be used with dispatching software to enhance equitable outcomes of emergency services provided by AFD, ATCEMS, and Travis County ESD's?

9.1.4 How might the demand density and prolonged response times correlate with underserved populations? Identify recommendations to address any concerns identified.

9.1.5 How might the City engage and inform the community to ensure that public safety services are delivered to a diverse community and vulnerable populations in a safe, timely, and proactive manner given the challenges of significant population growth, racial inequities, and traffic congestion.

9.1.6 How does the City enhance the equity, efficiency, effectiveness, and safety of dispatching public safety workers?

9.1.7 How might the City improve healthcare equity and improve patient outcomes by integrating advanced care providers such as physicians, physician assistants, and or nurse practitioners either physically or as part of a telehealth program?

9.1.8 How might we better match response time with the acuity of the call?

9.1.9 How might the planned expansion of automatic aid into neighboring counties, along with technological enhancements connecting disparate CAD systems to allow for closest-unit dispatch, negatively or positively affect the optimization and equity of assigning Austin and Travis County resources?

9.2 Efficiency/Reduction in 3.5% increase

9.2.1 How does the City improve efficiencies to reduce and mitigate combined year of year expenditure rates of AFD and ATCEMS given the 3.5% limitation on property tax annual revenue increase?

9.2.2 How might the City modify medical protocols and call center technology configuration to enhance efficiency and services?

9.2.3 How does the City utilize evidence-based recommendations as well as other U.S. and international industry standards to evaluate and implement strategies for response of and positioning of resources and staffing?

9.2.4 How might the City best utilize its resources (e.g. deploying multiple resources from larger stations versus single resource stations)?

9.2.5 The Contractor shall evaluate and make recommendations on the effectiveness of prevention initiatives among AFD, APH, and ATCEMS?

9.2.6 The Contractor will make recommendations to reduce redundancies or conflicts in the prevention activities provided by AFD, APH, ATCEMS, and other city/county departments?

9.2.7 What revenue opportunities based on national and international examples will help AFD and ATCEMS recover costs?

9.2.8 What technology improvements or recommendations does the Contractor have?

CITY OF AUSTIN
PURCHASING OFFICE
PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS
SOLICITATION NUMBER: RFP 4400 EAD3010

1. PROPOSAL FORMAT:

Submit one original paper copy and an electronic copy of the original proposal in PDF version on a flash drive. The original proposal shall contain ink signatures and shall be typed on standard 8 ½" X 11" paper, double-sided, and have consecutively numbered pages.

The proposal itself shall be organized in the following format and informational sequence. Use tabs to divide each part of the Proposal and include a Table of Contents:

Section I

Tab 1 – City of Austin Purchasing Office Documents - Complete and submit the following documents in Tab 1:

A. Signed Offer Sheet
B. Section 0605 Local Business Presence Identification Form
C. Section 0630 Exceptions
D. Section 0800 Non-Discrimination and Non-Retaliation Certification
E. Section 0835 Nonresident Bidder Provisions
F. Section 0840 Service-Disabled Veteran Business Enterprise
G. Section 0900 Subcontracting/Sub-consulting Utilization Form
H. Section 0905 Subcontracting/Sub-consulting Utilization Plan – only required to be returned if your firm is subcontracting
I. Signed Addendums

Tab 2 – Authorized Negotiator: Include name, mailing address, email address, and telephone number of the officer or other representative in your organization authorized to negotiate and execute binding contract terms.

Tab 3 – References: Provide a list of up to three (3) current or previous clients in which your firm provided services similar to those requested by the City, starting with your largest client. The City prefers that work has been completed for at least one reference and is not currently in progress. All client reference information must be documented and verifiable. Reference contacts must be aware that they are being used and agreeable to City interview for follow-up. References shall include the following:

- Agency:
- Contact Person:
- Title:
- Phone Number:
- Email Address:
- Population of City/County:
- Number of EMS and Fire Stations in the City/County:
- Number of EMS and Fire Apparatuses in the City/County:
- Year contract was awarded, length of contract, annual, and total value of contract:
- Copy of final report, if project has been completed. If not completed, any draft or progress reports.

Tab 4 – Executive Summary: Proposer shall provide an Executive Summary of three (3) pages or less, in brief, concise terms, a summation of the proposal. Include the number of years your company has been in business, a summary of your company's history and experience, and how your organization will exceed the performance of other vendors in relation to the scope of work. Please also address how your organization will serve the City of Austin's needs relative to the needs of your other clients.

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Tab 5 – Experience and Qualifications: Per Section 0500 Scope of Work, 4.0, Contractor Qualifications, describe each item in 4.0 for all key persons identified, their title, and credentials who will be assigned during the awarded contract and include the information listed below. Only include this information for staff directly assigned and supporting this contract.

A. The number of clients they are responsible for
B. Percentage of time they will be allocated to the City of Austin
C. Office location
D. Resumes
E. Degree/Certifications/Licenses and number of years of experience in their role

Tab 6 – Deliverables, Methodology, Work Plan & Schedule: Starting with Section 0500 Scope of Work, provide a response to each item in Section 6.0, 7.0, 8.0, and 9.0, describing your work plan and approach to fit the City's needs and requirements

Section II

Price Proposal – The City has identified a budget of $250,000 for this project. The budget is inclusive of all fees, including travel. List your total price for the services outlined in the Scope of Work. At this time the City isn't requesting a detailed price breakdown, just a total overall price. The Offeror shall not charge separately for administrative, overhead, insurance, per diem, hotels, flights, etc. Whichever Offeror offers the City the most competitive price will be awarded the maximum amount of points. Remaining points will be distributed on a pro-rated basis.

Section III

Proposal Acceptance Period: All proposals are valid for a period of one hundred and eighty (180) calendar days subsequent to the RFP closing date unless a longer acceptance period is offered in the proposal.

Proprietary & Confidential Information: All material submitted to the City becomes public property and is subject to Texas Open Records Act upon receipt. If a respondent does not desire proprietary or confidential information in the submission to be disclosed, each page must be identified and marked proprietary or confidential at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary or confidential information will result in all unmarked sections being deemed non-proprietary or non-confidential and available upon public request.

Proposal Preparation Costs: All costs directly or indirectly related to preparation of a response to the RFP or any oral presentation required to supplement and/or clarify a Proposal which may be required by the City shall be the sole responsibility of the Proposer.

Compliance: The Proposer agrees to compliance with terms of this Request for Proposal (RFP) and with all applicable rules and regulations of Federal, State, and Local governing entities.

Service-Disabled Veteran Business Enterprise ("SDVBE"): Pursuant to the interim Service-Disabled Veteran Business Enterprise (SDVBE) Program, Offerors submitting proposals in response to a Request for Proposals shall receive a three point (3 percent) preference if the Offeror, at the same time the proposal is submitted, is certified by the State of Texas, Comptroller of Public Accounts as a Historically Underutilized Business and is a Service-Disabled Veteran Business Enterprise. This preference does not apply to subcontractors. To receive this preference, Offerors shall complete the enclosed Section 0840 Service-Disabled Veterans Business Enterprise Preference Form, in accordance with the Additional Solicitation Instructions included therein.

CITY OF AUSTIN
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Section IV

EVALUATION FACTORS AND AWARD:

A. Competitive Selection: This procurement will comply with applicable City Policy. The successful Proposer will be selected by the City on a rational basis. Evaluation factors outlined in Paragraph B below shall be applied to all eligible, responsive Proposers in comparing proposals and selecting the Best Offeror. Award of a Contract may be made without discussion with Proposers after proposals are received. Proposals should, therefore, be submitted on the most favorable terms.

B. Evaluation Factors: All Proposals will be evaluated based on the following criteria and rankings.
Maximum 100 points.

1. **Executive Summary, Experience, Qualifications, and References:** reference Section I, Tabs 3, 4, 5 **(42 points)**

2. **Deliverables, Methodology, Work Plan & Schedule:** The Proposer shall describe how their work plan and approach fits the City's needs and requirements **–** reference Section I, Tab 6 **(35 points)**

3. **Price Proposal:** Reference Section II **(10 points)**

4. **Local Business Presence: (Maximum 10 points)**

Team's Local Business Presence	Points Awarded
Local business presence of 90% to 100%	10
Local business presence of 75% to 89%	8
Local business presence of 50% to 74%	6
Local business presence of 25% to 49%	4
Local presence of between 1 and 24%	2
No local presence	0

5. **Service-Disabled Veteran Business Enterprise –** reference Section 0840 SDVBE Contractor Certification **(Maximum 3 points)**

Presentations, Demonstrations Optional. The City will score proposals on the basis of the criteria listed above. The City may select a "short list" of Proposers based on those scores. "Short-listed" Proposers may be invited for presentations, or demonstrations with the City. The City reserves the right to re-score "short-listed" proposals as a result, and to make award recommendations on that basis.

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	Public Consulting Firm, LLC	
Physical Address	816 Congress Avenue, Suite 1110, Austin Texas 78701	
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	Optima US, Ltd.	
Physical Address	401 North Michigan Avenue, Chicago Illinois 60611	
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

CITY OF AUSTIN
PURCHASING OFFICE
EXCEPTIONS

Solicitation Number: RFP 4400 EAD3010

The City will presume that the Offeror is in agreement with all sections of the solicitation unless the Offeror takes specific exception as indicated below. Complete the exception information indicating each exception taken, provide alternative language, and justify the alternative language. Copies of this form may be utilized if additional pages are needed.

Failure to agree to the standard contract terms may result in the City choosing to move forward with an award of a contract to the next best Offeror.

The City, at its sole discretion, may negotiate exceptions that do not result in material deviations from the sections contained in the solicitation documents. Material deviations as determined by the City may result in the City deeming the Offer non-responsive. The Offeror that is awarded the contract shall be required to sign the contract with the provisions accepted or negotiated.

Indicate:
- ☐ **0300 Standard Purchase Terms & Conditions**
- ☒ **0400 Supplemental Purchase Provisions**
- ☐ **0500 Scope of Work**

Page Number	**Section Number**	**Section Description**

Alternative Language:

Justification:

Note regarding insurance policies: PCG's insurance policies cannot be modified. While we would prefer not to share our policies, which contain confidential information, if a client insists and provides a reasonable explanation, then we can accommodate that request on an exception basis.

City of Austin, Texas
Section 0800
NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

(1) Not to engage in any discriminatory employment practice defined in this chapter.

(2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.

(3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.

(4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.

(5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.

(6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.

(7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of $2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin
Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their compliant, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does

not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filling. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 26th day of May, 2020

CONTRACTOR Public Consulting Group

Authorized Signature Marc Hartley

Title Director, Health Practice Area

Section 0835: Non-Resident Bidder Provisions

Company Name: Public Consulting Group

A. Bidder must answer the following questions in accordance with Vernon's Texas Statues and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: Non-resident Bidder

(1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

B. If the Bidder id a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: No Which State: _____

C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: n/a

Section 0840, Service-Disabled Veteran Business Enterprise Preference

Offeror Name
Public Consulting Group

Additional Solicitation Instructions.

1. ☒ By checking this box, Offeror states they are NOT a certified Service-Disabled Veteran Business Enterprise seeking to claim preference points under the City of Austin's SDVBE Program.

2. Offerors seeking to claim the Service-Disabled Veteran Business Enterprise (SDVBE) preference shall be certified **under one of the two following scenarios**. Offerors shall check one of the following boxes, input the data in the applicable table below and include this completed form in their Proposal.

   ☐ **HUB/SV**. Offeror is certified as a Service-Disabled Veteran (SV) Historically Underutilized Business (HUB) by the Texas State Comptroller of Public Accounts.

Texas State HUB/SV Certification	
13-Digit Vendor ID (VID)	
HUB/SV Issue Date	
HUB/SV Expiration Date	

   ☐ **HUB/OTHER + Federal SDVOSB**. Offeror is certified by the Texas State Comptroller of Public Accounts as a Historically Underutilized Business in a HUB Eligibility Category other than Service-Disabled Veteran (SV) AND is verified by the US Veterans Administration as a Service-Disabled Veteran-Owned Small Business (SDVOSB). **Texas HUB Eligibility Categories:** HUB/BL (Black), HUB/AS (Asian), HUB/HI (Hispanic), HUB/AI (Native American), or HUB/WO (Women Owned).

Texas State HUB/OTHER Certification	
13-Digit Vendor ID (VID)	
HUB Eligibility Category	
HUB Issue Date	
HUB Expiration Date	

Federal SDVOSB Verification	
9-Digit DUNS	
SDVOSB Issue Date	
SDVOSB Expiration Date	

3. Offeror Identity. The Offeror submitting the Proposal shall be the same entity that is certified by the Texas State Comptroller of Public Accounts, AND if applicable as verified by the US Veterans Administration.

4. Certification Status. Offeror's certification(s) must be active on or before the Solicitation's due date for Proposals and shall not expire prior to the award and execution of any resulting contract.

5. Confirmation of Certification(s). Upon receipt of this completed form, the City will confirm the Offeror's certification(s): State: https://mycpa.cpa.state.tx.us/tpasscmblsearch. Federal: https://www.vip.vetbiz.gov/ The City will direct any questions concerning an Offeror's State or Federal certification status to the Offeror's contact person as designated on the Offer Form of their Proposal.

6. Misrepresentation. If the City determines that the Offeror requesting this preference is not certified by the State or Federal government if applicable, the Offeror will not receive the preference points. If the City determines that this misrepresentation was intentional, the City may also find the Offeror not responsible and may report the Offeror to the Texas State Comptroller of Public Accounts or if applicable to the US Veterans Administration. If the misrepresentation is discovered after contract award, the City reserves the right to void the contract.

Exhibit C

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: RFP 4400 EAD3010

SOLICITATION TITLE: Dispatch Equity & Optimization Efficiency Study

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.

b.)Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☐ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☒ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Public Consulting Group		
City Vendor ID Code	VS0000069890		
Physical Address	816 Congress Avenue, Suite 1110		
City, State Zip	Austin, Texas 78701		
Phone Number	(512) 287.4662	Email Address	mstaubley@pcgus.com
If the Offeror City of Austin M/WBE certified?	☒ NO ☐ YES Indicate one: ☐ MBE ☐ WBE ☐ MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form,** and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan,** it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Marc Staubley - Director Marc Staubley May 26, 2020

Name and Title of Authorized Representative (Print or Type) Signature/Date

Exhibit C

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE) PROCUREMENT PROGRAM

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 4400 EAD3010
SOLICITATION TITLE: Dispatch Equity & Optimization Efficiency Study

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☒ **I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;
STEP TWO: Perform Good Faith Efforts (Check List provided below);
STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

☒ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☒ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 4400 EAD3010
SOLICITATION TITLE: Dispatch Equity & Optimization Efficiency Study

☒ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

☒ **Advertise**. Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

☒ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

From: Houston-McCutchin, Keisha
To: Dicicco, Sarah
Cc: SMBRComplianceDocuments
Subject: RE: Solicitation No. RFP 4400 EAD3010 - Availability List for City of Austin certified M/WBE subcontractors
Date: Tuesday, May 19, 2020 9:15:53 AM
Attachments: EAL3010- Availability List 5.19.2020.pdf

You are welcome. Please see the attached Availability List for the 92586- Surveyor Services. Let me know if you need anything further.

From: Dicicco, Sarah [mailto:SDicicco@pcgus.com]
Sent: Tuesday, May 19, 2020 8:43 AM
To: Houston-McCutchin, Keisha <Keisha.Houston@austintexas.gov>
Cc: SMBRComplianceDocuments <SMBRComplianceDocuments@austintexas.gov>
Subject: RE: Solicitation No. RFP 4400 EAD3010 - Availability List for City of Austin certified M/WBE subcontractors

Good Morning,

Thank you for the prompt reply and valuable information. I would like to solicit the Availability List for code 925-86 Surveyor Services, Land. If you need any additional information, please do not hesitate to reach out.

Thank you kindly,

PUBLIC CONSULTING GROUP
Solutions that Matter

Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Houston-McCutchin, Keisha <Keisha.Houston@austintexas.gov>
Sent: Tuesday, May 19, 2020 7:52 AM
To: Dicicco, Sarah <SDicicco@pcgus.com>
Cc: SMBRComplianceDocuments <SMBRComplianceDocuments@austintexas.gov>
Subject: RE: Solicitation No. RFP 4400 EAD3010 - Availability List for City of Austin certified M/WBE subcontractors

Good Morning Ms. DiCicco,

In order to get an Availability List we would need a commodity codes to ensure we get the

proper list of subcontractors to meet your needs.
Please use the link below to find the commodity codes and send those codes back to me. Let me know if you need any further assistance with this.

Certified Vendor Directory-
https://www.austintexas.gov/financeonline/account_services/search/vendors/certvendor.cfm

Best Regards,

Keisha Houston, CCA
Business Development Counselor
City of Austin
Small & Minority Business Resources
Keisha.Houston@austintexas.gov
Phone: 512-974-7738
Compliance Mail Line: 512-974-7626

From: Dicicco, Sarah [mailto:SDicicco@pcgus.com]
Sent: Monday, May 18, 2020 4:46 PM
To: SMBRComplianceDocuments <SMBRComplianceDocuments@austintexas.gov>
Subject: Solicitation No. RFP 4400 EAD3010 - Availability List for City of Austin certified M/WBE subcontractors

*** External Email - Exercise Caution ***

To whom it may concern:

Public Consulting Group is preparing a response to the solicitation mentioned above. We would like to seek out a M/WBE subcontractor for one of the following services to meet the scope of work required in the RFP:

1. Facilitation of community engagement – surveys, organization of town halls, etc.
2. Technician dispatch analysis including GIS mapping

If you can provide me the Availability List so that I am able to fulfill the Good Faith Effort, I would appreciate it.

Please feel free to reach out if you have any questions.

Warm regards,

Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110

Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

CAUTION: This email was received at the City of Austin, from an EXTERNAL source. Please use caution when clicking links or opening attachments. If you believe this to be a malicious and/or phishing email, please forward this email to CSIRT@austintexas.gov.

City of Austin
Subcontract Vendor List - VCRCVS

Exhibit C

Trade Summary Name: EAD3010- Availability List
Created By: McCutchin, Keisha
Date: 05/19/2020 **Availability As Of:** 05/19/2020

Vendors Within the SLBP Area

92585 Use 90772 SAFETY ENGINEERING & ACCIDENT

Vend Code/Adr	Contact Information	W/MB Code	G/E	LCTN
BAE7086810 BAER ENGINEERING & ENVIRONMENTAL CONSULTING INC 7756 Northcross Dr Ste 211 Austin Tx 78757-1725	Therese M. Baer tbaer@BaerEng.com 512-453-3733 Fax: 512-453-3316	WDB	F/Caucasian	AU
CAS7170685 CAS CONSULTING & SVCS INC 7908 Cameron Rd Austin Tx 78754	CHANNY SOEUR channys@casengineers.com 512-836-2388 Fax: 512-836-4515	MDB	M/Asian	AU
JAS2584500 JASMINE ENGINEERING INC 2211 South I-35 Suite 108 Austin Tx 78741	Yasaman Jasmine Azima jasmine@jasmineengineering.com 512-326-2900 Fax: 512-326-2906	WDB	F/Caucasian	AU

City of Austin
Subcontract Vendor List - VCRCVS

Exhibit C

Trade Summary Name: EAD3010- Availability List
Created By: McCutchin, Keisha
Date: 05/19/2020 **Availability As Of:** 05/19/2020

C Code & Description	Vend Code/Adr	Contact Information	W/MB Code	G/E	LCTN

Vendors Outside the SLBP Area

Total in SLBP:	3
Total Outside SLBP:	0

Exhibit C

GOOD FAITH EFFORTS INSTRUCTIONS (CITY OF AUSTIN ORDINANCE 2-9A-D)

At a minimum, the following should be submitted to support Good Faith Effort documentation:

- Solicitation sent to MBE/WBE firms **in the** Significant Local Business Presence (SLBP – 5 Counties include Travis, Hays, Williamson, Bastrop, and Caldwell) identified on the availability list for subcontracting opportunities not less than **7 business days** prior to bid date. Notices must be sent using two separate reasonable, available, and verifiable methods (e.g. email, fax, mail, or phone).
  - **Such as evidence of written notice includes copy of letters (solicitation notice) that was sent by email, fax, or mail.**
  - **Such as evidence of two separate methods used to notify MBE/WBEs include fax logs, email confirmations, copies of stamped envelopes/hand-delivered and/or phone logs (Phone contacts, alone, will not be sufficient.)**
- Written correspondence to certified vendors should include names, addresses, and other identifying information including your company's phone number, contact person, where to locate plans and specifications; and due date for responding.
- Take appropriate steps to follow up the initial solicitation with interested MBEs or WBEs.
  - **Submit copies of written responses from all respondents to your solicitation.**
  - **If interested MBEs or WBEs responded, document follow up on log of contacts and include date and contact information**
- Publish notice in a local publication such as newspaper, trade association publication, or via electronic/social media. *(Facebook Business Page, LinkedIn Business Profile, Twitter Business Account, or see below for a list of local minority trade publishers)*
  - Bidder/proposer must state a specific and verifiable reason for not contacting each certified firm with a SLBP.
    - **If MBEs and WBEs were not sent solicitation notices, document reason on log of contacts.**
  - Negotiate in good faith with interested MBEs and WBEs.
    - **If negotiated in good faith with interested MBEs and WBEs, document results on log of contacts.**
  - Contact SMBR for assistance (i.e. additional scopes identified or assistance with MBE/WBE Program requirements).
  - Not rejecting MBEs or WBEs as being unqualified without sound reasons.
  - Seeking the services of available minority and women community organizations *(See below)*
    - **Documentation of contacts with trade associations and Chambers of Commerce.**
  - Selecting portions of the work that will increase the likelihood that the MBE/WBE goals will be met.

The following additional Good Faith Efforts factors may also be considered:

- Efforts to assist MBE/WBEs in bonding, insurance, and financing where appropriate.
  - **If assistance was provided, document in log of contacts.**
- Efforts to assist MBE/WBEs in obtaining necessary equipment, supplies, and materials.
  - **If assistance was provided, document in log of contacts.**

In assessing minimum good faith efforts, SMBR may consider the performance of other Bidder/Proposers successfully meeting the goals.

FAILURE TO COMPLY WITH THE MBE/WBE PROCUREMENT ORDINANCE MAY RESULT IN A DETERMINATION OF NON-COMPLIANCE OR REJECTION OF YOUR REQUEST FOR CHANGE

Exhibit C

SMALL & MINORITY BUSINESS RESOURCES CONTACT INFORMATION

Compliance	CERTIFICATION	MAIN OFFICE
512-974-7600	512-974-7645	512-974-7600
512-974-7601	512-974-7601	512-974-7622
Smbrcompliancedocments@austintexas.gov	smbrcertification@austintexas.gov	www.austintexas.gov/smbr

SMBR's Plan Room

The City of Austin's Small & Minority Business Resources (SMBR) Department has a Plan room for viewing City of Austin project plans and specifications as well as other local, private, and public sector jobs. In addition, SMBR and McGraw-Hill Dodge have partnered to provide contractors up-to-date construction project information, plans and specification through the Internet. Projects include public and private sector opportunities in 100 South and Central Texas counties.

Where is the Plan Room?
It's located at the offices of SMBR
4201 Ed Bluestein Blvd.
Austin, TX 78721

How much will it cost?

There are no fees to access the information. There are minimal fees for copying and printing of plan and specification sheets.

What are my next steps?

Attend a free one-hour orientation session to learn how to operate the on-line service. Call (512) 974-7799 to make an appointment or for more information.

For more information or to view a list of projects currently available in the Plan Room visit website at www.austintexas.gov/smbr under the Plan Room projects.

BONDING

Bonding is a type of protection that a governmental agency or prime contractor may require that your company have in order to work on a contract. A bonding application will take several days. Get started today. Be proactive by making an appointment to talk to SMBR's Bonding Financial Consultant, Luke Ortega Luper as soon as possible. He can be reached at (512-974-7733 or email him at Luke.Luper@austintexas.gov. You will also find past copies of his newsletters on our website at http://austintexas.gov/department/bonding.

Keep in mind that SMBR does not issue bonds; however, we do provide our bonding resource program as a free and confidential service to our business owners.

AUSTIN MINORITY NEWSPAPERS

Capital City Argus News
PO Box 140471
Austin, TX 78714-0471
512-926-0348 Fax: same as phone

Charles M. Miles
Email: CMilesArgus@yahoo.com

El Mundo Newspaper
2112 E. Cesar Chavez
Austin, TX 78702
512-476-8636

Email: info@elmundonewspaper.com

La Prensa
PO Box 6504
Austin, TX 78762-6504
512-478-3090 Fax: 512-482-6400

Catherine Vasquez-Revilla
Email: laprensa@aol.com

Nokoa The Observer
PO Box 1137
Austin, TX 78767
512-499-8713 Fax: same as phone

Akwasi Evans
Email: akwasievans2013@gmail.com

The Villager
4132 E. 12th Street
Austin, TX 78721
512-476-0082 Fax: 512-476-0179

Tommy L. Wyatt
Email: vil3202@aol.com

World Journal Inc. of Texas/World Journal Chinese Daily News
5855 Sovereign Dr. #C
Houston, TX 77036

Sherry Wang
Email: sherrywang1020@yahoo.com

LOCAL MINORITY SERVICE ORGANIZATIONS

Asian Contractor Association
4201 Ed Bluestein Blvd, 2nd floor
Austin, TX 78721
512-926-5400 Fax: 512-926-5410

Aletta Banks
www.acta-austin.com
Email: asiancontractor@gmail.com

Austin Area Black Contractors Association
6448 Highway 290 East, Suite E-107
Austin, TX 78723
512-467-6895 Fax: 512-467-9808

Carol Hadnot
www.abcatx.com
Email: brc-pro@att.net

Business Investment Growth (BIG Austin)
Capital Plaza Bank Office Building
5407 N. IH-35, Ste 200
Austin, TX 78723
512-928-8010 Fax: 512-926-2997

Stacy Dukes-Rhone
www.bigaustin.org
Email: info@bigaustin.org

Business Resource Consultants (BRC)/(Bid Briefs)
6448 Highway 290 East, Suite E-107
Austin, TX 78723
512-467-6894 Fax: 512-467-9808

Carol S. Hadnot
Email: brc-pro@att.net

Greater Austin Asian Chamber of Commerce
8001 Centre Park Drive, Suite 160
Austin, TX 78731
512-407-8240

Jodie Huynh
www.austinasianchamber.org
Email: jhuynh@austinasianchamber.org

Greater Austin Black Chamber of Commerce
African-American Heritage Center
912 E. 11th Street, Suite A
Austin, TX 78702
512-459-1181 Fax: 512-459-1183

Tam Hawkins
www.austinbcc.org
Email: admin@austinbcc.or

Greater Austin Hispanic Chamber of Commerce
3601 Far West Blvd, Suite 204
Austin, TX 78731
512-476-7502 Fax: 512-476-6417

Casilda Clarich
www.gahcc.org
Email: cclarich@gahcc.org

U.S. Hispanic Contractors Association de Austin (USHCA)
920 E. Dean Keeton Street
Austin, TX 78705
512-922-0507

Juan Oyervides
www.ushca-austin.com
Email: info@ushca-austin.com

From: Dicicco, Sarah
To: Dicicco, Sarah
Bcc: tbaer@baereng.com; channys@casengineers.com; jasmine@jasmineengineering.com
Subject: MBE/WBE Subcontracting Opportunity
Date: Wednesday, May 20, 2020 12:34:00 PM
Attachments: Austin,TX_RFP4400EAD3010__EMS SolicitationDocuments.pdf

---

Greetings,

Public Consulting Group (PCG) is in the process of responding to the City of Austin's Request for Proposal #19120200181. The intent of this correspondence is to determine your interest in collaborating on this project. PCG is currently looking to obtain serviced from a certified City of Austin M/WBE for Geographic Information System (GIS) mapping , specifically to produce travel time maps based on NFPA 1710 Standard, and an analysis of roadway/traffic related to EMS response times. The full RFP package is attached to this email for your convenience.

Please contact Sarah DiCicco at sdicicco@pcgus.com for more information by Wednesday, May 27th.

I appreciate your time and consideration.

PUBLIC CONSULTING GROUP
Solutions that Matter

Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

PUBLIC CONSULTING GROUP

Solutions that Matter

Re: City of Austin Subcontractor Vendor List

5/22/2020 Call Log – Second form of notification to vendors within the SLBP Area

1. Jasmine Engineering Inc.

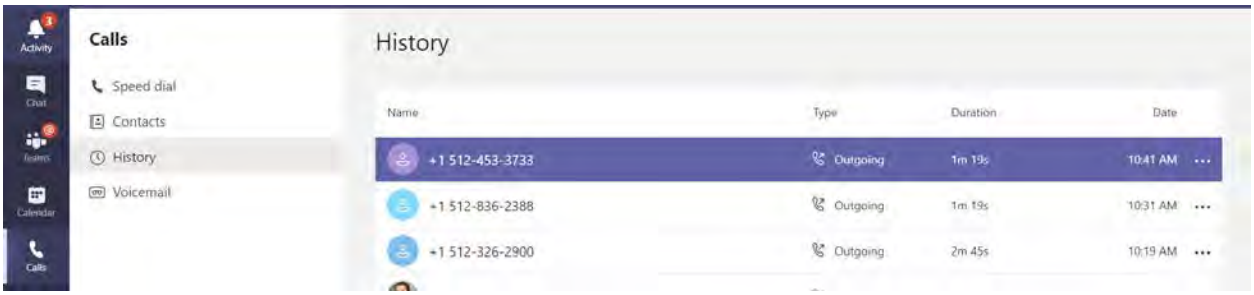
Spoke to Coy Ballard, he informed me that Jasmine Engineering does not perform GIS Mapping services. He committed to sending me an email with that statement.

2. CAS Consulting

Spoke to Michelle Dehstrom, she informed me that CAS Consulting does not perform GIS mapping services. She requested that in order to send a response of non-interest, I needed to send the solicitation email to her at marketing@casengineers.com (complete task 5/22 and email correspondence is included).

3. Baer Engineering and Environmental Consulting Inc.

Spoke to Claudia Cutter, she informed me that Baer Engineering does perform GIS mapping services. She asked that the solicitation email be sent to her directly at ccutter@baereng.com. (completed task 5/22 and email correspondence is included).



From:	Dicicco, Sarah
To:	Dicicco, Sarah
Cc:	"cmilesargus@yahoo.com"; "info@elmundonewspaper.com"; "laprensa@aol.com"; "akwasievans2013@gmail.com"; "vil3202@aol.com"; "sherrywang1020@yahoo.com"
Subject:	Advertisement of MBE/WBE Subcontracting Opportunity
Date:	Friday, May 22, 2020 12:34:00 PM
Attachments:	Austin,TX_RFP4400EAD3010_EMS SolicitationDocuments.pdf

Good Afternoon,

Public Consulting Group (PCG) is in the process of responding to the City of Austin's Request for Proposal #19120200181. The intent of this correspondence is to bring awareness and ask for support in the solicitation of a certified City of Austin M/WBE for Geographic Information System (GIS) mapping , specifically to produce travel time maps based on NFPA 1710 Standard, and an analysis of roadway/traffic related to EMS response times. The full RFP package is attached to this email for your convenience. I am hoping that you can post this information to your social media outlets for advertisement. Please let me know if there is any additional information that you may need from me to advertise the opportunity amongst your members/community. If you can respond to this email with a link to that social media advertisement, I would greatly appreciate it.

Please contact Sarah DiCicco at sdicicco@pcgus.com for more information by Friday, May 29th.

I appreciate your time and consideration.

PUBLIC CONSULTING GROUP
Solutions that Matter

Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Therese Baer
To: Dicicco, Sarah
Cc: Claudia Cutter; Eliza Ornelas
Subject: Re: FW: MBE/WBE Subcontracting Opportunity
Date: Friday, May 22, 2020 11:13:23 AM

Hi Sarah,

Eliza Ornelas is copied on this email. She will look at the scope of services to be sure we have the capabilities you require.

We do own the software and provide GIS services for transportation projects. She'll know if we can provide the specific services you detailed in your email.

Thanks!
Therese

On Fri, May 22, 2020, 11:09 AM Dicicco, Sarah <SDicicco@pcgus.com> wrote:

> Claudia,
>
> We are seeking a firm that owns GIS software and has the capability to perform mapping services around traffic, roadways and routing times from specific fire stations located in Austin. Specifically,
>
> 1. Initial Model Development (internal consulting use only): Using GIS software and agency data for incidents, responses, station location data, hospital/destination data, shifts, apparatus types/names, and dispatch logic.
> 2. Simple Scenario: (e.g. station relocation analysis with 1-2 alternative locations to be considered/evaluated, impact of new resource addition at a local/system level, impact of hospital hand-over delay at a system level). Or…
> 3. Moderate Scenario: (e.g. station relocation with 3 or more alternatives or no fixed location requiring use of optimization tools, simple call growth analysis with no recommendation for mitigation, multiple resource additions or relocations).
>
> I hope that helps clarify request. If you have further questions, I can connect you with our SME on the project.
>
> Thank you,
>
> **Sarah DiCicco**
>
> Senior Consultant

816 Congress Avenue, Suite 1110

Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Claudia Cutter <ccutter@baereng.com>
Sent: Friday, May 22, 2020 10:58 AM
To: Dicicco, Sarah <SDicicco@pcgus.com>
Cc: Therese Baer <tbaer@baereng.com>
Subject: Re: FW: MBE/WBE Subcontracting Opportunity

Thanks Sarah! What materials will you be needing from us?

Claudia Cutter

Marketing | Proposal Coordinator

Image removed by sender.

7756 Northcross Drive, Ste. 211
Austin, TX 78757
(512) 453-3733

On Fri, May 22, 2020 at 10:50 AM Dicicco, Sarah <SDicicco@pcgus.com> wrote:

> Hello Claudia,

Thank you so much for your time over the phone today. Please see the original email that was sent on May 20th and describes the subcontracting opportunity. Please let me know if you have any additional questions.

Thank you kindly and have a great weekend.

Sarah DiCicco

Senior Consultant
816 Congress Avenue, Suite 1110

Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Dicicco, Sarah
Sent: Wednesday, May 20, 2020 12:34 PM
To: Dicicco, Sarah <SDicicco@pcgus.com>
Subject: MBE/WBE Subcontracting Opportunity

Greetings,

Public Consulting Group (PCG) is in the process of responding to the City of Austin's Request for Proposal #19120200181. The intent of this correspondence is to determine your interest in collaborating on this project. PCG is currently looking to obtain serviced from a certified City of Austin M/WBE for Geographic Information System (GIS) mapping , specifically to produce travel time maps based on NFPA 1710 Standard, and an analysis of roadway/traffic related to EMS response times. The full RFP package is attached to this email for your convenience.

Please contact Sarah DiCicco at sdicicco@pcgus.com for more information by Wednesday, May 27th.

I appreciate your time and consideration.

Sarah DiCicco

Senior Consultant
816 Congress Avenue, Suite 1110

Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Dicicco, Sarah
To: "marketing@casengineers.com"
Subject: FW: MBE/WBE Subcontracting Opportunity
Date: Friday, May 22, 2020 10:39:00 AM
Attachments: Austin,TX_RFP4400EAD3010_ EMS SolicitationDocuments.pdf

Hello Michelle,
Thank you so much for your time over the phone today. At your convenience, can you please respond to this email stating the firm's decline of interest in partnering for this RFP due to the SOW being outside of your normal service offerings.

Thank you kindly and have a great weekend.

PUBLIC CONSULTING GROUP
Solutions that Matter

Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Dicicco, Sarah
Sent: Wednesday, May 20, 2020 12:34 PM
To: Dicicco, Sarah <SDicicco@pcgus.com>
Subject: MBE/WBE Subcontracting Opportunity

Greetings,

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I appreciate your time and consideration.

Sarah DiCicco

Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

From: Dicicco, Sarah
To: Dicicco, Sarah
Cc: info@bigaustin.org; brc-pro@att.net; admin@austinbcc.org; asiancontractor@gmail.com
Subject: MBE/WBE Subcontracting Opportunity
Date: Friday, May 22, 2020 9:22:00 AM
Attachments: Austin,TX_RFP4400EAD3010__EMS SolicitationDocuments.pdf

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Good morning,

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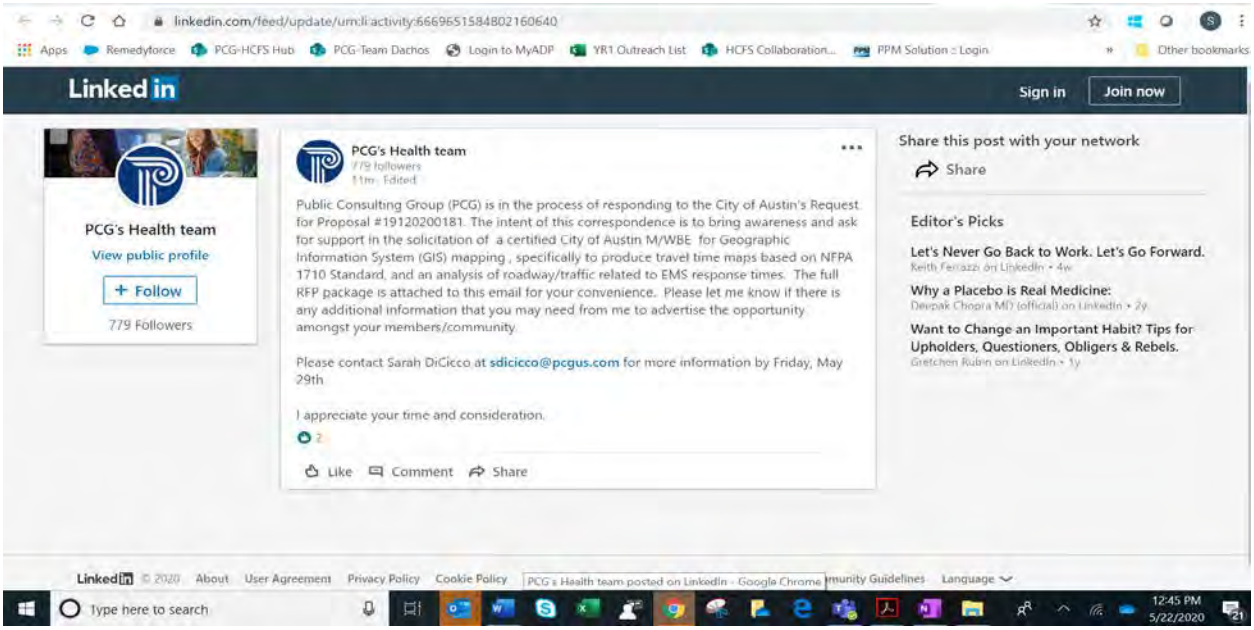
PUBLIC CONSULTING GROUP

Solutions that Matter

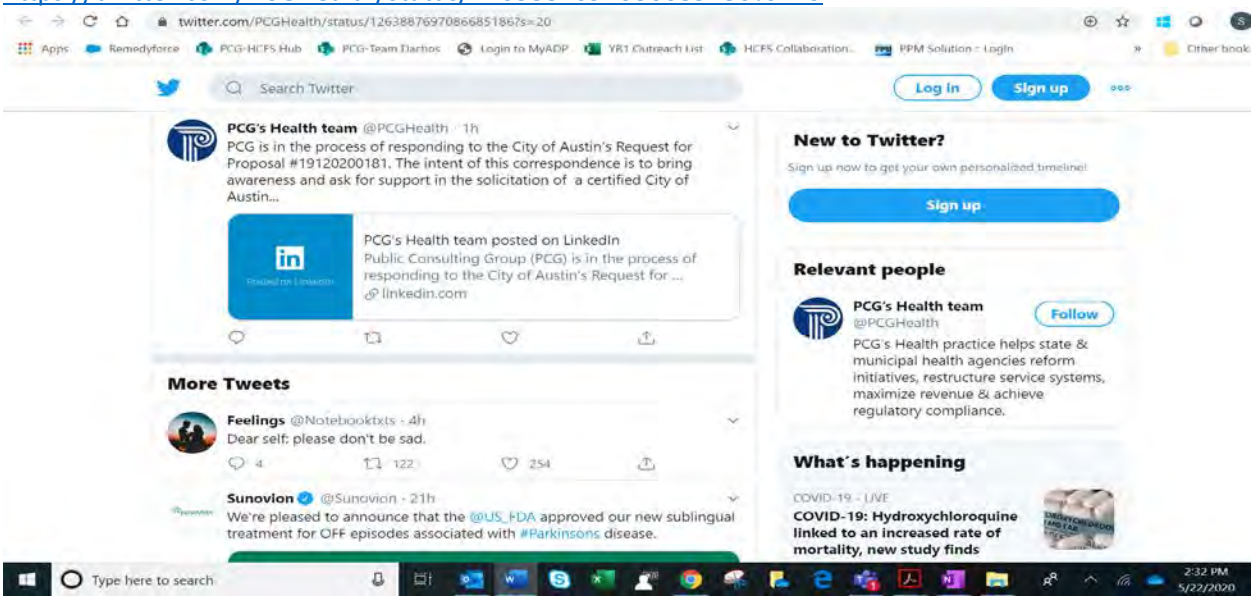
Re: City of Austin Subcontractor Social Media Advertisement

5/22/2020

Posted opportunity to PCG's LinkedIn page
https://www.linkedin.com/feed/update/urn:li:activity:6669651584802160640



Posted opportunity to PCG's Twitter page
https://twitter.com/PCGHealth/status/1263887697086685186?s=20



From:	Dicicco, Sarah
To:	Dicicco, Sarah
Cc:	"cmilesargus@yahoo.com"; "info@elmundonewspaper.com"; "laprensa@aol.com"; "akwasievans2013@gmail.com"; "vil3202@aol.com"; "sherrywang1020@yahoo.com"
Subject:	Advertisement of MBE/WBE Subcontracting Opportunity
Date:	Friday, May 22, 2020 12:34:00 PM
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Sarah DiCicco
Senior Consultant
816 Congress Avenue, Suite 1110
Austin, TX 78701
737-443-7420 tel
publicconsultinggroup.com

Exhibit C

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: RFP 4400 EAD3010
SOLICITATION TITLE: Dispatch Equity & Optimization Efficiency Study

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	☐ MBE ☐ WBE Ethnic/Gender Code: ☒ NON-CERTIFIED
Company Name	Optima US Ltd.
Vendor ID Code	V00000939340
Contact Person	Chris Callsen, Vice President/Managing Director Phone Number: (512) 633-8201
Additional Contact Info	Fax Number: E-mail: ccallsen@r1rcm.com
Amount of Subcontract	$ **32,000**
List commodity codes & description of services	Optima US Ltd will provide specialized, emergency services specific modeling and geospatial analysis services using discrete event simulation and advanced geospatial analysis technologies as a component of the overall engagement. Commodity Codes: 91800, 91812, 91875, 92014
Justification for not utilizing a certified MBE/WBE	PCG was unable to find a certified M/WBE that provided these same services.

Subcontractor/Sub-consultant	
City of Austin Certified	☐ MBE ☐ WBE Ethnic/Gender Code: ☐ NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	**Contact Date**	**Means of Contact**	**Reason for Contact**
		☐ Phone **OR** ☐ Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☒ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

John Wesley Smith — 07.08.2020

Reviewing Counselor — Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☒ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Tamela Saldana — 7.8.2020

Director/Assistant Director or Designee — Date

Exhibit C

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 4400 EAD3010 **Addendum No: 1** **Date of Addendum: 4/14/2020**

This addendum is to incorporate the following changes to the above referenced solicitation:

I. Clarifications:

A. Responses to this solicitation will be received online as well as by paper or electronic submittal. Submittal instructions for Online Offer Submissions are as follows:

1. ONLINE OFFER SUBMISSION

1.1 Due Date and Time. Offers in response to this Solicitation shall be submitted by the Offer Due Date and Time displayed in the Important Dates section of the Solicitation Cover Sheet online. The system time within Austin Finance Online shall be the official time of record.

1.2 Vendor Registration. Offerors responding to this Solicitation must be registered as vendors with the City on Austin Finance Online. See Attachment 1, Submitting Offers in Austin Finance Online.

1.3 Online Submission. Offers in response to this Solicitation may be submitted electronically, through the City's online financial system, Austin Finance Online. See Attachment 1, Submitting Offers in Austin Finance Online.

1.4 Withdrawing and Revising Offers. Offers submitted online in response to this Solicitation may be withdrawn, revised and resubmitted any time prior to the Offer Due Date and Time displayed in the Solicitation Cover Sheet. See Attachment 1, Submitting Offers in Austin Finance Online.

1.5 Late Offers. Austin Finance Online will not accept any Offer Submittals submitted after date and time displayed in the Offers Due section of the Solicitation Cover Sheet online.

1.6 Openings: The City will not allow any public attendees at solicitation openings. If the City receives any responses to a solicitation delivered to the Purchasing Office as a paper or electronic submittal, those responses will be opened and read aloud at the time stated on the Solicitation Offer Sheet and viewable at the following website:

http://www.austintexas.gov/department/bid-opening-webinars

For Offers submitted online, following the date and time displayed in the Offers Due section of the Offer Sheet, the name of each Offeror will be displayed in Austin Finance Online.

B. Attachment 1, Submitting Offers in Austin Finance Online, is included with this Addendum.

II. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

ACKNOWLEDGED BY:

Marc Staubley		May 26, 2020
Name	Authorized Signature	Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH O THE SOLICIATION CLOSING DATE. FAILURE TO DO SO MAY ROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 4400 EAD3010 **Addendum No: 2** **Date of Addendum: 6/2/2020**

This addendum is to incorporate the following changes to the above referenced solicitation:

I. **Extension:** The proposal due date is hereby extended until Thursday, July 2, 2020 at 2:00 PM, local time.

II. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

ACKNOWLEDGED BY:

Marc Staubley		June 4, 2020
Name	Authorized Signature	Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICIATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS

Solicitation: RFP 4400 EAD3010 **Addendum No: 3** **Date of Addendum: 6/3/2020**

This addendum is to incorporate the following changes to the above referenced solicitation:

I. **Clarification:** Form 0630 Exceptions was inadvertently not included in the solicitation documents. If an Offeror has no stated Exceptions, then this form does not need to be included in the Offer.

II. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

ACKNOWLEDGED BY:

Mara Stanley — Name

Mara Stanley — Authorized Signature

6/9/2020 — Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICIATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

SECTION I: TECHNICAL RESPONSE

2: Authorized Negotiator

Include name, mailing address, email address, and telephone number of the officer or other representative in your organization authorized to negotiate and execute binding contract terms.

Health Practice Area Director Marc Staubley is authorized to negotiate and execute binding contract terms for this RFP.

Marc Staubley, Health Practice Area Director
816 Congress Avenue, Suite 1110
Austin, TX 78701
Office Phone: (512) 287-4662
Email: MStaubley@pcgus.com

SECTION I: TECHNICAL RESPONSE

3: References

Provide a list of up to three (3) current or previous clients in which your firm provided services similar to those requested by the City, starting with your largest client. The City prefers that work has been completed for at least one reference and is not currently in progress. All client reference information must be documented and verifiable. Reference contacts must be aware that they are being used and agreeable to City interview for follow-up.

Public Consulting Group, Inc. (PCG) provides quality support to Fire Departments and EMS Agencies and our client references can speak to all our accomplishments and the relationships we have held with each over the past years. As client satisfaction is one of the main goals of PCG, current clients are proud and have agreed to provide references to potential PCG clients about the hard work and high-quality services we provide. The references listed below demonstrate our comprehensive with Fire/EMS studies and practical health care expertise- from conducting a fire/EMS delivery system transitional study for the City of Coconut Creek, FL; to helping the Colorado Department of Health Care Policy and Financing to develop and implement a Hospital Quality Incentive Payment (HQIP) Program; and finally, our proficiency in conducting financial and data analysis to help Miami-Dade Fire Rescue (MDFR) recover additional revenues through cost reporting as well as providing consulting services and support to facilitate MDFR's participation in the new Emergency Triage, Treat, and Transport Initiative (ET3) pilot program.

City of Coconut Creek Fire/EMS Report

From November 2019 to May 2020, PCG conducted a transitional study and proposed options to the City of Coconut Creek to establish a fire and EMS delivery system that provides an equal or better level of service in a cost-efficient manner compared to the current system. PCG's fire department options focused on comprehensive community risk reduction activities and community engagement programs to enhance community and firefighter safety. The report included considerations for start-up costs, implementation timeline, staffing, training, equipment and facility requirements, emergency medical service (EMS), dispatch services, incorporation of Margate/Coconut Creek Interlocal Agreement separation provisions, and other important information.

As part of the Transitional Study, PCG conducted interviews with all relevant stakeholders and collected data to understand the current Fire and EMS structure of the City of Coconut Creek; interviewed stakeholders at the City of Margate to further understand the current structure; and analyzed information to estimate future demand for fire and EMS services. PCG reviewed National Fire Protection Association (NFPA) standards, Insurance Services Office (ISO) standards, Florida Fire Prevention Code, and state and local requirements for providing Fire/EMS services to identify appropriate service levels for the City of Coconut Creek. The PCG team defined performance targets for standards of response, standards of coverage, staffing and organization requirements to meet current and future needs. PCG then used all information to conduct a cost analysis and develop the specific set of recommendations for the City to consider. The final City of Coconut Creek Transitional Study for Fire & EMS Services report is included in the Appendix.

Coconut Creek has 61,000 people with five EMS and fire stations, and 10 apparatuses.
Contract value is $32,500.

City of Coconut Creek: Transitional Study for Fire and EMS Services	
Agency	City of Coconut Creek
Contact Person & Title	Jeffery Gary, Fire Marshal
Phone Number	954-895-5061

State of Colorado Department of Health Care Policy and Finance: Hospital Quality Incentive Payment (HQIP) Program (2017 – Present)

The State of Colorado Department of Health Care Policy and Financing (HCPF) contracted with PCG to assist in developing a web-based application to collect quality survey data from participating hospitals across the state, identify potential hospital quality metrics relating to areas of improvement within Colorado, and calculate and report hospital-specific incentive payments for the Colorado Hospital Quality Incentive Payment (HQIP) program. Additionally, PCG conducts site visits to providers to ensure that the data reported to the state by its hospital providers reconcile with actual events that occur within those hospitals.

PCG collaborated with HCPF to develop, evaluate, and validate HQIP submissions for the 2018 and 2019 HQIP Program years. PCG and HCPF worked together to define preliminary HQIP goals and metrics to identify and evaluate continuous program improvements as policies, best practices, and targeted outcomes change over time. PCG continues to assist HCPF in its research and recommendations of quality metrics as well as stakeholder engagements, including conducting a program review of current and pat measure sets to inform quality measures for FY2020. The PCG team also provides technical assistance, including identifying and correcting data submission issues as well as providing clarification and guidance on the submission and scoring process.

Key Achievements:

- Developed and implemented a web-based data collection tool to collect quality data from providers across the state of Colorado.
- Defined preliminary HQIP goals including promoting value-based purchasing and maximizing participation in the Medicaid program.
- Helped to identify metrics enabling the state to make progress towards goals as well as establish a fluid HQIP model which allowed for continuous improvement as policies, best practices and targeted outcomes changed over time.

Total value for the five-year contract is $775,000 ($155,000 per year)

Colorado Department of Health Care Policy and Financing (HCPF) Hospital Quality Incentive Payment (HQIP) Program	
Agency	Colorado Department of Health Care Policy and Financing (HCPF)
Contact Person & Title	Matt Haynes, Special Finance Projects Manager Special Finance Division
Phone Number	(303) 866-6305

Miami-Dade Fire Rescue:
FL Public Emergency Medical Transportation (PEMT) Cost Reporting
Emergency Triage, Treat, and Transport (ET3) Consulting, Analysis, and Support

Public Emergency Medical Transportation Cost Reporting (2016 – Present)

PCG provides consulting and cost report preparation services to Miami-Dade County Fire Rescue and more than 65 other providers in the state of Florida. We facilitate the department's successful participation in the Florida Public Emergency Medical Transportation (PEMT) program including data collection, analysis to identify allowable costs and reimbursable claims, preparation of cost report, audit support, and compliance. The PEMT deliverable includes cost report using the State of Florida's format that provided breakdown and analysis of expenditures, depreciation, computer aided dispatch (CAD) data, and revenues. PCG also works with the provider community and Florida Fire Chiefs Association (FFCA) in standing up and implementing a Managed Care supplemental payment program. We have helped Miami-Dade Fire Rescue generate over $25 million additional Medicaid revenues through the PEMT program over the past three years.

Miami-Dade has 2.7 million people, with 68 EMS and fires stations and 79 apparatuses.

ET3 Application Consulting, Analysis, and Support (July – November 2019)

PCG successfully performed project management services for the Centers for Medicare and Medicaid Services (CMS) Emergency Triage, Treat, and Transport Initiative (ET3) application process. Our team designed the ET3 model approach and created the successful application for Miami Dade Fire and Rescue. This consisted of gathering information, completing a payer analysis, and consulting in the Alternative Destination requirement and Treatment in Place via Telehealth option to submit for the new (CMS) delivery model pilot for EMS services. Coordination of medical and operational protocols, as well as financial and claims analysis allowed PCG to manage, write and submit MDRFD's application which was accepted for the five-year pilot to begin late 2020.

Total contract value for ET3 Application Services is: $94,880.

Miami-Dade Fire Rescue: FL Public Emergency Medical Transportation (PEMT) Cost Reporting Emergency Triage, Treat, and Transport (ET3) Consulting, Analysis, and Support	
Agency	Miami-Dade Fire Rescue
Contact Person & Title	Scott Mendelsberg, Assistant Director
Phone Number	786-331-5121 (o) 786-236-6123 (c)

SECTION I: TECHNICAL RESPONSE

4: Executive Summary

Proposer shall provide an Executive Summary of three (3) pages or less, in brief, concise terms, a summation of the proposal. Include the number of years your company has been in business, a summary of your company's history and experience, and how your organization will exceed the performance of other vendors in relation to the scope of work. Please also address how your organization will serve the City of Austin's needs relative to the needs of your other clients.

Advancing Equitable Outcomes

We understand the significance and impact the City of Austin seeks to accomplish through the requested Dispatch Equity and Optimization Efficiency Study. Inequality in the City of Austin has deep roots, baked into urban planning as early as 1928 and continuing with current affordability challenges displacing communities of color and other marginalized populations. We recognize that the need for equity involves both evaluation of and transformation for all aspects of a community. Research shows greater health disparities among people of color who are impacted by community-wide problems that contribute to health inequities, and these individuals are more likely to suffer from chronic conditions such as heart disease, diabetes, and hypertension. For these individuals, rapid access to emergency medical services is a key determinant of positive health outcomes. The situation is further magnified with the COVID-19 pandemic that puts the same vulnerable populations at higher risk of experiencing severe illness. Meanwhile, local governments face dramatic decreases in tax revenues because of COVID-19 measures, and fire chiefs across the U.S. are forced to make budget cuts resulting in layoffs and furloughs of critical Fire/EMS staff. The City's cap on yearly property tax increases adds another element of financial stress. This comprehensive dispatch equity and optimization efficiency study could not be more critical or timely.

Company History and Experience Summary

Public Consulting Group, Inc. (PCG) is a professional services management consulting firm that has been serving public sector health, human services, education and other state, county, and municipal government clients for over three decades.

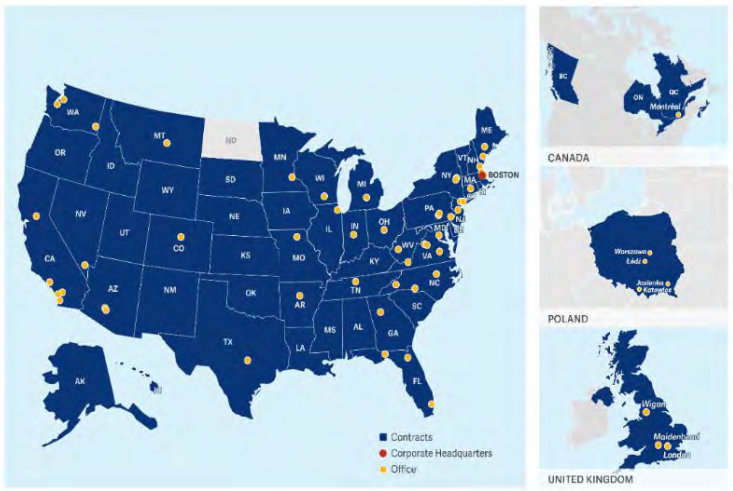

Figure 4.1: PCG's Global Footprint.

At PCG, we believe in the power of the public sector and we provide local/county organizations and state agencies with practical and cost-effective solutions and recommendations that matter. We empower public sector health, EMS/fire, education, and human services organizations to make measurable improvements to their performances and processes. Our public sector focus means we have a deep understanding of the challenges our clients face – from economic constraints to demographic shifts to regulatory changes—and what it takes to surmount them. For more than three decades, we have helped our clients maximize resources, contain or cut costs, optimize client outcomes, make better management decisions, improve federal and state compliance, streamline business processes, implement and improve technology solutions.

PCG Snapshot

- Founded in 1986
- Headquartered in Boston, Massachusetts
- Local Austin, Texas office with 30 staff dedicated to the Health Practice Area
- Experience in 50 states, 6 Canadian providences and the European Union
- Current contracts in 49 states
- 1,400 open contracts at this point in time
- 2,500+ employees and staff in 60 offices

PCG Health Practice Area

PCG Health is a recognized leader in health care reform and health benefits exchange consulting, a leading provider of revenue enhancement, rate setting, and cost settlement services, and a leading provider of health care expense management services. The Health practice area uses industry best practices to help organizations deliver quality services with constrained resources, offering expertise in strategy and finance, health innovation policy and information technology, and payer support services. PCG Health's services range across three Centers of Excellence (COE): Health Care Financing Solutions (HCFS), Health Innovation, Policy & Information Technology (HIPIT), and Payer Services Solutions (PSS). The HCFS COE within the Health Practice Area will meet the proposed scope of services for the City of Austin. HCFS provides in-depth consulting expertise and technology solutions focused on optimizing Medicaid funding streams through cost settlement and supplemental payment strategies; Medicare and Medicaid cost reporting services; rate setting and value-based care, Fire/EMS consulting, and more.

For this City of Austin project, we will rely on the experience and expertise from the Health Care Financing Solutions Center of Excellence. We have assembled a diverse and well-rounded team of Austin-based highly qualified professionals and lead subject matter experts from across the country. Our team includes former Fire and EMS chiefs with deep subject matter and practical expertise, staff skilled in conducting financial analysis for fire and EMS departments, senior consultants with health care program evaluation and implementation expertise (including value-based care), data analysis expertise, as well as certified project management professionals who work together to successfully implement the project and develop targeted recommendations based on key findings. We firmly believe that the strength, skills, and experience of our team sets us apart from other consulting firms.

Exceeding Expectations

We are highly qualified to partner with the City to conduct a comprehensive study and develop targeted recommendations to improve efficacy, efficiency, and equity of emergency services. Our consultants have helped more than 400 Fire/EMS organizations to maximize revenue, achieve and maintain regulatory compliance, and make better operational decisions leading to higher quality outcomes. Because PCG has dedicated itself almost exclusively to the public sector for three decades, we have developed long-lasting relationships with governmental agencies at all levels, including the Centers for Medicare and Medicaid Services (CMS), Texas Health and Human Services Commission, regional entities, hospitals, as well as county/city EMS, Fire, and other public safety entities.

We are proud of our long-standing partnership with Texas health agencies and Fire/EMS providers since 2006. Together, we have developed and implemented solutions to improve outcomes and we are ready to do the same for the City of Austin. ***PCG assisted Austin Travis County EMS and the Texas Health and Human Services Commission with the establishment of the first EMS Certified Public Expenditure (CPE) Program in the country*.** Currently, PCG is the largest Ambulance Supplemental Payment vendor in the State, supporting 70 providers including the City of Houston, Dallas, Plano, El Paso and Grand Prairie. Between Fiscal Years 2011-2019, we helped Texas providers realize over $350 million in additional revenues through the Ambulance Supplemental Payment Program.

Working with Providers to Improve Operational Efficiency and Develop Solutions that Lead to Better Health Outcomes

PCG works with individual fire/EMS providers across the country, providing operational efficiency consulting services, EMS system studies, feasibility studies, cost reporting, data analysis, and program development

and implementation support. Our Fire/EMS experts, including former fire chiefs, have firsthand knowledge of all aspects of Fire/EMS operations and have extensive experience with the following:

- Fire and EMS service delivery assessments
- Operational financial reviews and analysis
- EMS dispatch evaluation and needs assessments
- Feasibility analysis
- Fire station locations
- Standards of cover and staffing level analysis
- Fire protection assessment
- Training needs evaluation and training design

In addition, over the past five years we have been at the forefront of the **value-based care movement**, partnering with state departments of health to design and implement value-based health care programs that promote heath equity and improved health outcomes, enhance quality and efficiency of care, and reduce costs. Having worked on the largest value-based purchasing or Delivery System Reform Payment Program (DSRIP) in the country for the New York Department of Health, our experts in health care program evaluation and implementation are at the center of health equity and quality improvement for better patient outcomes. Most recently, PCG staff have been working on the new Emergency Triage, Treat, and Transport Initiative (ET3), helping local EMS agencies assess their pilot eligibility, and providing consulting support around program implementation for pilot participants. Our senior staff have experience in value-based purchasing strategies and performance metrics, quality improvement through program design and implementation oversight, outcome measurements, equity analysis, community engagement, contract and network development, payer and provider relations, and strategic planning. **Our practical public health expertise will be invaluable to designing possible recommendations for the City of Austin such as telemedicine and other evidence-based strategies that improve equitable health outcomes.**

Exclusive Collaboration with R1 RCM to Power Strategic Recommendations

PCG is the only provider that can offer the City of Austin analysis and **recommendations powered by a premier planning software solution**. PCG is collaborating with R1 Revenue Cycle Management (R1) to model emergency scenarios using R1's *Optima Predict* software that will help us further our analysis using historical data and customized scenarios to tailor recommendations that achieve the desired impact, facilitate operational planning, and implementation. R1 is a leading provider of technology-enabled services that solve performance challenges across health systems, physician practices and emergency medical services organizations. The ATCEMS is already using R1's *Optima Predict* software to evaluated historic EMS agency performance data and model future operational strategies and tactics to ensure delivery of EMS and ambulance services throughout Travis County. The existing ATCEMS *Optima Predict* model will be broadened and enhanced with additional data to encompass the full range and scope of this project.

The flagship planning solution, ***Optima Predict*, is a proven, academically vetted planning and analysis application** that uses discrete event simulation, considered the gold standard for modeling of complex, temporally driven systems like emergency medical services and fire services. Tens of millions of incidents are modeled annually by customers using *Optima Predict* world-wide. Optima's team of operations research and analysis professionals work closely with agencies ranging from 40,000 to 1,700,000 incident responses annually. *Optima Predict* models are used in communities in the UK, Canada, the U.S, Australia, and New Zealand.

PCG and R1's successful relationship involves a five-year history, working together to support over 100 clients across eight states in generating additional revenue through Medicaid reimbursement programs. We are pleased to bring this powerful collaboration to this City of Austin project.

Our Ability to Deliver

PCG has the financial stability, resource depth, and strategic expertise to deliver. Our project success is based on our dedicated and well-rounded team of Fire/EMS and health care professionals based in Austin and supported by lead subject matter experts from across the country. Our local certified project manager has over fifteen years of project management experience and will employ PCG's **quality control processes designed to ensure that actual project performance will meet or exceed that of anticipated project performance in terms of time, cost, and deliverables**.

SECTION I: TECHNICAL RESPONSE

5: Experience and Qualifications

Per Section 0500 Scope of Work, 4.0, Contractor Qualifications, describe each item in 4.0 for all key persons identified, their title, and credentials who will be assigned during the awarded contract and include the information listed below. Only include this information for staff directly assigned and supporting this contract.

Highly Qualified Project Team

For this City of Austin project, we have assembled a diverse and well-rounded team of Austin-based highly qualified professionals and lead subject matter experts from across the country. Our team includes former Fire and EMS chiefs with deep subject matter and practical expertise, staff skilled in conducting financial analysis for fire and EMS departments, senior consultants with program and health care policy evaluation and implementation expertise, data analysis expertise, as well as certified project management professionals who work together to successfully implement the project and develop targeted recommendations based on key findings. We firmly believe that the strength, skills, and experience of our team sets us apart from other consulting firms.

PCG will rely on the experience and expertise of consultants, Fire and EMS subject matter experts, and professionals from the Health Practice Area's Health Care Financial Solutions (HCFS) Team. Our staff have conducted studies and implemented projects focusing on:

- Service delivery and performance assessments
- Operational assessments
- 9-1-1 Communications Center evaluations
- Fire and EMS service delivery costs
- Feasibility analysis
- Fire station location studies
- Standards of cover and staffing analysis
- Fire protection assessment
- Training needs evaluation and design
- Emergency Triage, Treat, and Transport Initiative (ET3)
- Value-based care and performance metrics
- Social determinants of health analysis
- Community engagement
- Quality improvement
- Contract and network development
- Strategic planning
- EMS Medicaid reimbursement strategies

As shown in *Figure 5.1*, the proposed project team is structured to maximize project leadership while balancing the wide array of subject matter expertise. **Chief Ken Riddle will serve as Lead Subject Matter Expert (SME) and will provide leadership and direction to successfully address the scope of work**, with support from Chief Charles Hurley. Matt Sorrentino will serve as the Project Technical Advisor and will be responsible for the overall success of this engagement and ensure that adequate resources are allocated to the project. Alina Coffman will serve as Project Manager and will see that the day-to-day project activities are producing high-quality and timely results. Alina has a Master of Public Affairs degree from the University of Texas at Austin and is certified as a Project Management Professional (PMP) from the Project Management Institute.

Our health care program implementation and evaluation team made up of Denise Wilkinson and Maggie Dunham will bring strategic expertise to conduct analysis and provide recommendations to improve equitable health outcomes. Ms. Wilkinson, our value-based care SME has lived in Austin since 1991, is a University of Texas graduate and holds an MBA degree from Concordia University, Texas. Denise has been trained by the country's #1 ranked Hospital - Mayo Clinic, on Utilization Management, Bundled Payments (BPCI), Total Cost of Care, and Value-Based Care. Ms. Dunham received her Master of Social Work focusing on Community Development and Healthcare Leadership in 2012. She has worked with health care policy, public health program development, and Medicaid for over 15 years. She also is the lead for PCG's Emergency Triage, Treat, and Transport (ET3) product line, as the new federal initiative pilots integrated care models and value-based payment for Medicare Fee for Service beneficiaries. ET3-type developments for EMS transformation services designed by Maggie include ET3 Application and Implementation Services, Medicare expansion of Alternative Destination Transports as a newly reimbursable EMS offering, as well as an innovative pilot design for Mobile Integrated Healthcare with State Medicaid Agencies.

Tricia Altum, lead of our Data Management Operations Team (DMOT), will provide advanced data analysis and visualizations with support from data analyst Jessica Dehesa (both based in Austin). Luke Taffuri and Kait Markley will provide valuable data analysis and project support, with help from additional staff if needed including members of our Data Management and Operations Team (DMOT).

Figure 5.1 PCG Proposed Project Organization Chart.

Figure 5.2 provides additional information about our staff; full resumes are included in the appendix. The table lists home office for team members; however, all staff are currently working remotely to comply with PCG's COVID-19 policies. Staff have the necessary resources to successfully accomplish project tasks.

PCG Proposed Project Team Experience				
Name	**Role**	**Experience, # Clients, Certifications**	**Project Allocation**	**Office Location**
Alina Coffman	Project Manager	Over fifteen years' experience managing projects in Texas and beyond, working with federal, state, and local entities. Project Manager for Fire/EMS consulting and feasibility studies. Experience working coordinating complex projects and high stakes projects with multiple stakeholders, and collecting public input via forums and surveys, and managing day to day operations. Main liaison; provides regular project status updates and risk mitigation. Clients: Currently works with EMS providers in OK, FL, and IA to facilitate the Medicaid cost reporting process and provide audit support. She is also the project manager for the Placentia Fire and Life Safety Department implementation and the Fire/EMS feasibility study for the Pueblo of Sandia in New Mexico, and advisor for Cache County feasibility study. Certifications and Training: • Project Management Professional (PMP) • Master of Public Affairs, *The University of Texas at Austin*	85%	Austin, TX
Chief Kenneth D. Riddle	Lead Fire/EMS Subject	Lead Subject Matter Expert (SME) for Fire/EMS operational assessment and feasibility studies. Chief Ken Riddle served 28 years with the City of Las Vegas Fire & Rescue and managed every division in the department including the Fire	85%	Remote

PCG Proposed Project Team Experience				
Name	**Role**	**Experience, # Clients, Certifications**	**Project Allocation**	**Office Location**
	Matter Expert	Alarm Office, he has over 25 years' experience providing consulting for Fire/EMS agencies including 3 Texas fire departments and currently serves as the Executive Director for the Nevada Fire Chief's Association. Clients: Provides subject matter expertise for all Fire/EMS projects. Provided consulting services for over 50 clients previously Certifications, Training, and Associations: • IAFC EMS Section Board Member: 1993 – 2006 • National Fire Academy, Emmitsburg, MD Executive Fire Officer (EFO) Program, 1995 – 1999 • Clark County Community College, North Las Vegas, NV Associates of Applied Science – Fire Service Management, 1982 – 1986 • Clark County Community College, North Las Vegas, NV Associates of Applied Science – Fire Service Technology, 1982 – 1986 • Past Paramedic certification Over 100 certifications, including instructor level certification related to fire and EMS		
Matt Sorrentino	Technical Advisor	Mr. Sorrentino, a Manager and HCFS COE Lead in PCG's Austin office, is a health management consultant with 16 plus years of extensive Medicaid experience, specifically focusing on financial management services and solutions, program reviews, policy analysis, third party administrator services, and payment transformation for Medicaid agencies. In addition, Mr. Sorrentino has an in-depth understanding of CHIP, Medicare, and other publicly funded health care programs. Mr. Sorrentino is the lead Manager over our EMS services product lines, including ET3, Fire/EMS Consulting, and Supplemental Payment. Clients: Oversees our 400 contracts with EMS providers and state Medicaid agencies, as well as our major DSRIP project with the State of New York. He oversees PCG's third-party administrator and claims processing services. Mr. Sorrentino oversees claims processing of more than $500 million in annual claims per year. Certifications: PMP; MBA; KPMG CMS 2552, 2540, 287, and 288 Cost Reporting Software	5%	Austin, TX
Chief Charles Hurley	Fire/EMS Subject Matter Expert	Subject Matter Expert for Fire, EMS, Urban Search & Rescue and Hazardous Materials response and program management. Clients: Provides subject matter expertise to all Fire/EMS projects including recent projects such as Coconut Creek, Cache County, and Toole County studies. Certifications and Training: • West Point Leadership Academy, Los Angeles, CA Los Angeles Fire Department, August 2014 • 360 Solutions Intl. High Performance Leadership Program, Graduate/Faculty Member, 2013 • Executive Fire Officer Program, 1995 – 1999	75%	Remote

PCG Proposed Project Team Experience				
Name	**Role**	**Experience, # Clients, Certifications**	**Project Allocation**	**Office Location**
		University of Maryland, MFRI National Staff & Command Course, 2002 • National Fire Academy, Executive Fire Officer Program, Advanced Fire Administration, Political & Legal Foundations of Fire Protection, Training Program Management, ISO/HSO Train-the-Trainer • CSTI Certified Instructor • IAFF Master Instructor, Hazardous Materials (1993 – 2002) • USAF ARFF Certified Firefighter & Firefighter/Rescueman		
Denise Wilkinson	Value-Based Care SME	Project manager for many EMS supplemental payment initiatives. Project manager for Medicaid Upper Payment Limit projects in Colorado and North Carolina, and for the Colorado Hospital Quality Incentive Program. Denise has been trained by the country's #1 ranked Hospital - Mayo Clinic, on Utilization management, Bundled Payments (BPCI), Total Cost of Care, and Value-based care. She has designed transplant programs, clinical workflows and improved patient outcomes by identifying areas to improve hospital readmission rates. Ms. Wilkinson's 15 years of experience in the health care industry has given her extensive knowledge in integrative care, ACO operations, and financial analysis. Her insight has been invaluable in working with diverse audiences and clients in the health care field. <u>Clients</u>: Responsible for three major clients in quality incentive programs and Medicaid Upper Payment limit programs. <u>Certifications and Professional Associations</u>: • American College of Healthcare Executives (ACHE), 2019 - Present • Member Board of Directors – Medic Outpost, 2018 - Present • Concordia University Texas, Austin, TX Master of Business Administration (MBA), 2016 • University of Texas, Austin, TX Bachelor of Liberal Arts, History, 2002	85%	Austin, TX
Maggie Dunham	Public Health SME	Ms. Dunham has worked with health care policy, public health program development and Medicaid for over 15 years. She is the Project Lead for PCG's ET3 product line including four different services including ET3 Application and Implementation Services, Medicare Expansion Alternative Destination, and the new State Medicaid Mobile Integrated Healthcare Model. Maggie also manager for four EMS supplemental payment states and two additional major transformation projects. <u>Clients:</u> Serves as Program Manager for ambulance supplemental payment programs in several states including Colorado, Maryland, New Mexico, and Oregon. Acts as Liaison for the state and provides leadership and support to PCG client leads. <u>Certifications and Training:</u> • University of Denver, *Denver, CO*	50%	Denver, CO

PCG Proposed Project Team Experience				
Name	**Role**	**Experience, # Clients, Certifications**	**Project Allocation**	**Office Location**
		Master of Social Work 2012 • United States Department of State Junior Ambassador to Germany • German Institute of Human Rights Intern • Publication with the United Nations Convention on the Eliminate of All Forms of Discrimination Against Women (CEDAW) • University of South Dakota, *Vermillion, SD* Bachelor of Science, Political Science 2007		
Tricia Altum	DMOT Lead	Tricia Altum has developed and refined processes, visualizations, models and tools for calculations central to projects across the Health practice area. She has developed automated tools, QC, documentation, and file management and creation processes to support business operations. Ms. Altum has extensive experience in projects dealing with Medicaid upper payment limits (especially for physician services and ambulance services), behavioral health rate setting, DSH calculations and Medicaid and Medicare hospital cost reporting, and fiscal impact of rate or methodology changes for a variety of Medicaid and other state-funded programs. Recently, Ms. Altum stood up and now leads the Data Management and Operations Team (DMOT) at PCG. The DMOT provides operational support tasks and data management under a centralized team of data professionals for a broad portfolio of projects. Currently the DMOT supports cost reporting activities in the emergency medical services and school-based health services product lines for ten states. Clients: Ms. Altum coordinates the Data Management and Operations Team (DMOT) that provides data analytics support to cost reporting teams working with providers across twelve states. Certifications and Special Skills: • Tableau Visual Analytics • Microsoft Office Suite (Word, Access, Excel, PowerPoint, Outlook)	70%	Austin, TX
Jessica Dehesa	Data Analyst	Project support for Fire/EMS consulting and cost report implementation and management. Experience with EMS supplemental payment programs in Texas and other states. Clients: Data analyst for EMS Cost Reporting projects. Provided data analysis and visualizations for EMS/Fire consulting projects including Tooele County and Cache County studies. Certifications: Microsoft Office Specialist Master	85%	Austin, TX
Luke Taffuri	Project Support	Ms. Dunham has worked with health care policy, public health program development and Medicaid for 15 years. Project support for Fire/EMS consulting and cost report implementation and management. Experience with EMS	85%	Austin, TX

PCG Proposed Project Team Experience				
Name	**Role**	**Experience, # Clients, Certifications**	**Project Allocation**	**Office Location**
		supplemental payment programs in Texas and various other states. Clients: Supports providers across multiple states including Texas, Florida, and Washington in the cost report compilation and data analysis. Conducted financial analysis for EMS/Fire projects including Cache County. Certifications: University of San Diego, *San Diego, CA* Bachelor's in Accountancy, Bachelor's in Finance, 2017		
Kait Markley	Project Support	Ms. Markley has served as a project lead to multiple fire departments in Texas and Colorado to complete cost reports for EMS Supplemental Payment Programs. Ms. Markley has led and contributed to project initiatives in federal and state compliance, Medicaid billing analysis, Medicaid cost reporting, statewide school-based cost settlement operations and training, process improvement and program management best practices in Wisconsin. She has led and provided support in preparing cost reports and other key deliverables for school districts and ambulance providers across multiple states. She has also led onsite and remote training presentations, as well as facilitating and completing compliance reviews. Clients: Supports multiple clients in Texas and Colorado Certifications and Related Experience: • World Health Organization, *Venice, Italy* March 2019 – June 2019 Health Equity Intern • The Colorado School of Public Health Master of Public Health (MPH), Community and Behavioral Health, 2018 • The University of Colorado at Boulder Bachelor of Arts, Anthropology, 2014	40%	Denver, CO

Figure 5.2: PCG Proposed Project Team Experience.

The R1 Project Team

To complement PCG, the R1 RCM (R1) team brings staff experienced in EMS planning and optimization focused software and services (see *Figure 5.3*). The R1 team is well equipped to provide decision processing and analysis software, allowing for a more strategic approach to active decision making. Operational analysis and mathematic modelling provide R1 the necessary data to assess the functional and non-functional processes and procedures within a health care organization. As a leader in the development of technology-driven products and services, *Optima Predict* by R1 offers solutions to physicians, emergency responders, and many more within the broader health care system.

R1 Proposed Project Team		
Name	**Role**	**Experience, # Clients, Certifications**
Christian E. Callsen, Jr.	Vice President and Managing Director of Operations Analytics	Business development, product management, development, professional services, support and administrative/finance functions operate independently across locations in three countries. Responsible for the development of analytics capabilities and culture to create an enterprise wide analytics vision and strategy.

R1 Proposed Project Team		
Jenny McGrath	Senior Business and Quality Analyst	Leading implementation projects. Ensuring customers' requirements are clearly understood and models reflect customers operations. Quality reviews of all project work.
Elena Lark	Senior Business Analyst	Data analysis and model implementation. Customer engagement including requirement gathering, training and support. Consulting projects. Process documentation and improvement.
Matthew Macleod	Operations Research Analyst	Assisting customers with their ongoing use of Optima Predict. Modelling and analysis to address customer challenges. Identify customer specific requirements.
Paul Day	Director of Development	Created development infrastructure and processes. Managed entire development team. Implementation of, and customer consulting with, highly complex software models. Supported and assisted sales, implementation and delivery teams.

Figure 5.3: R1 Proposed Project Team Experience.

Contractor Qualifications (4.0)

Demonstrated Knowledge and Expertise to Provide a Comprehensive Review of Equity, Efficiency, Effectiveness, and Safety of the Emergency Response Services (4.1)

Our local office in the heart of Austin has been dedicated to serving Texas clients for more than two decades and is home to 82 employees. **Our Health Practice area is based here, with 30 local staff including Health Practice area leaders Marc Staubley (Director), Matt Sorrentino (Manager and Center of Excellence Lead), as well as project manager Alina Coffman, public health subject matter expert Denise Wilkinson, data analysts, and additional support staff.**

Partnering with Texas Fire, EMS, and health agencies for 14 years to improve services, increase efficiency, and reduce costs.

For this City of Austin project, PCG will rely on the experience and expertise of consultants and Fire and EMS subject matter experts from the Health practice area, specifically from the Health Care Financing Solutions team. The project team for this opportunity has unparalleled skills and proficiency in conducting studies for Fire and EMS Services and in-depth knowledge and experience working with Fire Departments and ambulance districts across the country. The PCG team for this engagement consists of retired fire chiefs with over 60 years of experience with both large and small fire departments and senior consultants that have expertise in value-based purchasing and health equity programs. PCG's consultants have the knowledge and expertise to conduct a comprehensive review of the equity, efficiency, effectiveness and safety of services related to the emergency response of the Austin Fire Department (AFD) and Austin Travis County Emergency Medical Services (ATCEMS).

In working with Texas state agencies, some of the state's largest fire departments, stand-alone EMS providers, smaller cities, hospital and health districts, **PCG has developed unique insight into general and Texas-specific challenges and requirements that providers face in delivering high-quality services**. PCG's Lead Fire/EMS Subject Matter Expert (SME), Ken Riddle, has conducted previous studies of Texas fire departments including Houston, San Antonio and El Paso.

EMS/Fire Analysis and Assessment Studies

We work with over 400 individual fire/EMS providers across the country, providing operational consulting services, cost reporting, data analysis, feasibilities studies, and program development and implementation. *Figure 5.4* at right shows our Fire/EMS footprint.

In this section we outline our consulting experience conducting analysis and assessment studies to develop reports and recommendations to improve service delivery, establish new EMS/fire delivery systems, and develop implementation plans. We also provide information on our related experience conducting cost of service analysis, revenue enhancement, and rate studies, as well as revenue maximization and audit experience.

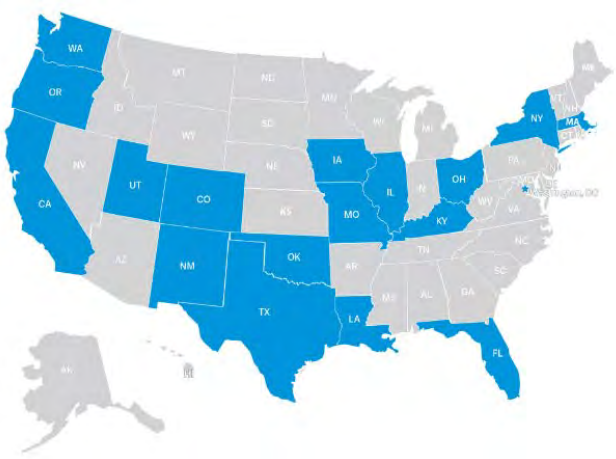

Figure 5.4: PCG's Fire/EMS Footprint.

Our consultants have completed several similar fire and EMS analysis and assessment studies including:

City of Houston (TX) Fire Department: Response Time and Staffing Analysis

Our consultant, Chief Ken Riddle, supported by a team of subject matter experts participated in a comprehensive review of the Houston Fire Department's operations, including the dispatch operations of the Houston Emergency Center. Included in this study was an evaluation of fire and EMS response times and deployment of resources. Using *Optima Predict* software we were able to determine the best locations for fire and EMS resources.

City of Placentia (CA): Implementation of New Fire and Life Safety Department

In July 2019, PCG was hired by the City of Placentia to assist with the implementation of a new fire and life safety department as the city prepares to withdraw from its joint powers agreement with the Orange County Fire Authority (OCFA). PCG's consultants are working side by side with City staff, transitional staff, stakeholders from neighboring service agencies, and vendors to plan for and establish the new fire department. Our proposal outlined the creation of a City-owned and -managed fire and life safety department that will save the city $2 million in the first year. **A key focus of this project was the establishment of a fire and EMS dispatch program within the Police Department communications center.**

The diverse scope of services that PCG provided included:

- Analyzing data, reviewing processes, and conducting needs assessment to develop a plan for establishing the communications center and integrating fire and EMS with Placentia Police Department, including procedures for call intake, call processing, and emergency dispatching services.
- Establishing best practices and protocols for training dispatch services staff, firefighters, EMS, and police department staff.
- Verifying adherence and compliance with fire standards throughout planning and implementation process including: Insurance Services Office (ISO) standards and National Fire Protection Association (NFPA) standards. This also includes creating a pathway for the City of Placentia to pursue accreditation by the Commission on Fire Accreditation International (CFAI).
- Conducting analysis to identify cost effective options for the city to provide fire protection engineering services, fire investigation services, and fire inspections.

Transitional Study for Fire and EMS Services, Coconut Creek, FL

PCG conducted a transitional study for fire and EMS services to propose options to the City of Coconut Creek to allow the City to establish a fire and EMS delivery system that provides an equal or better level of service (in a cost-effective manner) as compared to the level currently being provided. PCG's fire department options focused on comprehensive community risk reduction activities and community engagement programs to enhance community and firefighter safety. The options and recommendations for

the City fire department are designed to meet and exceed local, state, and national industry standards. The project was completed early May 2020. A copy of the report is included in the Appendix.

PCG Completed the Following Tasks:

- Identified costs of establishing fire services, including staffing requirements, personnel training, administrative and technical support, insurance requirements, and facility and equipment needs.
- Identified challenges, opportunities, weaknesses and strengths of a city-managed fire department versus a continued contract with the City of Margate.
- Addressed administrative oversight and cost, including legal, risk management, information systems and technology, finance/purchasing/payroll, and human resources personnel.
- Identified transition costs, including apparatus and equipment, computer hardware and software, HIPAA security and other compliance requirements, system compatibility, record management system, facility physical upgrades, furniture, and other related equipment maintenance costs.
- Addressed personnel issues related to the transition of employees per the existing Inter-Local Agreement with the City of Margate and the applicable collective bargaining agreements, including, but not limited to recruitment and retention of firefighter/paramedics, IAFF union local establishment, promotions and demotions, and salary and benefits transitions.
- Provided comparison of pros and cons for city-recommended staffing models with recommendations including policies and agreements that may determine staffing levels and practices.

Fire/EMS Feasibility Study, Pueblo of Sandia, NM

The Pueblo of Sandia contracted PCG to conduct a needs assessment for the Pueblo and its enterprises (village and casino areas) to identify the appropriate type and level of Fire/EMS services required to meet current and future needs given the growth of the Pueblo. The Pueblo of Sandia is a native tribe that currently depends on Sandoval and Bernalillo Counties to provide EMS and Fire services. There are no assistance agreements with the counties involved. PCG will provide at least four options for the Pueblo of Sandia to have reliable services and control over the quality of EMS that its residents and casino visitors receive.

Ambulance Deployment Analysis, Phoenix (AZ) Fire Department (PFD)

Chief Ken Riddle provided consulting services to the Phoenix Fire Department to assess the current PFD ambulance deployment model; explore alternative deployment models, including the benefits and risks for each identified alternative model; and make appropriate recommendations to the Phoenix Fire Department leadership based on this review. As part of this assessment the consultant completed the following tasks:

- Consulted with PFD staff, national ambulance deployment experts, and local stakeholders, including the firefighters that staff the PFD emergency response system and the officers that manage that system.
- Developed a summary of the current rescue deployment model including statistics on the activity of the emergency response system, the activity of individual rescue units, and rescue response times.
- Identified alternate ambulance deployment models.
- Examined the risks and benefits of each alternate deployment model for implementation within the Phoenix Fire Department rescue system.
- Made suggestions for further consideration of these models in order to increase the reliability of the projections and the impact of these deployment models prior to implementation.

There were nine (9) deployment recommendations, four (4) staffing recommendations, and one (1) additional recommendation made as a result of the study findings. This study was completed in April of 2016 by our consultant Chief Ken Riddle.

Our Experience in the Lone Star State

Experience Working with Fire/EMS Providers in Texas

Since 2006, PCG has been working with the Emergency Medical Services (EMS) provider community on revenue enhancement projects for ambulance services. **PCG assisted Austin Travis- County EMS and the Texas Health and Human Services Commission with the establishment of the first EMS Certified Public Expenditure (CPE) Program in the country.** Since then, we have supported the Commonwealth of Massachusetts with the approval and implementation of an EMS CPE Program in 2013 and assisted both the states of Colorado and Oklahoma with the approval and implementation of their first Supplemental Payment programs in 2018 and 2019.

Currently, PCG is the largest Ambulance Supplemental Payment vendor in the State, supporting 70 providers (see *Figure 5.5* at right). Between Fiscal Years 2011-2019, we helped Texas providers realize over $350 million in additional revenues through the Ambulance Supplemental Payment Program. The list below shows the diversity of our Texas ambulance supplemental payment clients:

- Dallas Fire Rescue
- El Paso Fire Department
- Houston Fire Department
- Mesquite Fire Department
- MedStar Ambulance Service
- Montgomery County Hospital District
- Plano Fire-Rescue

Figure 5.5: Our Texas EMS Presence.

Experience Working with Texas Health and Human Services Commission – July 2003 - Present

PCG has been working with the Texas Health and Human Services Commission (HHSC) since 2003, providing a wide range of consulting services to design and improve processes as well as technology solutions including:

- **Data Broker Services:** Assisted HHSC in detecting and preventing fraud, waste, and abuse in eligibility programs.
- **Medical Transportation Program Business Process Redesign:** Reviewed current business processes for the operation of the non-emergency Medical Transportation Program.
- **Independent Assessment of Medicaid Waiver:** Assisted the Medical Transportation Program demonstrate compliance with their 1915 waiver.
- **Enhanced Ambulatory Patient Grouping (EAPG) Payment System:** Assisted HHSC to evaluate the implementation of an EAPG outpatient hospital reimbursement system.
- **Behavioral Health Programmatic and Financial Review:** Completed study of publicly funded behavioral health system. Comprehensively documented as-is system of care and current financing model for Medicaid and block grant-funded services to the indigent population.

Additional EMS Cost Analysis, Revenue Enhancement, and Rate Setting Experience

PCG has also provided Medicaid cost reporting services to more than 130 providers participating in Ground Emergency Medical Transportation (GEMT) programs in the states of Florida, Oregon, and Washington. Over the past 12 years PCG has acquired vast experience working with fire departments and third-service ambulance providers to stand up revenue enhancement programs, identify reimbursable costs, and to complete or facilitate the completion of the required annual cost reports. PCG has been at the forefront of serving the public EMS provider community's financial needs; with our assistance, PCG clients have realized more than $400 million in additional funding. We offer innovative approaches focused on re-engineering business processes, making operations more efficient to help manage finite EMS department resources.

PCG has more than 30 years of experience with revenue enhancement and Medicaid reimbursement projects for state and local government agencies and public and private medical service providers across the United States.

PCG utilizes a proven approach, deep program knowledge, and superior human capital to design and implement the Ambulance Supplemental Payment Program. PCG has provided similar Ambulance Supplemental Payment Program services to hospitals, physician practice plans, nursing homes, and state agencies. Implementing Supplemental Payment Programs for these provider types follows a similar overall approach, methodology, approval process, and implementation to what is needed for ambulance services providers.

Value-Based Care: Promoting Equitable Access and Quality Improvement

PCG Health is a recognized leader in health care reform, partnering with state departments of health to design and implement value-based care programs that promote heath equity and improved health outcomes, enhance quality and efficiency of care, and reduce costs. The projects below showcase our diverse experience.

Delivery System Reform Payment Program (DSRIP) for the New York Department of Health

With an $8 Billion program budget, the New York DSRIP is the largest DSRIP program in the country with goals to reform healthcare delivery in the State to a value-based system. Over the past 5 years, PCG staff have worked with the New York Department of Health to design, implement and operationalize various areas of the DSRIP program ranging from clinical best practices, equity and access to health care, to financial modeling and incentives. Our teams designed health care initiatives that affected individual providers, to large hospital systems across the state with the goal to increase the value patients received in health care delivery. In addition, we have developed and are executing an evaluation framework for the entire program and its participating providers. The scope of the project covered every aspect of health care delivery, from the patient level to the Federal level, including:

- Financial Modeling
- Budget Neutrality
- Data Collection, including dashboard creation, monitoring and reporting
- Design of quality metrics, implementation and reporting
- Outcome measurements
- Workgroups and stakeholder engagement, coordination and training
- Communications planning
- Community engagement

Colorado Hospital Quality Incentive Payment (HQIP) Program

The Colorado HQIP program is a current 5-year project designed to incentivize quality care and increase access to hospitals for all patients. The program builds in measures incentivizing gaps of care based on population disparities and improves internal hospital programs by incentivizing innovative policies and procedures. In 2020 a primary focus for improvement has been in maternal emergency among diverse populations' Social Determinants of Health (SDOH). Our team has been tasked with building measures to incentivize diversifying maternal health programs to improve the quality of care for maternal outcomes and patient equity in utilizing hospital programs. The project team is using the following skills sets that relevant to this Austin project including financial modeling, social determinants of health analysis, population analysis, and equity analysis.

Colorado Hospital Transformation Program

PCG's team also currently manages the state of Colorado's Hospital Transformation Program, a 5-year project with the goal to improve quality of hospital care for Health First Colorado (Colorado Medicaid) members by tying provider fee-funded hospital payments to quality-based initiatives. Our team helps hospitals demonstrate meaningful community engagement and improvements allowing hospitals to work with their communities on the best interventions and approaches. Areas of experience relevant to this RFP with the City of Austin are:

- Recognize and address the social determinants of health
- Populations of disparity analysis
- Reduce costs for total cost of care
- Engagement with community partners
- Ensure access and equity to appropriate care and treatment

Emergency Triage, Treat, and Transport (ET3) Initiative

Most recently, our PCG team has been at the forefront of the new Emergency Triage, Treat, and Transport Initiative (ET3) a Centers for Medicare and Medicaid Services (CMS) pilot, helping local EMS agencies assess program eligibility, and providing consulting support around implementing of Alternative Destination transports and Treatment in Place options for Medicare Fee for Service beneficiaries. **This practical public health expertise will be invaluable to designing possible recommendations for the City of Austin such as telemedicine and other evidence-based strategies that improve equitable health outcomes.**

Engaging with the Public, Governmental Stakeholders, and Non-Governmental Stakeholders (4.2)

PCG consultants routinely engages stakeholders while conducting studies like the one proposed by this RFP. We have experience conducting interviews with both government and non-government stakeholders as well as experience obtaining feedback from the public. PCG has conducted multiple Town Hall meetings as well as designed web-based surveys to get feedback from members of the public. Recently PCG conducted a video town hall meeting to get the input from several Mayors in Utah responsible for fire and EMS delivery in their communities.

Our project approach involves obtaining significant stakeholder input to effectively analyze services and target recommendations. The general public can provide critical insight into a community's culture, challenges, and needs. Community input can also provide important information to Fire/EMS departments about the perceived response times and expectations, as well as quality of services, and even provide feedback on potential initiatives or recommendations to facilitate decision-making and planning. We have experience conducting in-person public input meetings, developing and administering web-based surveys, as well as hosting online community forums to meet COVID-19 health and safety measures.

Partnership and Demonstrated Experience in Evaluation of Equity of Services Related to Public Safety, Public Health, or Other Governmental Services (4.3)

Because PCG has dedicated itself almost exclusively to the public sector for three decades, we have developed long-lasting relationships with governmental agencies at all levels, including the Centers for Medicare and Medicaid, Texas Health and Human Services Commission, regional entities, hospitals, as well as county/city EMS, Fire, and other public safety entities.

Thanks to these partnerships, the firm developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We help state and municipal health agencies to respond optimally to reform initiatives, restructure service delivery systems to best respond to regulatory change, maximize program revenue, and achieve regulatory compliance. Using national industry standards and guidelines, PCG can evaluate a community's fire and EMS delivery services and make appropriate recommendations that promote equitable response throughout the community. Our experience in implementing value-based care programs will help inform development of practical recommendations such as telemedicine and other evidence-based strategies.

Experience in Evaluating Dispatching and Agency Improvements (4.4)

Our lead consultant for this project implemented dispatch improvements including the implementation of the Medical Priority Dispatch program, computer-aided dispatch (CAD) replacement, automatic vehicle locator (AVL) integration, and policies and procedures aimed at enhancing service delivery and firefighter

safety during his tenure with Las Vegas Fire & Rescue. PCG's consultants recently assisted the City of Placentia (CA) with the implementation of fire and EMS dispatching services as part of its police dispatch program. This included the application of national standards, both from NFPA and NAED, in the development of an implementation schedule and training program for public safety dispatchers.

Knowledge of Accreditation Processes (4.5)

PCG's consultants are knowledgeable and have extensive experience with the Center of Public Safety Excellence's (CPSE) Commission on Fire Accreditation International (CFAI) guidelines as well as the Commission on Ambulance Accreditation (CAAS) standards. Ken Riddle, PCG's lead consultant for this project, was instrumental in obtaining CFAI accreditation for the agency he worked for. Our consultants routinely reference several national standards and best practices while conducting studies for fire and EMS agencies.

SECTION I: TECHNICAL RESPONSE

6: DELIVERABLES, METHODOLOGY, WORK PLAN, AND SCHEDULE

Starting with Section 0500 Scope of Work, provide a response to each item in Section 6.0, 7.0, 8.0, and 9.0, describing your work plan and approach to fit the City's needs and requirements.

Public Consulting Group, Inc. (PCG) understands the needs of the City of Austin regarding the intent of this study to examine the equity and efficiency of the City's emergency medical response related to services provided by the Austin Fire Department (AFD) and Austin Travis County Emergency Medical Services (ATCEMS). PCG recognizes that the City seeks a qualified consultant to conduct a comprehensive dispatch equity and optimization efficiency study and provide specific recommendations to improve access, enhance quality of services, and promote equitable health outcomes among the community, while increasing operational efficiency, reducing costs, and maximizing revenue.

PCG's study and report will align to the scope of work as defined in this RFP including the following:

- Dispatch services and emergency response evaluation
- Resource allocation assessment
- Prevention initiative evaluation
- Strategies to address inequality and improve health outcomes among the community

PCG has the technical expertise needed for this project and significant experience conducting operational assessments and feasibility studies for public fire and EMS agencies through its high degree of data analysis, especially emergency response data and financial data. To carry out the scope of work, PCG will collaborate with the leadership and staff from the City of Austin and Travis County to collect as much data, feedback and context to obtain a thorough perspective of the City's needs and challenges regarding Fire/EMS service delivery, as well as the economic, cultural, and political context that shape the City's current condition and inequality. Community stakeholder input will be sought through public forums, individual interviews and surveys, if appropriate.

Based on a comprehensive analysis that includes significant stakeholder input, an analysis of computer-aided dispatch (CAD) data, financial analysis, national standards, state and local requirements and other documents reviewed, PCG will draft a final report for the City's review and comment. Feedback from the City and relevant stakeholders will be considered and included in a final report.

In this section we will address the following:

A. Deliverables
B. Our understanding of the scope of work (SOW) for RFP SOW 6, 7, 8, and 9
C. Methodology/Project implementation approach
D. Work plan and Schedule.

A. Deliverables

PCG will analyze all data and develop a comprehensive report with targeted strategies and recommendations. The PCG team will provide the final report to the City of Austin for review and will be available present findings and recommendations if desired.

At a minimum, report recommendations will focus on:

- Promoting equitable outcomes
- Better alignment with community needs/desires
- Better use of limited resources
- Increased collaboration and operational efficiency
- Cost avoidance and cost savings

Recommendations will be carefully considered to assure that they are realistic, implementable, and achieve the desired impact as they relate to the delivery of equitable emergency medical services to all citizens in the City of Austin and throughout Travis County. As part of the report the team will provide options and recommendations for fire suppression and emergency medical services resources, locations for new resources, implementation timelines, applicability and impact of Insurance Services Office (ISO) ratings.

B. Understanding the Scope of Work

Dispatch and Emergency Response Evaluation (SOW #6)

PCG's consultants for this project have experience with managing the operations of a combined fire/EMS communications centers. During his tenure at Las Vegas Fire & Rescue, Chief Riddle was responsible for the Las Vegas Combined Fire Alarm Office and the Emergency Operations Division at different points in his career. Also participating in this study is a former Fire Chief Charley Hurley who worked for the California Governor's office of Emergency Services, Fire & Rescue Division managing the statewide Fire & Rescue Mutual Aid Response System and as Fire Chief for the City of Oroville in northern California, directly oversaw the creation of the fire/EMS dispatch center integration from Cal-Fire to Oroville Police Department.

6.1: The Contractor shall utilize evidence-based recommendations as well as U.S. and international industry standards, such as the National Fire Protection Association (NFPA) 1221 and NFPA 1710, to evaluate the current dispatch policies and procedures of the CTECC dispatch center.

PCG's consultants are extremely knowledgeable with the Standards used by the National Fire Protection Association (NFPA) including NFPA 1221: *Standard on Installation, Maintenance, and Use of Emergency Services Communications Systems* and NFPA 1710: *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. PCG's primary fire/EMS consultant was one of the original 1710 committee members and PCG frequently refers to NFPA standards for consulting engagements.

6.2: As part of the evaluation, the Contractor shall determine if demand density and prolonged response times correlates with underserved populations.

We will analyze demographic data to identify the locations of the city's underserved populations. Using computer-aided dispatch (CAD) information, PCG will determine service demand density and response times of both Austin Fire Department (AFD) and Austin-Travis County Emergency Medical Services (ATCEMS) emergency response units for emergency medical incidents throughout the ESDs. Using NFPA 1710 response time standards, PCG will compare AFD and ATCEMS response times with the 1710 Standard. Service demand and response times will also be measured by ESD as well as by zip codes. PCG will provide service demand maps and other visual aids to display service demand density and response time data

6.3: The Contractor shall evaluate the number and percentage of emergency responses that meet established time standards for that type of response. Evaluating these metrics will help determine consistency across the city when accounting for demographics and zip codes.

PCG's evaluation of CAD data will include the number and types of calls that meet the established response time goals for the City of Austin and Travis County for Priority 1 through Priority 5 incidents. Response time measurements will be evaluated by ESD and by zip codes to determine response time consistency City and County-wide. Response time maps will be developed using CAD and GIS information.

6.4: The Contractor shall evaluate CTECC's dispatch system between the AFD and ATCEMS.

PCG will evaluate the CTECC's dispatch system used by AFD and ATCEMS including the CAD system, compatibility, use of current technology, software and other systems supporting the dispatch function for each agency. PCG will conduct interviews of key stakeholders at AFD and ATCEMS to learn about

inefficiencies between the two dispatch services provided. Stakeholder input will be included as part of PCG's evaluation of the dispatch systems and potential recommendations to enhance services.

6.5: Contractor shall provide recommendations to enhance the equity, efficiency, and effectiveness of dispatching public safety workers.

PCG will conduct a comprehensive and rigorous evaluation of the AFD and ATCEMS dispatching services provided to emergency response units. Based on this assessment of dispatching services PCG will make appropriate recommendations that will enhance the equity, efficiency, and effectiveness of dispatching AFD and ATCEMS emergency responders.

6.6: The Contractor shall conduct community engagement sessions related to expectations for response time and services provided to inform their overall recommendations.

We understand that obtaining public input is essential to gain a comprehensive assessment of City's challenges and needs, as well as to collect citizen feedback that will inform recommendations. We propose multiple methods of collecting input to maximize participation, including hosting community forums and developing a web-based public input survey.

Given the evolution of the COVID-19 pandemic and ongoing changes to policies and practices, PCG will work with the City of Austin to align processes and revise the project approach as needed to address COVID-19 safety measures and comply with state and county policies, as well as PCG's guidelines. Methods to obtain feedback such as stakeholder meetings and community forums are usually conducted in person but may be completed via video conferencing or telephone to implement appropriate social distancing measures and ensure everyone's safety. PCG will also work with the City to determine the most appropriate approach when planning participation at public meetings to present draft and final reports.

PCG has the structure and resources in place to conduct work remotely if needed and ensure the health and safety of all involved parties. PCG has worked with several cities and counties and cities to implement similar public input strategies including community forums and online surveys and is prepared to plan logistics for hosting public engagement sessions, collect data, and conduct analysis.

Resource Allocation Assessment (SOW #7)

7.1: The Contractor shall use evidence-based recommendations as well as other available US and international industry standards, such as NFPA 1300, Standard on Community Risk Assessment and Community Risk Reduction Plan Development, to perform a comprehensive evaluation of growth and community risk of the City of Austin and Travis County.

PCG will evaluate the growth and community risks in the City of Austin and Travis County. Any recommendations from PCG will be based on several fire industry sources that are evidence-based and considered best practices for EMS delivery. PCG consults the standards developed by the NFPA, including NFPA 1300*: Standard on Community Risk Assessment and Community Risk Reduction Plan Development,* Insurance Services Office (ISO): *Fire Suppression Rating Schedule (FSRS)* and the Center for Public Safety Excellence's (CPSE) Commission on Fire Accreditation (CFAI) standards as well as the Commission on Accreditation of Ambulance Services (CAAS). PCG will review any data maintained by the City regarding future growth including the City's comprehensive plan – *Imagine Austin.*

7.2: The Contractor shall utilize evidence-based recommendations as well as other US and international industry standards, including the NFPA 1710, when evaluating and making recommendations regarding the response of and positioning of resources and staffing.

Any recommendations related to the staffing, location of fire stations and/or location of EMS response units or personnel will be based on national standards including NFPA 1710. PCG will use the software provided

by *Optima Predict* that uses historical response data to determine optimal resource and facility locations, as well as understand the financial impact of operational decisions. PCG will also incorporate the ISO criteria related to fire station locations.

7.3: The Contractor shall evaluate the locations of fire and EMS stations to determine if they are located in such a manner as to equitably address demand.

Using GIS data analysis PCG will evaluate the locations of fire and EMS stations to determine response and service demand equity. Utilizing R1's *Optima Predict* software, PCG will be able to evaluate the effect on response times and service demand by creating various response configurations from various locations.

7.4: The Contractor shall evaluate the type of apparatus, ambulances, and specialized vehicles housed in stations and determine the type and proximity of demand to these resources.

PCG will inventory and list the various types of apparatus, ambulances and specialized response vehicles maintained by AFD and ATCEMS and their locations in the final report. PCG will evaluate the number and types of vehicles in relation to the service demand required to provide equitable service delivery.

7.5: Following the evaluations, the Contractor shall investigate the effects of deploying multiple resources from larger stations in lieu of the single resource stations currently supported by the AFD and the ATCEMS. Multiple units could mean a combination of apparatus, ambulance and specialized vehicles or multiple similar apparatus, ambulances, or specialized vehicles.

Using R1's *Optima Predict* software, PCG will be able to develop response scenarios with multiple units from multiple locations or any combination of locations and resources. PCG is the only provider that can offer the City of Austin analysis and recommendations powered by a premier planning software solution to determine optimal use of resources, understand financial impact, and make operational decisions. We will model emergency scenarios that will help us further our analysis using historical data and customized scenarios to tailor recommendations that achieve the desired impact, facilitate operational planning, and implementation.

7.6: The Contractor shall evaluate the emergency medical demand of the AFD and ATCEMS and investigate if integrating advanced care providers such as physicians, physician assistants, and or nurse practitioners either physically or as part of a telehealth program would improve health care equity and improve patient outcomes.

PCG's team will analyze the demand on emergency services and response time efficiencies in order to uncover gaps. This information will be used to evaluate if integration of advanced care providers may be beneficial. This analysis will rely heavily on patient zip codes, social determinants of health, and national census data to understand the equity of dispatch services for emergency medical incidents.

PCG will explore alternative care programs, specifically telehealth and community care services. This will include the evaluation of wireless service throughout the EMS coverage area to ensure that all corners of the community would have access to telehealth for treatment in place as well as local urgent care facilities per zip code and accessibility to receive EMS transports.

Currently national average wait time at the Emergency Room is 58.1 minutes, though this is not inclusive of transport time to the hospital. The average wait time at an urgent care facility is 38 minutes. Critical time lost could have a drastic impact on patients in need of immediate care. Utilizing telehealth and urgent care centers can treat up to two-thirds of current ER visits which are considered low acuity/non-emergent trips treatable at a primary care level. By reducing wait times and ambulance transports, telehealth can also improve outcomes. Studies have consistently shown that the quality of health care services delivered via telehealth or urgent care centers are as good as those given in traditional in-person consultations. An

additional benefit to patients that receive telehealth treatment is the reduction in ER costs and a provides quicker diagnosis with manageable follow up care.

The average cost of treating nonemergency conditions (such as bronchitis, dizziness, sore throat and the flu) in the ER is $2,032, which is $1,800 more than in primary care settings. The combination of faster access to care, comparable patient quality of care, and reduced cost are possible benefits that can be proven with an in-depth data analysis by PCG for AFD and ATCEMS. Additionally, PCG will make recommendations incorporating known best practices from across the country to present feasible and sustainable details on how to best create and maintain a functional telehealth program and an ambulance diversion/urgent care partnership program. How the City will incorporate these two new options to provide better health equity and outcomes is addressed further in section 9.1.7 of our response.

Prevention Initiative Evaluation (SOW #8)

8.1: The Contractor shall evaluate the effectiveness of prevention community-wide initiatives among AFD and ATCEMS, as well as consistency with Austin Public Health (APH).

PCG proposes to structure the evaluation of community-wide prevention initiatives among AFD and ATCEMS according to the CDC Framework for Program Evaluation[1]. The CDC method emphasizes an iterative evaluation process, with continual feedback loops for continuous quality improvement. The six (6) steps of the evaluation framework are as follows:

- Engage stakeholders
- Describe program
- Focus evaluation design
- Gather evidence
- Justify conclusions
- Ensure use and share lessons learned

Figure 6.1: CDC Evaluation Framework.

PCG will map out the full spectrum of community-wide prevention initiatives among AFD, ATCEMS, and APH. These initiatives include, but are limited to Austin's Diabetes Prevention and Education, Tobacco Cessation Support, Neighborhood Centers, Austin Healthy Adults program, and more.

PCG will conduct a gap analysis to evaluate the extent community-wide prevention initiatives among AFD, ATCEMS, and state and local health agencies are serving and not serving across the community at large. The purpose is to determine current data, as well as additional data elements still needed to evaluate comprehensively. The gap analysis entails the assessment of existing data, as well as program design models offered, their goals and objectives, and area stakeholders involved. PCG will also examine what secondary data sources, such as national surveys, and health data surveillance efforts are already taking place among the target population.

The evaluation process formally begins with engaging stakeholders of the AFD and ATCEMS prevention initiatives. Stakeholders should consist of people within the target populations affected by the outputs and outcomes of the community programs, funders, and participants in the program. PCG will ensure that input is sought out from community experts on the Community Advisory Board (CAB), Austin Public Health, AFD and ACTEMS Operations teams. These stakeholders will provide crucial insight into program design, data collection, and results dissemination. Stakeholder engagement can take on various forms from regular phone or in-person meetings, to a shared online forum for discussion.

[1] https://www.cdc.gov/eval/framework/index.htm

Next, PCG will work with AFD and ATCEMS to map out a description of the prevention initiatives among the current community programs to understand its design. The program description conveys the mission and objectives of the initiatives being evaluated, along with program goals and strategies utilized to achieve those goals. The description will discuss the capacity of the initiatives to effect change, and how they fit into the larger mission of APH, AFD and ATCEMS. Describing the programs accurately is of utmost importance because it sets the frame of reference for all subsequent decisions in an evaluation and determine how the program is evaluated. The program description includes the problems or opportunity that the programs address, the expected effects that the programs must have to be considered successful, the activities of the program, and the resources needed to implement the activities.

The third step is to focus the evaluation design. PCG will work with stakeholders to develop evaluation questions and clarify the qualitative and quantitative data indicators that will evidence the answers. PCG will work with stakeholders to focus the evaluation on aspects of greatest concern to APH, AFD and ATCEMS. PCG will also clarify with APH, AFD and ATCEMS about who will use the results of the evaluation and how its findings will be applied.

Once the evaluation is designed, PCG will gather credible data that informs the findings and recommendations of the evaluation, as well as sheds light on the alignment of community-wide prevention initiatives between AFD/ATCEMS and APH. PCG's team will examine appropriate, reliable, and valuable sources of data, and where necessary, create tools such as interview guides and surveys that will provide information to answer the evaluation questions. PCG will utilize multiple procedures for accumulating, analyzing, and interpreting qualitative and quantitative data to ensure a mixed-methods approach yields a well-rounded picture of the program objectives, inputs, outputs, and both short- and long-term outcomes.

PCG will then draw conclusions and make recommendations based on the findings. PCG will meet with stakeholders to share lessons learned and strategize how to put the recommendations into action. This will entail maintaining partnerships between AFD, ATCEMS and APH to collaborate on shared goals, though the evaluation findings will illuminate the full scope of possibilities.

8.2: As part of the evaluation of risk discussed in section 6, the Contractor shall recommend other prevention activities that could be performed by AFD, APH and ATCEMS to improve health and safety in the community, but that are not currently performed.

PCG will evaluate AFD, APH and ATCEMS current systems, procedures, and data to determine potential risks that could hinder Austin's ability to encourage prevention activities and ultimately improve health outcomes for the community. PCG's team will recommend additional prevention activities not currently performed that AFD, APH and ATCEMS could accomplish to improve health and safety in the community. Based on our experience and knowledge of national examples we can offer realistic ideas based on the City of Austin's goals and initiatives. Our focus will be on proven program examples we are familiar with, that have yielded results and how to incorporate them into the Austin community, such as the ETHAN program in Houston, CMS's ET3 Initiative, as well as other Mobile Integrated Healthcare programs nationwide.

Other considerations we will incorporate into recommendations:

- Examination of **care coordination capacity** within AFD, APH and ATCEMS that includes additional services scheduling and coordination such as those offered by Austin's Neighborhood Centers, Tobacco Cessation programs such as the 1115 Waiver Project: Smoke-free TXT, Live Tobacco-free Austin, and Austin Healthy Adolescents program
- Real-time clinic appointment coordination at the fire department level, with a **physician at dispatch** to triage calls depending on acuity
- More opportunities for **telemedicine** (Treatment in Place) that is reimbursable
- **Alternative Destination trips** to Urgent Care Centers and specialty care centers such as Direct Orthopedic Care and Texas Children's Urgent Care

The City of Austin's unique demographics and culture will play a role in working to develop sustainable and proven preventive care. Great attention will be paid to the historical nature of the socio-economic gaps in populations and improving the access and quality of health care in the underserved populations. Most

notably populations East of the IH-35 corridor out to the TX 130 areas around Rockdale and Del Valle will receive special attention in determining risk, considering but not limited to, social determinants of health (SDOH), EMS/AFD response times, access to care, and the quality of care available.

8.3: As part of the evaluation of prevention services, the Contractor shall identify redundancies or conflicts in the prevention activities provided by AFD, APH, ATCEMS, and other city/county departments and make recommendations that will improve the provision of services.

PCG will identify all community-wide prevention initiatives by provided by AFD, APH, ATCEMS, and other surrounding area city/county departments in order to complete a gap analysis. All area programs will be reviewed and categorized by the target populations each program serves, their scope, and reach of services within the community. PCG's team will assess each program according to its activities, goals, objectives, and measurable outcomes. This information will help PCG to identify redundancies and conflicts across the varying programs and prevention activities to make recommendations aimed at improving area service offerings.

For example, it is our team's understanding that AFD, ATCEMS and APD all share the same dispatch service. Based on our team's local experience and knowledge with AFD, Pflugerville FD, Del Valle FD and local health care centers, our team will be able to quickly ascertain redundancies in the EMS service triggers within all of Travis County. PCG will be able to give comparisons to similar examples in other parts of the country to show best practices and lessons learned.

8.4: Contractor shall use evidence-based methodology for these evaluations.

PCG will implement the CDC Program Evaluation Framework as a roadmap for the evaluation process. This is an evidenced-based foundation that provides a systematic method to organize and deliver a comprehensive evaluation. Using evaluation methodology can leverage improvement to existing programs and provide a clear avenue of alignment among agency programs and associated outcomes. PCG will also conduct literature reviews on similar programs, as well as any identify supplemental recommended prevention initiatives for AFD, ATCEMS, and APH. The evaluations will include both a qualitative and a quantitative approach to account for various perspectives.

Outcomes (SOW #9)

Although PCG has not completed a complete review and assessment of the emergency response of AFD or ACTEMS, based on PCG's experience with similar studies, we have provided some insight into our approach to answering the following outcome questions below.

9.1 Equitable Outcomes

9.1.1: How does the City improve equitable health outcomes among the community?

Approximately 20% of a person's health is determined by clinical care, which means health promotion initiatives in the City must go beyond medical efforts to prioritize health equity. Health begins in our homes, workplaces, school, neighborhoods, and communities. According to the World Health Organization, health inequities are systematic disparities in the health status of different population groups[2]. The social determinants of health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, and worship that affect a wide range of health and quality-of-life outcomes. Health equity is a public health principle that ensures everyone has the opportunity to obtain optimum health. Health disparities, identified by social determinants of health, are an example of inequity. PCG will support the City of Austin to identify barriers that prevent individuals and communities from accessing and achieving their full potential.[3]

[2] https://www.healthcatalyst.com/health-equity-why-it-matters-how-to-achieve-it
[3] https://www.apha.org/topics-and-issues/health-equity#:~:text=Creating%20health%20equity%20is%20a,and%20reaching%20their%20full%20potential.

Environmental conditions vary greatly across populations based on a number of factors, including income level, racial background, and residential location, putting some portions of the population at greater risk for developing adverse health consequences. The key to improving health equity outcomes among disparate populations in the community is to implement solutions that ensure robust health data, leverage input from community stakeholders, and address the social determinants of health, thereby creating the conditions where all people have the opportunity to live healthy, productive lives.

PCG's local knowledge and expertise will be valuable in evaluating data on which groups in the population experience health disparities and what health disparities they experience. A great amount of attention will be focused on the populations in the areas East of the IH-35 corridor out to the TX 130 highway and the South and South East areas of Travis County. Historically the lower social economic populations have been concentrated in these geographical areas and have been more mobile in recent years due to development in the Mueller area and now more recently surrounding the Riverside area out to Del Valle.

The role of social economics plays a vital role in determining equity as it determines access, education, and acceptance of help. Lower socio-economic populations tend to concentrate in specific areas where their identity is reflected and supported as is evidenced in Austin where Dove Springs and the St. John's area are seeing the most Hispanic growth where traditionally these neighborhoods were majority African American populations. According to the Top Ten Demographic Trends in Austin, the Hispanic and Asian population is growing at a record pace as well in the North East areas of the City. This knowledge will be vital and incorporated into evaluating the equity of dispatch services for EMS responders.

Before making recommendations on how to improve equitable health distribution throughout the City, PCG will seek to understand the presence of health disparities and determine why they exist in the context of Austin and the neighborhoods that exist therein. PCG proposes to first assess the available health equity data in the City and County and create coordinated efforts, if not already taken, to explicitly measure health disparities. PCG will review existing data systems to categorize and incorporate rapid-cycle surveillance feedback loops of community-level metrics. Developing reliable data sources is instrumental in measuring the quality of life and health of diverse population around the City for sustainable health surveillance.

Achieving health equity is a collaborative approach and garnering industry-wide cooperation is imperative. Therefore, PCG will assess opportunities to integrate health equity into sectors across the City and County. PCG will identify success stories that model local examples of health equity in action. Tangible examples will serve as case studies for learning about why certain initiatives are successful and how common elements can be applied in other arenas across the City. PCG also proposes to review published literature to find evidence-based strategies that improve equitable health outcomes among culturally diverse communities, then determine how these strategies can be incorporated based on the City's unique context.

PCG will identify strategies that build explicit community development, economic development, and social determinant interventions in high disparity communities, involving and building on the wisdom and concerns of the present or concerned community. Considering that community engagement is vital to successful systemic change, PCG suggests building and strengthening coalitions in high-disparity communities across the city and County. These larger coalitions can be designed to set goals, develop implementation plans, and have regular surveillance data on disparities and equity metrics at the local level. [4] The specific recommendations to improve equitable health outcomes among communities in Austin and Travis County will be derived from the evaluation findings and supported by evidence.

9.1.2: How might we deploy medical assets to improve equitable health outcomes in the community?

[4] Rust, G., Levine, R. S., Fry-Johnson, Y., Baltrus, P., Ye, J., & Mack, D. (2012). Paths to success: optimal and equitable health outcomes for all. *Journal of health care for the poor and underserved*, *23*(2 Suppl), 7–19. https://doi.org/10.1353/hpu.2012.0084

Designing a plan on how to deploy medical assets to improve health equity will depend on what the data reveals. Data generated from the AFD, ATCEMS, and Travis County ESD CAD system will allow PCG to determine where the highest density of emergency medical calls are coming from within the service areas. Specifically, PCG will utilize call location, call description, and units dispatch to aid with our analysis. This data can also be utilized to determine what areas have a higher volume of certain types of medical calls such as cardiac arrest, COPD, etc. Identifying both the frequency of calls and call type will help better deploy personnel and resource tailored to the needs of specific communities. Tailoring to the needs of the community will lead to better and more equitable health outcomes for the patients that are treated.

Assessing the geographical data of calls will also help PCG to predict the types of obstacles faced in deploying medical assets to communities. For example, the rise in suburban poverty gives way to unique challenges in deploying medical assets in a manner that improves health equity in communities. Poor families and individuals in the suburbs face challenges directly related to gaps in infrastructure, lack of support systems like nonprofit safety nets, and limited capacity among local governments. PCG will incorporate this research as we design solutions to equitable distribution of medical assets across diverse communities.

9.1.3: What coefficient or other modifiers could be used with dispatching software to enhance equitable outcomes of emergency services provided by AFD, ATCEMS, and Travis County ESD's?

Differences in outcomes are caused by a variety of demographic characteristics such as geographic location, distance to health care centers, age, socioeconomic status, social determinants of health (SDOH), ethnicity, and gender. Knowing the most common effects on patient health will allow for AFD, ATCEMS, and Travis County ESDs to identify and mitigate potential and unintended negative effects on the communities they serve.

Some of these characteristics can be identified by using modifiers in the CAD data. Pre-existing census and City of Austin data will help us determine the average income for the geographic location of the call. The remaining characteristics of age, SDOH, ethnicity and gender can be described by the person calling for assistance. PCG will explore how to include these questions with the 911 caller dispatch script. Patient identifiers can be utilized to create dispatch modifiers that allow responding personnel to know what steps can be taken based on pre-existing knowledge. PCG will assist in incorporating modifiers into the current dispatch software. Leveraging community data can help to provide equitable services to all patients regardless of circumstance.

PCG will also look to incorporate the CAD data generated with the modifier into the other data sources in the healthcare system, such as the ER, through a Health Information Exchange (HIE). Interoperability encourages multiple data systems in the healthcare chain to promote continuity of care, which is a major component of patient-centered care. Focusing on enhancing communications that allows data to follow the patient can inevitably enhance equitable outcomes for all patients that receive care from AFD and ATCEMS.

9.1.4: How might the demand density and prolonged response times correlate with underserved populations? Identify recommendations to address any concerns identified.

Demand density is highly correlated with population density. Population density plays a big role in the patient experience and wait times according to national research at the CDC. Findings breakout population by level of acuity showing population density affects wait times for all levels of acuity. The more urban areas had an average wait time of 62.4 minutes, with non-urban areas have a wait time of 40 minutes. These increased wait times indicate that that populations in urban areas with higher population densities are being adversely affected by where they live and the speed at which they can receive definitive care.

PCG's team will explore multiple options to address the location disparity in wait times to ensure a more equitable level of care is provided to all locations within the service areas. Potential solutions for this issue

could be the use of alternative destinations or telehealth options. Alternative transport and treatment options will reduce the ER patient volume and afford lower wait times, resulting in more equitable service to all populations, regardless of the demand level that is present. PCG will explore these solutions in the context of AFD and ATCEMS situation and needs.

9.1.5: How might the City engage and inform the community to ensure that public safety services are delivered to a diverse community and vulnerable populations in a safe, timely, and proactive manner given the challenges of significant population growth, racial inequities, and traffic congestion.

PCG's team is highly experienced in developing communication plans at a statewide level. For example, in the state of New York our team developed, executed, and maintained communication plans, training plans, committee meetings, workgroups and financial operations for the largest DSRIP program – a national health care reform initiative with over $8 billion in federal funding.

Our firm understands the balance in keeping stakeholders and the public informed and educated.

PCG proposes to conduct an initial review of existing communication channels among the target populations, whether they are through traditional media outlets, social media or community coalition groups and civic organizations. Partnering with AFD for the Red Angels program and programs like it will maximize community knowledge by targeting high ER utilizing populations as well as diverse communities. By using the existing community engagement infrastructure and partnerships, locals will be more receptive to the City's message as it will come through trusted organizations and people.

Taking into consideration demographic data throughout the City and County, messages of public safety services must be tailored to diverse communities in a culturally appropriate manner. PCG will also assess which online communication channels effectively engage the target population, to overcome barriers of traffic congestion and population growth. Our local team will also look for partnership outreach opportunities with other local government agencies to complement City and County services across the board.

Offering a multitude of communication options will provide community members with the most equal opportunity to receive valuable public safety information. These efforts will ensure that communities are aware and have access to prevention services instead of reacting to poor health outcomes and managing diseases.

9.1.6: How does the City enhance the equity, efficiency, effectiveness, and safety of dispatching public safety workers?

Industry Standards for Effective 911 Services	
1	Develop and use standard operating procedures
2	Support a trained and qualified work force
3	Maintain adequate communications and network equipment
4	Consider opportunities for coordinated use of dispatching equipment and cooperative dispatching
5	Keep records, establish performance criteria, and measure performance
6	Promote information exchanges among public safety response agencies
7	Educate the public on the 911 system and services

Figure 6.2: Industry Standards for Effective 911 Services.

PCG will analyze data indicators for these areas, such as response times, quality of patient treatment, health equity, resource utilization on responses, demand for services, and more to determine the strengths and weaknesses of the City's dispatching service. Then, PCG will conduct literature reviews of best practices in dispatching public safety workers and draw from our expertise in providing EMS consulting services throughout the country.

Recommendations for improving 911 call-routing and processing, resource assignment and dispatching, cross-visibility of agency resources in CAD, and station-and-resource locations will be made based on the data and needs of the City. PCG will also look to leverage the City of Austin's Geographic Information System (GIS) to provide a visualization of call routing and station-and-resource locations.

In addition to focusing on dispatching personnel, determining when in-person care is necessary will allow for public safety workers to treat patients that need their assistance and direct other non-emergent patients to a telehealth alternate destination option. Training dispatchers to determine when a patient can be treated through these other options will be an important tool in improve overall care for the community. Through strengthening dispatching protocols, the City can enhance equity, efficiency, effectiveness, and safety while providing excellent dispatching services.

9.1.7: How might the City improve healthcare equity and improve patient outcomes by integrating advanced care providers such as physicians, physician assistants, and or nurse practitioners either physically or as part of a telehealth program?

PCG will analyze the relevant data to determine recommendations based on response times, total number of responses, including jurisdiction and authority and services rendered with the goal of improving healthcare equity and patient outcomes through telehealth. This analysis will look to aid the City in developing a comprehensive plan to include alternate destination and/or telehealth treatment in place for eligible patients.

Patients eligible for alternative destinations or treatment in place via telehealth will be determined by patient acuity and hours of availability. Patients of all ages exhibiting or complaining of any of the following, who are assessed as a BLS patient, will be considered eligible for an alternate destination or treatment in place via telehealth and will be treated on site by a Qualified Healthcare Provider (Physicians, Physician Assistants, and Nurse Practitioners).

Factors used to identify the specific group or groups of patients eligible for treatment in place via telehealth and/or alternative destination will be largely driven by the capabilities and resources of our identified health care partners, and approved by the AFD, ATCEMS, and the EMS System Medical Director for the City of Austin and Travis County.

Potential eligible BLS groups include patients presenting vital signs within normal limits who activated emergency medical services for the following ailments:

a) Fever, sore throat, cough, congestion
b) Ear Pain, eye redness or itchiness
c) Toothache or tooth avulsion
d) Minor burns
e) Chronic wound care
f) Painful urination
g) Vomiting or diarrhea
h) Painful urination
i) Localized allergic reactions
j) Chronic back pain
k) Single seizure in the past 24 hours, with a history of seizures
l) Minor skin rashes and irritations

Additionally, patients cannot present with any of the following symptoms in order to receive treatment in place via telehealth:

a) Any difficulty breathing or shortness of breath
b) Any cardiac dysrhythmia, regardless if asymptomatic
c) Suspected fractures or dislocations
d) Decreased level of consciousness
e) Bleeding that cannot be controlled with direct pressure
f) Non-traumatic chest pain

This approach is aligned with the goals of averting unnecessary emergency department transports, reducing wait times, increasing quality of care and patient satisfaction, and increasing health care availability to all potential patients. Improvements in these areas will lead to improved health care equity and patient outcomes. Additionally, alternate destinations and telehealth provides a consistent level of service to all patients that are eligible further improves the health care equity for the community.

9.1.8: How might we better match response time with the acuity of the call?

By implementing transformation service offerings such as alternative destination transports and treatment in place via telehealth, ambulances have the potential to lower times on BLS calls that might previously have resulted in a transport to the Emergency Room. Offering EMS providers more triaging choices will provide more flexibility with transporting patients, especially in cases where the distance to health care centers can be obstacles to quality care.

9.1.9: How might the planned expansion of automatic aid into neighboring counties, along with technological enhancements connecting disparate CAD systems to allow for closest-unit dispatch, negatively or positively affect the optimization and equity of assigning Austin and Travis County resources?

PCG will assess the current mutual and automatic aid agreements with surrounding emergency response agencies as well as their CAD systems to determine what the effect of a closest unit dispatch policy will provide. PCG will determine the technology needed for a closest unit dispatch policy, such as automatic vehicle locators (AVL) and other technology available to reduce overall response times Countywide.

9.2 Efficiency/Reduction in 3.5% Increase

9.2.1: How does the City improve efficiencies to reduce and mitigate combined year of year expenditure rates of AFD and ATCEMS given the 3.5% limitation on property tax annual revenue increase?

PCG will focus on strategies and interventions that will not require the need to increase property taxes. Often, economies of scale can be gained by integrating service delivery and using any funds saved from these initiatives can support recommendations aimed at health equity for responding to emergency medical incidents. In addition to any savings, PCG will explore additional funding sources, including grants, in support of equitable, high quality EMS delivery in the City of Austin and Travis County.

9.2.2: How might the City modify medical protocols and call center technology configuration to enhance efficiency and services?

PCG will assist to modify medical protocols and call center technology configuration to enhance efficiency and services by working with the City to implement telemedicine utilization, which will reduce unnecessary emergency room usage, lower health care costs, and improve quality of care. PCG can help in the integration of onsite and telehealth treatment by credentialed medical providers. The city of Houston implemented a program named ETHAN, which stands for Emergency Telehealth and Navigation that has enhanced both their efficiency and services. The goal of ETHAN is to provide real time clinic appointments and to have a physician or Nurse Practitioner (NP) to help triage calls for acuity. Furthermore, an ETHAN emergency physician or NP, fire department medic, and resident can connect within minutes on a video interface to discuss the reason for the 9-1-1 call, without a transport to the emergency room. PCG will assist the city of Austin to implement a similar program to decrease the number of non-emergency transports. Depending on the patient's medical insurance, non-emergency medical transportation using other vehicles, not ambulances, may be a covered service.

9.2.3: How does the City utilize evidence-based recommendations as well as other U.S. and international industry standards to evaluate and implement strategies for response of and positioning of resources and staffing?

Dispatch centers can consider triage services to determine patient insurance coverage in order to determine eligibility for transportation to various alternative destinations, as well as health insurance carrier-provided telehealth services. By having dispatch engage patients during their call, there is greater potential for triaging the type of vehicle and clinical intervention best suited to an individual patient's presenting needs. Washington DC Fire and Emergency Medical Services uses a similar system and has reduced the number of 911 EMS calls as well as has patients transported to an alternate destination or will schedule an appointment with a primary physician.

9.2.4: How might the City best utilize its resources (e.g. deploying multiple resources from larger stations versus single resource stations)?

Optimizing resources is dependent on the areas that need improvement and type of improvement needed. These areas may face geographical challenges with low concentrations of health care options with long response times. PCG's recommendations will heavily weigh on existing resource concentration, zip code or ESD analysis, SDOH, distance to health care options as well as other categories previously mentioned throughout this response. PCG will be able to model various scenarios with the *Optima Predict* software.

9.2.5: The Contractor shall evaluate and make recommendations on the effectiveness of prevention initiatives among AFD, APH, and ATCEMS?

PCG will conduct an environmental scan of community-wide prevention initiatives among AFD, ATCEMS, and APH to determine what needs to be further assessed. The evaluation will consist of qualitative and quantitative program data pertaining to the processes and outcomes of each initiative, its logic models that depict program design, overall goals and objectives, target populations and reach. This evaluation will be conducted in accordance with best practices, utilizing the evidence-based CDC Program Evaluation Framework model. After completing the six-step evaluation process, PCG will draw conclusions and make recommendations to improve the effectiveness of prevention initiatives based on the findings.

9.2.6: The Contractor will make recommendations to reduce redundancies or conflicts in the prevention activities provided by AFD, APH, ATCEMS, and other city/county departments?

PCG will conduct a landscape assessment of community-wide prevention initiatives among AFD, ATCEMS, APH and other city/county and state departments. This assessment will provide insight into and redundancies in the prevention programs conducted across these organizations. Stakeholder input will be vital in learning the strengths and success of each prevention initiative and where there are existing collaboration efforts among the organizations working in prevention. The landscape assessment may reveal redundancies and conflicts in the prevention activities provided across the agencies, as well as highlight opportunities for improvement through collaboration.

9.2.7: What revenue opportunities based on national and international examples will help AFD and ATCEMS recover costs?

PCG's expertise in providing health care financial solutions helps put money back into providers' pockets. PCG has recommended cost recovery programs to clients for certain types of fire or EMS responses where a third party is responsible, i.e. motor vehicle crashes. Our team also has experience with the implementation of first-responder fees and ambulance membership programs that can generate additional revenues for AFD and ACTEMS.

9.2.8: What technology improvements or recommendations does the Contractor have?

PCG will review and assess the current technology used by both AFD and ACTEMS focusing on efficiency and effectiveness. Technology advancements that can assist with sending the right resource to the right call at the right time will be explored. The use of video technology, including the ability for the CTECC to receive video from mobile devices prior to dispatch, can provide additional information to responders and may reduce the number of emergency responses. The next generation 911 (NG911) components developed by the US Department of Transportation (DOT), supported by the National Emergency Number Association (NENA) will be reviewed and PCG will evaluate the CTECC's compliance with NG911 and recommend technology enhancements. Additional technology will be explored to resolve issues with CAD to CAD interfaces with agencies outside of Travis County to ensure closest unit dispatch where possible.

C. Methodology/Implementation Approach

PCG uses a four-phase project implementation approach that is inclusive, rigorous, and incorporates considerable stakeholder input. We will dedicate time to meet with the City of Austin and Travis County staff and other relevant stakeholders, collect data, and conduct research to obtain a comprehensive understanding the City's dispatch and emergency response, operations, challenges, needs, and opportunities for improving equity, promoting efficiency, reducing costs, and increasing quality of services. Our implementation phases are described below, and a draft project work plan is outlined in section D.

Implementation Approach

Phase I: Project Startup and Implementation

PCG initiates every new engagement with a project kick-off meeting between our project team and a team of representatives for our client. These project kick-off meetings are viewed as an opportunity to formally introduce our team members that will be managing the engagement and the staff that will be carrying out the tasks necessary to complete the scope of work for the City of Austin representatives that we will most frequently be engaged with for the engagement's duration.

The initial kick-off meeting for this project will include the PCG project team, the City of Austin representatives, Austin Equity Office staff, AFD representatives, and ATCEMS representatives. The meeting's purpose: to review and confirm project scope of work, anticipated deliverables, review proposed approach as well as the detailed project work schedule, and discuss next steps and other logistics as needed. PCG team members will seek to gain an understanding of the City of Austin and Travis County's system needs, current and future challenges, and other concerns from their perspective.

As part of the kick-off, PCG will work with City staff to develop a communication plan to facilitate ongoing communication, coordination, and project management between all parties. The plan will identify and provide contact information for all stakeholders, define meeting/periodic status report requirements, and other communication needs. A representative from the City of Austin should be designated as a point of contact (POC) for all correspondence and requests. The POC will also be the person who receives and distributes, as appropriate, copies of the draft and final report.

Phase II: Data Collection

PCG will conduct a comprehensive review of the equity and efficiency of the dispatch of emergency medical response services of AFD and ACTEMS. This review will include an evaluation of the dispatch and emergency response system, an assessment of resource allocation, as well as an evaluation of prevention initiatives of both agencies and the Austin Public Health (APH) agency to determine options for effective shared services/consolidation to improve the quality of services, reduce costs, and increase efficiency. The PCG team will conduct interviews and collect all relevant data to ensure a thorough understanding and comprehensive analysis of key operational, economic, demographic, policy, and political challenges as well as opportunities. Interview topics and data collected from relevant agencies will focus on addressing the requested services, including, but not limited to:

- Reviewing current condition. PCG reviews the condition of the financials, capital needs, organizational structure, and City of Austin fees.
- Reviewing call volume. PCG prefers to collect five year's worth of data (if available) to facilitate a detailed analysis. We will review the percent of medical versus fire calls, review frequency of automatic/mutal aid calls and requests for assistance from each department, categories of calls, create call denstiy maps, and review response times.
- Service delivery and performance. As part of the data collection and analysis, PCG will evaluate service demand, resource distribution, resouce concentration, response reliablity, response performance, and automatic and mutal aid systems and agreements. PCG's evalauation will focus on the dispatch processes in relation to health equity throughout the ESDs.

Obtaining Stakeholder Input

PCG's experience conducting Fire, EMS, and large-scale system assessments has taught us the importance of engaging key stakeholders at the outset. Why? It ensures we deliver a final product that accurately reflects the current environment, future needs, and desired outcomes. PCG will work with the City of Austin to develop a comprehensive stakeholder registry to identify all stakeholders with whom PCG will outreach.

We will hold meetings with a diverse and comprehensive group of stakeholders to ensure as much input as possible. ***Given the evolution of the COVID-19 pandemic, PCG will work diligently with the City of Austin to align processes and revise the project approach as needed to address Covid19 safety measures and comply with the City of Austin and PCG policies.*** Stakeholder meetings are usually conducted in person but may be completed via video conferencing or telephone if needed to implement appropriate social distancing measures and ensure everyone's safety. The stakeholder group will include the following:

- City of Austin Equity Office
- City of Austin Fire Department (AFD)
- City of Austin – Travis County Emergency Medical Services (ATCEMS)
- City of Austin – Travis County EMS System Office of the Medical Director
- Austin Public Health
- Combined Transportation and Emergency Communications Center (CTECC)
- Austin Firefighters Association – Local 975
- Austin Emergency Medical Services Association

While all efforts will be made to identify each relevant stakeholder at the outset of the project, we may need to expand the list to ensure that any interested stakeholders are provided the opportunity to share information useful in completing the assessment and developing recommendations.

Once the list of stakeholders is confirmed, PCG will initiate a process to obtain input from these stakeholders using a mix of interviews and stakeholder forums. Through our experience in conducting similar Fire, EMS, and statewide assessments, we have found that a mix of individual interviews and group meetings provides for a diverse set of feedback that is important to understanding the current environment.

To facilitate these stakeholder interviews and group meetings, PCG will develop a set of standard questions that will be used to guide the discussion. The following major topic areas to be included in the assessment:

- Organizational structure
- System design
- Fire and EMS response time
- Reliability
- Training
- Shared resources
- Fiscal structure and stability
- Meeting National Fire Protection Association (NFPA) standards
- Quality improvement concerns

Community Engagement

We understand the importance of engaging City of Austin residents to obtain valuable insight into the public's assessment of current services, expectations for service delivery, and future needs. We propose multiple methods of collecting public input to maximize participation, including hosting up to three community forums and developing a web-based public input survey. As a result of COVID-19 health and safety measures, we have recent experience successfully conducting online town hall meetings and surveys for Fire/EMS studies with high rates of public input. Feedback obtained from these engagement sessions and survey will be used to inform practical recommendations.

Data Requests

The PCG team will provide a detailed data request to the City of Austin to collect all relevant information. Data may also need to be collected from third parties/surrounding agencies, and we will work with administrators to determine the best strategy for introductions and making the requests to these additional stakeholders. We will also work with the City of Austin staff to define a process for data transfer if needed.

Below is a sample list (not exhaustive) of data to be collected, this list will be refined based on conversations with key stakeholders about project needs, data availability, etc.:

- Computer Aided Dispatch (CAD) data (five years preferred)
- Expenditures (operating expenses, salary and benefits, assets, etc.)
- Revenue (claims/billing data)
- Shift and staffing schedules, Fire/EMS unit assignments, organization charts
- Apparatus and ambulance inventories
- Policy/procedures manuals
- Maps
- GIS information
- Station, Facility, Hospital, and Alternate Healthcare Facility location
- Fee schedules, assessments, taxes
- Accreditation documents
- Comprehensive plans
- Demographic data
- Previous studies
- Automatic and mutual aid agreements
- Charters
- Partnership/shared services agreements (including urgent care centers and telehealth partners)
- Labor agreements and union policies as applicable
- Local policies

Phase III: Data Analysis

A critical part of any study involves assimilating and processing all information. PCG consultants bring extensive expertise in public entity, EMS, and fire department operations, but need to become familiar with the unique demographic, economic, and social conditions and resources that impact the quality and access to services in the Austin area.

The PCG project team will review and summarize all the information gathered during the interviews, meetings, surveys, public forums, as well as analyze documentation collected. If additional information is required, it will be requested from the network of individuals and organizations that were contacted during the data gathering stage of the project.

PCG staff may also review literature and reference documents, as well as confer with other experts as necessary to obtain the latest information. PCG team members have long-standing relationships with key staff at these organizations to tap, when needed, for detailed information, suggestions, and guidance:

- International City/County Management Association (ICMA)
- National Fire Protection Association (NFPA) Standards
- International Association of Fire Chiefs (IAFC)
- International Association of Fire Fighters (IAFF)
- Insurance Services Office (ISO) Standards Fire Suppression Rating Schedule (FSRS)
- Center for Public Safety Excellence (CPSE) Commission of Fire Accreditation International (CFAI)
- Commission on Accreditation of Ambulance Services (CAAS)
- National Academy of Emergency Dispatch (NAED)
- Texas Department of Insurance – Fire Marshals' Office
- Texas Department of State Health Services – EMS-Trauma Systems

Enhancing Our Analysis and Recommendations with *Optima Predict*

After collecting data, we will model specific emergency response scenarios using R1's *Optima Predict* software that will help us further our analysis using historical data and customized scenarios to tailor recommendations that achieve the desired impact, facilitate operational planning, and implementation.

Optima predict modeling's scope of work and approach includes:

- A detailed system framework is constructed including the community's transportation network, fire and EMS departments infrastructure (stations, apparatus, and shifts), and additional key infrastructure (hospitals, alternative transport destinations).
- Multiple years of historic incident and response data are imported to allow for incremental analysis year on year, it is recommended that at least two and up to five years of data be imported if available.
- The most recent year of data is used to create a detailed simulation model of the Austin Fire Department and Austin Travis County EMS Departments operations (these models are integrated), this model serves as the foundation for 'what-if' analysis of various approaches/system modifications recommended or suggested as part of the broader consulting engagement as well as providing an additional platform for historic data analysis. The type of scenarios evaluated may include:
    - relocation of infrastructure (stations, hospitals, alternative transport destinations)
    - modifications to dispatch and response approach and protocol
    - addition or removal of resources
    - introduction of new resource types
    - system level impact of road network modifications
    - impacts of other infrastructure performance (e.g. hospital off-load delays).
    - This list is representative and is not exhaustive.

  The specific number and type of scenarios to be undertaken will be based upon the specific findings/recommendations of the stakeholders and the consulting team. The process is intensely iterative, allowing for additional scenarios to be generated by the findings of previous work.
- Outcomes of the findings are able to be presented in both static and interactive environments, ensuring that all stakeholders have the opportunity to fully understand the findings.

Phase IV: Development of Report and Recommendations

Draft Report

We will develop a draft report for review by the City of Austin and other designated staff. PCG will work with the City of Austin and identified stakeholders to answer questions and update the report of findings to address changes and recommendations. A tentative schedule that includes timelines for draft review and revision is included below and will be updated during project kick-off to align with the stakeholder group's desired timelines and processes.

The PCG team will work with the stakeholder group to define an effective review and revision process that will incorporate input, facilitate decision making, as well as allow for discussion and building consensus. The PCG team will integrate written and verbal feedback and will host stakeholder input meetings as needed to finalize this report.

The report will include an assessment of all the items contained in the scope of work as well as other issues and opportunities that come to the attention of PCG's consultants as they complete their work. An executive summary describing key conclusions and implementation steps will be provided.

Recommendations will focus on strategies that align with the goals of the RFP, community needs, improve collaboration and efficiency, increase safety, reduce costs, and promote effective resource management. **Recommendations will be carefully considered to assure that they are realistic, implementable, and achieve the desired impact as they relate to the delivery of equitable emergency medical services to all citizens in the City of Austin and throughout Travis County.** As part of the report the team will provide options and recommendations for fire suppression and emergency medical services resources, locations for new resources, implementation timelines, applicability and impact of Insurance Services Office (ISO) ratings. Recommendations may also address expansion and revision of existing agreements, consolidation of administrative functions and operations, equipment and assets, changes in billing processes to increase cost effectiveness and revenue maximization, staffing and payroll, recommendations around the use of facilities, policy changes and contracts, funding recommendations, and more.

Final Report and Presentation

PCG will carefully consider all client input and will collaborate with the City to finalize the report. The PCG team will provide the final report to the City of Austin for review and will be available present findings and recommendations if desired.

Project Management, Communication, and Quality Control

The PCG project manager will serve as primary point of contact and will coordinate communications, meetings, data requests, and status updates with the City's designated point of contact(s). Given that this project involves significant collaboration, it is essential to have a communication plan in place that will define all relevant stakeholders, communication methods, expectations for regular meetings (as necessary), and status updates as determined by the City and its stakeholder group. The communication plan document will be developed during project kick-off. We employ PCG's well-established project management approach on all our projects to ensure we provide quality products and services on time. **Our quality control procedures are designed to ensure actual project performance will meet or exceed that of anticipated project performance in terms of time, cost, and deliverables.**

PCG's quality model, based on LEAN Six Sigma (LSS), focuses on continuously improving work through eliminating issues at their root and focusing on activities that add value to the process. Prior to submitting our final report to the City, our consultants will employ an internal quality control review process of all deliverables. This step ensures that our report is complete, accurate, easy to understand, of high quality, and exceeds the qualifications requested.

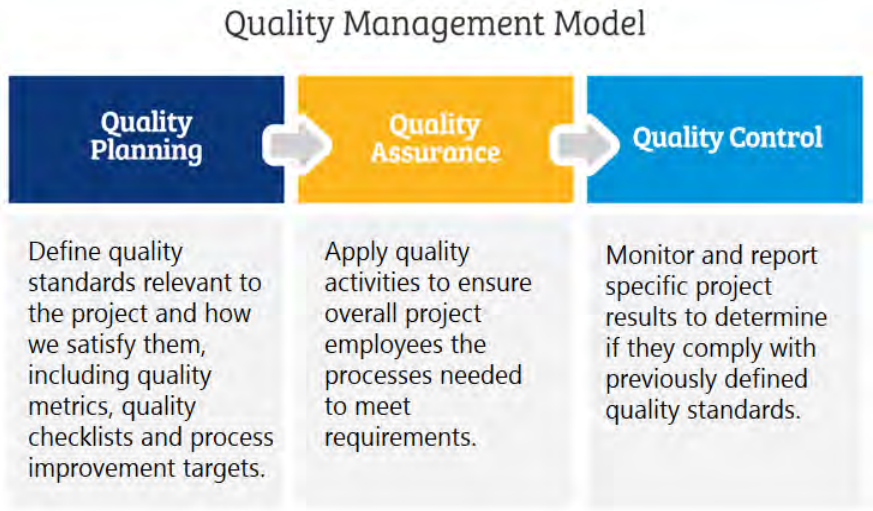

Figure 6.3: PCG'S Quality Model.

Our quality control process involves the review of project progress and results by project management and expert technical advisors. Our procedures are designed to ensure that actual project performance will exceed that of anticipated project performance in terms of time, cost, and deliverables. Examples of our detailed quality control processes include:

- Multiple data checks to ensure that the calculations and analysis are performed accurately, so that data and results included in the report can be easily reviewed.
- Review of all source documents provided by the City, related agencies, contractors, or other stakeholders for use in analyses performed by PCG to ensure consistent and accurate reporting and recommendations.
- Working collaboratively with the City to address any data questions that arise and maintain appropriate documentation of all issues and their resolution.

We will use project management best practices to track tasks and deliverables and will provide periodic status updates as identified during project initiation.

D. Schedule of Work/Milestones

The proposed project schedule to implement the scope of work is documented below in *Figure 6.4.* We included generous timeline for the data collection and analysis process, as well as adequate time to incorporate input on the draft report. However, **we have the staff and expertise to accommodate a shorter timeline based on your specific needs**. The PCG team will collaborate with City stakeholders as applicable to finetune the project schedule and timelines as part of project kick-off activities.

Phase	Task	Task Description	Responsible Party	Projected Timeframe (Calendar Days)
Phase I: Project Initiation	1.1	Schedule kick-off meeting	PCG	40 Days
	1.2	Hold kick-off meeting to review and confirm project scope, finalize project plan	City of Austin, PCG	
	1.3	Develop plan for data requests, communications, and other logistics	City of Austin, PCG	
	1.4	Designate point of contact (POC)	City of Austin, PCG	
Phase II: Acquisition and Review of Background Information **Phase III: Analysis of Options and Recommendations**	2.1	Interview key stakeholders	City of Austin, PCG	105 Days
	2.2	Host community input sessions, implement web-based survey	City of Austin, PCG	
	2.3	Review and summarize the information gathered during meetings and forums	PCG	
	2.4	Request data from relevant stakeholders	PCG	
	2.5	Confer with other experts (i.e. NFPA, ISO, and ICMA) as needed	PCG	
	2.6	Provide regular progress reports to City of Austin POC	PCG	
	3.1	Aggregate and analyze data. Conduct additional research as necessary. Run *Optima Predict* scenarios.	PCG	
	3.1	Define key findings.	PCG	
	3.2	Create graphics and other visualizations	PCG	
	3.3	Develop list of recommendations	PCG	
Phase IV: Development of Final Report	4.1	Assemble draft report	PCG	45 Days
	4.2	Provide draft for review	City of Austin, PCG	
	4.3	Review and incorporate client input	PCG	
	4.4	Finalize report	PCG	
	4.5	Final report and presentation (if desired)	PCG	

Figure 6.4: Draft Work Plan Schedule.

SECTION II: PRICE PROPOSAL

Price Proposal – The City has identified a budget of $250,000 for this project. The budget is inclusive of all fees, including travel. List your total price for the services outlined in the Scope of Work. At this time the City isn't requesting a detailed price breakdown, just a total overall price. The Offeror shall not charge separately for administrative, overhead, insurance, per diem, hotels, flights, etc. Whichever Offeror offers the City the most competitive price will be awarded the maximum amount of points. Remaining points will be distributed on a pro-rated basis.

Public Consulting Group, Inc. (PCG) is pleased to present the following cost proposal to the City of Austin for the scope of work identified in the RFP.

For this engagement, PCG offers the City of Austin an **all-inclusive fee of $239,000** for the complete scope of the project as identified in the RFP. Upon execution of contract, PCG will invoice for half of the contract amount. After the final report is submitted and approved by the City, PCG shall, within 30 days, invoice the City for the second half of the contract amount.

Total Proposed "Not to Exceed" Cost

PCG will not seek reimbursement from the City of Austin for any travel and/or other administrative expenditures incurred with the services rendered in course of this agreement. The compensation payable to PCG for the services identified shall not exceed **$239,000**. If the City requests that PCG perform additional services that are outside of the scope of the original service agreement, PCG will request that the City provide authorization for payment for additional services through written request from an authorized representative.

SECTION III: ADDITIONAL TERMS

Proposal Acceptance Period: *All proposals are valid for a period of one hundred and eighty (180) calendar days subsequent to the RFP closing date unless a longer acceptance period is offered in the proposal.*

PCG complies with this requirement.

Proprietary & Confidential Information: *All material submitted to the City becomes public property and is subject to Texas Open Records Act upon receipt. If a respondent does not desire proprietary or confidential information in the submission to be disclosed, each page must be identified and marked proprietary or confidential at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary or confidential information will result in all unmarked sections being deemed non-proprietary or non-confidential and available upon public request.*

PCG understands the City's proprietary and confidential information policies.

Proposal Preparation Costs: *All costs directly or indirectly related to preparation of a response to the RFP or any oral presentation required to supplement and/or clarify a Proposal which may be required by the City shall be the sole responsibility of the Proposer.*

PCG complies with this requirement; all costs relate to preparation of response, oral presentations, or clarification needs will be covered by PCG.

Compliance: *The Proposer agrees to compliance with terms of this Request for Proposal (RFP) and with all applicable rules and regulations of Federal, State, and Local governing entities.*

PCG agrees to requirements outlined in the RFP and will comply with all applicable Federal, State, and local rules and regulations.

Service-Disabled Veteran Business Enterprise ("SDVBE"): *Pursuant to the interim Service-Disabled Veteran Business Enterprise (SDVBE) Program, Offerors submitting proposals in response to a Request for Proposals shall receive a three point (3 percent) preference if the Offeror, at the same time the proposal is submitted, is certified by the State of Texas, Comptroller of Public Accounts as a Historically Underutilized Business and is a Service-Disabled Veteran Business Enterprise. This preference does not apply to subcontractors. To receive this preference, Offerors shall complete the enclosed Section 0840 Service-Disabled Veterans Business Enterprise Preference Form, in accordance with the Additional Solicitation Instructions included therein.*

PCG does not qualify as a SDVBE.

SECTION IV: EVALUATION FACTORS AND AWARD

PCG understands the City’s evaluation factors and award criteria.

APPENDIX

Project Team Resumes

ALINA COFFMAN
OPERATIONS MANAGER AT PUBLIC CONSULTING GROUP, INC.

Alina Coffman has over 15 years' experience working with public sector clients at the state, regional, and local level. She's led projects to implement technical solutions, developed processes to improve efficiencies, and provided technical assistance, consulting, and training services. Alina currently works with EMS providers in OK, FL, and IA to facilitate the Medicaid cost reporting process and provide audit support. She is also the project manager for the Placentia Fire and Life Safety Department implementation and the Fire/EMS feasibility study for the Pueblo of Sandia in New Mexico.

RELEVANT PROJECT EXPERIENCE

Pueblo of Sandia
Fire/EMS Feasibility Study (December 2019 – Present): Project Manager

Project: Conduct a fire/EMS feasibility study to provide the Pueblo of Placentia with recommendations to improve quality of Fire/EMS services and options for the Pueblo to provide its own fire and EMS delivery system.

Placentia Fire and Life Safety Department, California
Implementation of New Fire and Life Safety Department (July 2019 – Present): Project Manager

Project: To assist with the implementation of a new fire and life safety department; working with city staff on all aspects of establishing a new Fire and EMS department including operations, communications center set-up, staffing, procedures, technology, best practices and compliance.

EMS Cost Reporting, FL, OK and IA
Public Emergency Medical Transportation Program (July 2019 – Present): Client Lead

Project: Work with EMS and fire departments to collect and analyze data; and develop cost report to help providers maximize revenue reimbursement. Provide comprehensive support throughout the State's desk review process. Clients:

Education Consulting, Project Management, and Implementation
State Level Work (May 2011 – June 2019): implementation Lead

Projects: Implemented several state-wide education projects with state departments of education including online instructional assessments with the Arizona Department of Education, professional learning system and content development with the Oklahoma State Department of Education, and a digital library for the Nevada Department of Education.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Austin, TX* — May 2011 – Present

Texas Education Agency, *Austin, TX* — October 2005 – January 2011

University of Texas, *Houston and Austin, TX* — February 2002 – June 2005

EDUCATION

University of Texas at Austin, *Austin, TX*
Master of Public Affairs, 2005

Honors College at the University of Houston, *Houston, TX*
Bachelor of Science, Human Development and Family Studies, 2002

CERTIFICATIONS

Project Management Professional (PMP) 2015 – Current

KENNETH D. RIDDLE JR.
SENIOR ADVISOR AT PUBLIC CONSULTING GROUP, INC.

Chief Ken Riddle has over 40 years of experience in EMS and fire services. He retired from the Las Vegas Department of Fire & Rescue (LVF&R) after 28 years of service. He served as the Assistant Fire Chief and the Deputy Fire Chief of every division including the Operations Division, Emergency Medical Services Division, Support Services Division, and the Fire Prevention Division, where he served as the Fire Marshal. While serving in those positions, he designed and developed several major programs, including a comprehensive in-house firefighter health and wellness program and a fire-based EMS ambulance transport service. Chief Riddle has served as the Executive Director of the Nevada Fire Chiefs since 2007.

Chief Riddle has been extremely active in national fire and EMS issues since 1992, serving as an elected officer on the Executive Committee for the International Association of Fire Chief's (IAFC) EMS Section including the chairman of the Section and as the International Director for EMS on the IAFC Board of Directors. He also served as the President of the Southern Nevada Fire Chiefs Association.

RELEVANT EXPERIENCE

Medical Transportation Management (MTM), Inc.

State Education, Training, and Outreach Coordinator (2016 – 2019)

Project: Responsible for community outreach to medical facilities in the states of Nevada and Idaho, working with case managers, social workers, and other medical professionals regarding non-emergency medical transportation services for Medicaid recipients.

Nevada Fire Chiefs Association

Executive Director (2007 – Present)

Project: Member of the Board of Trustees. Responsible for the day-to-day administration and management of a non-profit member driven organization. Manage three federal grants for the recruitment and retention of volunteer firefighters in rural Nevada.

Riddle & Associates, Nevada

Independent Fire and EMS Consultant (2006 – 2019)

Project: Served as an independent contractor for fire and EMS studies for a few select fire/EMS consulting firms including the Abaris Group, the Ludwig Group, FACETS Consulting, and a few others.

Completed several fire and EMS studies including the following:

City of Tukwila (WA) Fire Station Location Study (2017)
City of Houston (TX) Fire Department Operational Assessment (2016)
City of Phoenix (AZ) Fire Department Ambulance Deployment and Staffing (2016)
Fort Wayne (IN) Fire Department EMS Transport Feasibility Study (2016)
City of San Antonio (TX) Fire Department EMS Study
Orange County (FL) Fire Department Consolidation
Study New York Power Authority EMS Study
Sugar Foods Corporation (CA) Fire Safety Study
EMD Pharmaceuticals-Cyanide Antidote Medical Advisory Member
US Fire Administration-Coordinated the rewrite of the EMS Safety and Infection Control Manuals

Fire and Emergency Television Network Researched and developed two national training programs, Fire Department response to Bomb incidents and Cold and Ice Water Rescue.

Several Telephone Consulting projects for investment or equity firms related to fire/EMS and ambulance services, SCBA, software, safety equipment, ePCR, PPE and use of unmanned aircraft systems

National Fire Protection Association, Massachusetts

Fire Service Training Consultant (2010 – 2011)

Project: Subject matter expert in developing training programs for fire and EMS response to

emergencies involving electric and hybrid vehicles. Participated as a team member to develop the NFPA's Emergency Response to hybrid and electric vehicle incidents.

The Abaris Group, California

Senior Consultant (1999 – 2013)

Project: Lead consultant on several fire and EMS studies:

State of Colorado EMS Department Regional Emergency and Trauma Advisory Councils (RETAC) assessment and strategic planning
City of Spokane (WA) Fire Department EMS Study
City of Great Falls (MT) Fire Department EMS Assessment
El Paso (TX) Hospital Study regarding the impact of EPFD establishing hospital destination policy
City of Clinton (IA) EMS Study
Santa Clara County (CA) EMS Study
City of San Diego (CA) Fire Department EMS Study
Merced County (CA) EMS Ambulance RFP Evaluator
Monterey County (CA) EMS Ambulance RFP Evaluator
Sonoma County (CA) EMS Study and Development of Ambulance RFP
Multnomah County (OR) EMS Ambulance RFP Evaluator
Hamilton County (OH) Fire Department EMS Study
Town of Pahrump (NV) Fire Department EMS Study
Washington D.C. Fire Department EMS System, Consultant, and Subject Matter Expert for Mayor's Office
Researched and wrote the 2011 edition *of Trends in the Ambulance Industry* for The Abaris Group

Las Vegas Fire & Rescue

Various Operational and Management Positions (1978 – 2006)

Deputy Fire Chief/Administration (2006): Responsible for administrative duties, including Human Resources, Emergency Management, and Fire Training.
Deputy Fire Chief/Fire Marshal (2002): Responsible for Fire Prevention Division, including Fire Protection Engineering, Fire Investigations/Bomb Squad Services.
Deputy Fire Chief/Medical Services (1999): Responsible for EMS, Health & Wellness, Critical Incident Debriefing Management program, Metropolitan Medical Response System, and Safety programs.
Deputy Fire Chief/Operations (1997): Responsible for emergency operations, including fire suppression, EMS, and hazardous materials response services.
Deputy Fire Chief/Administration (1995): Responsible for administrative duties, including personnel management, Emergency Management, Support Services, Fire Communications, and Finance/Budget Division.
Assistant Fire Chief/Operations (1993): Assigned to Operations Division, responsible for Hazardous Materials, EMS, Fire Investigations and Bomb Squad, Fire Training, and Safety programs.
Battalion Chief/EMS Coordinator (1991): Responsible for all aspects of the EMS Division, including policies and procedures.
Captain/Emergency Medical Services Training Officer (1986): Responsible for emergency medical training for firefighters and paramedics.
Firefighter/Paramedic (1978): Responsible for the operations of an emergency response unit and provision of advanced-level patient care and firefighting duties.

EDUCATION

Cogswell Polytechnical College, *Cupertino, CA*
Fire Administration (Part-Time Upper Level courses, No Degree), 2001 – 2006

National Fire Academy, *Emmitsburg, MD*
Executive Fire Officer Program, 1995 – 1999

Clark County Community College, *North Las Vegas, NV*
Associates of Applied Science – Fire Service Management, 1982 – 1986

Clark County Community College, *North Las Vegas, NV*
Associates of Applied Science – Fire Service Technology, 1982 – 1986

PROFESSIONAL BACKGROUND

IAFC On Scene- EMS Update Column (Intermittently): Writer	1995 – 2006
Mobile Healthcare Network: Vice-President of Operations	2012 – 2017
Fire Chief Recruiters: Senior Recruiter	2012 – 2013
Las Vegas Fire News: Writer	1993 – 2006
City Of Las Vegas Department of Fire & Rescue: Various Positions	1978 – 2006
International Association of Fire Chiefs EMS Section: Board of Directors	1993 – 2006

MATTHEW SORRENTINO, PMP, MBA
MANAGER AT PUBLIC CONSULTING GROUP, INC.

Mr. Sorrentino, a Manager and Center of Excellence (COE) in PCG's Austin office, is a health management consultant with 16 plus years of extensive Medicaid experience, specifically focusing on financial management services and solutions, program reviews, policy analysis, third party administrator services, and payment transformation for Medicaid agencies. In addition, Mr. Sorrentino has an in-depth understanding of CHIP, Medicare, and other publicly funded health care programs.

Mr. Sorrentino's experience has included a particular focus within Medicaid reimbursement, both within institutional and community-based settings. Pertinent to institutional services, Mr. Sorrentino has assisted Medicaid programs to develop and implement inpatient and outpatient hospital payment methodologies, including transforming from cost based systems to acuity based rate methodologies, establishing inpatient and outpatient base rates, calculating upper payment limits (UPLs), designing provider assessments to generate new Medicaid funding streams, determining and designing disproportionate share hospital payments, and assisting states to implement pay for performance methodologies. Mr. Sorrentino has also lead community-based rate setting efforts, including: the establishment of fee schedules for physician services, mental health services, school-based services, substance abuse services, and long-term care services, among others.

Mr. Sorrentino has assisted Medicaid programs to implement and administer Medicaid cost settlement and reconciliation programs, with a particular focus on school based, emergency medical services, and county-based services. This experience includes developing cost-based reimbursement methodologies, drafting and obtaining approval of Medicaid state plan amendments, and establishing best practices for ongoing operations. Mr. Sorrentino also spearheaded the development of PCG's web-based software solution to allow State Medicaid programs to manage and streamline Medicaid cost settlement program processes through the development of the Medicaid Cost Reporting and Claiming System (MCRCS) and now the PCG Claiming System.

Mr. Sorrentino has oversight for PCG Health's third-party administrator and claims processing services. Mr. Sorrentino oversees claims processing of over $500 million in annual claims per year. Furthermore, Mr. Sorrentino assisted in developing new services offerings, including case management and utilization management functions.

Most recently, Mr. Sorrentino has assisted Medicaid programs to implement innovative service delivery and payment strategies, from preserving UPL and uncompensated care funds as Medicaid agencies expand managed care delivery systems, to transforming Medicaid service delivery and payment systems with the establishment of delivery system reform incentive payment (DSRIP) programs. Mr. Sorrentino has navigated Medicaid agencies through all facets of these strategies from program design, to facilitating stakeholder engagement and feedback, to negotiating CMS approval, and ultimately program implementation.

RELEVANT PROJECT EXPERIENCE

Medicaid Rate Setting & Reimbursement

Department of Health Delivery System Reform Incentive Payment Program, State of New York (September 2014 – Present): Project Implementation Manager

Mr. Sorrentino: Responsible for execution of key project deliverables, including development of oversight requirements for $12B state funding to 25 large hospital-led Performing Provider Systems (PPSs). Develops oversight requirements for areas such as: PPS Governance, Workforce Development, Financial Sustainability and Flow of Funds, Technology Infrastructure, and project

compliance. Assisted to develop financial models to determine the valuation of achievement values, as well as provide recommendations on funds flow. Develops quality measure specification procedures for NQF quality measure baselines and performance as part of Pay for Performance payment methodology.

Health and Human Services Commission, State of Texas

Enhanced Ambulatory Patient Grouping (EAPG) Payment System (August 2014 – December 2016): Project Manager

Mr. Sorrentino: Overall project manager to assist HHSC to evaluate the implementation of an EAPG outpatient hospital reimbursement system. PCG developed Texas specific weights, modeled provider classification base rates, and performed fiscal impact analysis to understand changes to reimbursement. Furthermore, PCG assessed the impact EAPGs would have on existing business processes, including require policy changes, as well as claims adjudication processes that would be impacted. Finally, PCG supported the incorporation of EAPGs into the Medicaid managed care capitation rates.

Department of Health Care Policy & Financing, State of Colorado

Delivery System Reform Incentive Payment Program (March 2016 – 2018): Technical Adviser

Mr. Sorrentino: Responsible for providing technical assistance in drafting a concept paper to outline high level goals and objectives of a Section 1115 transformation waiver. The goal of the waiver is to preserve inpatient and outpatient hospital upper payment limit supplemental payments, while repurposing these funds to provide hospitals incentives to engage in system transformation. Mr. Sorrentino provided strategic direction on the design of the concept paper and the structure of the transformation program.

Executive Office of Health and Human Services, Commonwealth of Massachusetts

Enhanced Ambulatory Patient Grouping (EAPG) Rate Setting (July 2014 – June 2017): Project Director

Project: Assisting MassHealth in the implementation of a new outpatient hospital reimbursement methodology. This includes working through impact scenarios with MassHealth hospital leadership during a transition year, followed by implementation of a full EAPG methodology.

Mr. Sorrentino: Serves as the Project Director, providing client support and managing project resources.

Executive Office of Health and Human Services, Commonwealth of Massachusetts

Public Emergency Medical Services (EMS) Program Claiming (January 2014 – Present): Project Advisor

Project: Developed Massachusetts' first public EMS claiming program, developing a process that is compliant with all state and federal claiming rules and regulations. Designed the methodology, including developing the Medicaid State Plan amendment and obtaining CMA approval for the cost reporting methodology. The first year of this project yielded $5.9 million in federal revenue to the Commonwealth.

Mr. Sorrentino: As Project Director, oversaw methodology and calculations.

Department of Health Services, State of Wisconsin

FQHC Alternative Payment Methodology (December 2014 – 2017): Project Manager

Project: Working to assess the current FQHC alternative payment methodology, providing recommendations on changes to transition to a prospective payment system (PPS). This includes completing detailed FQCH profile analysis, determining viable alternative payment systems, and ultimately recommending and implementing a new reimbursement system.

Mr. Sorrentino: Serves as the Project Manager and is responsible for all facets of the project.

Department of Health Services, State of Wisconsin

Inpatient and Outpatient Rate Setting Project (July 2007- December 2015): Project Manager

Mr. Sorrentino: Lead the execution of inpatient and outpatient rate setting deliverables. Lead the drafting and submission of public notices and drafting of state plan amendments. Completed calculations of the upper payment limits to ensure rate increases adhered to federal requirements. Lead efforts in the development of creating various rate setting models to calculate Medicaid costs. Managed changes in rate setting methodology to move from statewide average base rate to provider specific cost based DRG base rates for acute care hospitals. Managed modeling efforts in determining budgetary impact of rate setting changes. Managed the design of per diem prospective payment methodology for psychiatric and rehabilitation hospitals. Oversaw the transition to an EAPG reimbursement methodology for outpatient hospital services. Managed and oversaw the completion of inpatient and outpatient rate calculations for over 140 hospitals within the State of Wisconsin.

Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Department of Health Services, State of Wisconsin

Provider Tax (March 2007 – December 2015*):* Project Manager

Project: Assisted DHS in the design, development, and approval (CMS and legislative) of a hospital assessment to support provider payment increases, funding for Medicaid expansion through a childless adult's waiver, Medicaid strategic initiatives and on-going program funding during budget shortfalls. Lead aggregate hospital Upper Payment Limit calculations to support proposed payment increases. Performed federal broad-based waiver test (p1/p2) to allow the state to exclude psychiatric hospitals from the assessment. Lead financial modeling to determine the net hospital-specific impact of the assessment and payment increases.

Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Department of Health Care Policy and Financing, State of Colorado

Hospital Provider Fee Consulting Services (July 2010 – June 2015): Technical Advisor

Project: Provided state with analytical and regulatory support throughout the development and approval of hospital provider fee. Participated in internal meetings with state staff on a weekly basis to prepare for monthly Board meetings. Supported the state in obtaining a waiver of a uniform tax rate (b1/b2) by providing technical expertise in payment modeling. Provided technical assistance in the development of the statewide Hospital UPL that served as the limit for hospital payments. Assisted the state with Medicare 2552 hospital cost report data aggregation.

Mr. Sorrentino: Served as a Technical Advisor and was responsible for all tackling challenges raised by CMS and other stakeholders on the intricacies of payment methodologies.

Department of Health and Human Services, State of North Carolina Division of Medical Assistance

Hospital Provider Fee Support (May 2011 – June 2012): Project Manager

Project: Consulted with DHHS and DMA on design and implementation of a hospital provider fee (tax) program. The initiative provided enhanced funding for eligible Medicaid services as well as state funding in support of the Medicaid DSH program. Analyzed inpatient and outpatient hospital upper payment limit (UPL) calculations, projected net impact on individual hospitals, and evaluated supplemental payment programs for qualifying hospitals.

Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Department of Health and Human Services, Division of Medical Assistance, State of North Carolina

Medicaid Physician Upper Payment Limit Project (July 2010 - Present): Project Manager

Project: Implemented Medicaid Upper Payment limit program for state university physician practice plans to provide supplemental payments in addition to prevailing Medicaid reimbursement rate.

Evaluated commercial payer reimbursement rates for a variety of eligible groups and calculated Average Commercial Rate (ACR) for all procedure codes paid by Medicaid. Drafted State Plan Amendment (SPA) outlining eligible providers and reimbursement methodology. Supported DMA in SPA approval and provide ongoing payment processing.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all UPL calculations.

Department of Health Services, State of Wisconsin

Physician Upper Payment Limit Project (July 2010 - 2018): Project Manager

Project: Manage the ongoing calculation of the Medicaid supplemental payment for the University of Wisconsin Medical Foundation. Determine the Average Commercial Rate (ACR) for paid Medicaid services and compare ACR to actual payment rates to compute supplemental payment amount. Responsible for rebasing the ACR every three years in accordance with the State plan. Annual supplemental payments average $38M in all funds, or approximately $26M in federal funds per year.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all UPL calculations.

Health Care Finance and Administration, State of Tennessee

Low Income Pool Consulting Project (July 2015 - 2017): Project Manager

Project: Assisting the State to assess the long-term viability of the low income pool (LIP) funding streams. Responsible for completion of an analysis to assess the impact to uncompensated care costs if HCFA had elected to expand Medicaid. In the process of developing an independent report on the LIP's current funding allocations, as well as providing recommendations to transition funds to a value-based payment system.

Mr. Sorrentino: Serves as the Project Manager and was responsible for all facets of the project.

Department of Behavioral Health and Developmental Disabilities, State of Georgia

Rate Review Project (February 2012 – June 2014): Project Manager

Project: Lead the development of a Medicaid cost study for mental health and substance abuse services reimbursed under the Medicaid program. Required the development of cost surveys for a sample of public and private providers to evaluate the adequacy of Medicaid reimbursement rates. Developed and distributed cost study, assisted providers through the completion of the cost study, and performed rate comparison analysis to current Medicaid rates. Issued report identifying specific recommendations to make changes to certain Medicaid rates and services, as well as establish prospective processes to streamline and improve prospective rate setting processes.

Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Department of Mental Health, District of Columbia

Rate Review Project (February 2013 – June 2014): Project Manager

Project: Lead the development of a Medicaid cost study for mental health and substance abuse services reimbursed under the Medicaid program and rehabilitation program benefit. Required the development of cost surveys for a sample of public and private providers to evaluate the adequacy of Medicaid reimbursement rates. Developed and distributed cost study, assisted providers through the completion of the cost study, and performed rate comparison analysis to current Medicaid rates. Issued report identifying specific recommendations to make changes to certain Medicaid rates and services, as well as establish prospective processes to streamline and improve prospective rate setting processes.

Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

School & County Based Cost Reporting and Cost Settlement

Department of Health Services, State of Wisconsin

School Based Services Cost Reporting / Reconciliation Initiative (January 2009 - Present): Project Manager

Project: Lead the compilation and settlement of initial school-based cost reports under new Medicaid State Plan. Assumed management responsibility of the integrated random moment time study process for both direct services as well as administrative claiming. Compiled time study rosters, trained school district staff on revised procedures and successfully implemented a web-based cost reporting and Medicaid reconciliation system. Managed the processing of over 400 school district desk audits and processing of Medicaid cost settlements.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all project deliverables.

Kansas Department of Health Environment, State of Kansas

Medicaid Cost Reimbursement for School Based Services (July 2009 - Present): Project Manager

Project: KHDE contracted with PCG to develop a cost reimbursement methodology for the services provided by school districts and covered under the Medicaid program. Lead the development of the public notice and Medicaid state plan amendment. Assisted KHDE in responding to CMS questions and requests for additional information. Designed web-based cost reporting application to facilitate Medicaid cost settlement process. Managed trainings to school districts on the new annual cost reporting process. Directed the processing of Medicaid cost settlements. Responsible for the development of interim rates. Developed onsite field audits of LEAs to validate cost reports and supporting documentation.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all project deliverables.

Department of Community Health, State of Georgia

Medicaid Cost Reimbursement for School Based Services: Project Manager

Project: DCH has contracted with PCG to implement a Medicaid cost settlement program. Lead the development and assisted DCH to obtain approval of the Medicaid state plan amendment to implement a cost settlement methodology. Developed cost reporting form and instructions, implemented the Medicaid Cost Reporting and Claiming System to automate the submission of the Medicaid cost reports, trained providers on how to complete cost reports, and calculated Medicaid cost settlements. Responsible for the development of onsite and remote audit program to validate cost reports.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all project deliverables.

Arizona Health Care Cost Containment System, State of Arizona

Medicaid Cost Reimbursement for School Based Services: Project Manager

Project: AHCCCS contracted with PCG to implement a Medicaid cost settlement and reconciliation process. Lead the development and assisted AHCCCS to obtain approval of the Medicaid state plan amendment to implement a cost settlement methodology. Developed cost reporting form and instructions, implemented the Medicaid Cost Reporting and Claiming System to automate the submission of the Medicaid cost reports, trained providers on how to complete cost reports, and calculated Medicaid cost settlements. Responsible for the development of onsite and remote audit program to validate cost reports.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all cost settlement project deliverables.

Department of Public Welfare, Commonwealth of Pennsylvania

Medicaid Cost Reimbursement for School Based Services*:* Project Manager

Project: PDW contracted with PCG to implement a Medicaid cost settlement and reconciliation process. Lead the development and design process to implement a cost settlement methodology. Developed cost reporting form and instructions, implemented the Medicaid Cost Reporting and Claiming System to automate the submission of the Medicaid cost reports, trained providers on how to complete cost reports, and calculated Medicaid cost settlements. Responsible for the oversight and project management of all program functions.

Mr. Sorrentino: Served as the initial Project Manager and has since transitioned to the Engagement Manager, responsible for oversight of the Project Manager and execution of all cost settlement project deliverables.

Department of Health Services, State of Wisconsin

Wisconsin Medicaid Cost Reporting (WIMCR) Settlement Project: Project Director

Project: Manage the review and submission of county Medicaid cost reports for eligible Medicaid services. The services subject to cost settlement include mental health, developmental disabilities, and long term supports. Cost reports are used to develop interim payment rates for Medicaid purposes. Assisted in the transformation of the cost allocation methodology, including the deployment of a robust web-based cost reporting application to facilitate cost reporting and settlement services.

Mr. Sorrentino: Serves as the Project Director and is responsible for the oversight of the Project Manager and execution of all cost settlement project deliverables.

Third Party Administrator & Claims Processing Services

Common Care Alliance (CCA), Commonwealth of Massachusetts

Third Party Administrator (TPA) Services (July 2016 – Current): Executive Sponsor

Project: Executive sponsor for TPA and claims processing services on behalf of CCA. Oversee adjudication of annual claims exceeding $500M per year, as well as customer service, appeals, and other back office operations. Worked to restructure team by implementing structural changes, which lead to operational efficiencies.

Department of Financial Services, State of New York

Medical Indemnity Fund & Third-Party Administrator (TPA) Services (July 2016 – Current): Executive Sponsor & Implementation Project Manager

Project: Executive sponsor for TPA and claims processing services on behalf of the New York State Medical Indemnity Fund (MIF). Responsible for the launch of the MIF Administrator services, including organizing the procurement of a case management platform, recruiting and hiring a case management team, and working to develop policies and procedures for implementation of MIF administrator operations, which includes enrollment, prior authorization and utilization management, as well as case management functions.

Program Review Consulting Services

Health and Human Services Commission, State of Texas

Behavioral Health Programmatic and Financial Review (July 2011 – December 2012): Project Manager

Project: Completed comprehensive study of publicly funded behavioral health system. Comprehensively documented as is system of care and current financing model for Medicaid and block grant funded services to the indigent population. Conducted statewide stakeholder sessions to obtain feedback on current service delivery model to identify strengthens and weaknesses. Second phase of the project included the development of recommendations outlined in a formal report to the Texas Legislature to reform the public behavioral health system, including specific

recommendations to reform service delivery and financing of Medicaid and block grant services in order to maximize resources, as well as improve the overall quality of care.
Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Department of Assistive and Rehabilitative Services, State of Texas
Early Childhood Intervention (ECI) Program Service Delivery Structure and Funding Infrastructure Assessment (January 2010 – September 2010): Project Manager

Project: Lead assessment of current service delivery system, contract structure and funding infrastructure. Managed staff to develop an alternative service delivery structures for DARS consideration using data analysis, and discussions with stakeholders within the early intervention system. Reviewed policy, program costs, revenue appropriation, and utilization data to identify potential funding improvements and additional funding sources. Developed report detailing the funding infrastructure necessary for the proposed structural changes and a financial model of the impact on the DARS ECI system.
Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

Health and Human Services Commission, State of Texas
Capitated Managed Care Model of Dental Services (October 2012 - March 2013): Project Manager

Project: Under the provisions of the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver in 2012, effective March 1, 2012, the Health and Human Service Commission (HHSC) changed the service delivery model for Medicaid dental services from a fee-for-service (FFS) model to a capitated managed care model. Public Consulting Group, Inc. (PCG) was hired by HHSC to complete a comprehensive analysis and report evaluating the impact of providing dental services through a capitated managed care model based on access, quality and cost outcomes. PCG evaluated dental services provided before and after the transition to a managed care delivery system, specifically from March to September 2011 and from March to September 2012, respectively.
Mr. Sorrentino: Served as the Project Manager and was responsible for all facets of the project.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Austin, TX* 10/1/2002 – Present

Healthcare Financial Management Association (HFMA), 10/1/2002 – Present

Financial Management Association Honor's Society (FMA), 10/1/2002 – Present

EDUCATION

Clark University, *Worcester, MA*
Master's in Business Administration, 2006

Bentley College, *Waltham, MA*
Bachelor of Science in Finance, 2002

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional, KPMG CMS 2552, 2540, 287, and 288 Cost Reporting Software, Training: SAS Visual Analytics, 2015

CHARLES D. HURLEY
PROJECT SPECIALIST, SUBJECT MATTER EXPERT AT PUBLIC CONSULTING GROUP, INC.

Chief Charles Hurley is a seasoned fifth generation fire service professional with over 38 years of experience. Tested and proven public safety leader with 20-years' experience as a Senior Chief Fire Officer eight of which are as Fire Chief, Emergency/Risk Manager, Personnel Officer and Labor Relations Negotiator. Well-rounded knowledge, skills, abilities and experience in: Fire Suppression, Prevention, Community Risk Reduction, Fuels Management, EMS (Public and Private), Urban Search & Rescue, Swift/Flood Water Rescue, Wildland/Urban Interface and Emergency Management operations at the State and local government levels during major disasters.

RELEVANT EXPERIENCE

Johnson Controls Fire Protection, LP

Customer Care Representative III (2017 – 2020): to renew, maintain and grow SOW (share-of-wallet) within a defined and assigned customer base in an in-house, team-based environment. The CCR III will follow RIF segment guidelines, performance metrics and expectations as well as contribute to a customer-focused strategy that will increase customer interactions and connections that will result in increased rates of retention, higher revenue per customer while at the same time ensure our customers are successful and enjoy an outstanding customer experience.

Centerra Group LLC

Fire Chief (2015 – 2016): Assigned to NASA-JPL. Served as fire chief, in command of the department reporting directly to the Centerra Public Safety Division Project Manager. Responsible for the following:

- All operations and administration of the department to include: Emergency Medical Services, (EMT), Fire, (Structure & Wildland), Rescue and Hazardous Materials at the Specialist Level
- Directly supervise 4, Fire Captains.
- As part of the executive management for the Centerra responsible for implementing policy set by Centerra/NASA-JPL Contract.
- Ensure effective use of resources in delivering emergency response services to NASA-JPL community.
- Establish, within Centerra, NASA-JPL and CalTech policy, appropriate service and staffing levels; allocate resources accordingly.
- Select, train, supervise, motivate and evaluate the performance of department personnel through the chain of command; provide and/or coordinate staff training; implement disciplinary and termination processes.
- Direct investigations to determine the cause and origin of fires.
- Serve as department liaison to LACo. Fire Dispatch and coordination of NFIRS data collection for State Fire Marshal and US Fire Administration.
- Oversee the enforcement of federal, state and local fire codes and regulations.

City of La Habra Heights

Deputy Fire Chief (2014 – 2015): Served the Deputy Fire Chief is second in command of the department reporting directly to the Fire Chief. Responsible for all operations and administration of the department including: Emergency Medical Services, (Paramedic & EMT); Fire, (Structure & Wildland); Rescue; Hazardous Materials at the FRO Level; US&R at the Type-3, Light; Training; Staffing/Personnel; Dispatch; Emergency Management; Directly supervise 1, /EMS Coordinator and 21, Fire Captains.

- Responsible for all department Administrative and Emergency Operating Policies/Procedures.
- Serve as department liaison to Downey Dispatch and coordination of NFIRS data collection for State Fire Marshal and US Fire Administration.
- Oversee the enforcement of federal, state and local fire codes and regulations.
- The Deputy Chief is Director of Emergency Management and responsible for development and execution of the Community Emergency Operations Plan and oversight of the Emergency Operations Center and serves as City representative to Operational Area-E Disaster Council.

City of Oroville
Fire Chief (2009 – 2013): The Fire Chief is an executive level management position and one of 7 department heads appointed by the City Council. The Fire Chief receives administrative direction from the City Administrator but reports to the Council. The Fire Chief is responsible for the following:

- Supervision of Deputy Fire Chief (Fire Marshal), Fire Battalion Chief (Training & Operations) and Administrative Assistant (Budget & payroll)
- Determine overall strategy, goals and objectives for department
- Responsible for developing operational and capital improvement budget for department
- Establish, within City policy, appropriate service and staffing levels; allocate resources accordingly.

Human Resources, City Personnel Officer (2010): Responsible for overall management of the HR Department servicing 7 departments and 134 employees. 7 Departments: Administration, Finance, Housing & Economic Development, Fire, Police Community Development & Public Works and Parks & Trees. Responsible for determining all testing and promotional exams from City Administrator to entry level employees. Responsible for ensuring all employees are compliant with local, state and federally mandated training programs across all disciplines. Responsible for development and maintenance for City of Oroville Personnel Rules and Regulations.

California Governor's Office of Emergency Services
04/09 – 08/09: *Deputy Chief, Hazardous Materials*
01/06 – 04/09: *Deputy Chief, Special Operations*
11/04 – 12/05: *Assistant Chief, Special Operations Training*

City of Gilroy, CA Fire Department
11/03 – 8/04: *Fire Division Chief, Training & Education*

Town of West Hartford, CT Fire Department
10/02 – 10/03: *Assistant Fire Chief, Operations*
07/99 – 10/02: *Assistant Fire Chief, Planning*

City of Las Vegas, NV Fire & Rescue
11/90 – 06/99: *Fire Training Officer (Captain), Acting Suppression Captain, Firefighter/Paramedic & Hazmat Specialist*

Additional Career Experience:
01/1998 – 06/1999: *Valley Hospital Medical Center Flight for Life, Certified Flight Medic*
08/1988 – 11/1990: *Med-Trans Corporation Hazardous Materials Training Coordinator/Field Paramedic*
08/1990 – 06/1999: *Community College of Southern Nevada, Adjunct Facility instructing EMS, Fire & Hazmat related programs*
09/1988 – 07/1994: *Las Vegas Metropolitan Police Department, Search & Rescue Team, Reserve Officer/EMT-P*
08/1983 – 06/1990: *Civilian Fire Protection Specialist for US Air Force Fire Department Positions Held: Firefighter/Rescueman, Crew Chief /Station Captain, Acting Assistant Chief of Operations Duty Locations: Portland ANGB,OR, Rickenbacker ANGB, OH, Edwards AFB, CA, Northrop Corp. ASD, CA, Indian Springs AFAF, NV*

EDUCATION

West Point Leadership Academy, *Los Angeles, CA*
Los Angeles Fire Department, August 2014

360 Solutions Intl.
High Performance Leadership Program, Graduate/Faculty Member, 2013
Executive Fire Officer Program, 1995 – 1999

Cal-State, *Los Angeles, CA*
B/S Degree in Fire Administration (5crs remaining)

Cogswell Polytechnical College, *San Jose, CA*
Deans and Presidents List/Honor Roll, 2001-2009

University of Maryland, MFRI
National Staff & Command Course, 2002

MILITARY EXPERIENCE 1979 - 1983

US Air Force, Fire Protection Specialist – 57170
Honorable Discharge at Rank of Sergeant, E-4 with multiple commendations to include Meritorious Service Award, Commendation Medal, Achievement Medal

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

California State Fire Marshal: Chief Officer Certification 02/15/12
California Fire Chief Association, Chief Officer Leadership Symposium (11/10)
Graduate, National Staff & Command Course, University of Maryland, MFRI (06/02)
National Fire Academy, Executive Fire Officer Program
National Fire Academy, Advanced Fire Administration
National Fire Academy, Political & Legal Foundations of Fire Protection
National Fire Academy, Fire Prevention Organization & Management
National Fire Academy, Community & the Fire Threat
National Fire Academy, Managerial Issues of Hazardous Materials
National Fire Academy, Training Program Management
National Fire Academy, Chemistry of Hazardous Materials
National Fire Academy, ALS/Hazmat
National Fire Academy, ISO/HSO Train-the-Trainer
National Fire Academy, Terrorism-Basic Concepts Train-the-Trainer
National Fire Academy, Advanced Radiological Incident Operations (Terrorism)
Command School Inc., ICS for Command Officers
ICS-200/300/400/700 & 800
S-330 Strike Team/Task Force Leader
S-339 Division Group Supervisor
FEMA US&R Task Force Leader
FEMA US&R Medical Specialist
CSFM, Firefighter I
CSFM, Hazardous Materials 1A-1G, Specialist, IC and WMD
CSFM Certified Instructor, Level-1/2 Command/Management Courses
CSTI Certified Instructor
IAFF Master Instructor, Hazardous Materials (1993 – 2002)
State of Connecticut, Fire Investigator certification
State of Nevada, Fire Officer I/II
State of Nevada, Firefighter II
USAF ARFF Certified Firefighter & Firefighter/Rescueman

DENISE WILKINSON, MBA, ACHE
SENIOR HEALTH CARE CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Ms. Wilkinson has lived in Austin since 1991, is a University of Texas graduate and holds an MBA degree from Concordia University, Texas. Denise has been trained by the country's #1 ranked Hospital - Mayo Clinic, on Utilization management, Bundled Payments (BPCI), Total Cost of Care, and Value-based care. She has designed transplant programs, clinical workflows and improved patient outcomes by identifying areas to improve hospital readmission rates. Her experience with clinical care and the patient experience will help the City of Austin to improve the quality of care in this particular project in addition to Denise being an Austin native.

As a valued senior member of the PCG team, she currently serves as a project manager for Medicaid Upper Payment Limit projects in Colorado and North Carolina, and for the Colorado Hospital Quality Incentive Program. Ms. Wilkinson's 15 years of experience in the health care industry has given her extensive knowledge in integrative care, ACO operations, and financial analysis. Her insight has been invaluable in presenting to physicians, and health care executives.

RELEVANT PROJECT EXPERIENCE

Department of Health and Human Services, Division of Medical Assistance, State of North Carolina

Medicaid Physician Upper Payment Limit (May 2019 – Present): Project Manager

Project: Manages Medicaid Upper Payment limit program for state university physician practice plans to provide supplemental payments in addition to prevailing Medicaid reimbursement rate. Evaluates commercial payer reimbursement rates for a variety of eligible groups and calculates Average Commercial Rate (ACR) for all procedure codes paid by Medicaid. Draft State Plan Amendment (SPA) outlining eligible providers and reimbursement methodology. Supports DMA in SPA approval and provides ongoing payment processing.

Ms. Wilkinson: Serves as the Project Manager, responsible for oversight of the Project and execution of all UPL calculations.

Department of Public Health and Environment, State of Colorado

The Hospital Quality Incentives Payment program (May 2019 – Present): Project Manager

Project: The CO Health Care Policy & Financing Department contracted with PCG to administer and oversee all aspects of the Hospital Quality Incentives Payment program (HQIP). This includes the development of data collection tools and all associated data quality assurance processes, perform annual report audits and site visits, provide consultative and subject matter expertise to HCPF to recognize, develop, and calibrate HQIP measure sets for future years. She is responsible for collaborating with the department in the design of hospital measures to ensure fairness and sustainability in achieving improved quality outcomes for patients and increasing access to hospitals for all patients.

Ms. Wilkinson: Serves as the Sr. Project Advisor and oversees all scoring and final supplemental payment calculations. Responsibilities also include execution of measure reviews, portal development updates as well as site visits and interviews.

Department of Health Care Policy & Financing, State of Colorado

Medicaid Physician Upper Payment Limit Project (May 2019 – Present): Project Manager

Project: Manages Medicaid Upper Payment limit program for state university physician practice plans to provide supplemental payments in addition to prevailing Medicaid reimbursement rate. Evaluates commercial payer reimbursement rates for a variety of eligible groups and calculates Average Commercial Rate (ACR) for all procedure codes paid by Medicaid. Draft State Plan Amendment (SPA) outlining eligible providers and reimbursement methodology. Supports DMA in SPA approval and provides ongoing payment processing.

Ms. Wilkinson: Serves as the Project Manager, responsible for oversight of the Project and execution of all UPL calculations.

MAYO CLINIC EXPERIENCE

Baylor University – Dallas, TX

Clinical Business Consultant (September 2016 – 2018):

Project: Gastroenterology Diagnostic & Treatment improvements.

Ms. Wilkinson: Performed utilization analysis and identified leakage in diagnostic testing. Denise was able to identify protocol changes that made a financial impact for the hospital and patient by decreasing unnecessary testing, decreasing treatment episodes for patients by using Mayo Clinic algorithms and evidence-based guidelines. Resulting in a $350,000 reduction in diagnostic costs.

El Paso Children's Hospital – El Paso, TX

Clinical Business Consultant (June 2016 – 2018):

Project: The Oncology department at El Paso Children's Hospital was searching for a vendor to use for genetic testing. Their concerns were centered around Quality of testing, Turn Around Times, and EMR integration.

Ms. Wilkinson: Oversaw the analysis of clinical protocols, current vendors and laboratory utilization management reports. Denise consulted on the building of genetic testing and treatment protocols for patients with rare, unidentified conditions related to Oncology and Genetics disorders. She recommended partnering with a Genetics program based at the Children's Hospital in San Antonio, Texas in order to optimize services and reduce and obstacles to treatment. Her efforts resulted in a $250,000 decrease in unnecessary spending, shortened average lengths of stay and value-based treatment plans.

Texas Tech – Lubbock, TX

Clinical Business Consultant (September 2016 – 2018):

Project: Decrease Chronic Heart Failure Readmission rates.

Ms. Wilkinson: Analyzed clinical protocols for chronic heart failure patients ready for discharge from the Emergency Room. Denise identified a diagnostic serial test that gives actionable information on the progression of heart failure in patients before discharge. By identifying the 'sickest of the sick' in the Emergency Room, providers were able to aggressively change treatments and prioritize discharge patients more effectively. The goal was to decrease readmission rates and to ensure all patients' ability to receive quality care when challenged by Social Determinants of Health (SDOH). Denise's contributions resulted in a 12% decrease in chronic heart failure readmission rates for FY 2017-2018.

Seton Main Hospital – Austin, TX

Clinical Business Consultant (2017-2018):

Project: The Cardiology Division Chief was looking for a Precision Medicine vendor to partner with in improving patient outcomes. Denise designed the clinical algorithms and clinical workflows for genetic testing for arrhythmias, hypertrophic and transplant candidates. She collaborated with the Cardiology department to establish guidelines for testing and patient support. Her work resulted in more patients having access to affordable genetic testing which helped in decreasing the total cost of care for at risk patients by an average of 30% per year.

Ms. Wilkinson: Performed a needs assessment and analyzed clinical protocols for chronic heart failure, Arrhythmic, Hypertrophic, and transplant programs. Denise made recommendations based on guidelines, evidence-based medicine and clinical utility of current diagnostic vendors.

EDUCATION

Concordia University Texas, *Austin, TX*
Master of Business Administration (MBA), 2016

University of Texas, *Austin, TX*
Bachelor of Liberal Arts, History, 2002

PROFESSIONAL ASSOCIATIONS

American College of Healthcare Executives (ACHE), 2019 - Present

Member Board of Directors – Medic Outpost, 2018 - Present

MAGGIE DUNHAM, MSW
SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Ms. Dunham has worked with health care policy, public health program development and Medicaid for 15 years. She is a passionate, results-oriented leader accomplished in program design and implementation oversight, contract and network development, quality improvement, payer relations, strategic planning, data analysis, and project management of health care transformation platforms. She currently is the PCG project manager for Colorado, Maryland, New Mexico, and Oregon Emergency Medical Services (EMS) Cost Recovery and Revenue Maximization Initiatives, where she manages the development, implementation, and ongoing administration of EMS reimbursement programs. She also is leading a new federal EMS initiative on behalf of PCG called Emergency Triage, Treat, and Transport also known as ET3 to test integrated care models and value-based payment for Medicare Fee for Service beneficiaries. In addition to having managed multi-million-dollar product lines ahead of joining PCG, she supervises six Consultants and Analysts, and contributes to practice area strategic planning to meet evolving client needs.

RELEVANT PROJECT EXPERIENCE

Centers for Medicare and Medicaid Services (CMS) Emergency Triage, Treat, and Transport (ET3) Initiative

ET3 Program Development: (April 2019 – Present): Program Manager

Project: Led PCG product development for application organization, project management, quality assurance, and submission for EMS clients pursuing 5-year CMS pilot for alternative destination transport and optional treatment in place via telehealth by EMS providers for Medicare fee-for-service (FFS) beneficiaries. Services also included payer and billing data analysis, payer strategy presentation, population health management, training and education, and clinical and operations protocol changes. Additional ET3-type service developments include:

- ET3 Application Services
  - Broward Sheriff's Office Department of Fire Rescue and Emergency Services Operations Division
  - Miami-Dade County Fire Rescue Department
- ET3 Implementation Services
- COVID-19 Medicare expansion to include Alternative Destination as a reimbursable transport
- State Medicaid Model proposals developed for the following states
  - Colorado
  - Florida
  - Massachusetts
  - New York

Ambulance Supplemental Payment Program, State of Maryland

Maryland EMS ASPP (April 2019 – Present): Program Manager

Project: Work with State Medicaid agency and Maryland Institute for Emergency Medicine Service Systems (MIEMSS), as well as area fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Ambulance Supplemental Payment Program, State of New Mexico

New Mexico EMS ASPP (April 2019 – Present): Program Manager

Project: Work with local fire departments, ambulance providers, and pueblo tribal territories to design, gain approval for, and implement the Ambulance Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Department of Health Care Policy and Financing (HCPF), State of Colorado

Supplemental Payment Program for EMS Providers (April 2019 – Present): Program Manager

Project: Worked with HCPF on CMS approval for, and the implementation of a Supplemental Payment Program to generate incremental federal Medicaid revenue for local governmental providers of ambulance/emergency medical services (EMS) to Health First Colorado beneficiaries. Facilitated the creation of a Medicaid State Plan Amendment and its submission to CMS. Organized a workgroup with 10 EMS providers to understand financial and reporting capabilities and finalize reporting methodologies. Developed cost report and cost reporting guide utilizing feedback from the workgroup.

Health Authority, State of Oregon

Ground Emergency Medical Transportation (GEMT) Program (April 2019 – Present): Program Manager

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Ground Emergency Medical Transportation (GEMT) Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Independent Consultant, *Denver, CO* July 2008 – March 2019

University of Colorado Department of Family Medicine: Health Information Technology Program Manager

Projects: Managed federally awarded projects for the two states to integrate behavioral health into 200 Colorado primary care practices and develop chronic disease population health clinical quality measures (CQMs) for 60 rural health care providers in Colorado and New Mexico using program development and data design strategy, train-the-trainer methodology for Practice Transformation Organizations (PTO), as well as Electronic Health Record (EHR) workflow adaptation and implementation. Programs included:

- State Innovation Model (SIM) and Agency for Healthcare
- Agency for Healthcare Quality and Research EvidenceNOW Southwest

SCL Health: Clinical Quality Program Manager

Projects: Managed federal clinical quality improvement programming required reporting for CMS compliance and directed national accreditation for over 200 clinics for providers with multiple specialties, over eight (8) EHR across three (3) states using program design, train-the-trainer, transition planning and tracking, along with clinical workflow development and implementation monitoring. Programs included:

- Accountable Care Organizations (ACO)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Meaningful Use EHR Incentive Program
- Medicare Shared Savings Program (MSSP)
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) transition to Quality Payment Program (QPP) for Merit-based Incentive Payment System (MIPS) Advanced Alternative Payment Models (APMs)
- Patient-Centered Medical Home (PCMH) by National Committee for Quality Assurance (NCQA) Standards and Guidelines
- Physician Quality Reporting System (PQRS)
- Transforming Clinical Practice Initiative (TCPI)

Colorado Foundation for Medical Care (CFMC): National Coordinating Center (NCC) Project Manager

Projects: CFMC served as the NCC Learning and Action Network (LAN) contractor on the CMS 10th Scope of Work for Quality Improvement Organizations (QIOs). Supported CMS and its network of 53 QIOs to coordinate health care professionals, patients and stakeholders to establish an evidence-based agenda.

- Organized and informed trajectory of national quality improvement for Medicare beneficiaries through 53 QIOs using LEAN Six Sigma tools and train-the-trainer webinars featuring digital and video technology.
- Supported contract aims for care transitions, family-centered care, patient safety and prevention across health systems.
- Wrote and published CMS training documentation to facilitate change by engaging partners, spreading innovation, sustaining promising practices and coordinating with federal, state and local partners effectively for collective impact.
- Organizational skills include academic research, composing publications, hosting web events, incremental reporting, program development strategy, qualitative analysis and evaluation.

Colorado Department of Public Health and Environment: Medical Home Policy Coordinator
Projects: Leadership from CDPHE with the Colorado Department for Healthcare Policy and Financing for the Colorado Medical Home Initiative including facilitation, key informant interviews, and qualitative evaluation of statewide Coalition; organized community forums for public education and stakeholder engagement on health-related initiatives, as well as state and local policy.

- Developed policy agenda to reduce barriers to a medical home approach for CHP+ and Medicaid clients for the Colorado Accountable Care Collaborative (ACC) Regional Care Collaborative Organizations (RCCO) alongside the Colorado Multi-Payer Patient-Centered Medical Home Pilot using a per member per month (PMPM) Alternate Payment Method for provider reimbursement.
- Managed macro-level communications, strategic planning and quality improvement of health systems including provider relations, payment reform and integration of accessible, comprehensive, coordinated, culturally appropriate care.
- Position funded, directed and reported to Title V Maternal Child Health block grant.

Colorado Consumer Health Initiative: Health Policy Associate – MSW Candidate
Projects: CCHI is a statewide, non-partisan, non-profit coalition of organizational and individual members, representing well over 500,000 Coloradans. CCHI acts as a representative of policy and advocacy priorities to achieve barrier-free access to quality and affordable health care for all Coloradans:

- Researched and developed policy proposals and testified on consumer health legislation.
- Inter-agency development on CCHI mission to further access to health care coverage.
- Major Research Project: Health Equity Environmental Scan of communities of color and their access to care, funded through Robert Wood Johnson Foundation Connect to Coverage grant.

Denver Office of Economic Development: Business Development Associate – MSW Candidate
Projects: OED/DWD connects employers with a trained and ready workforce, while assisting job seekers and Temporary Assistance for Needy Families (TANF) customers with gaining needed skills and education to secure sustainable employment:

- TANF program coordination including policies, eligibility and implementation.
- Facilitated classroom training of 15-25 TANF customers weekly on adult basic education indicators, career development assessments, and job skills readiness trainings.
- Provided clients with crisis intervention, brief therapy and case management.
- Use of Colorado Benefits Management System (CBMS) data management system and interaction with community-based organizations for customer resource referrals.

Metro Crisis Services (now Rocky Mountain Crisis Partners): Public Service Researcher
Projects: Conducted research to support the initial development of Rocky Mountain Crisis Partners a statewide, 24/7, year-round, community-based system of crisis intervention services from which people experiencing mental health and/or substance abuse crises can be assessed, safely and effectively stabilized, and efficiently linked to appropriate follow-up care and services.

- Researched and developed an extensive database of (then) 700 emergency mental health, substance abuse, and health care agencies, facilities and providers serving the Denver Metro area.
- Calculated consumer accessibility of public and private insurance coverage.
- Work funded by a Robert Wood Johnson Foundation, along with other local justice initiatives.

United States Department of State, *Berlin, Germany* July 2007 – July 2008
Bureau of Educational and Cultural Affairs: Congress-Bundestag Youth Exchange for Young Professionals

- Awarded $75K comprehensive yearlong fellowship to enhance US foreign relations.
- One of 75 Americans selected to serve internationally as a junior diplomat for 13 months.
- Served six-month internship with Deutsches Institut für Menschenrechte (German Institute for Human Rights) as their Human Rights Education Intern.
- Hosted United Nations and European government representatives for structured forums, dialogue events and provided lecture support.
- Published and translated testimonies for a United Nations shadow report to the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), introducing intersexuality for the first time as an international human right. Publication available http://intersex.shadowreport.org/.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Denver, CO* April 2019 – Present

EDUCATION

University of Denver, *Denver, CO*
Master of Social Work, Community Organization and Leadership, 2012

University of South Dakota, *Vermillion, SD*
Bachelor of Science, Political Science 2007

TRICIA ALTUM
LEAD BUSINESS OPERATIONS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Ms. Altum stood up and leads the Data Management and Operations Team (DMOT) within PCG's Health Service Practice Area. The purpose of the DMOT is to provide operational support tasks and data management under a centralized team of data professionals for a broad portfolio of projects using a consistent set of tools and processes. Currently the DMOT supports cost reporting activities in the emergency medical services and school based health services product lines for twelve states.

In her career, Ms. Altum has developed and refined processes, visualizations, models and tools for calculations central to projects across the Health practice area and championed the use of data visualization tools for internal analyses and client reporting. In addition to her work on specific calculations, she has supported business operations on the project or product line level by implementing file management, QC and documentation standards and developing and training project teams on templates and tools for data transformation, reporting and QC, culminating in the creation of the DMOT.

She has extensive experience in the area of health care financing, have worked in projects dealing with Medicaid upper payment limits (especially for physician services and ambulance services), behavioral health rate setting, DSH calculations and Medicaid and Medicare hospital cost reporting, and fiscal impact of rate or methodology changes for a variety of Medicaid and other state-funded programs.

RELEVANT PROJECT EXPERIENCE

Multiple Clients in the States of Kansas, Wisconsin, Arizona, Georgia and Colorado

School Based Services Cost Reporting (August 2016 to Present): Lead Operations Analyst

*Projects: A*ssisted local school districts in multiple states in completing cost reports in order to determine supplemental payments up to the cost of providing services. Provided and maintained a website for cost reporting submissions and provided desk review, technical support and training, and reporting services to the states and to local districts.

Ms. Altum: Leads a team of operations support staff who field provider communications, perform desk and monitoring reviews, and generate cost settlement documents for annual cost reports. Worked to bring together Education and Health Practice Area development teams in order to set up a direct connection to cost reporting data. Developed and supported Tableau-based visualizations for internal analyses and client reporting.

Additional States: Worked with North Carolina SBS Staff to develop automate tools for completion and validation of cost reports..

Multiple Clients in the States of Texas, Florida, Washington, Oregon, Iowa, Missouri and Oklahoma

EMS Cost Reporting (December 2016 to Present): Lead Operations Analyst

Projects: Worked with local fire and EMS providers and state agencies in completing cost reports in order to determine supplemental payments up to the cost of providing ambulance services. Contracted with individual EMS providers to assist in completing the cost report

Ms. Altum: Leads a team of operations support staff who process and categorize provider data into approved state templates, generate both Excel and Tableau cost reports, communicate with consulting staff and track cost report completion. Created and continues to develop tools used in these operations, including centralized processing of billing data, Tableau visualizations of cost report data and automated categorization of data. Worked with development staff to create centralized SQL database of EMS cost reporting data. Created and delivered trainings for team members and clients on program specifics, tools and cost report completion.

Additional States: Worked with the Massachusetts EMS team to develop Tableau visualizations for statewide cost reporting data.

Department of Assistive and Rehabilitative Services, State of Texas
Comprehensive Rehabilitation Services (CRS) Program Redesign (April 2014 – June 2016): Operations Analyst

Project: Directed an effort to assist the agency in redesigning and implementing service arrays for the traumatic brain injury and spinal cord injury programs including the development and implementation of a rate setting methodology and contracting approach.
Ms. Altum: Carried out an initial utilization review applying a graphical analysis of utilization patterns to help develop expectations for a new tiered rate system. Created and demonstrated a model for adjusting current rates by provider type using Bureau of Labor statistics data and Relative Value Units. Prepared a report on the feasibility of Utilization Review mechanisms for the DARS program, including an initial Utilization Review

Department of Health Services, State of Arkansas
Rate Setting Effort (September 13 – August 2014): Operations Analyst

Project: Working as a subcontractor to HSAG, assisted the AR DHS in consolidating 4 mental health programs with disparate fee schedules into a single unified fee structure based on a survey of peer states, including financial and impact modelling and modeling various state-specific adjustments.
Ms. Altum: Review, coordinated and consolidated fee schedules; Developed financial impact and rate setting models, including state specific adjustments; Wrote the report and delivered recommendations, including visual data analysis presentations using Tableau.

Department of Mental Health, District of Columbia
Rate Analysis Survey (February 2012 – February 2013): Operations Analyst

Project: Conducted a cost survey, performed in-depth analysis, reported all findings, and made rate-setting suggestions for DC DMH.
Ms. Altum: Served as point of contact for survey respondents. Performed data analysis and modeling of rates based on survey results.

Department of Health Services, State of Wisconsin
Department of Medical Assistance, State of North Carolina
Physician Upper Payment Limit (December 2012 – Present): Operations Analyst/Senior Operations Analyst

Projects: Administered revenue maximization to the upper payment limit for physician practice plans. Performed Average Commercial Rate calculations, processed quarterly supplemental payments and annual reconciliations, and provided audit support.
Ms. Altum: Researched and contributed to the development of new calculation methodologies to maximize revenues and improve accuracy and defensibility. Contributed to the development of new databases incorporating improved methodologies. Performed annual ACR calculations, quarterly calculation and annual reconciliations. Developed QC processes and report formats. Updated documentation and file management.

EDUCATION

Middlebury College, *Middlebury, VT*
Bachelor of Arts in Chinese Literature and Language

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- Microsoft Office Suite (Word, Access, **Excel**, PowerPoint, Outlook)
- **Tableau Visual Analytics**

JESSICA DEHESA
OPERATIONS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Mrs. Dehesa has extensive experience working directly with state Medicaid agencies on large scale initiatives. Mrs. Dehesa provides with project support on three statewide Medicaid school-based services projects. In addition to her school-based experience, Mrs. Dehesa has played a variety of roles in other projects, including Emergency Medical Services work.

RELEVANT PROJECT EXPERIENCE

Arizona Health Care Cost Containment System, State of Arizona

School Based Services Direct Service Claiming Program (2019 - Present): Project Support

Mrs. Dehesa: Executed Medicaid statewide cost reporting and cost settlement operations efforts. Processes school-based cost reports under Medicaid State Plan. Enforces program compliance and revenue maximization by directing school district staff on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

State of North Carolina

School Based Services Medicaid Cost Reporting (2019 – Present): Project Support

Mrs. Dehesa: Facilitated efforts to ensure the completion of statewide cost settlement. Ensured quality control efforts were followed to verify and compile requires statewide Medicaid cost reports.

Department of Health Services, State of Wisconsin

School Based Services Cost Reporting / Reconciliation Initiative (2019 – Present): Project Support

Mrs. Dehesa: Executed Medicaid statewide cost reporting and cost settlement operations efforts. Processes school-based cost reports under Medicaid State Plan. Enforces program compliance and revenue maximization by directing school district staff on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

Ground Emergency Medical Transportation (GEMT) Program, State of Missouri

GEMT Initiative (2019 - Present): Operations Team Lead

Mrs. Dehesa: Serves as the Operations Team Lead for 29+ public EMS and Fire Department providers. Creates multiple tools to support data analysis. Works directly with Consultants to gather and analyze data for cost report submittal to the Department of Social Services (DSS) in the state of Missouri.

Ground Emergency Medical Transportation (GEMT) Program, State of Colorado

GEMT Initiative (2019 - Present): Operations Team Lead

Mrs. Dehesa: Serves as the Operations Team Lead for 90+ public EMS and Fire Department providers. Creates multiple tools to support data analysis and cost report desk reviews. Works directly with Consultants to gather and analyze data for cost report submittal to the Department of Health Care Policy and Financing (HCPF) in the state of Colorado.

Ground Emergency Medical Transportation (GEMT) Program, State of Washington

GEMT Initiative (2019 - Present): Operations Team Lead

Mrs. Dehesa: Serves as the Operations Team Lead for 75+ public EMS and Fire Department providers Creates multiple tools to support data analysis. Works directly with Consultants to gather and analyze data for cost report submittal to the Health Care Authority (HCA) in the state Washington.

Fire Department Funding & Governance Analysis, State of Utah – Tooele County

GEMT Initiative (2019 - Present): Operations Team Lead

Mrs. Dehesa: Serves as the Operations Team Lead to complete full assessment to determine the feasibility of creating an additional fire district. Works directly with Consultants to gather and analyze data for all agencies within Tooele County.

Fire & Emergency Medical Services Analysis, State of Utah – Cache County

GEMT Initiative (2020 - Present): Operations Team Lead

Mrs. Dehesa: Serves as the Operations Team Lead to complete full assessment of the potential advantages and disadvantages of a combined Cache County Fire District and CCEMS system. Works directly with Consultants to gather and analyze data of Fire & EMS response times for all agencies within Cache County.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Austin, TX* February 2019 – Present

EDUCATION

Columbia Southern University, *Gulf Shores, AL*
Bachelor of Science, Business Administration and Finance, 2011

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Microsoft Office Specialist Master

LUKE TAFFURI
CONSULTANT AT PUBLIC CONSULTING GROUP, INC.

Luke Taffuri, a Consultant in our Austin, Texas office, is engaged in numerous projects throughout the country that support EMS providers in revenue maximization, Cost reporting, and Analytics. Mr. Taffuri supports providers through multiple states including Texas, Florida, and Washington in the cost report compilation and data analysis.

RELEVANT PROJECT EXPERIENCE

Florida EMS Providers, State of Florida

Florida EMS PEMT Program (July 2017 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Public Emergency Medical Transportation (PEMT) Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Work on establishing Managed Care (MCO) supplemental payment programs.

Mr. Taffuri: Manage client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews. Develop a MCO funding model and implementation methods for the state.

Texas EMS Providers, State of Texas

Texas EMS ASPP Program (October 2017 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Work on establishing Managed Care (MCO) supplemental payment programs.

Mr. Taffuri: Compile detailed documents in order to conduct data analysis and generate intuitive visualizations. Manage the preparation of annual cost reports and provide comprehensive support throughout the State's desk reviews. Develop a MCO funding model and implementation methods for the state.

Washington EMS Providers, State of Washington

Washington EMS Supplemental Payment Program (January 2018 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the EMS Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Taffuri: Manage client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Austin, TX* July 2017 – Present

EDUCATION

University of San Diego, *San Diego, CA*
Bachelors in Accountancy, Bachelors in Finance, 2017

KAIT MARKLEY
BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.

Kait Markley, a Business Analyst at PCG, has worked on numerous projects to improve program effectiveness and fiscal return for PCG clients. She has led and provided support in preparing cost reports and other key deliverables for school districts and ambulance providers across multiple states including leading onsite and remote training presentations, as well as facilitating and completing compliance reviews. This includes serving as a project lead to multiple fire departments in Texas and Colorado to complete cost reports for EMS Supplemental Payment Programs. Additionally, Ms. Markley has led and contributed to project initiatives in federal and state compliance, Medicaid billing analysis, Medicaid cost reporting, statewide school-based cost settlement operations and training, process improvement and program management best practices in the states of Wisconsin.

RELEVANT PROJECT EXPERIENCE

40+ Governmental Ambulance Service Providers, State of Texas

Ambulance Supplemental Payment Program

Ms. Markley: Worked with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Led and supported the preparation of annual cost reports as well as provided comprehensive support throughout the State's desk review process.

Colorado State Department of Health Care Policy and Financing

Colorado Emergency Medical Services Supplemental Payment (August 2018 – Present): Data Analyst

Project: To develop a supplemental program from which fire departments and public ambulance providers can obtain additional payments for providing emergency medical services to Medicaid patients. gaining approval for, and completing costs reports for the Ambulance Supplemental Payment Program (ASPP)- a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Ms. Markley: Supports data management efforts for the completion of annual cost reports, provides trainings and customer service support to CO public EMS providers.

Department of Health Services, State of Wisconsin

Medicaid School Based Services Cost Reporting/Reconciliation Initiative

Ms. Markley: Led and executed efforts relating to Medicaid state-wide cost reporting and cost settlement operations for the 400 plus school districts participating in the Medicaid School Based Services program. This included working to provide school district administrators with the utmost support in the completion of the cost reports. Additionally, Ms. Ratcliff has led the conducting of numerous statewide training presentations. Led and facilitated onsite and remote monitoring reviews to ensure compliance with program requirements.

PROFESSIONAL BACKGROUND

Public Consulting Group, *Denver, CO* February 2020 – Present

World Health Organization, *Venice, Italy* March 2019 – June 2019
Health Equity Intern

OMNI Institute, *Denver, CO* May 2017 - March 2019
Program Evaluator

EDUCATION

The Colorado School of Public Health
Master of Public Health (MPH), Community and Behavioral Health, 2018

The University of Colorado at Boulder
Bachelor of Arts, Anthropology, 2014

CHRISTIAN E. CALLSEN, JR.
VICE PRESIDENT AND MANAGING DIRECTOR OF OPERATIONS ANALYTICS AT OPTIMA BY R1

Mr. Callsen has substantial international experience leading emergency services software and services organizations to annual growth in excess of 25% across customers within the Asia/Pacific, North American, and EMEA markets. He has achieved customer retention levels in excess of 95% annually and grown current customer engagement across all markets through additional solutions and services. Mr. Callsen passionately believes in a strong team dynamic and a commitment to customer success. He is now seeking an executive leadership position in an entrepreneurial, innovative, and disruptive technology organization with strong potential for international growth.

RELEVANT EXPERIENCE

R1 RCM Incorporated

Vice President / Managing Director – Operations Analytics / Optima by R1 (2015-Current)

Project: Leader of the Operations Analytics and Optima by R1 business units. Operations Analytics is focused on applying advanced analytics to the emergency services and health care sectors as well as internal operations. Within the solutions group, senior executive responsible for all functional components of a discrete multi-million-dollar P&L. Optima by R1 operates as an encapsulated, specialized software and professional services business unit within the enterprise. Business development, product management, development, professional services, support and administrative/finance functions operate independently across locations in three countries. Responsible for the development of analytics capabilities and culture to create an enterprise wide analytics vision and strategy. Intermedix was purchased by R1 RCM in April 2018.

Vice President, EMS / Public Safety Solutions (Intermedix) (2014-2015)

Project: Lead development of the newly created EMS/Public Safety market segment within the software division of Intermedix (Systems Division). This market segment was responsible for the strategic direction of software and services-based solutions for the EMS, Fire Service and Law Enforcement markets as well as the client services for the solutions supported by the segment. The role was also responsible for providing strategic and tactical guidance related to marketing and sales activities within the broader enterprise as well as developing focused strategies to drive growth within the market.

Austin-Travis County Emergency Medical Services

Assistant Chief/Assistant Director – Operations (2006-2008)

Project: Executive command position within Austin-Travis County EMS Department (ATCEMS), a third service EMS agency in central Texas that is directly responsible for all agency emergency response operations (ground, air, and special operations), emergency communications, and a range of associated support functions (fleet, equipment, logistics). Personnel resources include more than 350 uniform personnel of all ranks and responsibilities. Direct reporting relationships existed with 5 Division Commanders, 2 District Commanders as well as administrative personnel. Budget authority was in excess of $45 million annually. The Department provides all ground and air EMS and patient focused rescue services to more than 1,100 square miles of central Texas and responding to requests for assistance more than 120,000 times annually.

Division Commander, Homeland Security & Planning (2000-2006)

Project: Senior operations command position within ATCEMS. This position was responsible for operation and performance of the Austin-Travis County EMS Department's emergency response activities. This included a full range of responsibilities such as budget, personnel, purchasing, and administrative functions and routine interaction with the clinical and administrative aspects of ATCEMS. The position also provided operational system planning for a broad spectrum of operational areas including development and maintenance of the Homeland Security, WMD and MCI programs, special operations activities, station placement, and all aspects of strategic operational development. Assigned as Terrorism Officer directly responsible for development and implementation of the departmental response to any incident involving a Weapon of Mass

Destruction/Effect as well as acting as the primary departmental liaison to the City of Austin and Travis County Offices of Emergency Management.

Department of Emergency Services, Travis County, Texas
Director (1995-2000)

Project: Senior management position within a county government organization. Responsibilities included the preparation and administration of a $6 million annual budget, personnel management (career and volunteer), strategic planning and program development, and extensive interagency coordination and consensus development. The Department of Emergency Services (TCES) provided leadership, coordination, and services in four functional areas; Emergency Medical Services, Office of Emergency Management, Office of the Fire Marshal, and the STAR Flight public safety helicopter program. This position was transitioned into the position listed above when the City of Austin and Travis County combined their EMS programs.

VOLUNTEER ACTIVITIES

Sterling Rescue Squad, Loudoun County, Virginia
Paramedic/Crew Chief 1984-1987

Hudson Volunteer Emergency Medical Services, Hudson, Ohio
Emergency Medical Technician/Paramedic 1983-1985

Georgetown Emergency Response Medical Service, Washington, DC
Founder/Paramedic/President 1982-1985

EDUCATION

Harvard University, John F Kennedy School of Government, *Cambridge, MA*
John F Kennedy School of Government, Executive Education, Senior Executives in State and Local Government, 2008

Georgetown University, *Washington, DC*
Department of Government, College of Arts & Sciences, Bachelor of Arts Degree Program in Public Administration, 1985

Georgetown University Medical Center, *Washington, DC*
Paramedic Education Program, Valedictorian., 1983

JENNY MCGRATH
SENIOR BUSINESS AND QUALITY ANALYST AT OPTIMA BY R1

While at Optima, Ms. McGrath has had the opportunity to implement multiple models for a variety of customers, both large and small. This has provided an opportunity to see how different organizations operate and the various approaches to managing dispatch operations. She has the opportunity to spend time understanding how an organization operates and where they want to move to in the future. Ms. McGrath gets a strong sense of satisfaction when she builds a model that reflects where an organization is now, but also a model that can help organizations make the decisions they need to, to move to where they want to be.

RELEVANT PROJECT EXPERIENCE

Optima

Senior Business and Quality Analyst (2019-Current)

Project: Leading implementation projects. Ensuring customers' requirements are clearly understood and models reflect customers operations. Quality reviews of all project work.

Senior Business Analyst (2011-2019)

Project: Leading implementation projects. Ensuring customers' requirements are clearly understood and models reflect customers operations.

Westpac

Senior Analyst (2006-2009)

Project: Management of analytics team. Coaching and development of analytics team. Providing business insights to senior leadership team.

Fonterra

Optimization Analyst (2005-2006)

Project: Scenario analysis. Spreadsheet modelling. Coaching and supporting the reporting team to improve the reporting available.

Education

University of Canterbury, *Christchurch, New Zealand*
Bachelor of Science, 1998
Bachelor of Commerce with Honors, 1999

ELENA LARK
SENIOR BUSINESS ANALYST AT OPTIMA BY R1

Ms. Lark is an analyst with experience in a broad range of applications and various levels – from statistical data analysis to advanced simulation techniques. Her passion is in finding ways to transform data into information, insights and knowledge. Ms. Lark has studied theoretical mathematics and then moved to applying her knowledge in environmental, social, health care and other areas. She is fascinated to see mathematics helping to solve real life problems.

RELEVANT PROJECT EXPERIENCE

Optima
Senior Business Analyst (2012-Current)

Project: Data analysis and model implementation. Customer engagement including requirement gathering, training and support. Consulting projects. Process documentation and improvement.

Statistics New Zealand
Statistical Analyst (2011-2012)

Project: Statistical analysis of social survey data. Data processing using SAS. Answering customer requests. Development of analytical products.

EDUCATION

Graduate School of the Russian Research Centre, Kurchatov Institute, *Moscow, Russia*
PhD in Mathematical Modelling, Numerical Methods, and Program Complexes, 2009

Lomonosov Moscow State University, *Moscow, Russia*
Undergraduate Degree in Mathematics and Applied Mathematics, 2002

MATTHEW MACLEOD
OPERATIONS RESEARCH ANALYST AT OPTIMA BY R1

Mr. Macleod is a committed and hardworking data analyst with an eye for detail and a passion for quality and excellence. His background is situated in a Local Government environment within the health sector.

RELEVANT PROJECT EXPERIENCE

Optima

Operations Research Analyst (2019-Current)

Project: Assisting customers with their ongoing use of Optima Predict. Modelling and analysis to address customer challenges. Identify customer specific requirements.

Cranstoun

Business and Performance Analyst (2015-2019)

Project: Analyse data to produce comprehensive reports. Help steer operational direction. Provide line management to the administration team.

EDUCATION

Bracknell & Wokingham College, *Bracknell, UK*

Level 3 Diploma in Business and Administration, 2018

PAUL DAY
DIRECTOR OF DEVELOPMENT AT OPTIMA BY R1

Mr. Day obtained his bachelor's degree in Engineering from the University of Auckland and holds a PhD in Operations Research from the University of Auckland. He has more than 20 years of experience in software development, and the practical application of maths and technology to solve real world high value business problems. These business problems in particular include logistics, scheduling and data challenges. Mr. Day has expertise across multiple industries, including Airline, EMS and Fire operations. Mr. Day got most of his enjoyment by being involved from conception through to implementation of interesting mathematical based products or solutions which provide real benefits to customers.

RELEVANT PROJECT EXPERIENCE

Optima

Development Director (2006-2017)

Project: Product roadmap/R&D. Created development infrastructure and processes. Managed entire development team. Implementation of, and customer consulting with, highly complex software models. Supported and assisted sales, implementation and delivery teams.

Technical Lead (1998-2006)

Project: Managed Optima's contract with Air New Zealand. Software development and system design. Product development. Optimisation consulting. Product implementation and customer analysis/delivery/support. IT system and infrastructure management.

Air New Zealand

Independent Contractor (1991-1998)

Project: Design of mathematical optimisation systems. Software development. Project management. IT system and infrastructure work/support

EDUCATION

University of Auckland, *Auckland, New Zealand*
PhD in Operations Research, 1996
Bachelor of Engineering with First Class Honors, 1990

Samples of Work – Coconut Creek Final Report

Transitional Study for Fire & EMS Services

Coconut Creek

May 2020

PUBLIC CONSULTING GROUP

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ACKNOWLEDGEMENTS

We greatly appreciate the help of all individuals and organizations that provided data, insights, and contributed to the development of this report. While there are too many to mention individually, we wish to especially thank the following individuals for helping to launch, coordinate, and advise the project.

Coconut Creek

- Sandy Welch, Mayor
- Becky Tooley, City Commissioner
- Mikkie Belvedere, City Commissioner
- Karen Brooks, City Manager
- Terrill Pyburn, City Attorney
- Sheila Rose, Assistant City Manager & Director of Sustainability Development
- Peta-Gay Lake, Finance Director
- Kisha Bolden, Budget Manager
- Jeffery Gary, Fire Marshal
- Pam Kershaw, Human Resources Director
- Francisco Porras, IT Director
- Ken Brown, GIS Analysist
- Rick Kershaw, GIS Analysist
- John, Leonard, Police Captain
- Jim Berkman, Public Works Director
- Alex Tergis, Deputy Director, Public Works
- John Tetteris, Superintendent, Public Works
- Lou Italico, Project Manager, Public Works
- Jessica Reader, Senior Accountant, Finance
- J. Leonard, Captain, Police Department

Outside Agencies

- Jenna Diplacido, Broward County Office of Regional Communications, North Dispatch Center Manager
- Roberto Lorenzo, Margate-Coconut Creek Fire Rescue, Fire Chief
- Steve Erched, Margate-Coconut Creek Fire Rescue, Division Chief-Administration
- Luis Villar, Margate-Coconut Creek Fire Rescue, Division Chief
- Danny Rodriguez, Margate-Coconut Creek Fire Rescue, Division Chief-Logistics
- John Baillie, Margate-Coconut Creek Fire Rescue, Division Chief-Operations
- Carlos Pumariega, Margate-Coconut Creek Fire Rescue, Department Training Officer
- Kevin Wilson, Margate-Coconut Creek Fire Rescue, Fire Code Official
- Gia Shaw, Margate-Coconut Creek Fire Rescue, Public Safety Communications Manager
- Eric Stever, District Vice President, IAFF Local 3080, District 14
- Cale Curtis, City of Margate, City Manager
- Kathy Liriano, Coral Springs Communications Center, Communications Administrator
- Michael Moser, Coral Springs Fire Department, Division Chief

SECTION I: EXECUTIVE SUMMARY

Public Consulting Group (PCG) is pleased to submit this report summarizing the results of the *Transitional Study for Fire & EMS Services* to the City of Coconut Creek. The report is designed to identify all pertinent issues involved in establishing a fire rescue department and analyze the feasibility of establishing a city-managed fire rescue department in the City of Coconut Creek by October 1, 2021. The report includes considerations for start-up costs, implementation timeline, staffing, training, equipment and facility requirements, emergency medical service (EMS), dispatch services, incorporation of Margate/Coconut Creek Interlocal Agreement separation provisions, and other important information.

In August 2019, the City of Coconut Creek issued a request for proposal (RFP) number 09-11-19-09 seeking professional services to conduct a Transitional Study for Fire & EMS Services. The City selected Public Consulting Group, Inc. (PCG) to carry out the full scope of work. As part of the Transitional Study, PCG conducted interviews with all relevant stakeholders and collected data to understand the current Fire and EMS structure of the City of Coconut Creek; interviewed stakeholders at the City of Margate to further understand the current structure; and analyzed information to estimate future demand for fire and EMS services.

The PCG team also reviewed National Fire Protection Association (NFPA) standards, Insurance Services Office (ISO) standards, Florida Fire Prevention Code, and state and local requirements for providing Fire/EMS services to identify appropriate service levels for the City of Coconut Creek. Based on the information collected, the PCG team defined performance targets for standards of response, standards of coverage, staffing and organization requirements to meet current and future needs. PCG then used all information to conduct a cost analysis and develop the specific set of recommendations for the City to consider.

Although the FY2021 budget discussions between Coconut Creek and Margate have not yet started, based on the City's projected Margate-Coconut Creek (MCFR) budget of **$13,865,000** and PCG's FY2022 projection of **$13,566,820**, the City can provide emergency medical and fire protection services at a cost equal to or lower than Margate. The Coconut Creek FY2022 projected budget includes operating Station 113 and incorporates an additional firefighter/paramedic on each Engine/Quint, bringing staffing up to three (3) firefighters on each Engine/Quint and three (3) firefighters on each Rescue Ambulance. Daily staffing in Coconut Creek would increase from fifteen (15) personnel to nineteen (19) personnel.

SECTION II: METHODOLOGY

The methodology used for this study included conducting interviews with stakeholders in the City of Coconut Creek, the City of Coral Springs, Broward County, and the City of Margate which added to the collection and review of data regarding the current fire/EMS services that the City of Coconut Creek is providing through their agreement as Margate-Coconut Creek Fire Rescue. Benchmarks were also set based on national standards, and a cost analysis was conducted to define recommendations for the City of Coconut Creek to maintain their own Fire/EMS department at the same if not lower cost to the City.

PCG staff traveled to the City of Coconut Creek for on-site interviews for the official project kick-off and to conduct interviews on December 9 and 10, 2019. The purpose of this meeting was to introduce team members, confirm project goals, gain a common understanding of project scope, review timelines, and discuss project logistics. During this visit, the City of Coconut Creek staff gave the team a tour of the City of Coconut Creek fire stations, the Broward County Sheriff's Office (BSO) dispatch center, and the City of Coral Springs dispatch center.

In addition, on-site interviews were conducted on February 2, 2020 with the City of Margate to gain insight into the current delivery of fire/EMS services and the relationships that the City of Coconut Creek has with other municipalities. A list of interviewees can be found in Appendix III.

The PCG team also collected and reviewed more than 60 documents from a variety of sources. The City of Coconut Creek team provided pertinent documents during and following the December 9 and 10, 2019 visits. PCG requested that the City of Coconut Creek develop GIS maps with travel and call density information that were critical to the analysis. The PCG team also collected Computer Aided Dispatch (CAD) data and budget data from the City of Coconut Creek and City of Margate. Additional information was requested from key stakeholders as necessary during and following the interviews. The complete list documents reviewed by PCG is included in Appendix II.

NFPA and ISO standards, as well as state and local requirements for providing Fire/EMS services and EMS/Fire best practices, were reviewed and used to define performance targets for standards of response, standards of coverage, staffing and organization requirements. These standards and benchmarking guidelines are documented in Section IV: Applicable Standards and Benchmarking Guidelines.

All information collected from interviews, documentation provided by stakeholders, observations, standards, research, and best practices were analyzed. The analysis focused on understanding the current and future costs of Fire and EMS needs for the City of Coconut Creek as well as identifying the challenges, opportunities, weaknesses and strengths of a City managed fire and rescue department. Results of this study were used to put together a cost analysis for the transition of delivery of EMS/fire services from the City of Margate to the City of Coconut Creek. The detailed review of costs can be found in Section VI: MCFR Cost Analysis.

SECTION III: BACKGROUND

In 1972 Coconut Creek established a volunteer fire department. In 1982 the Coconut Creek Public Safety Department was established and provided emergency medical and fire protection services through its Police Department under the Public Safety Officer (PSO) model. Police personnel were utilized as PSOs providing law enforcement, firefighting and medical services throughout the City.

Since 1999 the City of Coconut Creek and the City of Margate have maintained an interlocal agreement (ILA) for emergency medical and fire protection services where Margate provides for the management and operations, including personnel, of the Margate-Coconut Creek Fire Rescue (MCFR) Department. MCFR responds from five strategically located fire stations, three located in Margate and two located in Coconut Creek. Coconut Creek recently approved funding for the construction of a third station as well as funds for fire apparatus that will be assigned to the station. Each City owns its fire stations and fire apparatus and is responsible for the cost of replacement fire apparatus.

The FY2020 budget for MCFR Department is $21,043,966 for personnel and operating costs. Coconut Creek's Adopted Budget for FY2020 contract payment to Margate was $10,050,000 or forty-eight percent (48%) of the MCFR budget. City officials have been concerned about the increasing costs for emergency medical and fire protection services provided by Margate and commissioned this study to analyze the costs of these services. It is important to note that all City officials in Coconut Creek are supportive of the rank-and-file firefighters and fire officials and had nothing but praise for the quality and level of services provided by MCFR.

In addition to the financial concerns, over the past few years the relationship between the two cities has reportedly been strained. Coconut Creek officials expressed past difficulties getting data and emergency response information regarding emergency service delivery within the City limits when requested from Margate officials. At the time of this study many of those issues appear to have been resolved with the leadership of the current MCFR Fire Chief and the City is receiving data and information as requested in a timely manner.

SECTION IV: APPLICABLE STANDARDS AND BENCHMARKING GUIDELINES

An essential part of analyzing a fire department's performance is comparing its response experience and protocols against established national response standards. There are several ways to make such comparisons to identify a fire department's strengths and weaknesses.

National Fire Protection Association Standards

The NFPA publishes more than 300 consensus codes and standards intended to minimize the possibility and effects of fire and other risks. NFPA codes and standards, administered by more than 250 Technical Committees comprising approximately 8,000 volunteers, are adopted and used throughout the world. A list of the NFPA Standards that are considered or adopted by fire departments is included in Appendix VI: Listing of NFPA Standards.

To evaluate service performance, many fire departments use the NFPA Standard 1710*, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public for Career Fire Departments*. NFPA 1710 clearly defines the standard level of resources required and time frames for initial and full responses for successful mitigation of emergencies, including fires, emergency medical calls, and other emergencies.

For establishing response readiness and safety, fire departments use NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*. This standard identifies the minimum requirements for training, equipment, apparatus, physical fitness, and other factors that are required to ensure that firefighters can safely respond and mitigate emergencies. NFPA establishes and periodically revises consensus standards on all aspects of fire department operations. In addition to these two, there are standards on fire prevention, fire protection systems, personal protective equipment, apparatus, training, building construction, and others.

NFPA 1710 sets out criteria for effective response to all types of emergencies. Response time is defined as the sum of:

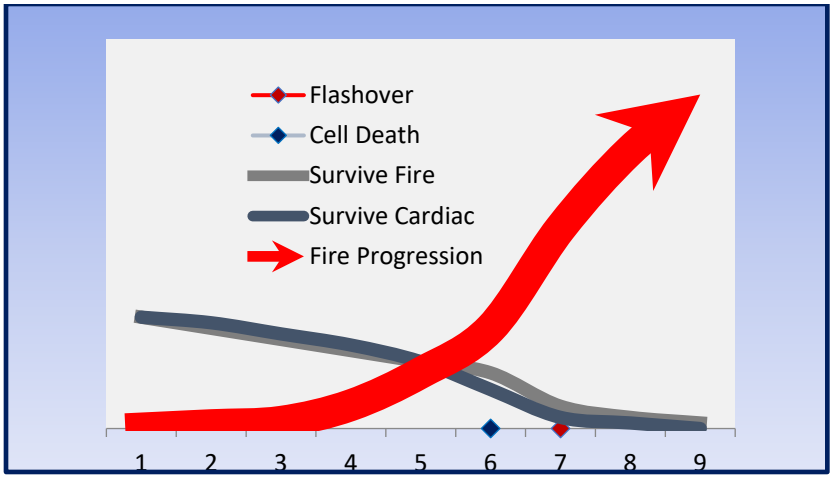
1. **Call processing time**, the time needed for a 911 call to be received and the information processed and dispatched to the closest available fire companies. The benchmark is 64 seconds 95% of the time or 106 seconds 99% of the time.
2. **Turnout time**, the time required by the firefighters to receive the call information, get on the truck, and start to move. Eighty seconds are allowed for standard turnout time for fire incidents and 60 seconds for EMS incidents.
3. **Travel time**, the time the required to respond from the fire station to the emergency location. Four minutes 90% of the time are allowed for travel time for the first arriving engine company.

Thus, the first responding fire company is allowed up to six minutes to respond to an emergency, regardless of the type of call. Many emergencies require only one fire company for mitigation; most medical emergencies fall in this category. However, structure fires and other emergencies require response of more than one fire company. These emergencies require response from an effective response force (ERF).

NFPA 1710 defines an effective firefighting force as the number of firefighters and fire apparatus with equipment required to mitigate a fire or another emergency within a survivable time frame.

Flashover is the point where a fire engulfs a room and generally occurs six to eight minutes after ignition. After flashover, survivability drops steeply. Therefore, NFPA 1710 requires that the effective firefighting force be assembled within eight minutes after receipt of the alarm. Figure 1 illustrates the significance of responding within eight minutes.

Figure 1: Fire Development and Survival vs. Time



An effective firefighting force consists of 16 to 17 firefighters and officers for a single-family dwelling, plus their equipment. Experience over time has shown that these numbers are needed to accomplish the tasks required for successful fire suppression in a survivable time frame. If the fire companies are staffed at four (one officer and three firefighters), three engines, a ladder, and a command officer comprise the effective response force. If the fire companies are staffed at three (one officer and two firefighters), the ERF will be comprised of four engines, a ladder, and a command officer.

Successful emergency response requires not only firefighters but appropriate equipment. Today, 80-90 percent of the calls for service American firefighters respond to are medical emergencies. However, they must be trained and prepared to respond to one hundred percent of emergencies, not just the majority. And that requires having all the tools and equipment necessary when they arrive on a scene, regardless of what they may have been told to expect. For example, a fire company may respond to a wreck on an interstate, having been told there are injuries. But when they arrive, one of the vehicles may be on fire. Not having the ability to extinguish the fire in addition to rendering medical aid would be a terrible – and embarrassing – service delivery failure. In addition, a fire company may be required to go from one emergency to another; having to return to the station for the necessary equipment would cause a delayed response, another service delivery failure. For these reasons, fire departments equip, staff, and dispatch fire engines on all types of calls. A list of NFPA Standards applicable to fire rescue departments can be found in Appendix VI.

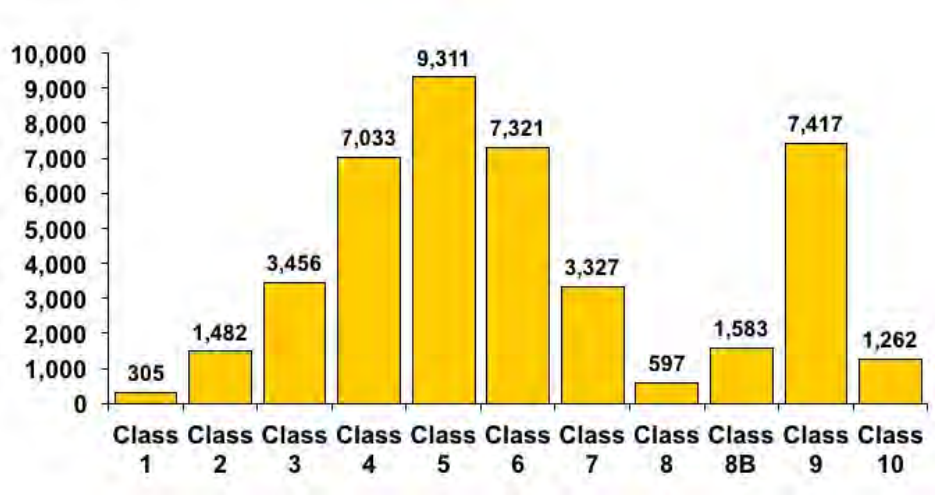
Insurance Services Office Public Protection Classification Program

The Public Protection Classification (PPC) program administered by the Insurance Services Office (ISO) is the oldest and perhaps the most familiar to city managers and administrators. Using the PPC measures, ISO evaluates a community's public fire protection capability and assigns a protection class rating from 1 to 10. Class 1 represents exemplary fire protection; a Class 10 rating indicates that a community's fire suppression program does not meet ISO's minimum criteria.

ISO evaluates all resources required for fire suppression to establish a rating, including available water supply, call taking and dispatching resources and protocols, response unit staffing, firefighter training, response capacity and coverage, and other factors. A key element of coverage evaluation is the location of engine and ladder apparatus in relation to the development within the jurisdiction. The PPC was developed by the insurance industry and is used to set fire insurance premiums. It does not evaluate EMS capabilities or other emergency services a modern American fire department routinely provides.

For full credit in the PPC program, a fire department must provide an engine within 1.5 miles and a ladder within 2.5 miles of each property in the jurisdiction. Staffing for this level of service delivery is prohibitively expensive and, outside dense urban cores of large cities, probably unnecessary. An astute fire chief will not base performance standards on ISO alone but will use more direct methods of evaluating community risks and resources. Figure 2 includes a distribution of ISO classifications throughout the U.S.

Figure 2: U.S. ISO Classification Distributions



Source: ISO Public Protection Classification distributions in 2017 (Courtesy/ISO)

Fire departments are evaluated in about 75 different areas that fall into four general categories, weighted accordingly: fire department (40%), water supply (35%), fire safety control (16%) and emergency communications (9%). Fire department includes things such as the number of stations, number, type and age of apparatus, staffing levels, training, hose and equipment, vehicle maintenance, etc. Water supply evaluates water flow, hydrant locations and condition, operation and maintenance of the water systems. Fire safety control encompasses prevention programs such as code enforcement, plan review, business inspections and public education programs. The final category, emergency communications, evaluates the department's dispatchers and dispatch center operations.

Commission on Fire Accreditation

The Commission on Fire Accreditation International (CFAI) provides a self-assessment and evaluation model that enables a fire department to evaluate past, current, and potential future service levels and performance and compare them to fire industry best practices so that a department may:

- Determine community risk and safety needs and develop community-specific standards of cover.
- Evaluate the performance of the department in relation to the standard of cover.
- Establish a methodology for achieving continuous organizational improvement in relation to the standard of cover.

CFAI provides the tools for a fire department to assess its performance against national standards or locally adopted performance goals. The program is voluntary and does not set standards. A successful process leads to accreditation; compliance reports must be made annually, and the assessment process is repeated every five years. A progressive fire department will be familiar with these and use them to establish response goals and performance measures appropriate for the community and the fire department in a standards of cover document. Additional information regarding CFAI's accreditation program can be found in Appendix VII.

SECTION V: ANALYSIS OF CURRENT FIRE/EMS SERVICE DELIVERY

Department Overview

Margate-Coconut Creek Fire Rescue Department (MCFR) is an ISO Class 1 all hazards full-service fire department that provides emergency response to fires, medical incidents and other types of emergency and non-emergency incidents. MCFR personnel provide fire prevention, fire suppression, advanced life support (ALS) medical treatment, ambulance transportation, and technical rescue services, including automobile extrication and dive rescue. MCFR provides high-quality emergency services to both communities in a professional manner with adherence to industry standards, including NFPA and ISO, as well as State laws and local regulations.

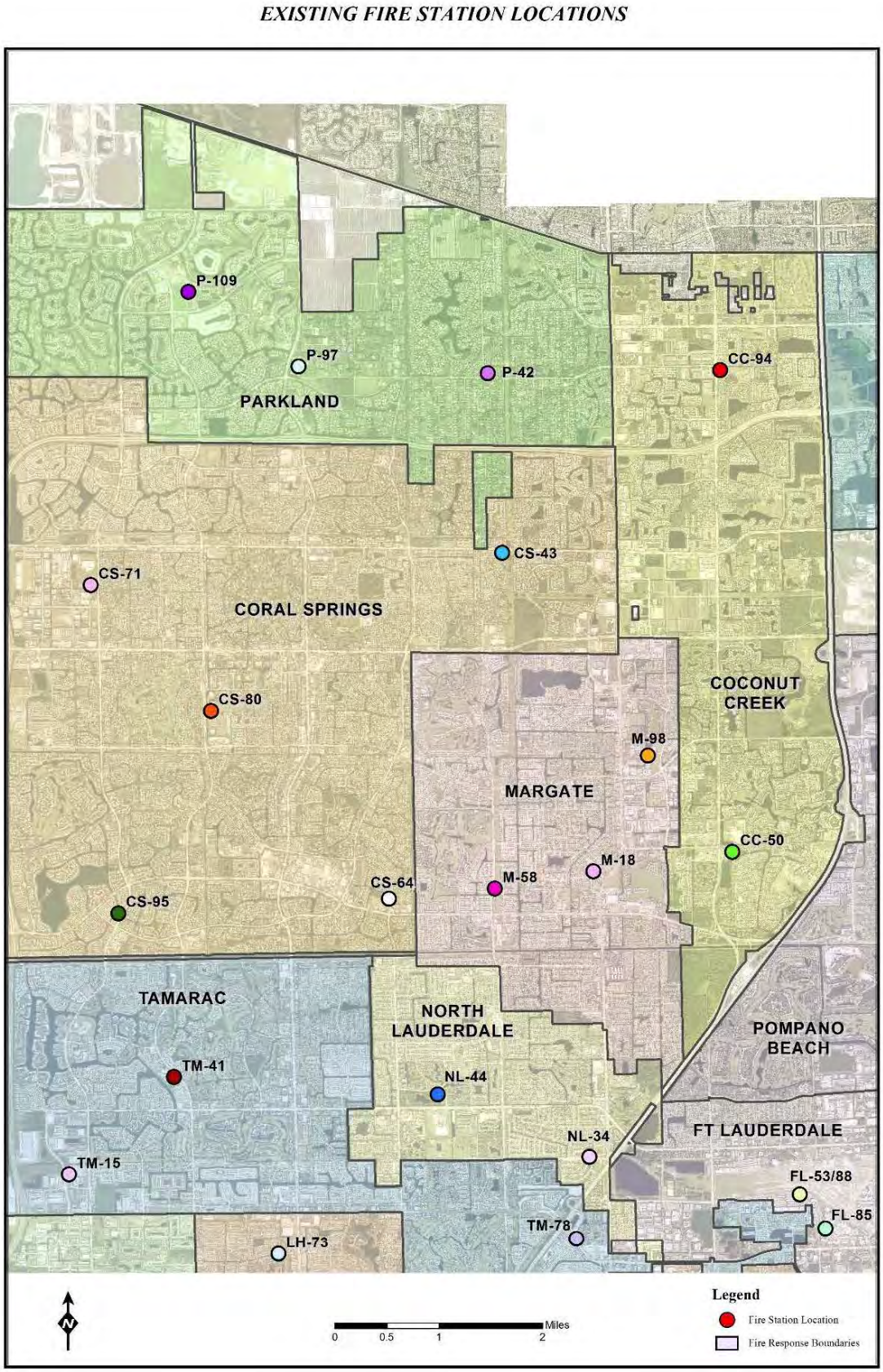
MCFR has a response area of 21.08 square miles, 9.09 square miles in Margate and 11.99 square miles in Coconut Creek. There is also one square mile of water between the two cities. MCFR operates from five (5) fire stations, two (2) located in Coconut Creek and three (3) located in the City of Margate. The MCFR fire stations are located at:

City of Margate Fire Stations	
Fire Station 18	5785 Park Drive
Fire Station 58	600 N. Rock Island Road
Fire Station 98	5395 NW 24th Street
City of Coconut Creek Fire Stations	
Fire Station 50	4500 Coconut Creek Parkway
Fire Station 94	4455 Sol Press Boulevard

Map 1 shows the current locations of the MCFR fire stations as well as the surrounding fire stations that provide and receive automatic or mutual aid when needed. Margate and Coconut Creek have automatic-aid agreements with Broward County, and the cities of Coral Springs and North Lauderdale. Automatic aid is a contractual agreement between two agencies, communities or fire districts to provide emergency assistance from the nearest available resource to the incident by disregarding the jurisdictional boundaries. It is usually established on a mutual use basis. The closest units are dispatched automatically without a formal request. Mutual aid requires a formal request for services before a unit is dispatched.

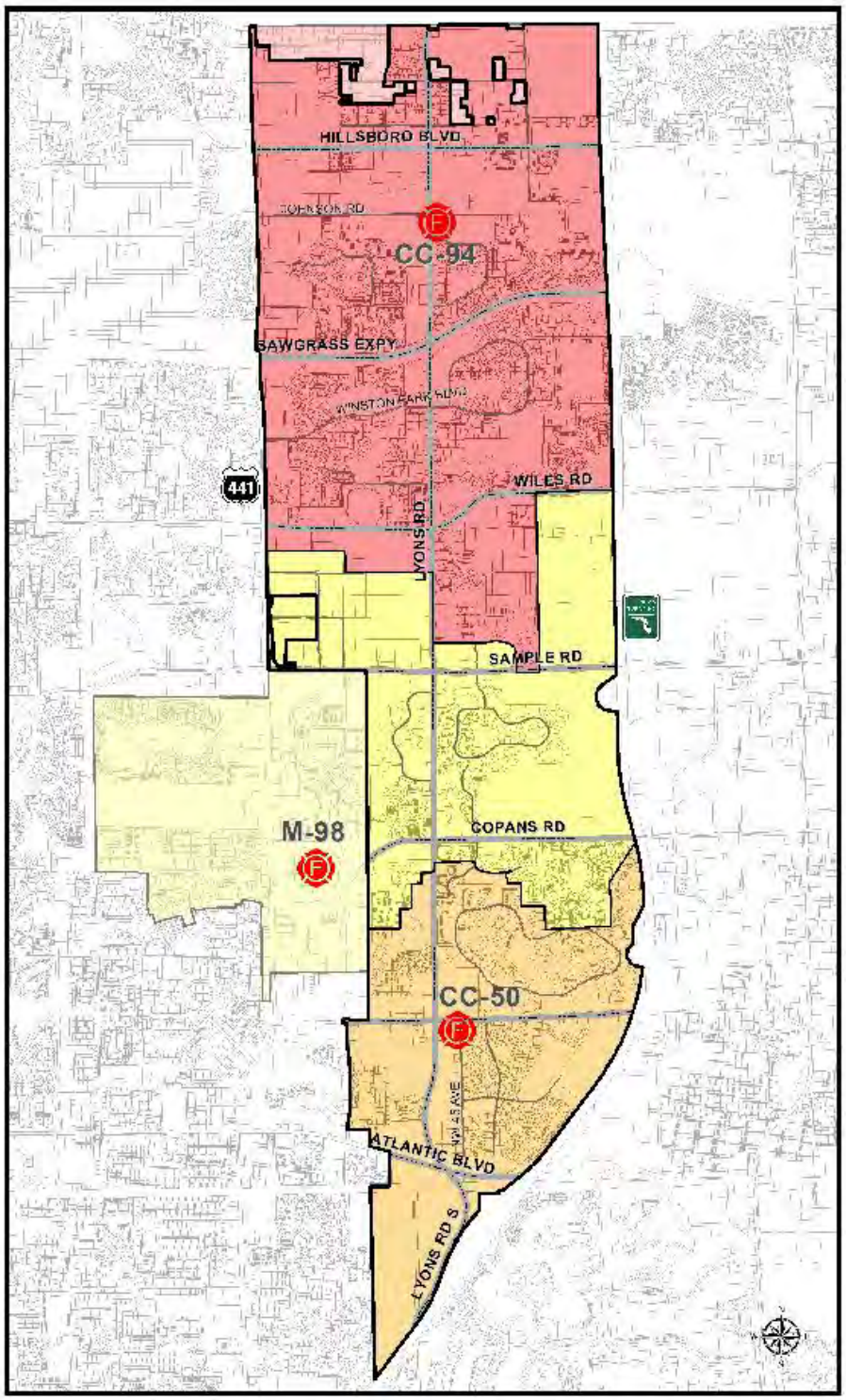
Broward County Sheriffs' Office (BSO) is the primary public safety access point (PSAP) for 911 calls in Margate and Coconut Creek. BSO also provides dispatch services for MCFR as well as both cities police departments. Margate and Coconut Creek are provided these services through County taxes and does not contribute to the BSO budget for these services. Coconut Creek does provide BSO a building in the City that serves as the North Broward County PSAP and Communications Center. BSO provides state of the art technology and provides emergency medical dispatch (EMD) trained personnel that provide medical pre-arrival instructions to 911 callers.

Map 1: MCFR Existing Fire Station Locations and Surrounding Fire Stations



The response area is divided into zones and each fire station has a primary, or “first-in” response area that they are responsible for. Map 2 shows the primary response areas for Coconut Creek.

Map 2: MCFR Current First-Due Areas in Coconut Creek by Fire Station



COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current First Due Areas

Department Apparatus Staffing

Each fire station has either a Type 1 Engine or “Quint” apparatus and a transport-capable Rescue Ambulance unit. A Quint or quintuple combination pumper is a fire-service apparatus that serves the dual purpose of an engine and a ladder truck. A Quint apparatus provides five functions: pump, water tank, fire hose, aerial device, and ground ladders. The Engines or Quints are staffed with two (2) personnel, a Fire Captain and Driver Engineer. Each Rescue Ambulance is staffed with three (3) personnel, a Rescue Lieutenant and two (2) Firefighter/Paramedics. The current staffing model provides five (5) firefighting personnel at each of the five (5) fire stations, for a total of twenty-five (25) firefighters each day. In addition to the twenty-five (25) firefighters on duty each day, each shift has a Battalion Chief that is responsible for incident command and overall management of the shift bringing the total daily on-duty firefighting staff to twenty-six (26). The City of Margate’s labor contract with Local 3080, Metro Broward Fire Fighters, International Association of Firefighters (IAFF), Article 16 – Departmental Staffing, requires twenty-six (26) “State certified Firefighters” as the daily minimum staffing level.

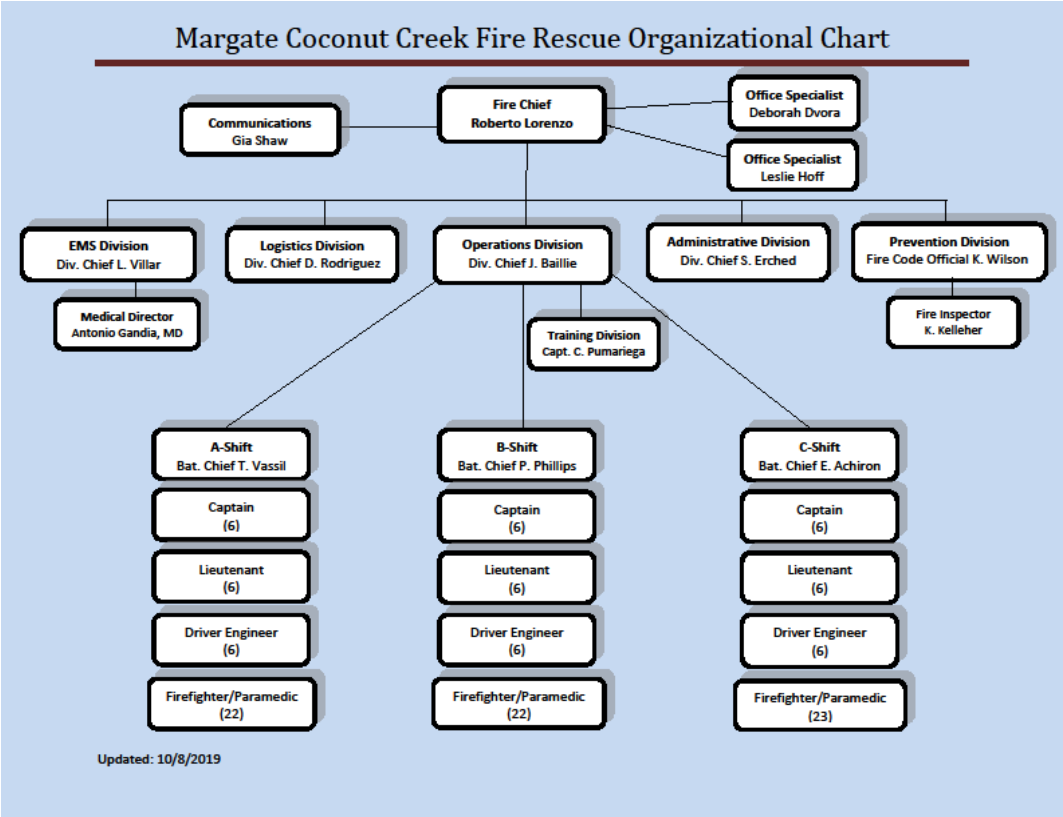
The MCFR FY2020 budget lists 128 employees, 125 certified positions or firefighter positions and three (3) non-certified or civilian positions. The current MCFR organizational chart lists 135 potential positions. Personnel are assigned to one of three (3) shifts, A, B or C, and work a 24/48-hour shift. Because of Fair Labor Standards Act (FLSA) that restricts firefighters to 53 hours a week or 212 hours in a 28-day cycle before overtime is required to be paid, many fire departments established what is called a “Kelly” day in a 26- or 28-day cycle, to limit overtime. A Kelly day is a day off when the employee will be working more than 212 hours in the 28-day cycle. The daily minimum staffing for MCFR is 26 personnel. There are forty-one (41) personnel assigned to each shift based on the 2019 MCFR organizational chart on their website, see Figure 3. These additional staff members, 15 per shift, allow the department to minimize overtime when fire personnel are off-duty using a Kelly day, vacation or sick leave, and/or other authorized leaves of absence.

There are five (5) Division within MCFR with a Division Chief assigned. The five (5) Divisions are:

- EMS Division
- Operations Division
- Logistics Division
- Administrative Division
- Fire Prevention Division

Administrative and support staff consists of two (2) Administrative Assistants, Training Officer, Fire Inspector, Communications Administrator and a part-time Medical Director.

Figure 3: Margate-Coconut Creek 2019 Organizational Chart



Source: City of Margate Website

Department Incident Volume, Incident Locations, Incident Types and Response Times

Computerized aided dispatch (CAD) data was provided by BSO and analyzed by PCG for the years 2018 and 2019.

For 2018, MCFR responded to **16,142** incidents, **7,626** (47%) in Coconut Creek and **8,516** (53%) in Margate. A total of 13,404 EMS incidents represent eighty-three percent (83%) of the total calls, 1,566 incidents or nine percent (10%) of incidents were for fires, and seven percent (7%) or 1,172 incidents were for non-fire and non-EMS incidents.

MCFR responded to **15,826** incidents in 2019, two percent (2%) less than 2018. Of the total number of incidents, **7,300** (46%) occurred in Coconut Creek and **8,526** (54%) in Margate. A total of 13,158 EMS incidents represents 83% of the total calls, 1,389 incidents or 9% of incidents were for fire incidents, and eight 8% or 1,279 incidents were for non-fire and non-EMS incidents. Table 1 and Figures 4 and 5 show the breakdown of incidents by type and the City they occurred in 2018 and Table 2 and Figures 6 and 7 summarize 2019 incidents. Additional CAD data analysis, tables and other information are provided in Appendix IV: CAD Analysis.

Table 1: Overview of Calls, by Call Type and Location: 2018

Call Type	Coconut Creek	Percentage	Margate	Percentage	Total	Percentage
EMS	6,277	82.31%	7,127	83.69%	13,404	83.04%
Fire	774	10.15%	792	9.30%	1,566	9.70%
Other	575	7.54%	597	7.01%	1,172	7.26%
Total	**7,626**	**100.00%**	**8,516**	**100.00%**	**16,142**	**100.00%**

Figure 4: Coconut Creek Call Type: 2018

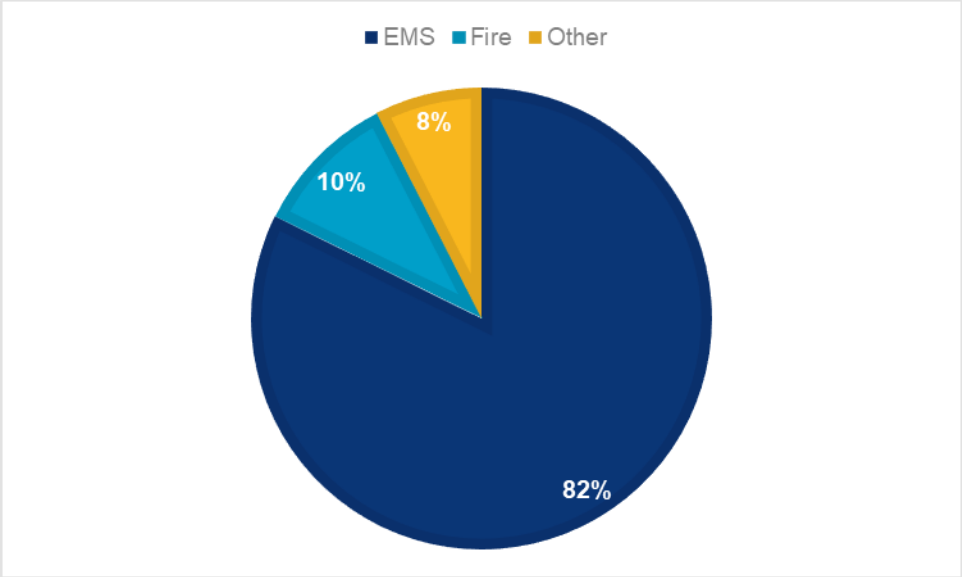


Figure 5: Margate Call Type: 2018

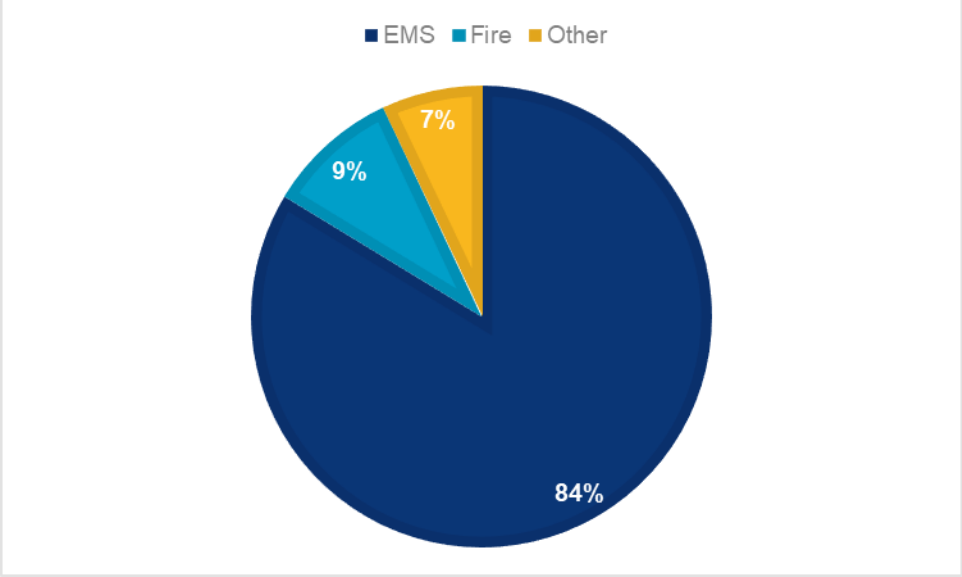


Table 2: Overview of Calls, by Call Type and Location: 2019

Call Type	Coconut Creek	Percentage	Margate	Percentage	Total	Percentage
EMS	6,000	82.19%	7,158	83.95%	13,158	83.14%
Fire	702	9.62%	687	8.06%	1,389	8.78%
Other	598	8.19%	681	7.99%	1,279	8.08%
Total	**7,300**	**100.00%**	**8,526**	**100.00%**	**15,826**	**100.00%**

Figure 6: Coconut Creek Call Type: 2019

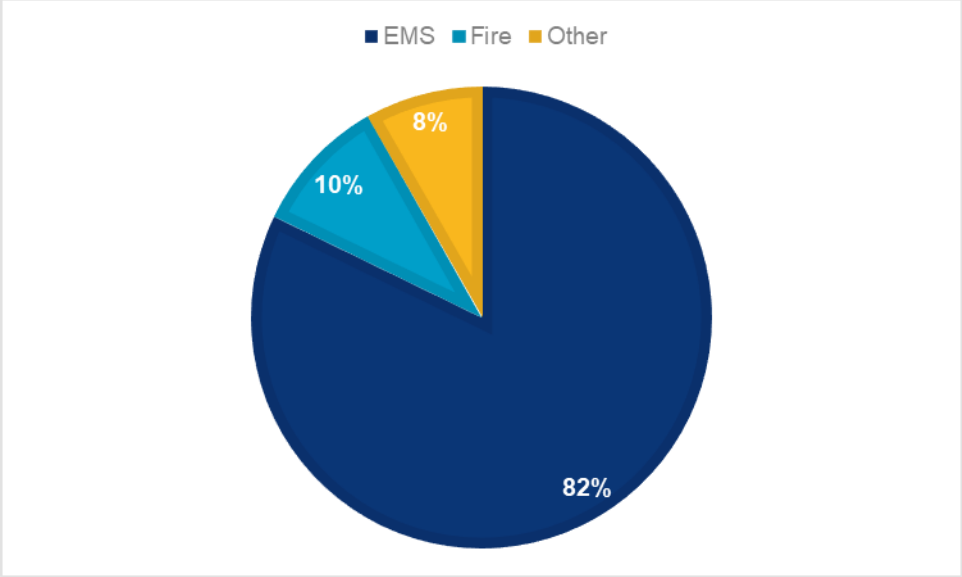
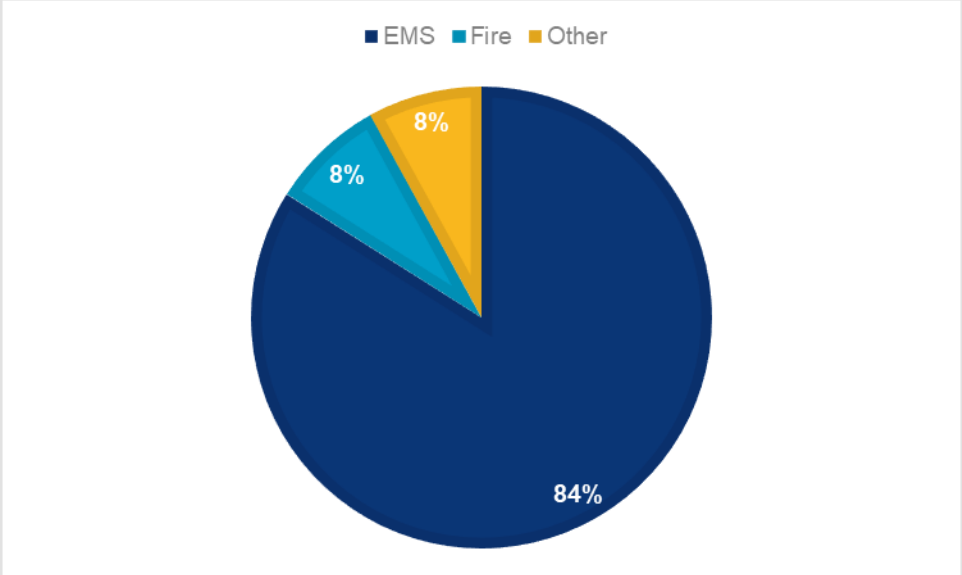


Figure 7: Margate Call Type: 2019



PCG used BSO's CAD to identify EMS call types and frequency. The top two types of EMS incidents in Coconut Creek in 2018 and 2019 were fall injury and sick person and for Margate the top two EMS incident types were sick person and unconscious for 2018 and for 2019 sick person and trouble breathing. Tables 3 and 4 list the top ten 10 types of EMS incidents in each city for 2019. Additional data and incident type tables can be found in Appendix IV: CAD Analysis.

Table 3: Top 10 EMS Incident Types in Coconut Creek: 2019

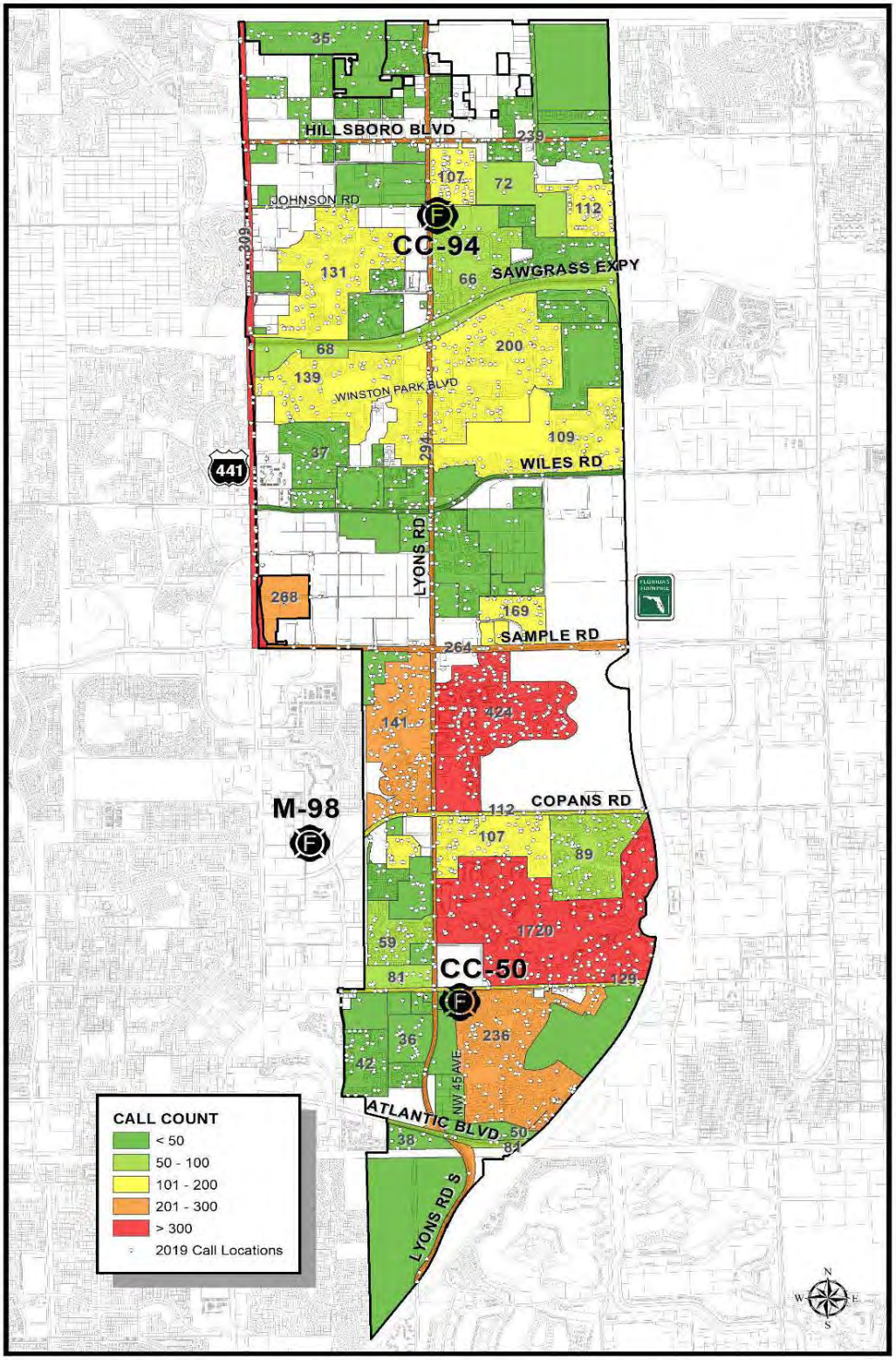
Description	Number of Calls
Fall Injury	906
Sick Person	793
Unconscious	739
Trouble Breathing	618
Service call	520
Accident with injuries	510
Medical Alarm	308
Chest pains	273
Fall no injury	235
Commercial Fire Alarm	204

Table 4: Top 10 EMS Incident Types in Margate: 2019

Description	Number of Calls
Sick Person	1075
Trouble Breathing	909
Unconscious	873
Fall Injury	855
Accident with injuries	518
Service call	515
Chest pains	399
Medical Alarm	260
Unknown Medical	209
Fall no injury	197

PCG analyzed CAD data to look at fire, EMS and other incident locations for 2018 and 2019. The City's GIS Department created Map 3 which captures the historic incidents for 2019. Note that 2018 is included in Appendix II: GIS Maps.

Map 3: MCFR Historic Incidents 2019



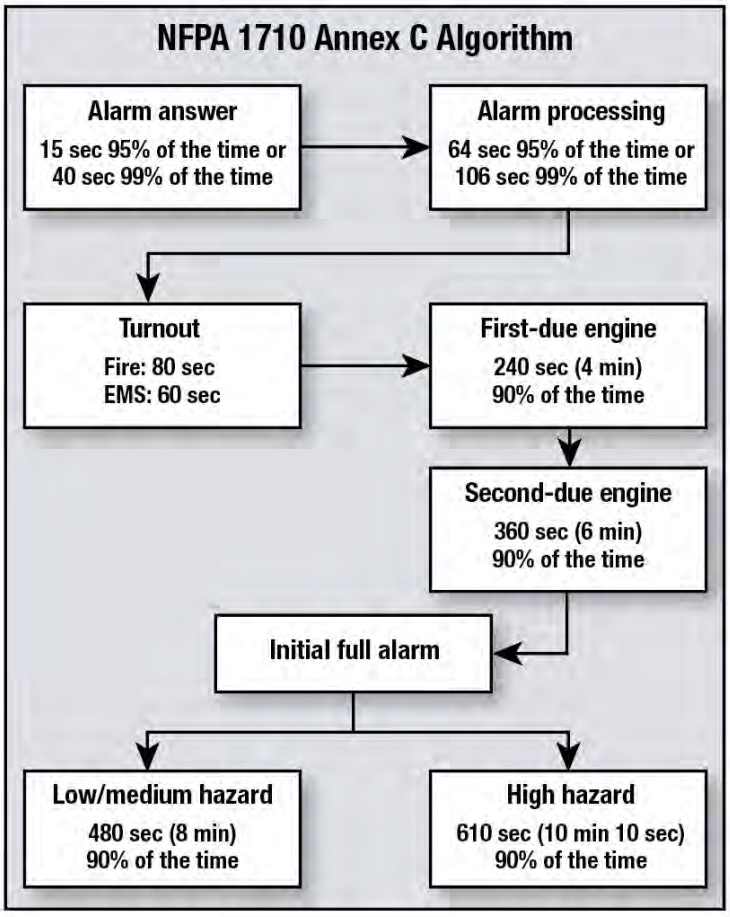
COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Historic Incidents 2019

The Importance of Response Times

Look at the Fire Development and Survival vs. Time diagram again in Section IV. In less than 10 minutes, the catastrophic human toll and property damage are significant. Cardiac arrest survival nose dives after six minutes – according to the American Heart Association, brain damage will occur after six to eight minutes if the individual is not revived with CPR or other life-saving measures. Less than one minute later, flashover marks the point of no return. This timeline demonstrates the important of adhering or exceeding national response time standards.

NFPA 1710 lists the components of response times starting with when the 911 call was picked up and ending when the first fire department unit arrives at the scene of the emergency. The call processing time is the amount of time it takes the 911 center to answer the call and notify the responding fire station. Call processing time should be one minute, based on the NFPA standard. The next two components are turnout time and travel time, described in Figure 8. Turnout time should be one minute or less for EMS incidents and one minute and 20 seconds or less for fire incidents. Travel time should be four minutes or less for the first arriving unit with additional types of units and the number of personnel needed, based on hazard classifications, arriving within a specified response time.

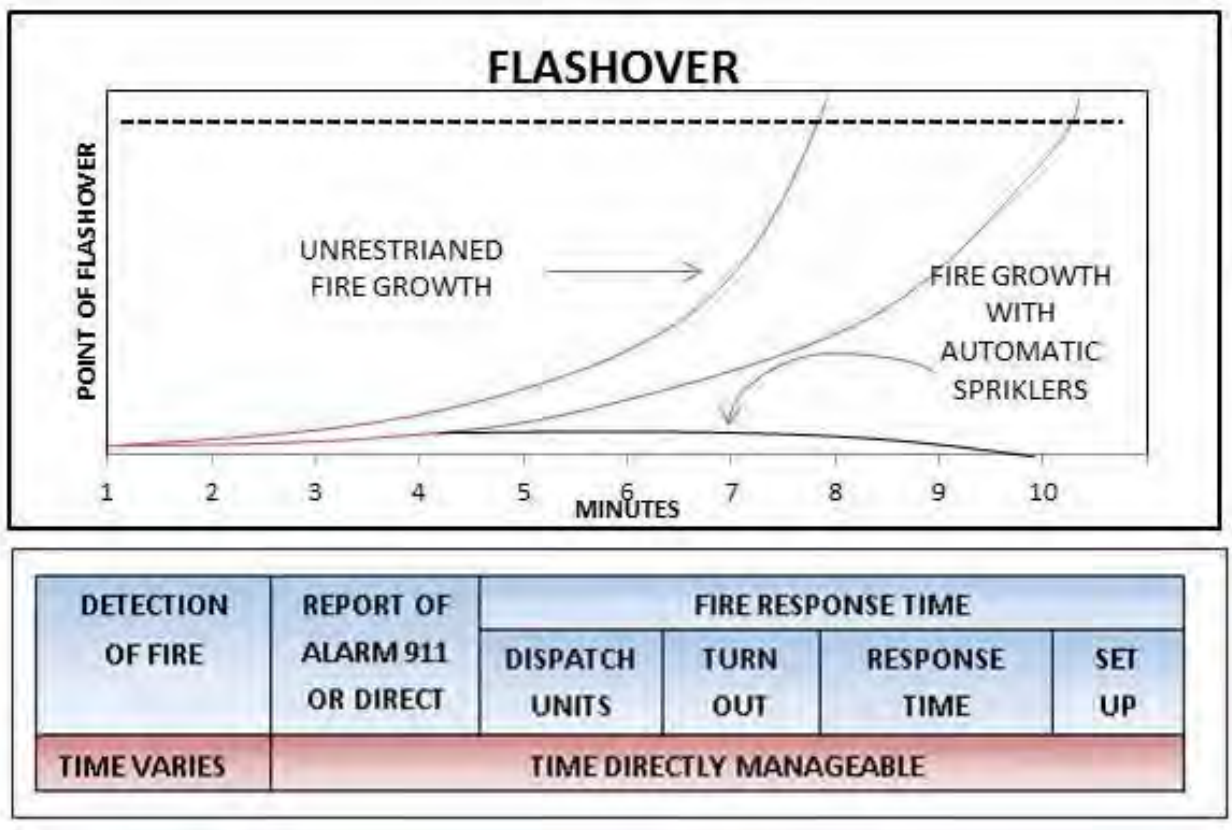
Figure 8: Response time and its measurement



Source: NFPA

These response time components make up the total response time. These time frames are based on the time it takes a fire to reach flashover. See Figure 9.

Figure 9: Flashover



MCFR Response Times

PCG analyzed 2019 CAD data to identify and measure MCFR's current response times compared to NFPA 1710. MCFR is following the Standard and measures response times and response time intervals internally for both Coconut Creek and Margate. *There are few fire departments that meet NFPA 1710 100% of the time, especially response times.*

The on scene staffing portion of the Standard, or the effective response force, which is the number of firefighters on scene at low, medium or high hazard incidents is easier to accomplish with the implementation of automatic aid from neighboring fire departments. Most fire departments in the U.S. must rely on automatic or mutual aid to have the number of firefighters on scene as specified in NFPA 1710 which ranges from 27 to 43 firefighters.

PCG analyzed the various time intervals for MCFR's response times based on the BSO CAD data. Time intervals reviewed included:

- Alarm time
- Turnout time
- Travel time
- Total response time

These time intervals and total response times were analyzed for three call categories – Fire, EMS and Other types of incidents. Response times for each station and for all incidents were analyzed. Table 5 provides an overview of all response times for all calls. Additional tables for individual fire station response times can be found in Appendix IV: CAD Analysis.

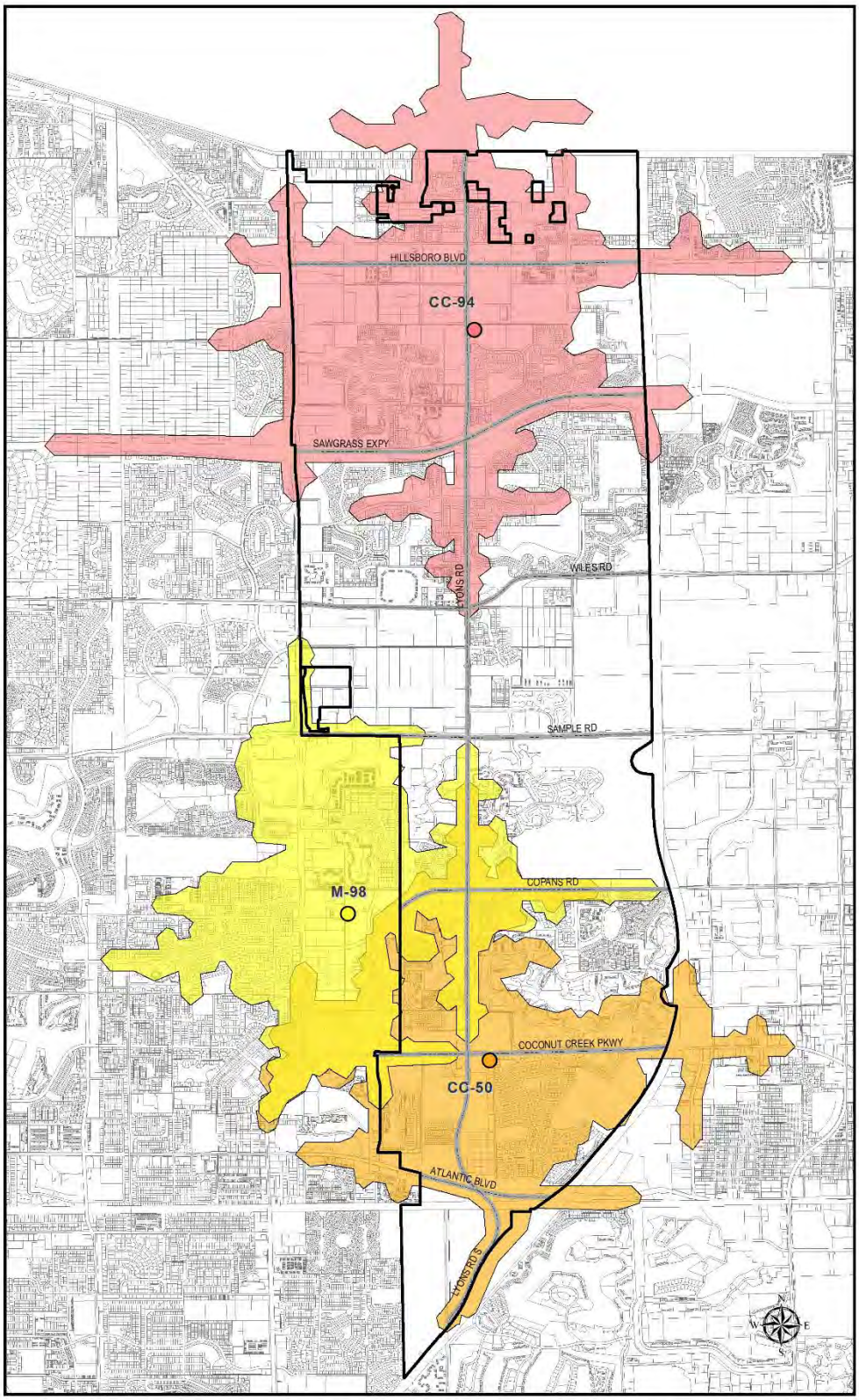
Table 5: Average Dispatch to Arrival Time - All Stations: 2019

All Stations	Average Dispatch to Arrival (Minutes)	6.46
	90th Percentile	9.56
	Percent of Call Below 8 Minutes	77.58%
EMS	Average Dispatch to Arrival (Minutes)	6.33
	90th Percentile	9.32
	Percent of Call Below 8 Minutes	79.38%
Fire	Average Dispatch to Arrival (Minutes)	6.57
	90th Percentile	9.57
	Percent of Call Below 8 Minutes	76.80%
Other	Average Dispatch to Arrival (Minutes)	7.58
	90th Percentile	11.25
	Percent of Call Below 8 Minutes	60.96%

Source: BSO

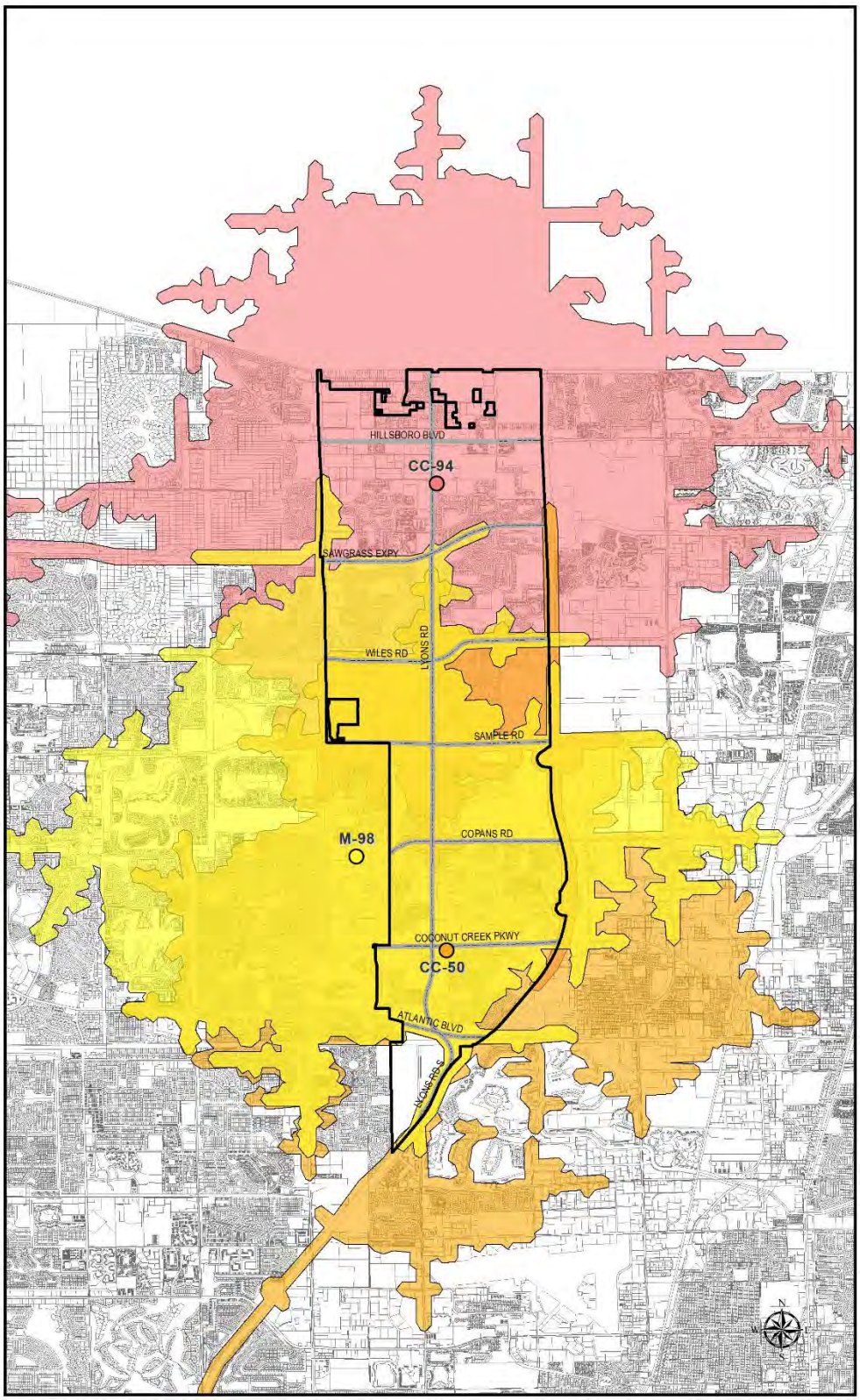
PCG and Coconut Creek GIS Department developed several maps for this study. Map 4 demonstrates the areas of the City with a four-minute travel time based on 2019 CAD data. Map 5 shows an eight-minute travel time for aerial ladder apparatus and Map 6 shows the travel time for an effective response force. Additional travel time maps are included in Appendix IV: CAD Analysis.

Map 4: MCFR Current Engine 4-Minute Travel Time



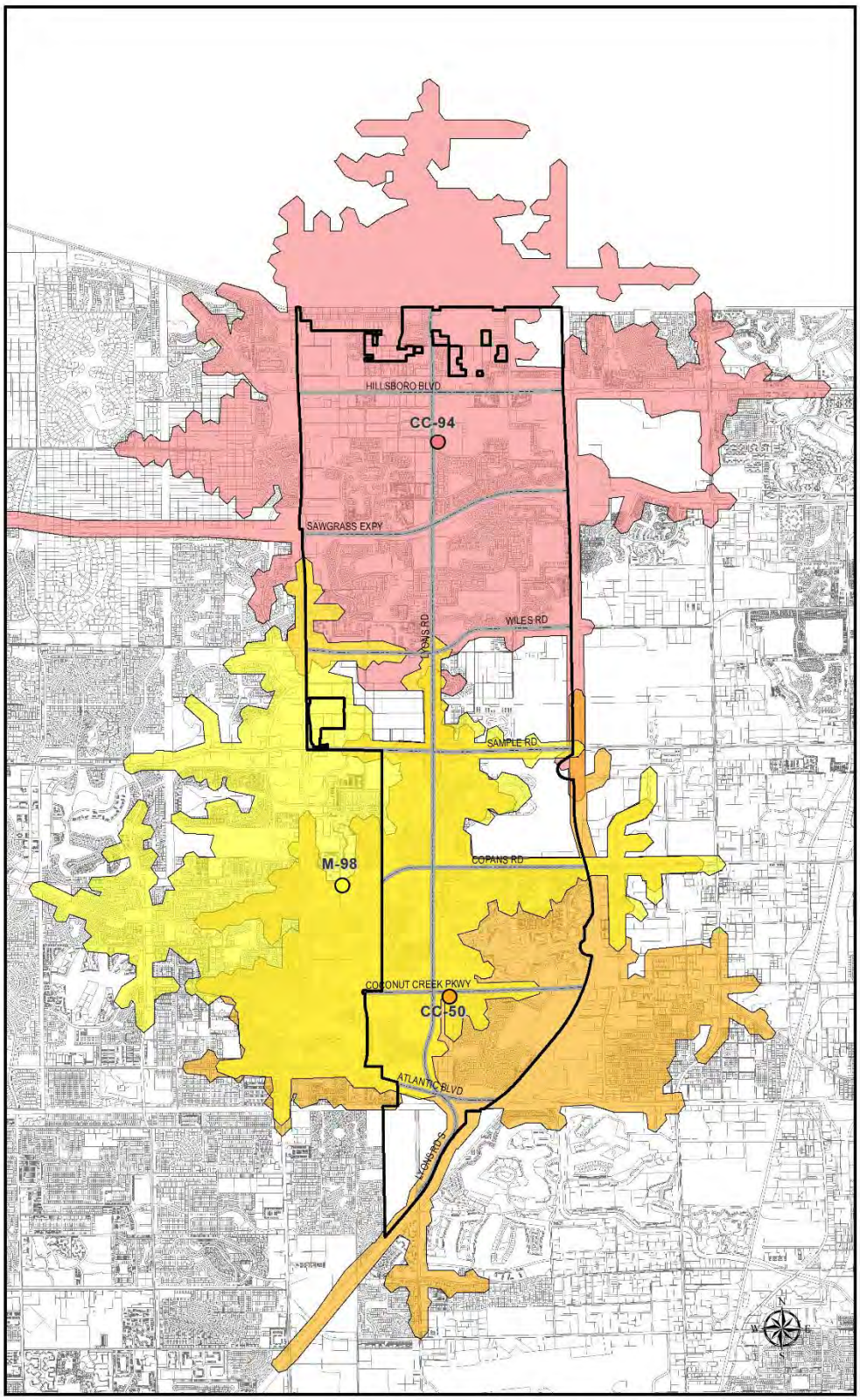
COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Engine 4-Minute Travel Time

Map 5: MCFR Current Ladder 8-Minute Travel Time



COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Ladder 8-min Travel Time

Map 6: MCFR Historic Incidents 2019



COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Effective Fighting Force 6-min Travel Time

Coconut Creek Incidents Per Day by Month, by Day of Week, and by Hour of Day

PCG analyzed incidents in relation to the number of total incidents in 2019 per day for each month, the incidents by day of the week, and incidents by hour of the day. The busiest months for incidents per day in Coconut Creek is May, October and December with more than 20 incidents per day. Margate's busiest month with more than 20 incidents per day was May. The combined daily average of incidents per day is 43.36 or an average of nine incidents per station per day. Figures 10 and 11 illustrate the calls per day per month for each city.

Figure 10: Coconut Creek Average Calls per Day, by Month: 2019

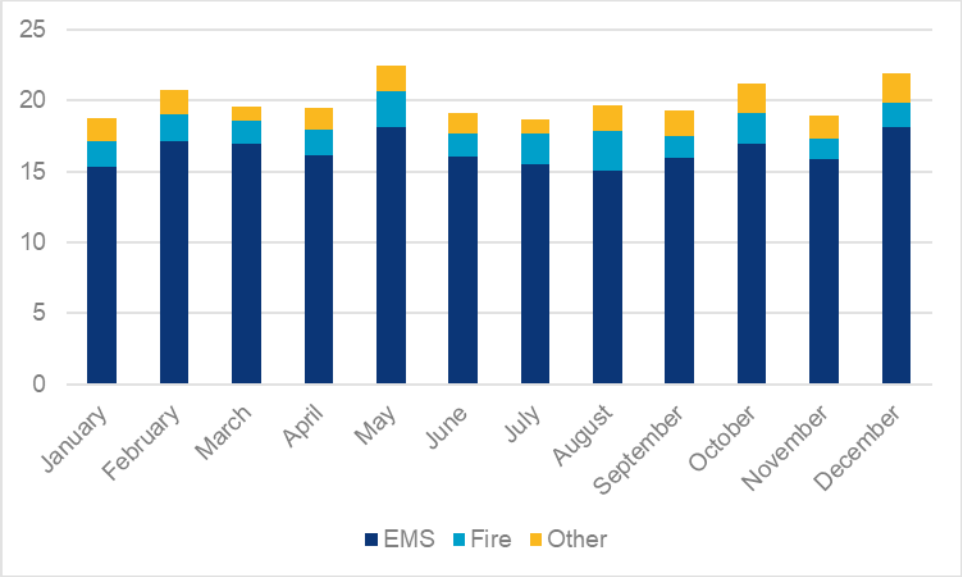
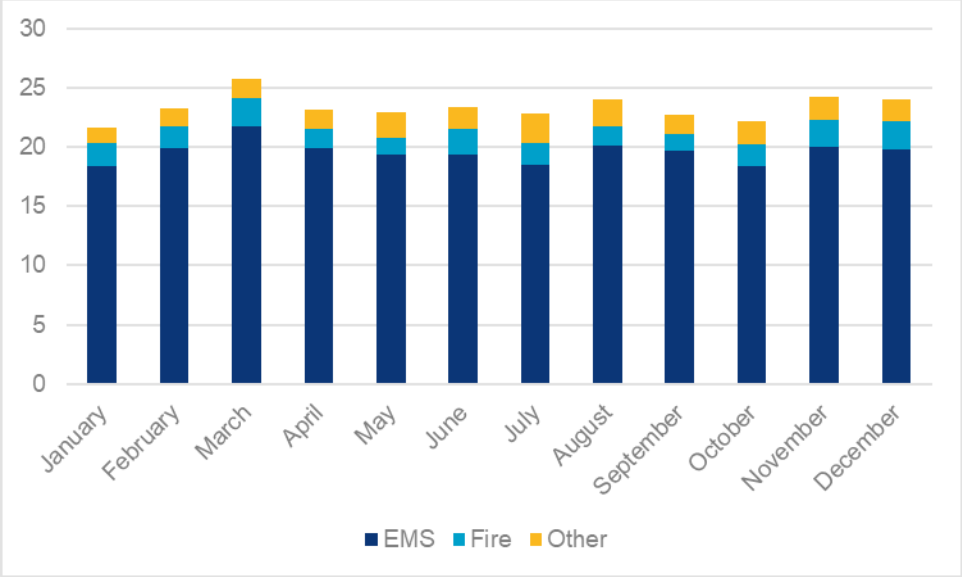
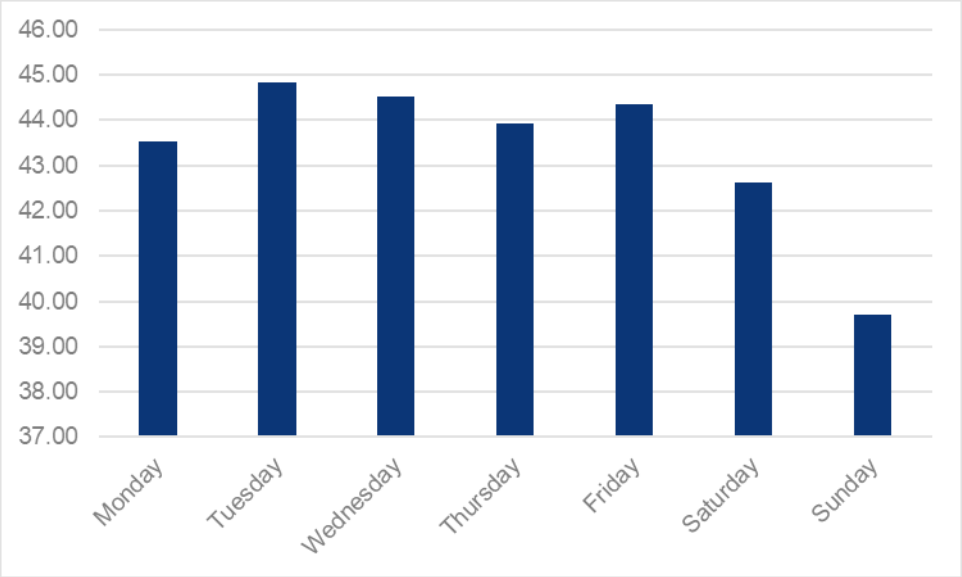


Figure 11: Margate Average Calls per Day, by Month: 2019



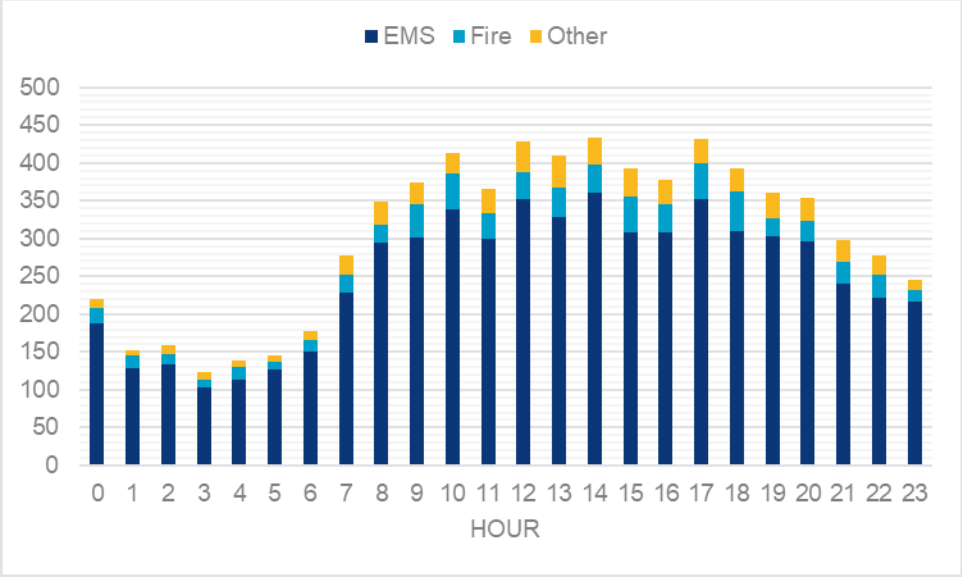
The busiest days of the week for MCFR are Tuesday, Wednesday and Friday, see Figure 12 below.

Figure 12: MCFR Calls by Day of Week



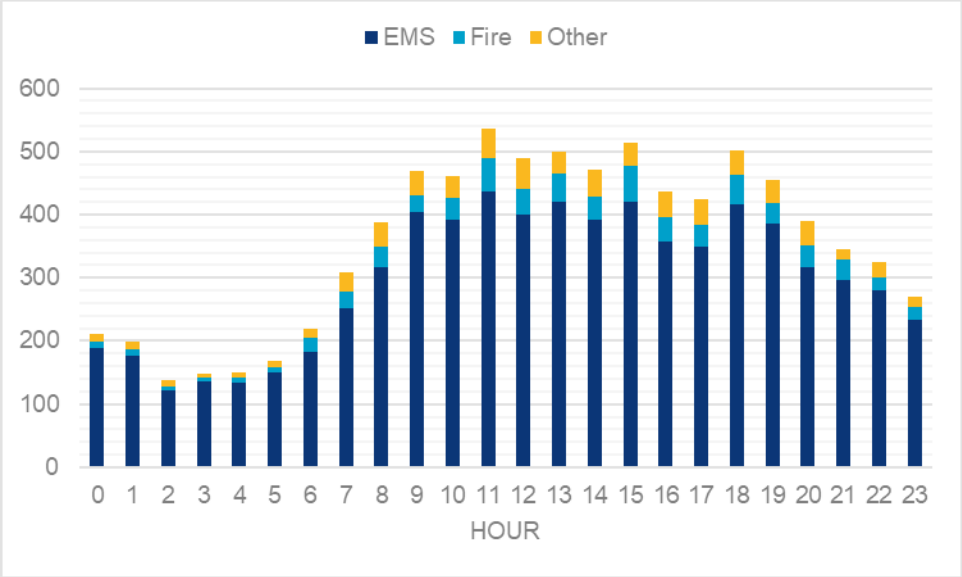
The busiest hours of the day in Coconut Creek are 10 am, 12 pm, 2 pm and 5 pm. The slowest hours are between 1 am and 6 am. Figure 13 illustrates the calls by hour of day.

Figure 13: Total Annual Coconut Creek Calls by Hour of Day: 2019



The busiest hours of the day in Margate are 11 am, 1 pm, 3 pm and 6 pm. The slowest hours are between 2 am and 5 am. Figure 14 illustrates the calls by hour of day.

Figure 14: Total Annual Margate Calls by Hour of Day: 2019



Additional tables, charts, figures represented the BSO CAD data PCG analyzed is in Appendix IV: CAD Analysis.

SECTION VI: EMS/FIRE PROTECTION COST ANALYSIS

This section provides information and an analysis of the current costs for the City of Coconut Creek's EMS and fire protection services that have been provided by MCFR.

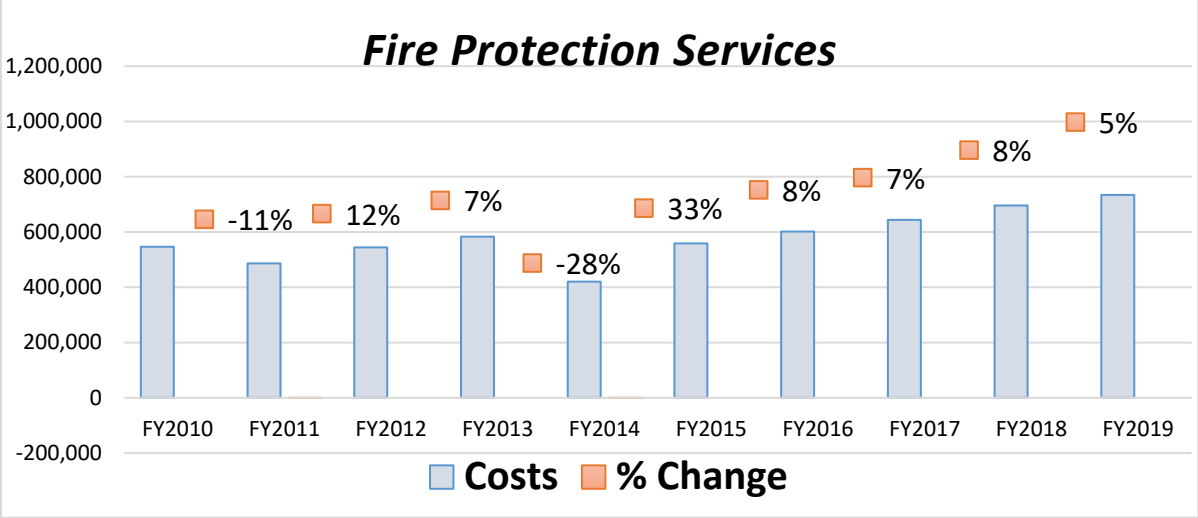
Coconut Creek Emergency Medical and Fire Protection Services Current Costs

From 1972 to 1982, Coconut Creek established and maintained a volunteer fire department. In 1982 the Coconut Creek Public Safety Department was established and provided emergency medical and fire protection services through its Police Department under the Public Safety Officer (PSO) model. Police personnel provided law enforcement, firefighting and medical services throughout the city.

The City changed the way emergency medical and fire protection services were being delivered in 1999 by entering an interlocal agreement with the City of Margate to deliver these services. Under the terms of the interlocal agreement, the City of Coconut Creek maintains ownership of its two fire stations, is responsible for purchasing and replacing fire apparatus needed for each station and maintains responsibility for fire and building code enforcement and fire prevention. Margate is responsible for personnel management, fire station staffing, and administrative and management staff to support the delivery of emergency medical and fire protection services in Margate and Coconut Creek. The interlocal agreement was amended in March 2019 for an additional two years of emergency medical and fire protection services ending on September 30, 2021. By extending the agreement for two years, the City can study the costs of providing fire and EMS delivery services in the City of Coconut Creek.

Since the interlocal agreement requires Coconut Creek to provide for its own fire and building code enforcement and fire prevention, the City maintains a Fire Prevention Department with City employees. Coconut Creek's Fire Prevention Department consists of a Fire Marshal, Deputy Fire Marshal, three (3) Fire Inspectors (one assigned to Public Education) and a Senior Staff Assistant. The FY20 budget for the Coconut Creek Fire Prevention Department is $815,150. Figure 15 illustrates the Department's ten-year budget history though FY2019.

Figure 15: Coconut Creek Fire Protection Services

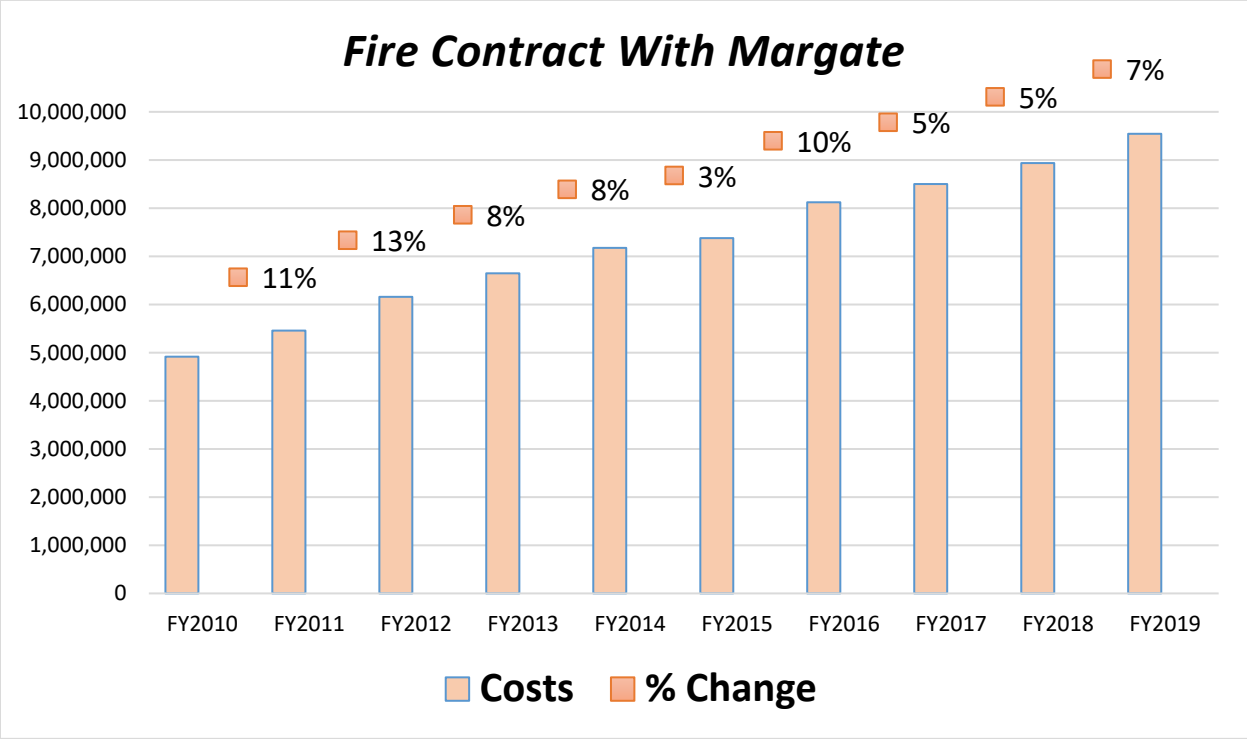


Source: City of Coconut Creek

The above costs do not include capital purchases of $558,218 in FY16; $63,857 in FY18; and $169,703 in FY19. The reduction in FY14 is due to a vacancy in the Coconut Creek Fire Rescue Chief position.

In addition to the City funding the FY20 Fire Prevention Department budget of $815,150, the cost for emergency medical and fire protection services paid to Margate in FY20 was $10,050,000 per the FY2020 Adopted Budget for Coconut Creek resulting in the FY20 total budget of $10,865,000 for fire prevention services, emergency medical and fire protection services. Figure 16 illustrates the increases over the past 10 years through FY19.

Figure 16: Fire Contract with Margate



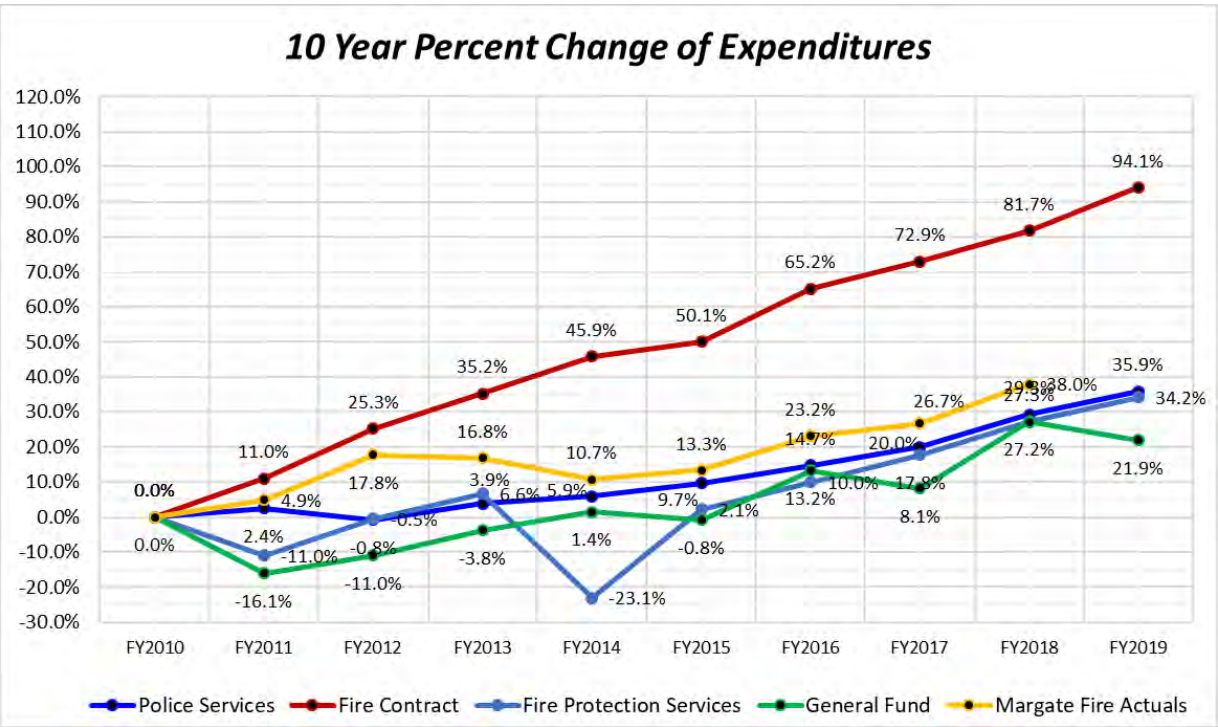
Source: City of Coconut Creek

Coconut Creek's Finance Department completed a 10-year analysis of cumulative increases for the following:

- City of Coconut Creek's Fire Contract
- City of Coconut Creek's Fire Department Costs (without Margate contract)
- City of Margate's Fire Department Costs
- City of Coconut Creek's Police Department
- City of Coconut Creek's General Fund

This analysis, reflected in Figure 17, reveals a 94% increase in Margate contract costs for fire/EMS response services over the past ten years. The City's Fire Marshal's office, excluding apparatus purchases, increased 34%; the Police Department increased 36% and the City's General Fund budget increase 22% over the same 10-year period. It is interesting to note that Margate's actual cost for fire/EMS response services, including fire prevention increased 29% over the past 10 years.

Figure 17: 10-Year Percent Change of Expenditures



Source: City of Coconut Creek

The FY2020 costs for fire protection from the two (2) fire stations, EMS (first response and ambulance transportation), and the City's Fire Marshal's office was $10,865,000. For FY2021 the City's cost for these services may increase by approximately $3 million in order to operate a third fire station (113) in the City of Coconut Creek. The total costs projected for MCFR and the City's Fire Marshal's Office is $13,865,000 and does not include a potential additional administrative fee Margate mentioned to the City.

Average Cost Per Call Analysis and Cost Per Capita

PCG reviewed the costs listed in the ILA and FY2020 adopted costs. The costs to Coconut Creek for emergency medical and fire protection services that were listed in the ILA for the past three (3) fiscal years were:

- FY2016/2017 - $8,500,000
- FY2017/2018 - $8,935,000 (5.17% increase)
- FY2018/2019 - $9,543,380 (6.80% increase)
- FY2019/2020 - $10,050,000 (5.30% increase)

The average annual increase to Coconut Creek costs over the past three (3) years is six percent (5.76%). The costs to Coconut Creek increased by eighteen percent (18.23%) from FY2017 to FY2020. The projected cost for FY2021 that would include $3,000,000 for Station 113 are $13,865,000 or an increase of thirty-eight percent (37.96%) over the FY2020 costs. The FY2021 increase also represents an increase of sixty-three percent (63.11%) since FY2018.

Using a simple formula for the cost per call PCG determined the average cost per call for MCFR in Coconut Creek and Margate was for FY2018 and FY2019. Using the allocated budget for each

City, we divided by the number of total calls per City to identify the cost per call per city for FY2018 and FY2019, see Table 6 below.

Table 6: Average Cost Per Call 2018 and 2019

Fiscal Year	Coconut Creek	Budget	Incidents	Average Cost Per Call
FY2018	Coconut Creek	$8,935,000	7,626	$1,172
FY2019	Coconut Creek	$9,543,380	7,300	$1,307
FY2018	Margate	$10,459,497	8,516	$1,228
FY2019	Margate	$11,080,647	8,526	$1,300
FY2018	Both Cities	$19,394,497	16,142	$1,201
FY2019	Both Cities	$20,624,027	15,826	$1,303

The average cost per call in Coconut Creek increased by 11.51% or $135 per call an in Margate the cost increased 5.86% or $72 per call. The combined increase for both cities and all calls in 2019 was 8.49% or $102 per call. Because the number of calls decreased in FY2019, the cost per call increased.

The estimated cost per capita for Coconut Creek and Margate was calculated by using census data from 2018 and the budget amounts for 2018 and 2019. Table 7 below shows the estimated cost per capita for Coconut Creek and for Margate.

Table 7: Average Cost Per Capita 2018 and 2019

Fiscal Year	Coconut Creek	Budget	Population	Average Cost Per Capita
FY2018	Coconut Creek	$8,935,000	61,361	$146
FY2019	Coconut Creek	$9,543,380	61,361	$156
FY2018	Margate	$10,459,497	58,656	$178
FY2019	Margate	$11,080,647	58,656	$188
FY2018	Both Cities	$19,394,497	120,017	$162
FY2019	Both Cities	$20,624,027	120,017	$172

SECTION VII: ESTABLISHING FIRE SERVICES FOR COCONUT CREEK

The costs associated with implementing a new City-owned and operated fire rescue department includes the cost for facilities, apparatus, equipment and personnel. Since Coconut Creek owns its fire stations and apparatus, personnel costs are the primary and largest cost to implement a new fire rescue department.

City-Recommended Staffing Models and Staffing Requirement

Fire and EMS departments in the United States are organized and staffed in a variety of ways. Generally, fire departments are either staffed by paid employees, volunteers or a combination of paid and volunteer staff members. To provide the same or higher level of fire and EMS service delivery provided by Margate, Coconut Creek will need to establish a fully paid fire department.

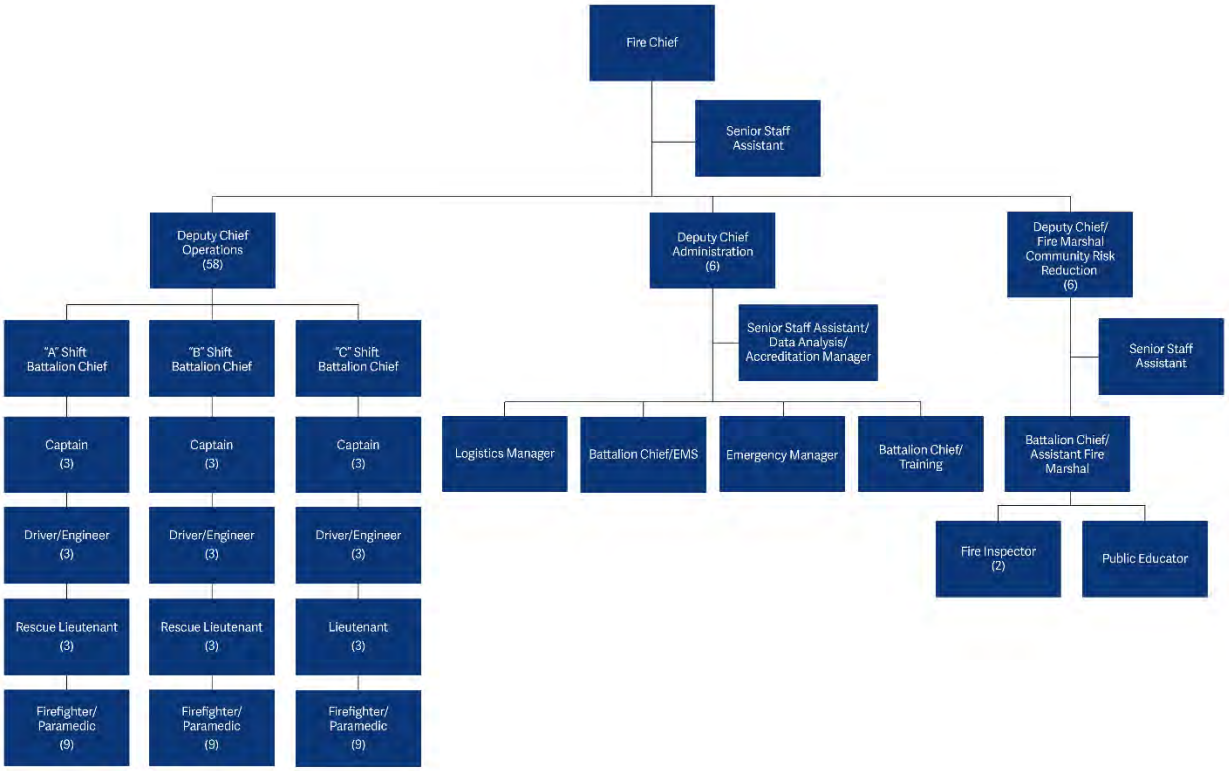
To determine the staffing requirements for Coconut Creek, PCG analyzed the existing staffing provided by MCFR, and consulted NFPA 1710, the ISO Fire Suppression Rating Schedule (FSRS), and the Florida Fire Code. Based on this review and the current staffing provided by MCFR, PCG was able to recommend the staffing requirements for the Coconut Creek Fire & Rescue (CCFR) Department.

To implement the CCFR department, the City needs 72 total staff: 67 uniformed sworn employees and five (5) civilian city employees working either a 40-hour or 56-hour work week. The appointed CCFR fire chief, reporting to the City Manager, would serve as the department head and lead the CCFR Department. The Fire Chief would be supported administratively by a Senior Staff Assistant. PCG recommends that the CCFR Department be organized into three divisions led by three appointed or “at-will” Deputy Fire Chiefs reporting to the Fire Chief. The divisions would be identified as:

- Emergency Operations Division
- Administration Division
- Community Risk Reduction (CRR) Division (Traditionally Fire Prevention)

Figure 18 provides an overview of the staffing for Coconut Creek Fire & Rescue Department.

Figure 18: Coconut Creek Fire Rescue Department (CCFR) Table of Organization



The largest division is the **Emergency Operations Division** with fifty-eight (58) uniformed sworn employees assigned to the City's three (3) fire stations located at:

- Fire Station 50 – 4500 Coconut Creek Parkway
- Fire Station 94 – 4455 Sol Press Boulevard
- Fire Station 113 – 5400 Wiles Road (Under construction)

The City will staff the division with employees in several positions. Positions currently represented by the IAFF will continue to be represented by the IAFF in Coconut Creek. The Fire Chief and Deputy Chiefs will not be represented by the IAFF and will serve at the pleasure of the City Manager. Deputy Chiefs will serve at the pleasure of the Fire Chief. The titles used for the other Emergency Operations positions are the same ones currently used by MCFR and include:

- Operations Deputy Chief (1)
- Battalion Chief (3)
- Fire Captain (9)
- Rescue Lieutenant (9)
- Driver Engineer (9)
- Firefighter/Paramedic (27)

Daily emergency response staffing includes 18 on-duty personnel. This is an increase of three (3) Firefighter/Paramedics per day than currently provide in Coconut Creek by MCFR. Instead of the current staffing of two (2) on an Engine or Quint and three on a Rescue Ambulance, CCFR will staff three on an Engine or Quint and three on a Rescue Ambulance. Table 8 shows the staffing of each apparatus currently provided by MCFR and the proposed staffing for CCFR.

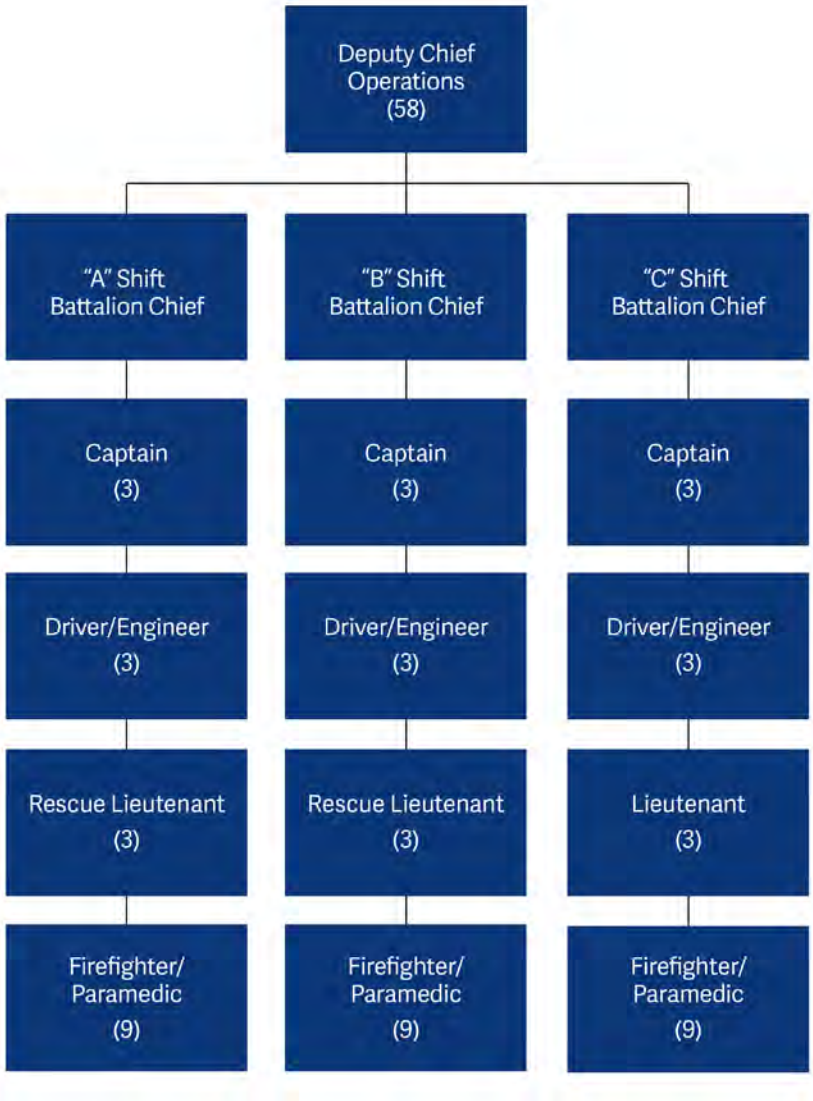
Table 8: Fire Station and Apparatus Staffing – Current and Proposed

Fire Station	Unit ID	MCFR Staffing	CCFR Staffing
50	Engine 50	2	3
	Rescue 50	3	3
94	Quint 94	2	3
	Rescue 94	3	3
113	Quint 113	2	3
	Rescue 113	3	3
	Battalion 113	1	1
	Total Daily Staffing	16	19

This additional staffing will allow CCFR to continue to meet ISO and NFPA 1710 requirements as well as provide some flexibility in determining response configurations. For the first year, CCFR should maintain constant minimum staffing at the current level, five (5) per station, and the second and following years, maintain constant minimum staffing level of six (6) per station. This will allow the City to determine the number of additional firefighters needed to fill vacant positions because of vacation, sick, and other personnel leave taken during the first year, as well as project future vacancies based on the actual amount of leave used. In addition, the City can develop a realistic overtime budget to provide staffing coverage for daily vacancies.

Personnel assigned to the fire stations will work an average of 56 hours a week providing 24/7 emergency response coverage. PCG recommends that emergency response personnel be assigned to a 48/96-hour shift schedule. On this schedule, personnel work 48 hours (or two days) at the fire station and have 96 hours or four days off. This schedule will eliminate the need for a “Kelly” day under the current MCFR schedule. It will also allow for reduced overtime under the Fair Standards Labor Act (FLSA) that employers of firefighters are required to follow. The FLSA allows firefighters to work a 53-hour work week with anything over 53 hours considered overtime. The table of organization for the Emergency Operations Division is displayed in Figure 19.

Figure 19: Emergency Operations Division Table of Organization

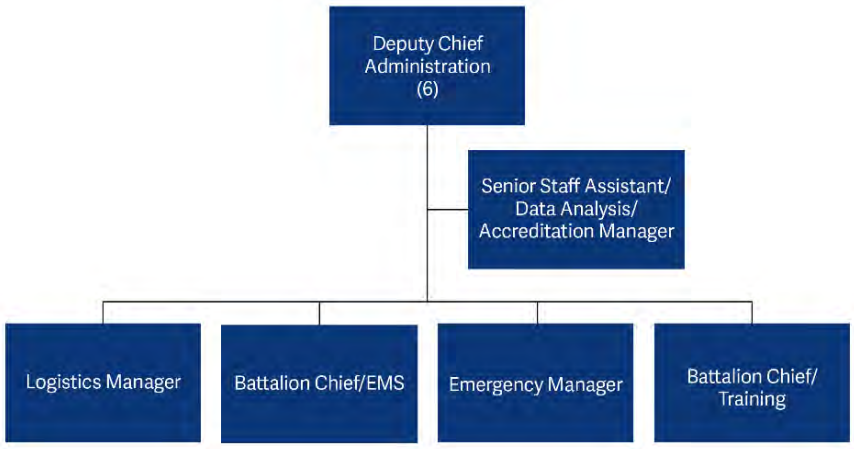


The **Administration Division** will consist of 6 staff members. The Division will include both uniformed sworn employees and civilian city employees. All members will work a 40-hour week. The position titles include:

- Administration Deputy Chief (1)
- Emergency Manager – Civilian (1)
- Logistics Manager – Civilian (1)
- Fire Training Battalion Chief – Uniformed Sworn (1)
- EMS Training Battalion Chief – Uniformed Sworn (1)
- Senior Staff Assistant – Data Analysis/Accreditation Manager (1)

Figure 20 illustrates the table of organization for the Administration Division.

Figure 20: Administration Division Table of Organization

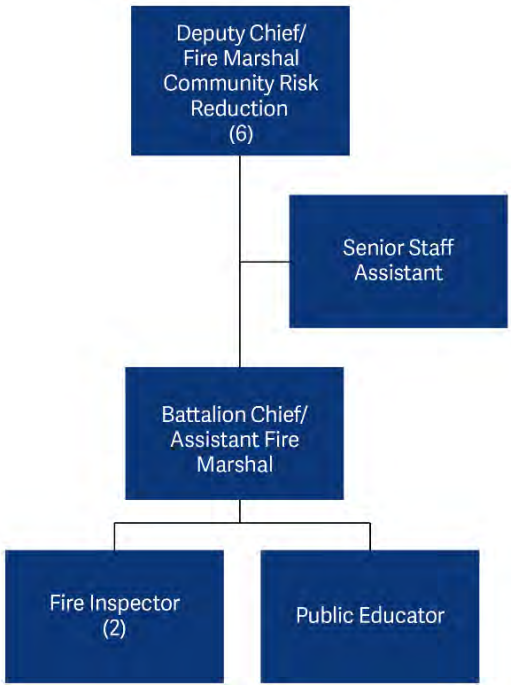


The **Community Risk Reduction** (CRR) Division, traditionally the Fire Prevention Division, will consist of six staff members that may be located at City Hall, at the current Fire Prevention location, or at any of the fire stations. The CRR staff will be working a 40-hour week. The positions and titles would include:

- Community Risk Reduction Deputy Chief/Fire Marshal (1)
- Battalion Chief/Deputy Fire Marshal (1)
- Fire Inspector (2)
- Fire Inspector/Training Specialist (1)
- Senior Staff Assistant (1)

Figure 21 below illustrates the table of organization for the Community Risk Reduction Division.

Figure 21: Community Risk Reduction Division Table of Organization



Personnel Costs

To determine the first-year personnel costs for the CCFR Department, PCG used the median salaries of the MCFR personnel of each rank required and added 35% for benefits. An 8% annual salary increase was applied for years two through five. The total number of CCFR staff the first year is seventy-two (72): sixty-seven (67) uniformed employees and five (5) civilian employees. Since the City already maintains the Coconut Creek Fire Marshal's Office with six (6) employees, sixty-six (66) new employees would need to be hired.

The first-year personnel costs, including salaries and benefits, is **$11,371,530** and includes an overtime budget of $300,000. Table 9 provides the position classifications, number of positions by rank/title, work week hours, average hourly rate, average cost per position and total cost per positions required.

Projected personnel costs for years two through five is:

- FY23 - $12,280,772
- FY24 - $13,262,754
- FY25 - $14,323,294
- FY26 - $15,468,678

An 8% increase in personnel costs was included for each year.

Table 9: FY22 – First Year Personnel Costs

Position	Number of Positions	Hours/Week	Average Hourly Rate	Average Cost/Position	Total Personnel Costs
Fire Administration					
Fire Chief	1	40	$111.76	$232,459.20	$232,459.20
Deputy Fire Chief	3	40	$85.26	$177,340.47	$532,021.40
Fire/EMS Operations					
Battalion Chief	3	40	$72.18	$150,143.28	$450,429.84
Battalion Chief	3	56	$72.18	$210,200.59	$630,601.78
Captain	9	56	$63.99	$186,346.71	$1,677,120.43
Lieutenant	9	56	$57.33	$166,957.35	$1,502,616.11
Driver/Engineer	9	56	$56.56	$164,689.91	$1,482,209.19
Firefighter/Paramedic	27	56	$47.19	$137,425.48	$3,710,487.93
Civilians					
Senior Staff Assistant	3	40	$30.21	$62,836.80	$188,510.40
Logistics Manager	1	40	$72.18	$150,143.28	$150,143.28
Emergency Manager	1	40	$72.18	$150,143.28	$150,143.28
Fire Prevention					
Fire Inspectors	2	40	$58.17	$120,986.97	$241,973.94
Fire Inspector/Training Specialist	1	40	$56.16	$116,812.80	$116,812.80
Overtime Budget					$300,000.00
Total	**72.00**				**$11,365,529.56**

Additional personnel costs for existing City Departments that would support the new fire rescue department will need to be factored in. The City Departments that stated they would need additional staff are Human Resources, Finance, Information Technology and Public Works. Their specific needs are addressed in the section below – Administrative and Technical Support.

Personnel Training

Initial personnel hired will include at least 44 MCFR firefighters who will have the necessary training for their assigned positions. Additional lateral hires for each position will also ensure a minimum starting training level for all new hires. Coconut Creek will need to develop job descriptions that address minimum training levels for new hires or lateral hires in the future.

Ongoing fire and EMS related training and education will be provided in-house by two Fire Battalion Chiefs filling the role as training officers, one for fire training and one for EMS training. They will be responsible for EMS and fire continuing education requirements, ISO training requirements, and other training as appropriate. CCFR should also participate in regional training provided by neighboring fire rescue departments.

Administrative and Technical Support

CCFR staff will provide daily administrative support and leadership for the fire department's activities and will be supplemented with existing City staff from other City Departments as needed.

PCG interviewed several City Department Heads and other staff to ascertain the impact on their Department should the City decide to operate their own fire rescue department. There were four Departments that stated they may need to hire additional staff to support a fire rescue department, Human Resources, Finance, Public Works and Information Technology.

Human Resources (HR) staff stated that they may need two (2) to three (3) additional staff members to support the personnel needs of the new department. The existing HR staff includes eight (8) employees. There are approximately four hundred (400) City employees with one-hundred forty-four (144) assigned to the Police Department. The addition of sixty-six (66) new employees will affect the workload and represents approximately a 17% increase in the number of City employees. In addition, a new bargaining group for the firefighters will also require HR's participation. HR also specifically mentioned an additional staff person for risk management and one or two additional Benefit Assistants would be needed.

Coconut Creek's Finance Department is responsible for payroll and purchasing. At least one additional staff member would be needed to meet the heavier payroll services workload of 72 new employees with the unique challenges of FLSA needs and a 56-hour work week. The department may need an additional purchasing agent to process the fire rescue department's fire-department-specific purchases.

Public Works (PW) is responsible for fire station maintenance, janitorial services, fleet services contract, and capital projects. PW mentioned that the addition of Station 113 will affect their workload and they also mentioned the need for additional employees to support the fire rescue department. PW staff stated that they would need two (2) additional maintenance service workers and possibly another administrative assistant.

Information Technology (IT) supports all the City's computers, software, telephones and other IT infrastructure and networks Citywide. IT would also support the fire rescue department's records management system (RMS), station alerting system, desktop and lap top computers, mobile data terminals (MDTs), telephones, radios and other IT related hardware and software. IT would need to add 24/7 support to the fire rescue department and may need to add at least one additional employee to support the fire rescue department.

The shared cost for these additional City employees is not included in the projected fire rescue department budget included in this report. The City should evaluate the actual Department's

workload before hiring additional employees to support the CCFR Department. The City should consider the use of part-time or contractual workers before hiring additional full-time employees.

Insurance Requirements

The Margate-Coconut Creek ILA requires that Coconut Creek pay for and maintain its own comprehensive general liability insurance and is also required to pay for and maintain insurance on all vehicles owned by Coconut Creek. The City is not self-insured and purchases these various insurance policies from insurance companies. There will be additional costs to provide workers compensation coverage for the additional sixty-six (66) fire rescue employees. There will also be additional fire rescue vehicles to be added to the City's vehicle insurance policy.

Facility and Equipment Needs

The current fire stations, Station 50 and 94, are maintained by the Coconut Creek Public Works Department. They are also responsible for overseeing the construction of the new Fire Station 113. PW will continue to provide maintenance and support for the fire rescue facilities.

Since the current fire stations are and have been in operations, there are no new equipment needs. Included in the first-year budget is funds to purchase an oxygen cascade system to refill oxygen bottles and an air filling station that will be used to refill self-contained breathing apparatus (SCBA). These costs can be deferred, and the City could contract for the use of this equipment from Coral Springs or Margate. The City can also contract with a commercial provider of these services.

The City will need to provide office space for the additional administrative staff that will support the fire rescue department. The current location of the Fire Marshals' Office can accommodate the existing staff since there are no new additional staff members needed. The City will need to provide office space for the new fire rescue management staff. Office space will be needed for the following positions:

- Fire Chief
- Deputy Fire Chief – Administration
- Deputy Fire Chief – Operations
- Battalion Chief – EMS Training
- Battalion Chief – Fire Training
- Emergency Manager
- Logistics Manager
- Senior Staff Assistant – Fire Chief
- Senior Staff Assistant/Data Analysist/Accreditation Manager – Administration

Replacement Plans for Vehicle Fleets and Equipment

Coconut Creek owns the fire apparatus and ambulances that are being used by MCFR to service Coconut Creek. The City also owns support vehicles used by the current Fire Marshal's Office. The initial startup capital outlay will be less than a City that doesn't own its own apparatus and ambulances, however in the past fire apparatus has been replaced on a ten-year basis and frontline ambulances every five-years. It is anticipated that the Coconut Creek would continue to replace apparatus and ambulances using the 10-year and five-year schedule in place. Table 10 lists the current Coconut Creek apparatus and the year that they are scheduled to be replaced.

Replacement costs are approximately $1.5 million for a Quint and $350,000 for a Rescue Ambulance. A fully equipped Command vehicle is approximately $150,000 and support staff

vehicles are estimated to be around $40,000 each and would consist of either sedans, SUV's or pickup trucks. The City has decided to replace any existing Engines with a Quint to allow for additional fire suppression capabilities with the addition of the aerial ladders.

Table 10: Current Coconut Creek Owned Apparatus Inventory

Unit	Year In-service	Replacement Year	Notes
Engine 50	2016	2026	
Rescue Ambulance 50	2016	2021	
Quint 94	2013	2023	
Rescue Ambulance 94	2012	2017	Ordered in 2020
Quint 113	2020	2030	Ordered in 2020
Rescue Ambulance 113	2020	2025	Ordered in 2020
Battalion Chief 113	2020	2025	Ordered in 2020
Spare 94	2012		

Over the next (5) five years, FY22 – FY26, Capital funds will be required to replace the following apparatus:

- FY2023 – Quint 94
- FY2025 – Rescue Ambulance 113
- FY2025 – Battalion Chief 113
- FY2026 – Engine 50 (Replace with a Quint)

The City would also need to provide vehicles for the administrative and support staff consisting of either sedans, SUV's, or pickup trucks. The City may want to consider a vehicle allowance for the Fire Chief and Deputy Chiefs. The number of vehicles that would need to be purchased for the new fire rescue staff in FY2022 would include:

- Fire Chief
- Deputy Chief (2)
- Battalion Chief (2) Command Vehicles, includes one reserve unit
- Emergency Manager
- Logistics Manager

The estimated cost for these vehicles is $500,000.

Dispatch Communication Systems

The designated Public Safety Access Point (PSAP) is the Broward County Regional Emergency Services and Communications Center staffed by personnel from the Broward County Sherriff's Office (BSO). BSO is the dispatch agency for MCFR and the Coconut Creek Police Department. BSO has three locations for Communications throughout the County – North, Central, and South. The North Communications Center is in Coconut Creek in the Public Works building owned by the City. BSO serves 31 cities and handles 2.5 million calls annually with approximately 420 employees. PCG noted that in the last ISO reports for both Coconut Creek and Margate that the

“alarm processing” component was only awarded 8.46 points out of 20 total points towards meeting NFPA 1221: *Standard on Installation, Maintenance, and Use of Emergency Services Communications Systems.*

The City of Coral Springs also has a 911 Communications Center and dispatches law enforcement and fire rescue units for Coral Springs and the City of Parkland. Because of past issues with BSO, including a specific police officer safety issue, the cites of Coconut Creek, Coral Springs, Margate and Parkland have had ongoing discussion over the past few years regarding moving away from BSO’s Communications Center to Coral Springs Communication Center. The goal was to have Coral Springs provide communications and dispatch services for MCFR, and each City’s police departments.

Coconut Creek City Commission approved an agreement with the City of Coral Springs for 911 emergency communications and dispatching services in March 2020. The City of Margate has postponed its participation because of the uncertainty of the future of MCFR and Coconut Creek regarding EMS and fire services. Coral Springs estimates that it will take 24 months before they are fully operational and can provide communications and dispatching services for Coconut Creek.

Administrative Oversite

The day-to-day leadership and administrative oversite will be provided by the Fire Chief and three Division Chiefs supported by a three Senior Staff Assistants. The three Deputy Chiefs will be responsible for one of the three divisions, consisting of:

- Emergency Operations Division
- Administration Division
- Community Risk Reduction (CRR) Division (Traditionally Fire Prevention Division)

Administrative oversight and personnel management for each shift of firefighters will be managed by an on-duty Fire Battalion Chief supported by three Fire Captains, one at each fire station.

Coconut Creek Five-Year Budget Projections

PCG developed a five-year budget projection for CCFR based on the current budgets for MCFR and Coconut Creeks Fire Prevention budgets. An eight percent (8%) increase each year was applied to personnel costs and a three percent (3%) increase was applied to the operational costs each year after FY2022. Table 11 provides an overview of the five-year projections.

Table 11: Coconut Creek Fire Rescue 5-Year Budget Projections

Fire Administration
General Fund

	ADOPTED FY20 BUDGET	PROPOSED FY22 BUDGET	PROPOSED FY23 BUDGET	PROPOSED FY24 BUDGET	PROPOSED FY25 BUDGET	PROPOSED FY26 BUDGET
Personnel Services						
Salaries and Fringe*	$809,150.00	$11,365,529.56	$12,274,771.93	$13,256,753.68	$14,317,293.98	$15,462,677.50
Vehicle Allowance	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00
Total Personnel Costs	**$815,150.00**	**$11,371,529.56**	**$12,280,771.93**	**$13,262,753.68**	**$14,323,293.98**	**$15,468,677.50**
Operating Expenses**						
Pro Ser-Med Dir	$0.00	$25,000.00	$25,000.00	$25,000.00	$25,000.00	$25,000.00
Pro Ser-Med Exams	$0.00	$67,000.00	$67,000.00	$67,000.00	$67,000.00	$67,000.00
Contract Ser-Other	$10,000,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00
Training and Travel	$10,000.00	$20,000.00	$20,600.00	$21,218.00	$21,854.54	$22,510.18
Telephone	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Rental and Leases	$1,530.00	$1,530.00	$1,575.90	$1,623.18	$1,671.87	$1,722.03
R/M-Contracts	$24,650.00	$24,650.00	$25,389.50	$26,151.19	$26,935.72	$27,743.79
R/M-Equipment	$24,100.00	$24,100.00	$24,823.00	$25,567.69	$26,334.72	$27,124.76
R/M-Building	$0.00	$30,000.00	$30,900.00	$31,827.00	$32,781.81	$33,765.26
Gas, Oil and Coolant	$0.00	$75,000.00	$77,250.00	$79,567.50	$81,954.53	$84,413.17
Software and Services	$0.00	$51,000.00	$52,530.00	$54,105.90	$55,729.08	$57,400.95
RMS	$0.00	$40,000.00	$41,200.00	$42,436.00	$43,709.08	$45,020.35
Printing	$500.00	$1,500.00	$1,545.00	$1,591.35	$1,639.09	$1,688.26
CRR Program	$15,000.00	$15,000.00	$15,450.00	$15,913.50	$16,390.91	$16,882.63
PPE	$0.00	$235,000.00	$242,050.00	$249,311.50	$256,790.85	$264,494.57
Other Current Charges-Misc	$19,040.00	$10,000.00	$10,300.00	$10,609.00	$10,927.27	$11,255.09
C.E.R.T.	$2,500.00	$2,500.00	$2,575.00	$2,652.25	$2,731.82	$2,813.77
Office Supplies	$800.00	$1,800.00	$1,854.00	$1,909.62	$1,966.91	$2,025.92
Medical Supplies	$0.00	$75,000.00	$77,250.00	$79,567.50	$81,954.53	$84,413.16
Equipment-Minor	$2,480.00	$2,480.00	$2,554.40	$2,631.03	$2,709.96	$2,791.26
Photographic Supplies	$320.00	$320.00	$329.60	$339.49	$349.67	$360.16
Uniforms	$6,500.00	$67,500.00	$69,525.00	$71,610.75	$73,759.07	$75,971.84
Oper Supplies-Other	$2,980.00	$2,980.00	$3,069.40	$3,161.48	$3,256.33	$3,354.02
Membership/Dues	$3,210.00	$3,210.00	$3,306.30	$3,405.49	$3,507.65	$3,612.88
Publications/Subscriptions	$2,000.00	$2,000.00	$2,060.00	$2,121.80	$2,185.45	$2,251.02
Total Operating Costs	**$10,115,610.00**	**$827,570.00**	**$848,137.10**	**$869,321.21**	**$891,140.85**	**$913,615.08**
Capital Outlay						
Other Improvements	$0.00	$100,000.00	$75,000.00	$75,000.00	$75,000.00	$75,000.00
Computer Equipment	$0.00	$25,000.00	$3,000.00	$3,000.00	$3,000.00	$3,000.00
Vehicles	$0.00	$545,000.00	$1,500,000.00	$0.00	$550,000.00	$1,500,000.00
Machinery and Equipment	$0.00	$200,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00
Total Capital Outlay Costs	**$0.00**	**$870,000.00**	**$1,588,000.00**	**$88,000.00**	**$638,000.00**	**$1,588,000.00**
Other Disbursements						
Fire Services Reserves	$497,720.00	$497,720.00	$497,720.00	$497,720.00	$497,720.00	$497,720.00
Total Other Disbursements Costs	**$497,720.00**	**$497,720.00**	**$497,720.00**	**$497,720.00**	**$497,720.00**	**$497,720.00**
Total Expenditures	**$11,428,480.00**	**$13,566,819.56**	**$15,214,629.03**	**$14,717,794.90**	**$16,350,154.83**	**$18,468,012.58**

Transition Costs

If the City decides to establish its own fire rescue department by October 1, 2021 there will be a period of transition from MCFR to CCFR. The costs associated with the transition will include the operating costs to Margate for FY2021 and additional personnel costs to prepare staff to take over EMS and fire services on October 1, 2021. The new staff would need to be in hired no later than August 2021 allowing at least eight weeks for training and orientation to Coconut Creek. Staff would be hired by staggering the hiring of personnel by position. The executive staff, consisting of the Fire Chief, Deputy Chiefs and Battalion Chiefs would be hired first, followed by the Captains, Rescue Lieutenants, Engineer Drivers and Firefighter/Paramedics. Two months of salary and benefits for the new employees is approximately **$1.8 million** that will be needed during the transition.

Transition of Employees

The interlocal agreement (ILA) between the Margate and Coconut Creek addresses the termination process and includes language regarding the transition of employees if the ILA is terminated in Section 12.4 and 12.5. The ILA requires Coconut Creek to hire and retain forty-four (44) of the Margate employees. The process for determining which firefighter/paramedics will be hired by Coconut Creek will consist of Coconut Creek posting openings for fire personnel, including the number of personnel needed by rank or specialty. If less than forty-four (44) firefighter/paramedics apply for the open positions, Margate will release the remaining firefighter/paramedics based on seniority, with less senior personnel, regardless of rank, being released first. Coconut Creek must offer them a position that includes 150 hours of accrued vacation time and 150 hours of sick leave time. The ILA does not provide any other language related to the transition of employees.

The City will need further clarification regarding the transitioning of personnel, especially potential issues surrounding the rank of employees and whether the City is required to hire Margate employees at the rank they currently hold, i.e. Captain, Battalion Chief, etc. In addition to the rank issues, will the City be required to hire Margate employees that don't meet the City's hiring requirements just to meet the forty-four (44) firefighter/paramedic positions that must be hired and maintained as described in the ILA?

A review of the recently adopted Collective Bargaining Agreement does not appear to address the transition of employees to Coconut Creek, except for a newly added language in Article 34 – Duration of Contract, that allows the contract to be reopened for wages and departmental staffing only in the event that the ILA is terminated.

Governance, Command and Control

There would not be any changes in the way the City governs as the CCFR Department would function like any other City Department. The Fire Chief would be responsible for the overall fire rescue department and its operations supported by three (3) Deputy Fire Chiefs.

Command and control at the scene of emergency incidents would be accomplished by adopting the National Incident Management System (NIMS). NIMS provides stakeholders across the City with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS defines operational systems, including the Incident Command System (ICS), Emergency Operations Center (EOC) structures, and Multiagency Coordination (MAC) Groups that guide how personnel work together during incidents. NIMS applies to all incidents, from traffic accidents to major disasters.

Local Ordinances and Agreements

The City may need to update any ordinances that refer to the Margate-Coconut Creek Fire Rescue Department and replace these references with the Coconut Creek Fire Rescue Department.

Coconut Creek would need to develop automatic and mutual aid agreements as described in section V. These agreements should be in place prior to the CCFR becoming operational on October 1, 2021. Automatic aid agreements would need to be developed with Broward County, City of Margate, City of Coral Springs and the City of North Lauderdale. Currently MCFR has these agreements in place with these jurisdictions. The existing agreement can be modified to meet the needs of Coconut Creek.

In addition to these agreements, the City would need to sign agreements with Broward County for Hazardous Materials responses and sign the Countywide mutual aid agreement for fire and EMS assistance if needed.

All uniformed Margate fire personnel, except the Fire Chief, are members of IAFF Local 3080 which are the designated bargaining group for these employees. The City of Coconut Creek currently has three bargaining groups with the Police Department. The fire rescue department would also be represented by the IAFF and a determination will need to be made to either stay with Local 3080 or establish a new IAFF Local and collective bargaining agreement.

Short-Term, Anticipated Long-Term Costs and/or Financial Savings

Short-term costs are minimal since the apparatus and fire stations are owned by the City and are addressed in the five-year budget projections. There is $500,000 the first year for additional vehicle purchases for the CCFR administrative management staff. There are a few capital purchases in year one including an air-filling system for SCBAs.

The primary anticipated long-term costs would be related to ongoing personnel costs including hiring of additional personnel and personnel retirement contributions. There will also be capital costs for apparatus every 10 years and ambulances every 5 years.

Cost Recovery Revenue

In addition to collecting ambulance transportation revenues (see revenue analysis provided below), PCG recommends the City also participate in cost recovery for emergency services provided by CCFR to generate additional revenues. The City should consider a contract with a response recovery company that will bill insurance companies or other responsible parties for emergency responses when someone it at fault. Examples of these types of incidents where the cost to respond and provide services can be recovered includes:

- Motor Vehicle Crashes
- Vehicle Fires
- Vehicle Extrication
- Scene Safety
- False Alarms
- Treat and No Transport
- Traffic Control
- Standby Services

Other City Departments, including the Police Department and Public Works, can also recover response and service costs under this program. Many cities that adopt cost recovery programs will exempt their residents from any additional fees for services provided by the City.

Coconut Creek Fire Rescue Ambulance Transportation Revenue

In 2019 MCFR transported 3,570 people from Coconut Creek to area hospitals. There was $3,760,427.50 in gross charges, $1,383,151.02 was subtracted because of required contractual adjustments resulting in net charges of $2,377,275.48 of which $1,038,161.21 was collected by MCFR and returned to Coconut Creek. The collection rate for 2019 was 43.67 percent. The collection rate appears to be less that it should be based on the medical payor mix in Coconut Creek. If the City decides to implement a new fire rescue department, they should consider and using a different billing company through a competitive bid process. Table 12 below shows the payor mix for 2018 and 2019.

Table 12: Coconut Creek 2018/2019 Payor Mix

Payor Type	Trips	Payor Mix
Medicare	3,338	49%
Medicaid	395	6%
Commercial	1,788	26%
Workers Comp	30	0%
Self-Pay	1,238	18%
Total	**6,789**	**100%**

Table 13 shows the charges and revenues for ambulance transportation in 2019.

Table 13: Coconut Creek 2019 Ambulance Transportation Revenues

Year-Month	Transports	Gross Charges	Contractual Adjustments	Net Charges	Net Collections
2019-01	290	$305,150.00	$120,745.42	$184,404.58	$90,508.04
2019-02	295	$310,997.50	$124,114.63	$186,882.87	$88,727.20
2019-03	339	$357,471.00	$150,436.05	$207,034.95	$117,376.25
2019-04	264	$278,712.00	$118,830.09	$159,881.91	$88,057.70
2019-05	341	$358,790.00	$143,875.28	$214,914.72	$105,582.95
2019-06	270	$284,814.00	$115,625.63	$169,188.37	$86,777.37
2019-07	290	$305,219.00	$116,284.12	$188,934.88	$84,106.08
2019-08	270	$283,960.50	$104,272.60	$179,687.90	$78,853.49
2019-09	288	$302,628.00	$110,180.63	$192,447.37	$87,007.45
2019-10	313	$328,640.50	$112,827.48	$215,813.02	$94,103.60
2019-11	273	$288,039.00	$101,287.15	$186,751.85	$74,382.59
2019-12	337	$356,005.00	$64,671.94	$291,333.06	$42,678.49
Total	**3,570**	**$3,760,427.50**	**$1,383,151.02**	**$2,377,275.48**	**$1,038,161.21**

The CCFR Department would also provide ambulance transportation in the City of Coconut Creek and be able to charge for those services. A review of transport activity in Coconut Creek and Margate is included in Appendix IV: CAD Analysis.

The Florida Public Emergency Medical Transportation (PEMT) Certified Public Expenditure (CPE) program became effective on October 1, 2015. The program allows for public EMS providers to obtain a federal match up to their costs for providing medical transports. In order to receive the additional federal dollars, providers must submit an annual cost report based on the State Fiscal Year (SFY) July 1st to June 30th. The annual cost report determines the allowable costs that are in excess of other Medicaid revenue received throughout the SFY and calculates and average

cost per transport. The average cost per transport is then applied to the eligible Medicaid Fee-for-Service transports the provider had in the SFY based on billing documentation.

In order to be eligible for this program, an entity must meet all the following requirements continuously during the claiming period:

1. Provide EMT service to recipients
2. Be enrolled as a Florida Medicaid provider; and
3. Be owned or operate by an eligible governmental entity, to include the state, city, county or fire protection district.

PCG conducted an analysis of expenditure, Computer Aided Dispatch (CAD) and billing data to provide Coconut Creek with an estimate of additional revenue that could be realized by participating in the Florida PEMT CPE program. Based on Coconut Creek's Adopted FY20 and Proposed FY21 budget data, PCG estimates that Coconut Creek could realize approximately $57,000 additional funding in the first year they participate. After the first year of participation, CCFR will be eligible for additional PEMT revenue from Medicaid managed care transports.

PCG recommends that once Coconut Creek is providing their own Fire and EMS services, that they participate in this program. After the first year CCFR would be eligible to receive additional PEMT funds from managed care providers.

Strengths, Challenges, Opportunities and Weaknesses of a City Managed Fire Rescue Department

If the City decides to establish a new fire rescue department, there will be some strengths, challenges, opportunities and potential weaknesses. PCG has identified several strengths and opportunities as well as some potential challenges the City could face.

One of the biggest strengths of a City owned and managed fire rescue department is being able to manage and control the costs and the level of services provided to the community. Community safety and firefighter safety will be enhanced because of the change in 911 dispatch services to Coral Springs, the location of the new Fire Station 113, the addition of a firefighter/paramedic to each Engine or Quint, and better integration and working relationship with the current Fire Prevention staff and the Coconut Creek PD with the new emergency operations staff. Additional community risk reduction (CRR) programs can be initiated with support from firefighters assigned to the three (3) fire stations.

Potential opportunities with a City managed fire rescue department include the ability to generate additional revenues through the services provided by CCFR personnel. This revenue could come from cost recovery programs, improved ambulance collections, participation in Florida's PEMT program, and reviewing current fees for fire inspections and other fire prevention related services. There are programs that can be implemented such as a Community Paramedic program that would focus on reducing EMS incidents and ambulance transports by focusing on the high users. CCFR would increase its involvement in the community by engaging the community through attendance at City and other community events, fire safety surveys, fire station open houses and other activities such as taking blood pressures for citizens.

There can be potential challenges with fire rescue personnel including hiring of the forty-four (44) Margate firefighter/paramedics and other qualified personnel for each position needed. Additional challenges may arise with labor relations and future contract negotiations. The ongoing relationship with Margate may also present some additional challenges.

We were not able to identify any obvious weaknesses in a City managed fire rescue department. That is not to say there won't be any, but for a brand-new department created from the ground up, many potential weaknesses can be eliminated at the beginning.

A summary of these potential strengths, challenges, opportunities, and weaknesses is below.

Strengths

- Local control of services and costs
- Enhanced firefighter safety
- Enhanced community safety
- Enhanced community risk reduction (CRR)
- Streamlined decision making process

Challenges

- Hiring of personnel
- Labor relations/contract negotiations
- Ongoing relations with Margate
- Funding for pension programs

Opportunities

- Revenue enhancements
- Mobile Integrated Healthcare/Community Paramedic program
- Fire Rescue accreditation
- Increased community involvement

Weaknesses

- Based on PCG's analysis and consultation with other fire/EMS experts, we were not able to identify any obvious weaknesses for a City owned and operated fire rescue department.

Critical Issues and Variables

The most critical issue for the City will be the hiring of qualified fire rescue personnel for the new CCFR Department. At least forty-four (44) will be required to be hired from MCFR under the terms of the ILA. The City will need to hire sixty-two (62) uniformed firefighters at various ranks including the following:

- Fire Chief (1)
- Deputy Fire Chief (2)
- Battalion Chief (5)
- Fire Captain (9)
- Rescue Lieutenant (9)
- Driver/Engineer (9)
- Firefighter/Paramedic (27)

Assuming there are forty-four (44) qualified personnel from Margate, excluding the fire chief and deputy chief positions, an additional fifteen (15) positions will need to be filled. At this time, it is unknown if Margate personnel at the rank above Firefighter/Paramedic would apply to CCFR open positions.

The issue of any capital equipment purchased by MCFR will need to be addressed. Since capital equipment purchases, except vehicles and apparatus, are jointly funded by Margate and Coconut Creek, a process for determining ownership will need to be established. The ILA also addresses the distribution of capital equipment purchased with grant funds.

Standard Operating Guidelines

The City would need to have policies and procedures in place for the new fire rescue department to operate. The development of policies and procedures needs to be consistent with the neighboring fire rescue departments, specifically for fire ground operations and other emergency incident scenes. The City should consider the policies and procedures in place currently by MCFR as well as those from Coral Springs. In addition, the City should consider using a professional firm that validates policies and procedures/guidelines such as those offered by Lexipol. Lexipol provides legally defensible policies and procedures that are State specific. A fire rescue department or police department can have the company evaluate and update their current policies and procedures to verify that they are legally defensible. For new agencies Lexipol provides the template for policies and procedures that can be modified for a specific agency. They also provide updates anytime a law or regulation changes. See Appendix V for samples of all fire rescue procedures and Florida specific procedures provided by Lexipol.

Long-Term Plan

If the City decides to establish a CCFR the department will need to develop a strategic plan for operations of the CCFR Department in the future. CCCFR should consider becoming an accredited fire rescue department through the Center for Public Safety Excellence (CPSE) through their Commission on Fire Accreditation International (CFAI). Accreditation is defined as an all-hazard, quality improvement model based on risk analysis and self-assessment that promotes the establishment of community-adopted performance targets for fire and emergency service agencies. Department leadership and staff will integrate the quality improvement model and self-assessment processes into the organization's daily activities along with developing and maintaining a culture of continual self-reflection and excellent customer service. There are four steps in the accreditation process. The first step is to become a "Registered Agency" with CFAI. Registered agencies receive copies of both accreditation publications, gain access to an online platform, and may participate in frequent web-based trainings. The second step is to become an "Applicant Agency". Applicant Agency status is valid for 18 months and may be extended 12 months, a maximum of three times. Applicant agencies receive their own online site and are assigned a volunteer mentor to provide guidance. During applicant status, agencies will complete their:

- Community Risk Assessment – Standards of Cover Document
- Community-Driven Strategic Plan
- Self-Assessment Manual

The third step is to become a "Candidate Agency" after the three accreditation documents are completed. The fourth and final step is to become and remain an accredited agency. Accreditation is valid for a five-year period. Every year the City will submit an annual compliance report and submit a fee. At the end of the five-year period, the City will repeat the steps in the Candidate Agency process. The accreditation process can take three to five years to complete. Since the City's new department will be organized around the accreditation program from the moment the organization is established, the accreditation process will be accelerated. An overview of the accreditation program is included in Appendix VII.

Maintaining the Margate-Coconut Creek Fire Rescue Department

Although, Coconut Creek officials have expressed concerns with increasing costs they have never questioned the level and quality of emergency services provided by the men and women from MCFR. The City of Coconut Creek officials expressed that if they were able to maintain the interlocal agreement with the City of Margate and continue to operate as the Margate-Coconut Creek Fire Rescue Department at a fair cost and in a transparent manner, that they would do so.

It is unclear what the original funding formula for MCFR was based on. There are a variety of factors to consider when developing a formula for EMS and fire protection services including the types and quality of services, number of fire stations and personnel, incident volume and density, incident types, and more. The current ILA has been successful in terms of ensuring high-quality EMS and fire protection services provided to Coconut Creek and Margate residents and visitors. The ILA does not address a funding formula or the process for determining the budget share from Coconut Creek each year. There are annual pre-budget meetings where Coconut Creek officials and Margate officials collaborate on the upcoming fire rescue budget.

PCG consultants were provided a copy of a formula used by the City of Coral Springs to determine the cost of emergency medical and fire protection services for the City of Parkland. The formula is in an Excel spreadsheet format, identifies the various services provided and the line items for each cost center. Coconut Creek and Margate should consider adopting the formula used by Coral Springs or they should consider developing their own if there are major differences in how they compare to Margate and Coconut Creek.

Coconut Creek officials have expresses distrust with dealing with Margate officials regarding fire rescue funding and the equity of services and cost contributions. City officials should consider developing a transparent funding formula to support the MCFR if the City decides to renew the ILA. The ILA should also be revised to reflect the concerns that have been raised by both Coconut Creek officials, Margate officials and City staff members from both cities.

SECTION VIII: IMPACT TO MCFR

On numerous occasions, City officials and City staff expressed concerns regarding the potential impact to the City of Margate should the City decide to terminate the ILA. As part of this study, the City of Coconut Creek asked PCG to analyze the impact to the City of Margate if Coconut Creek were to terminate the ILA and establish its own fire rescue department. The ILA requires Coconut Creek to hire and retain forty-four (44) or thirty-five percent (35%) of the Margate employees.

The process for determining which firefighter/paramedics will be hired by Coconut Creek will consist of Coconut Creek posting openings for fire personnel, including the number of personnel needed by rank or specialty. Margate personnel will have the opportunity to apply for these positions before they would be opened to other potential candidates. If less than forty-four (44) firefighter/paramedics apply for the open positions, Margate will release the remaining firefighter/paramedics based on seniority, with less senior personnel, regardless of rank, being released first. Coconut Creek must offer them a position that includes 150 hours of accrued vacation time and 150 hours of sick leave time.

PCG used the median salaries of forty-four (44) MCFR firefighter/paramedics to determine the impact to the Margate MCFR budget over the next five (5) years. The projected personnel costs for Margate was developed by subtracting forty-four (44) firefighter/paramedic positions and reducing the insurance benefits by thirty-five (35) percent. The resulting five (5) year budget is shown in Table 14 below.

Table 14: Margate Fire Rescue 5-Year Budget Projections

Fire Administration						
General Fund						
	ADOPTED FY20 BUDGET	PROPOSED FY22 BUDGET	PROPOSED FY23 BUDGET	PROPOSED FY24 BUDGET	PROPOSED FY25 BUDGET	PROPOSED FY26 BUDGET
Personnel Services						
Salaries and Wages*	$12,266,187.00	$6,023,753.94	$6,505,654.26	$7,026,106.60	$7,588,195.12	$8,195,250.73
Vehicle Benefit	$7,250.00	$7,250.00	$7,250.00	$7,250.00	$7,250.00	$7,250.00
Sal & Wages-Cloth Allowance	$545.00	$545.00	$545.00	$545.00	$545.00	$545.00
Contrib-SS Tax (Employer)	$82,550.00	$53,492.40	$57,771.79	$62,393.54	$67,385.02	$72,775.82
Contrib-Med Tax (Employer)	$764,335.00	$495,289.08	$534,912.21	$577,705.18	$623,921.60	$673,835.33
FRS Contribution-Employer	$179,213.00	$116,130.02	$125,420.43	$135,454.06	$146,290.38	$157,993.62
Contribution-Health Trut	$2,994,762.00	$1,940,605.78	$2,095,854.24	$2,263,522.58	$2,444,604.38	$2,640,172.73
Health & Life Ins	$2,180,889.00	$1,413,216.07	$1,526,273.36	$1,648,375.23	$1,780,245.24	$1,922,664.86
Total Personnel Costs	**$18,475,731.00**	**$10,050,282.29**	**$10,853,681.28**	**$11,721,352.18**	**$12,658,436.75**	**$13,670,488.09**
Operating Expenses**						
Operating Expense	$10,400.00	$10,400.00	$10,712.00	$11,033.36	$11,364.36	$11,705.29
EMS Licensure Expense	$8,000.00	$8,000.00	$8,240.00	$8,487.20	$8,741.82	$9,004.07
Other Expense/Clothing	$23,000.00	$23,000.00	$23,690.00	$24,400.70	$25,132.72	$25,886.70
Coconut Creek Expenses	-	-	-	-	-	-
Credit Card Pymt Charges	$500.00	$500.00	$515.00	$530.45	$546.36	$562.75
Cert Expense	$2,500.00	$2,500.00	$2,575.00	$2,652.25	$2,731.82	$2,813.77
Prof'l Svcs-Medical	$3,200.00	$3,200.00	$3,296.00	$3,394.88	$3,496.73	$3,601.63
Prof Svcs-Medical Director	$33,765.00	$33,765.00	$34,777.95	$35,821.29	$36,895.93	$38,002.80
Prof Svcs-Fire/Rescue	$23,000.00	$23,000.00	$23,690.00	$24,400.70	$25,132.72	$25,886.70
EMS Billing & Coll-ADP	$100,000.00	$100,000.00	$103,000.00	$106,090.00	$109,272.70	$112,550.88
Travel & Per Diem	$10,000.00	$10,000.00	$10,300.00	$10,609.00	$10,927.27	$11,255.09
Communications Services	$27,150.00	$27,150.00	$27,964.50	$28,803.44	$29,667.54	$30,557.56
Postage	$600.00	$600.00	$618.00	$636.54	$655.64	$675.31
Rental & Leases	$13,500.00	$13,500.00	$13,905.00	$14,322.15	$14,751.81	$15,194.37
Repair & Maint-Equipment	$25,000.00	$25,000.00	$25,750.00	$26,522.50	$27,318.18	$28,137.72
Structures-Chargeback	$43,800.00	$43,800.00	$45,114.00	$46,467.42	$47,861.44	$49,297.29
Repair & Maint-Office Equip	$1,000.00	$1,000.00	$1,030.00	$1,060.90	$1,092.73	$1,125.51
Other Equipment	$5,300.00	$5,300.00	$5,459.00	$5,622.77	$5,791.45	$5,965.20
Repair & Maint-Vehicles	$229,110.00	$229,110.00	$235,983.30	$243,062.80	$250,354.68	$257,865.32
Repair & Maint-Structures	$8,900.00	$8,900.00	$9,167.00	$9,442.01	$9,725.27	$10,017.03
Main/Testing ISO Equipment	$190,000.00	$190,000.00	$195,700.00	$201,571.00	$207,618.13	$213,846.67
Maint/Fire Veh Internal	$20,000.00	$20,000.00	$20,600.00	$21,218.00	$21,854.54	$22,510.18
Printing & Binding	$3,400.00	$3,400.00	$3,502.00	$3,607.06	$3,715.27	$3,826.73
Office Supplies	$6,300.00	$6,300.00	$6,489.00	$6,683.67	$6,884.18	$7,090.71
Gas, Oil and Coolant	$105,000.00	$105,000.00	$108,150.00	$111,394.50	$114,736.34	$118,178.43
Operating Supplies-Other	$275,000.00	$275,000.00	$283,250.00	$291,747.50	$300,499.93	$309,514.92
Subscription & Membership	$5,205.00	$5,205.00	$5,361.15	$5,521.98	$5,687.64	$5,858.27
Education & Training	$20,000.00	$20,000.00	$20,600.00	$21,218.00	$21,854.54	$22,510.18
Tuition Reim-IAFF	$40,000.00	$40,000.00	$41,200.00	$42,436.00	$43,709.08	$45,020.35
Oper Exp-Explorer Program	$2,000.00	$2,000.00	$2,060.00	$2,121.80	$2,185.45	$2,251.02
Total Operating Costs	**$1,235,630.00**	**$1,235,630.00**	**$1,272,698.90**	**$1,310,879.87**	**$1,350,206.26**	**$1,390,712.45**
Capital Outlay						
Storage Structure	-	-	-	-	-	-
Acquisition of Vehicles	$275,228.00	$275,229.00	$275,230.00	$275,231.00	$275,232.00	$275,233.00
Computer Equipment	-	-	-	-	-	-
Other Equipment	$164,464.00	$164,464.00	$164,464.00	$164,464.00	$164,464.00	$164,464.00
Equipment-Local Grant	$26,556.00	$26,556.00	$26,556.00	$26,556.00	$26,556.00	$26,556.00
Equipment-Federal	$370,305.00	$370,305.00	$370,305.00	$370,305.00	$370,305.00	$370,305.00
Total Capital Outlay Costs	**$836,553.00**	**$836,554.00**	**$836,555.00**	**$836,556.00**	**$836,557.00**	**$836,558.00**
Debt Service						
Princ-Capital Lease/Vehic	$191,671.00	$191,671.00	$191,671.00	$191,671.00	$191,671.00	$191,671.00
Int-Capital Lease/Vehic	$16,434.00	$16,434.00	$16,434.00	$16,434.00	$16,434.00	$16,434.00
Total Other Disbursements Costs	**$191,671.00**	**$191,671.00**	**$191,671.00**	**$191,671.00**	**$191,671.00**	**$191,671.00**
Total Expenditures	$19,903,032.00	$11,477,583.29	$12,318,051.18	$13,223,903.04	$14,200,314.01	$15,252,871.54

PCG did not reduce the Margate operations budget line items included in the FY2020 adopted budget. There may be additional operational savings because of the reduction of personnel. Margate can determine what the actual reductions would be. PCG also used an increase of eight percent (8%) annually for personnel costs and three percent (3%) annually for operational costs. In addition, any other revenues from ambulance transportation or other Margate fire protection or EMS fees would reduce the overall MFR budget.

The recent addition of Article 34 – Duration of Contract, that allows the contract to be reopened for wages and departmental staffing only if the ILA is terminated may present challenges and additional expenses to Margate officials and City staff.

SECTION IX: CONCLUSION

Since 1999, Margate-Coconut Creek Fire Rescue (MCFR) has been providing high-quality and timely protection services, emergency medical care and ambulance transportation for residents and visitors in the City of Margate and Coconut Creek. MCFR is an ISO Class 1 fire rescue department and has received several awards and recognition for advanced life support (ALS) and technical rescue. MCFR responds from five (5) fire stations, two (2) in Coconut Creek and three (3) in Margate. Coconut Creek will be adding a third fire station in FY21. MCFR currently employees approximately 128 employees, most of them are firefighters assigned to the five (5) fire stations.

MCFR responded to **15,826** incidents in 2019, two percent (2%) less than 2018. Of the total number of incidents, **7,300** (46%) occurred in Coconut Creek and **8,526** (54%) in Margate. A total of 13,158 EMS incidents represents 83% of the total calls, 1,389 incidents or 9% of incidents were for fire incidents, and eight 8% or 1,279 incidents were for non-fire and non-EMS incidents.

The FY2020 budget for MCFR Department is $21,043,966 for personnel and operating costs. Coconut Creek's Adopted Budget for FY2020 contract payment to Margate was $10,050,000 or forty-eight percent (48%) of the MCFR budget. City officials have been concerned about the increasing costs for emergency medical and fire protection services provided by Margate and commissioned this study to analyze the costs of these services. It is important to note that all City officials in Coconut Creek are supportive of the rank-and-file firefighters and fire officials and had nothing but praise for the quality and level of services provided by MCFR personnel.

The FY2020 costs for fire protection from the two (2) fire stations, EMS (first response and ambulance transportation), and the City's Fire Marshal's office was $10,865,000. For FY2021 the City's cost for these services may increase by approximately $3 million in order to operate a third fire station (113) in the City of Coconut Creek. The total costs are projected to be $13,865,000 and does not include a potential additional administrative fee Margate mentioned to the City.

If the City decides to establish the Coconut Creek Fire Rescue (CCFR) Department, that will provide the same or higher level of fire and EMS service delivery provided by Margate, Coconut Creek will need to establish a fully paid fire department. To determine the staffing requirements for Coconut Creek, PCG analyzed the existing staffing provided by MCFR, and consulted NFPA 1710, the ISO Fire Suppression Rating Schedule (FSRS), and the Florida Fire Code. Based on this review and the current staffing provided by MCFR, PCG was able to recommend the staffing requirements for the CCFR Department.

To implement the CCFR Department, the City needs 72 total staff: 67 uniformed sworn employees five and civilian city employees working either a 40-hour or 56-hour work week. The appointed CCFR fire chief, reporting to the City Manager, would serve as the department head and lead the CCFR Department. The Fire Chief would be supported by a Senior Staff Assistant. PCG recommends that the CCFR Department be organized into three divisions led by three appointed or "at-will" Deputy Fire Chiefs reporting to the Fire Chief. The three Deputy Chiefs should be located at City Hall. The divisions would be identified as:

- Emergency Operations Division
- Administration Division
- Community Risk Reduction (CRR) Division (Traditionally Fire Prevention)

PCG developed a five (5) year budget projection for FY2022 – FY 2026 for the CCFR Department including personnel, operating and capital expenses. The first year (FY2022) costs for the City to implement the CCFR would be $13,566,819, for the following years the projected CCFR budget is:

- FY2023 – $15,214,629
- FY2024 – $14,717,794
- FY2025 – $16,350,155
- FY2026 – $18,468,013

For FY2020 costs were $10,865,000 for fire protection from the two (2) fire stations, EMS (first response and ambulance transportation), and the City's Fire Marshal's office. The proposed FY2021 budget for MCFR has yet to be determined. The City's cost for services may increase by approximately $3 million in order to operate a third fire station (113) in the City of Coconut Creek. The total costs are projected to be approximately $13,865,000 and does not include a potential additional administrative fee Margate mentioned to the City.

Table 15 shows the budget breakdown by personnel costs, operating costs, and capital expenses for the next five (5) years.

Table 15: Coconut Creek Fire Rescue 5-Year Budget Projections

Fiscal Year	Personnel Costs	Operating Costs	Capital Costs	Total Budget
FY 2022	$11,371,530	$827,570	$870,000	$13,566,820
FY2023	$12,280,772	$848,137	$1,588,000	$15,214,629
FY2024	$13,262,754	$869,321	$88,000	$14,717,791
FY2025	$14,323,294	$891,141	$638,000	$16,350,155
FY2026	$15,468,678	$913,615	$1,588,000	$18,468,013

Although the FY2021 budget discussions between Coconut Creek and Margate have not yet started, based on the City's the projected MCFR budget of **$13,865,000** and PCG's FY2022 projection of **$13,566,820**, the City can provide emergency medical and fire protection services at a cost equal to or lower than Margate, including the addition of three (3) firefighters on duty per day.

APPENDIX I: LIST OF DOCUMENTS

The list of documents reviewed for the purpose of this analysis are as follows:

Broward County

- *6th Edition - Florida Fire Prevention Code (with Amendments Effective through October 2019)*
- *BSO contract with BSO and CC and unincorporated 12-5-12*
- *BSO Interlocal Agreement*

Coconut Creek

Billing

- *EMS billing C Creek*
- *PEMT Charges-Coconut Creek Only-2-1-2020 (1)*

CAD

- *Response time charts*
- *B January 2020 CK*
- *CK01012017-032817csv*
- *CK01012016-123116*
- *CK01012013-123115*
- *CK_2013-2015*

Expenditures

- *Final Budget and Details*
- *2018 Final Adopted Budget-Creek*
- *fy2019-adopted-combined-final-Creek*
- *fy 20 Budget-Creek*
- *Coconut Creek Projected Fire Costs (Margate)*
- *Coconut Creek_Dispatch Divisions Expenses_Sept242019*
- *Fire Costs Dispatch*

Maps

- *Coconut Creek FireMapNorth(11x17)*
- *Coconut Creek FireMapSouth(11x17)*

Generic Coconut Creek Documents

- *cc ten year_*
- *creek iso 2017*
- *Creek performance measures for fire*
- *DIVISION_1.___GENERALLY C Creek Ordinances*
- *Exhibit B*
- *FF info for Creek-2019_AVG Hourly Rate (003)*
- *PART_I___CHARTER c creek*
- *Resolution 2019-033*

Coconut Creek & Margate CAD

2017

- *apr - jun 2017 CK and MG*

2018

- *jan-mar 2018*
- *apr - jun 2018*
- *Jul - Sept 2018 CK and MG*
- *Oct - Dec 2018 CK and MG*

2019

- *jan -Mar 2019 CK and MG*
- *Apr - Jun 2019 CK and MG*
- *Jul - Sept 2019 CK and MG*
- *oct - dec 2019 CK and MG*

2020

- *jan 20 CK and MG*

General CAD Documents

- *Copy of Signal description*

Coral Springs

General Documents

- *CSFR annual*
- *ILA*
- *Exhibit C*
- *Coral Springs ILA*
- *2019 Swim Test Score Sheet Directions*
- *2019 New Hire - commitment agreement*
- *New Hire Flyer*
- *NHA Manual*
- *Appendix II (1)*

10-Year Comparison

- *North Lauderdale ILA*
- *Margate Fire Expenses*
- *Margate General Fund*
- *Public Safety Cost Analysis Backup*
- *Public Safety Cost Analysis with Graphs - Consultant*

Margate

Billing

- *mg ems billing contract fy18*

CAD

- *MG_2013-2015*
- *MG01012016-123116*
- *MG01012017-032817csv*

Margate Budgets

- *FY 2019 092718 Adopted w PN_ Accessibility*
- *FY 2020 092319 V2 wPN W FL*
- *FY_2018_Adopted_wPN_5*

Generic Margate Documents

- *IAFF_contract 2016-2019*
- *Margate IAFF 2016-2019_accessible*
- *Margate ISO 2017*

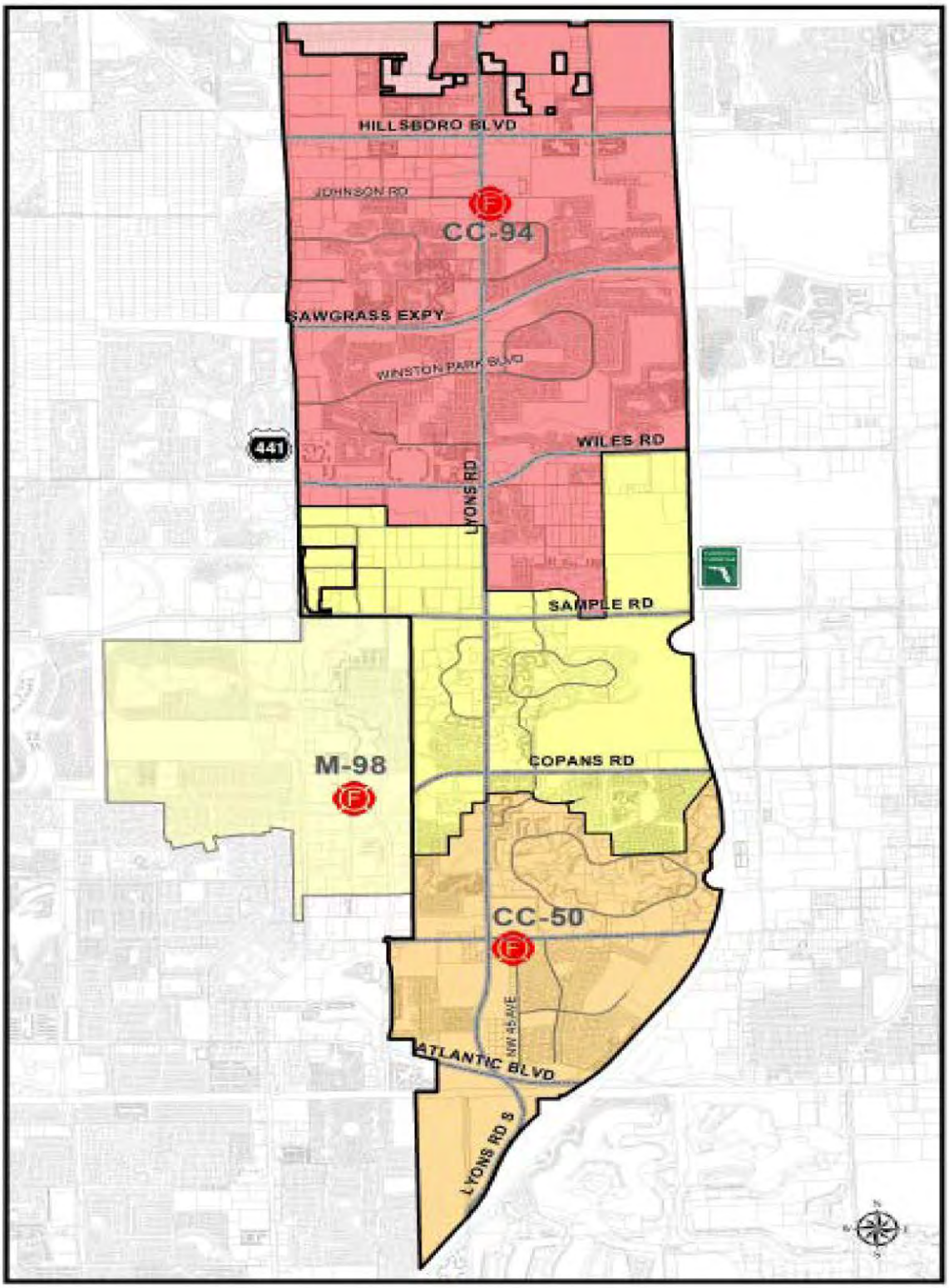
North Lauderdale

- *North Lauderdale ILA*

Other Relevant Documents

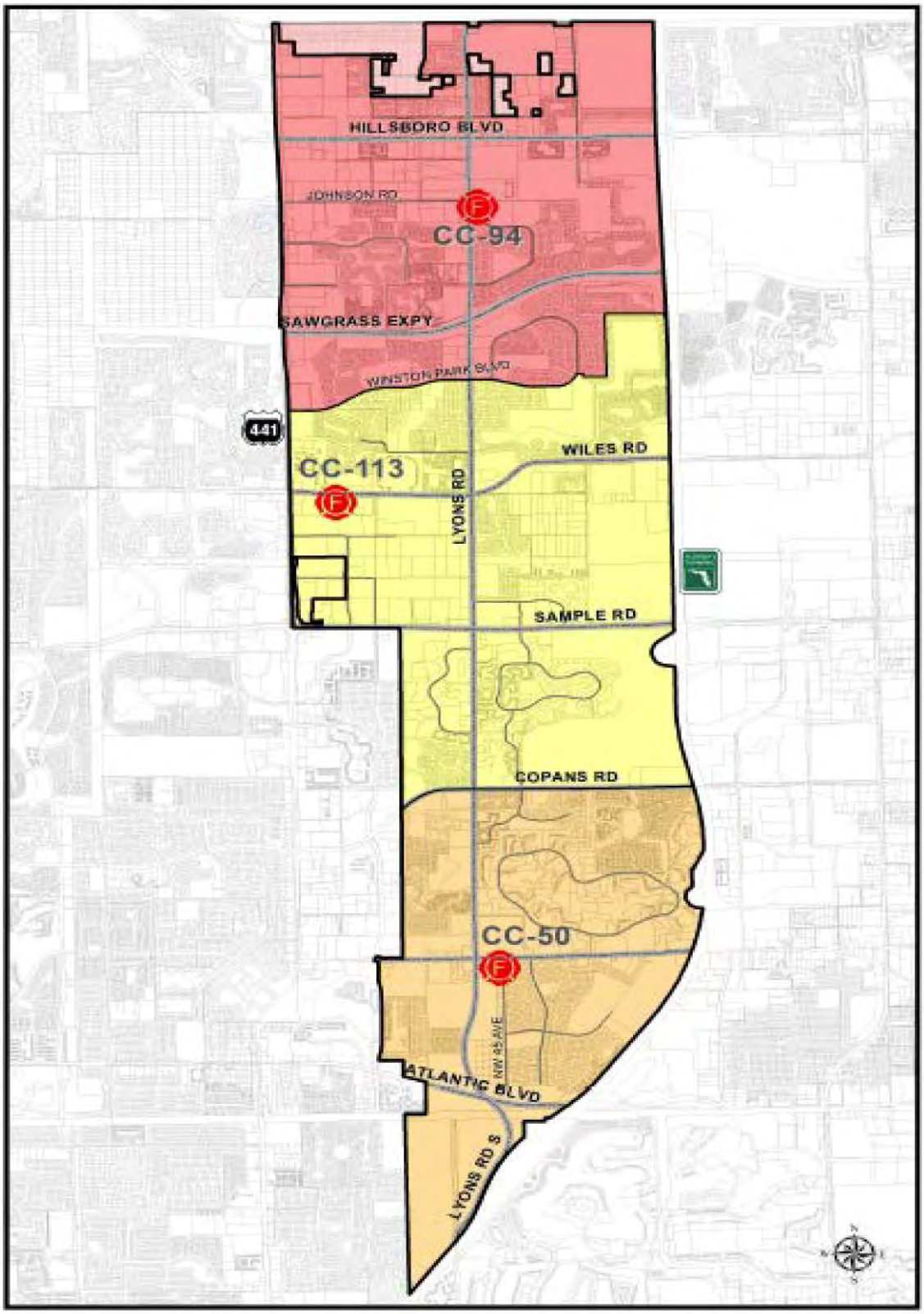
- *Appendix III (1)*
- *Exhibit A*
- *ExistingFireStations (1)*
- *Fire Suppression Rating System 2013*

APPENDIX II: GIS MAPS

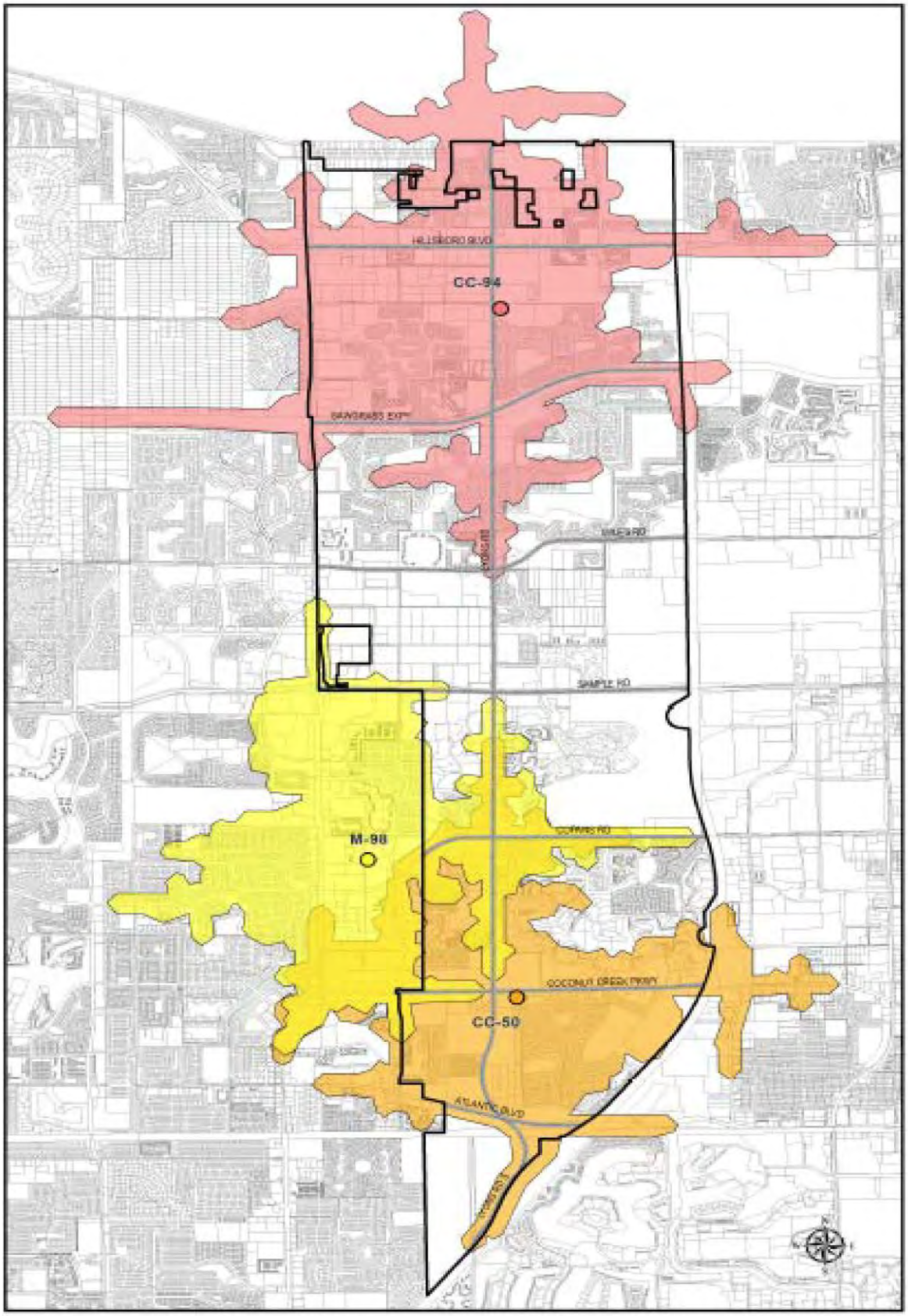


COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current First Due Areas

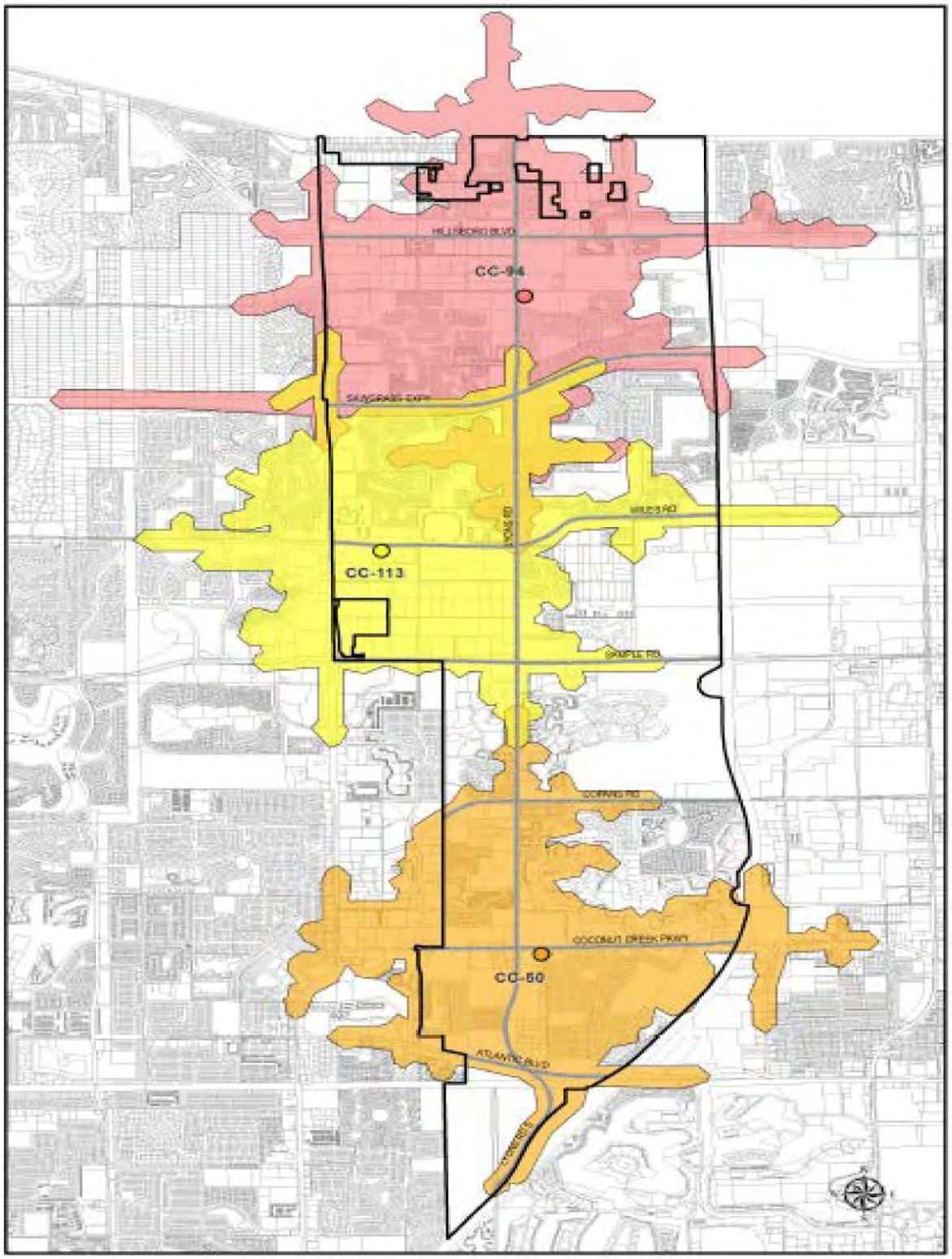
Exhibit C



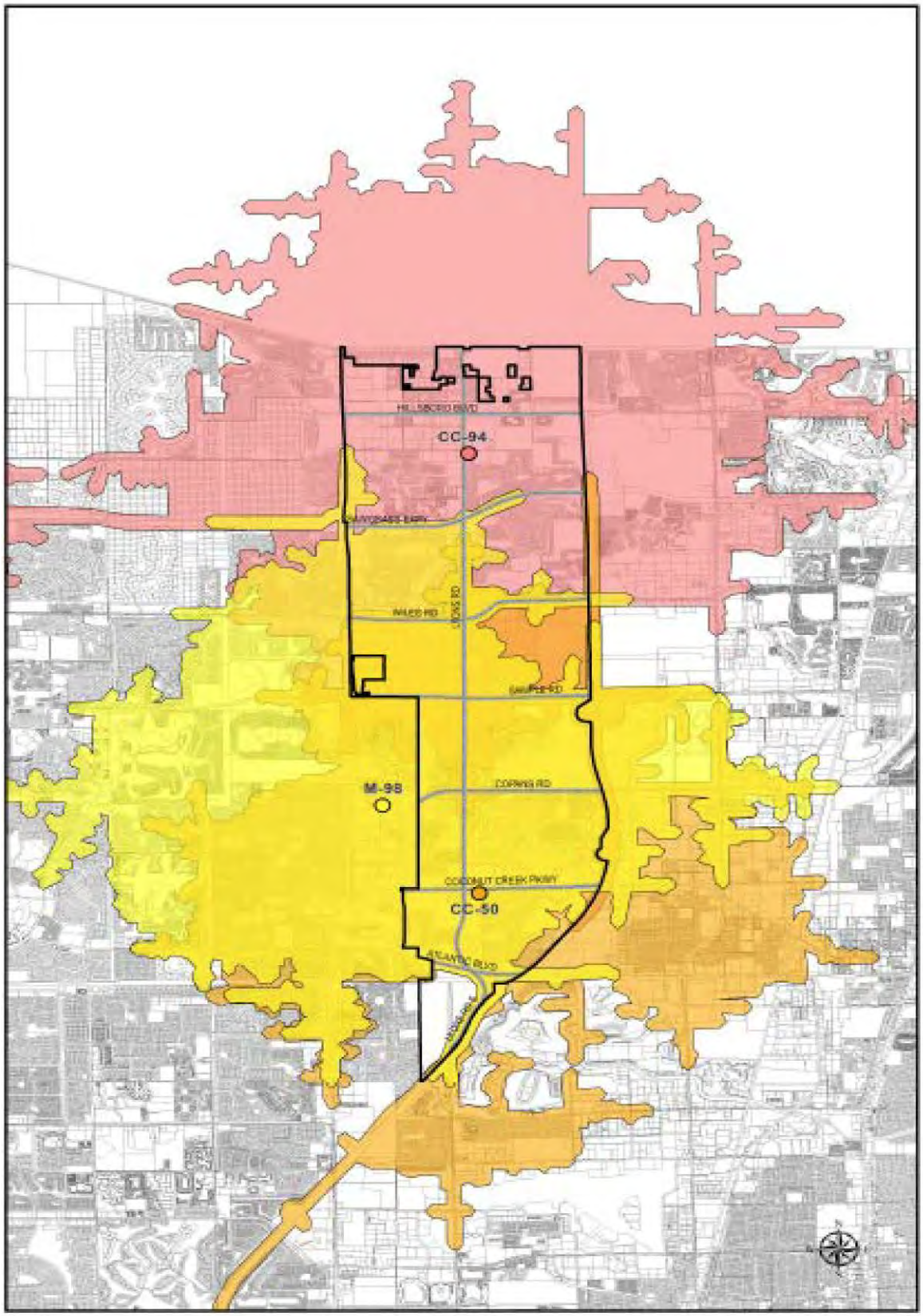
COCONUT CREEK FIRE DEPARTMENT
Future First Due Areas



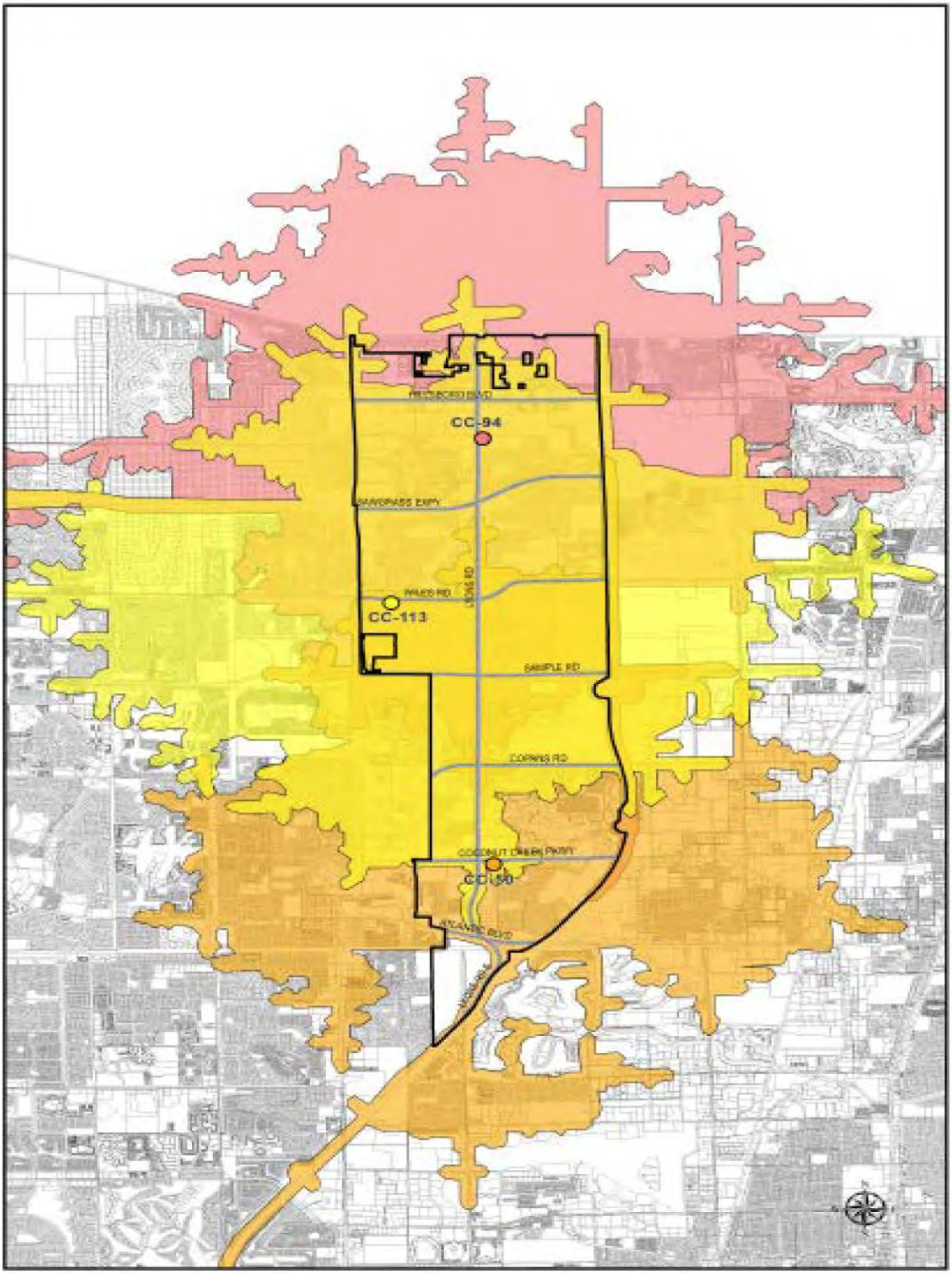
COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Engine 4-Minute Travel Time



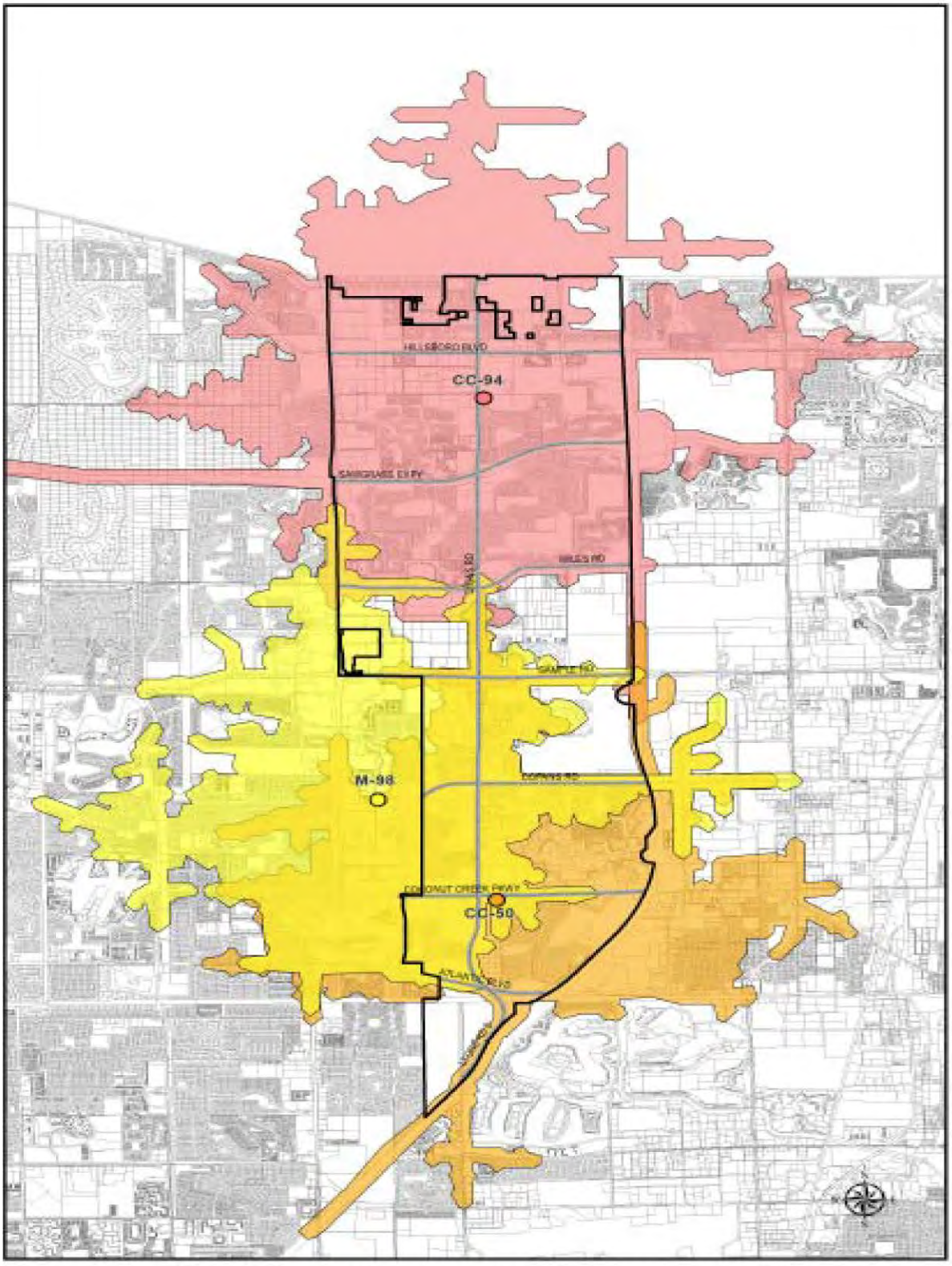
COCONUT CREEK FIRE DEPARTMENT
Future Engine 4-Minute Travel Time



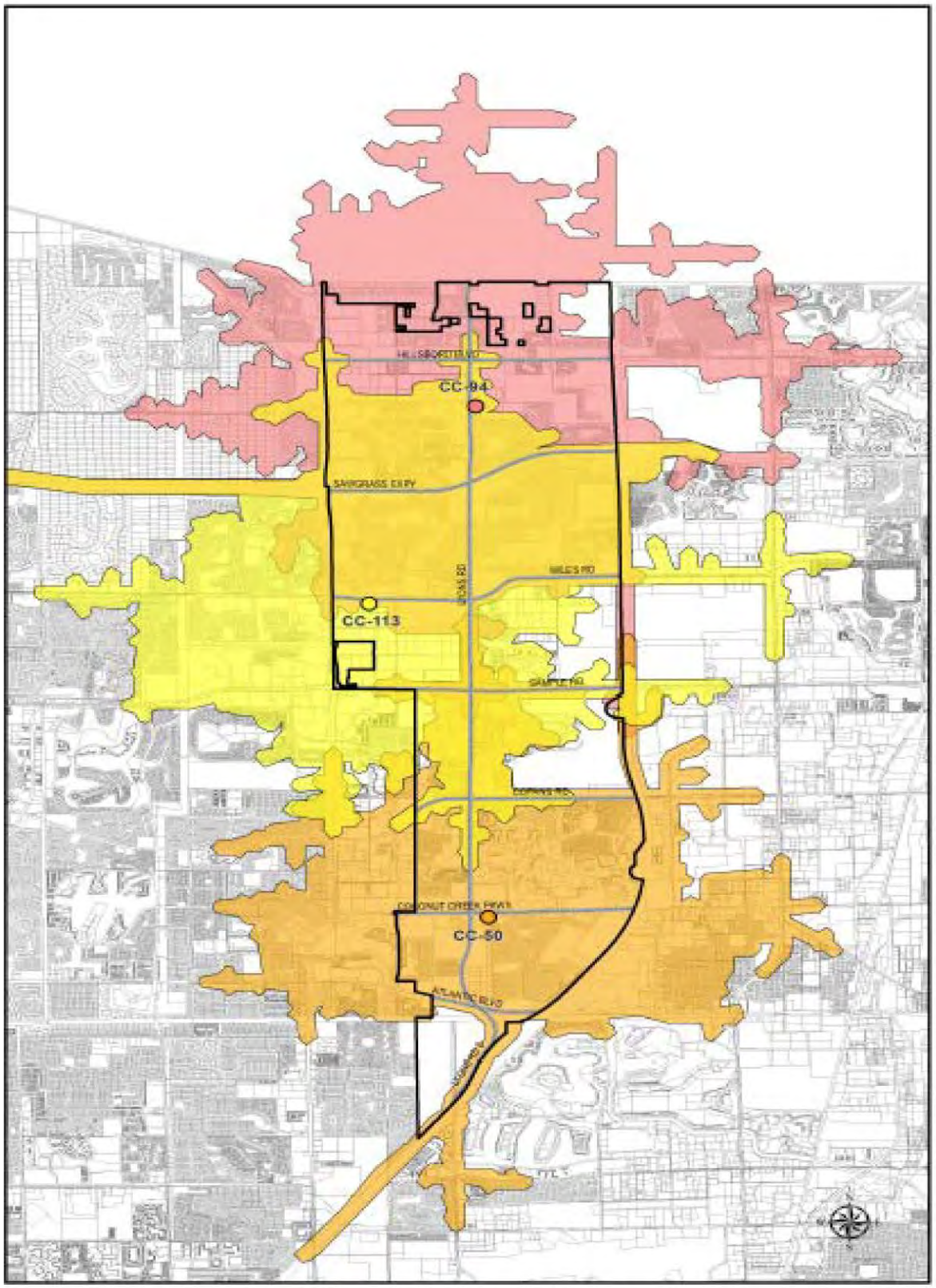
COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Ladder 8-min Travel Time



COCONUT CREEK FIRE DEPARTMENT
Future Ladder 8-min Travel Time

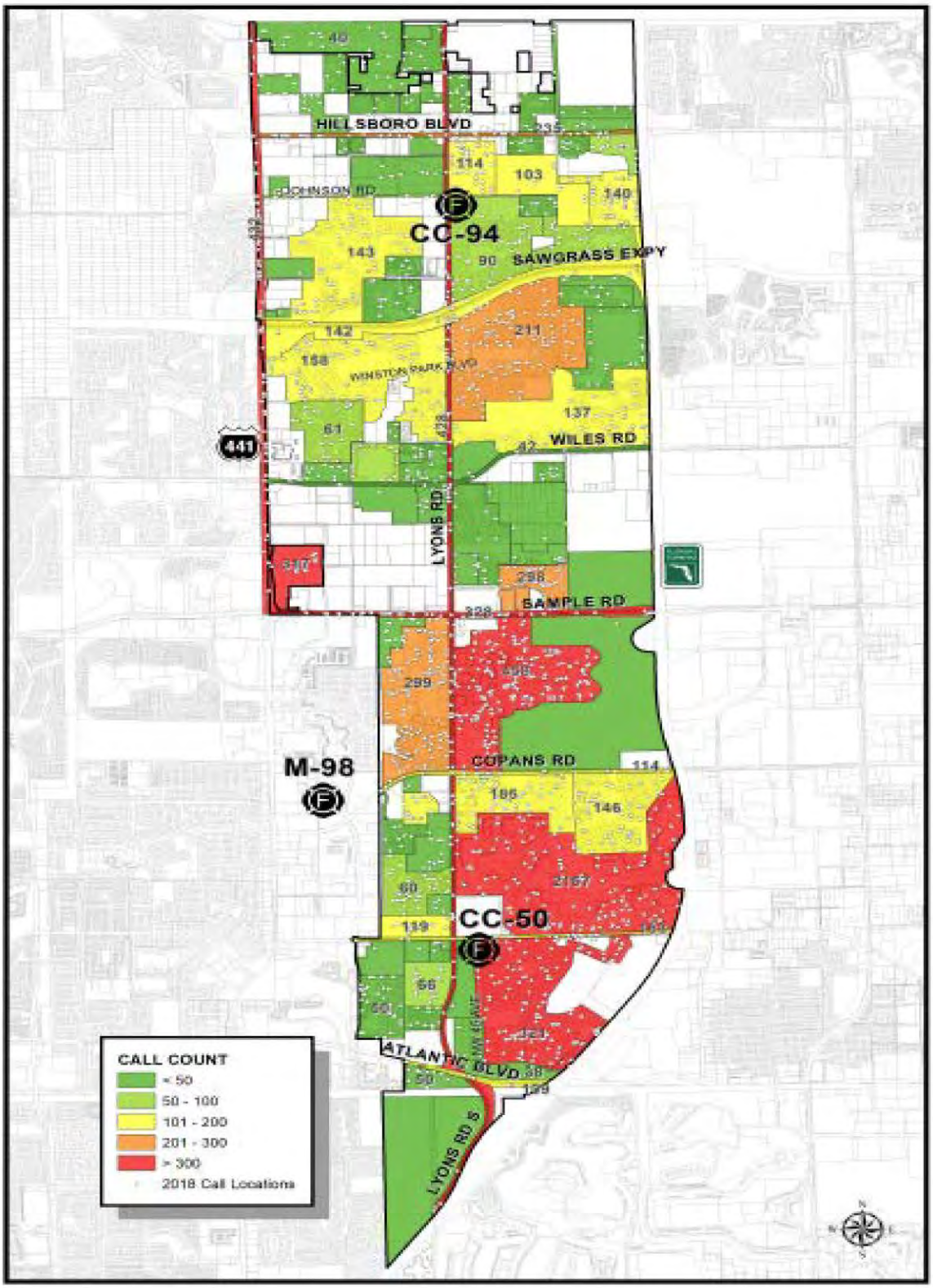


COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Current Effective Fighting Force 6-min Travel Time

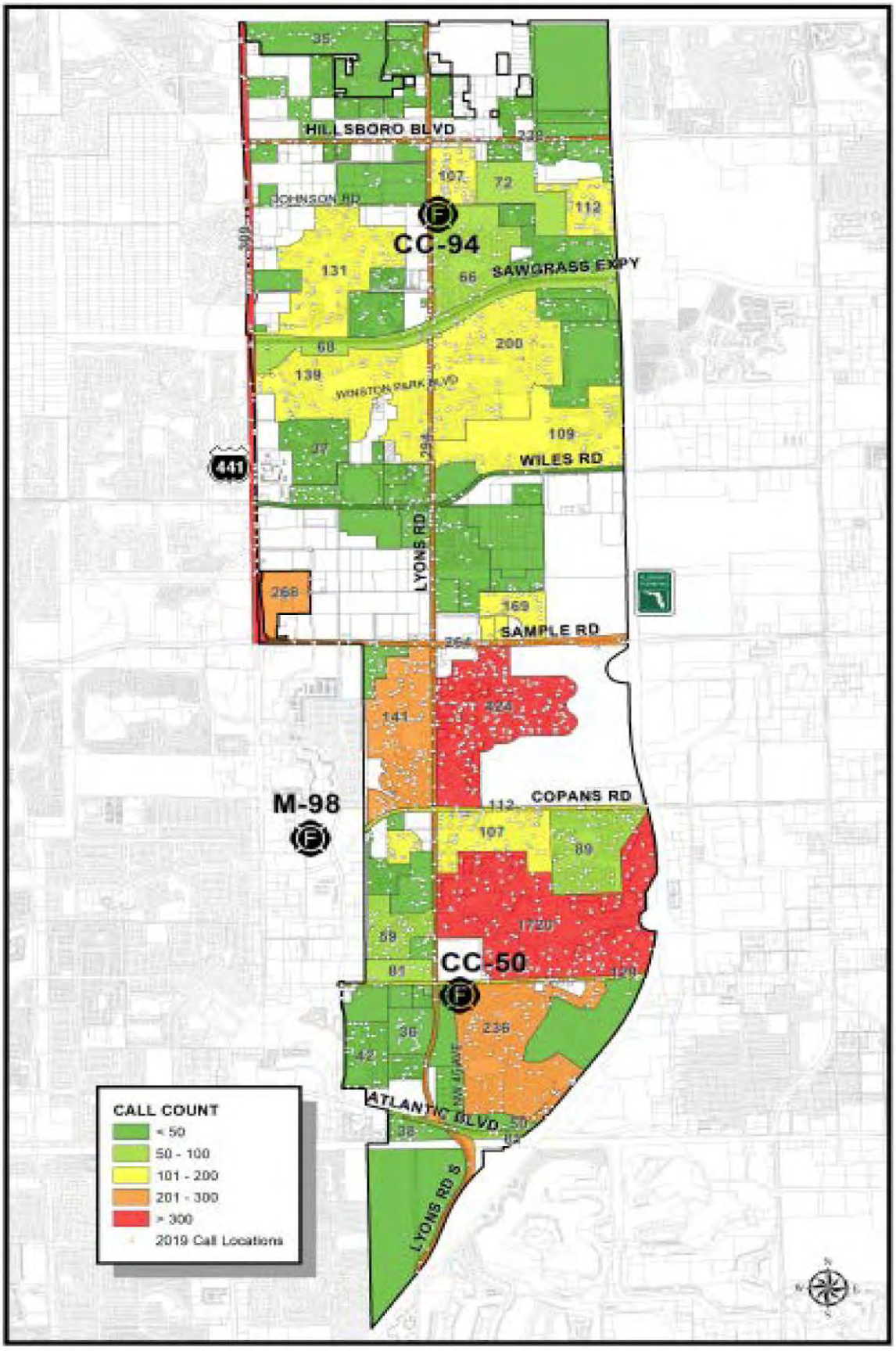


COCONUT CREEK FIRE DEPARTMENT
Future Effective Fighting Force 6-min Travel Time

Exhibit C



COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Historic Incidents 2018



COCONUT CREEK - MARGATE FIRE DEPARTMENTS
Historic Incidents 2019

APPENDIX III: INTERVIEW SUMMARY

To gain an in-depth understanding of the current needs and challenges involved providing fire and EMS services to Coconut Creek residents and visitors, PCG staff conducted face-to-face interviews with key stakeholders. The interviewees pool included Coconut Creek departmental staff, entities currently providing fire/EMS response services, neighboring Fire & Police Departments, and related stakeholders. Interviews were conducted during the months of December 2019 and January 2020. The information obtained through stakeholder interviews provided valuable insight into the history, challenges and needs related to providing fire and EMS to Coconut Creek. The following tables summarize the individuals PCG interviewed throughout the project.

December 9, 2019

Name	Title	City	Department
Jeff Gary	Fire Marshal	Coconut Creek	Fire Rescue
Pam Kershaw	Director	Coconut Creek	Human Resources
Francisco Porras	CIO	Coconut Creek	IT
Ken Brown	GIS Coordinator	Coconut Creek	IT
Rick Kershaw	Operations Manager	Coconut Creek	IT
Shelia Rose	Assistant City Manager	Coconut Creek	Development
Karen Brooks	City Manager	Coconut Creek	City Manager
Terrill Pyburn	City Attorney	Coconut Creek	City Attorney

December 10, 2019

Name	Title	City	Department
Jenna Diplacido	Dispatch Center Manager	Broward County	Regional Communications
John Leonard	Captain	Coconut Creek	Police
Jim Berkman	Director	Coconut Creek	Public Works
Alex Tergis	Deputy	Coconut Creek	Public Works
John Tetteris	Superintendent	Coconut Creek	Public Works
Lou Italico	Project Manager	Coconut Creek	Public Works
Peta-Gay Lake	Director	Coconut Creek	Finance
Kisha Bolden	Budget Manager	Coconut Creek	Finance
Jessica Reeder	Senior Accountant	Coconut Creek	Finance
Kathy Liriano	Communications Administrator	Coral Springs	Police Department
Michael Moser	Division Chief	Coral Springs	Fire Department

February 6, 2020

Name	Title	City	Department
Becky Tooley	Commissioner	Coconut Creek	City Commission
Mikkie Belvedere	Commissioner	Coconut Creek	City Commission
Sandy Welch	Mayor	Coconut Creek	City Commission

February 7, 2020

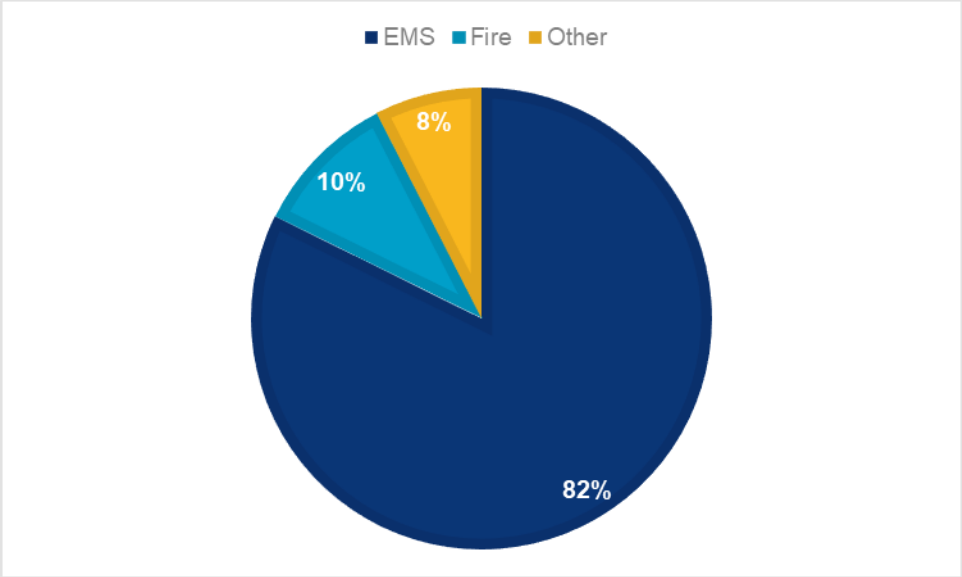
Name	Title	City	Department
Cale Curtis	City Manager	Margate	Administration
Roberto Lorenzo	Fire Rescue Chief	Margate	MCFR
Steve Erched	Division Chief-Administration	Margate	MCFR
Luis Villar	Division Chief	Margate	MCFR
Danny Rodriguez	Division Chief-Logistics	Margate	MCFR
John Baillie	Division Chief-Operations	Margate	MCFR
Carlos Pumariega	Department Training Officer	Margate	MCFR
Kevin Wilson	Fire Code Official	Margate	MCFR
Gia Shaw	Public Safety Communications Manager	Margate	MCFR/MPD
Eric Stever	District Vice President	Margate	IAFF Local 3080, District 14

APPENDIX IV: CAD ANALYSIS

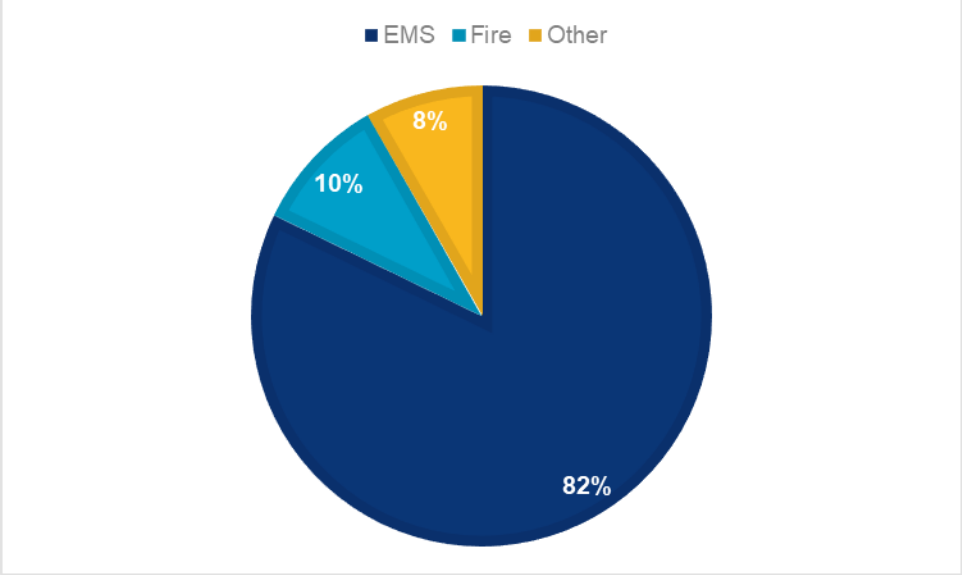
Overview of Calls, by Grand Call Type and Location: 2019

Call Type	Coconut Creek	Percentage	Margate	Percentage	Total	Percentage
EMS	6,000	82.19%	7,158	83.95%	13,158	83.14%
Fire	702	9.62%	687	8.06%	1,389	8.78%
Other	598	8.19%	681	7.99%	1,279	8.08%
Total	**7,300**	**100.00%**	**8,526**	**100.00%**	**15,826**	**100.00%**

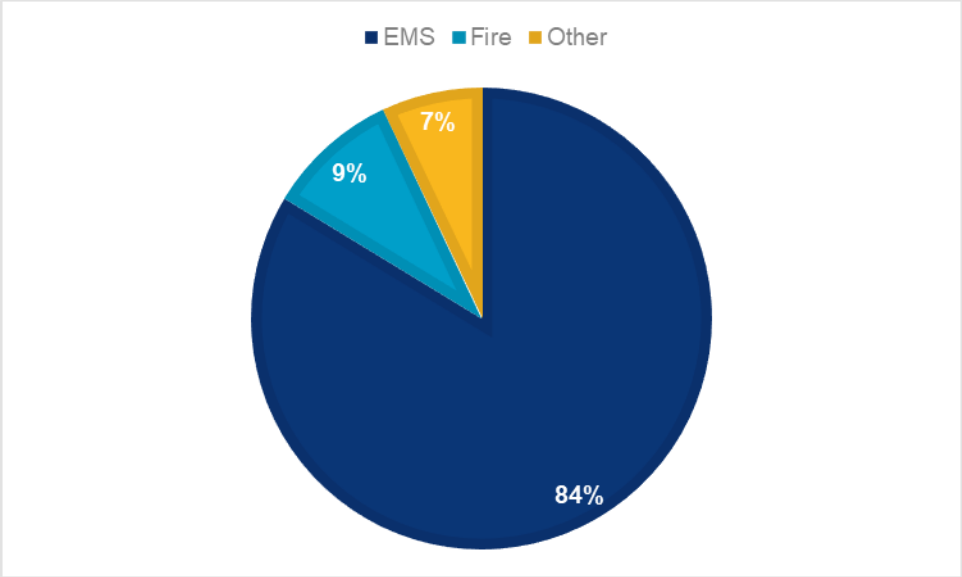
Coconut Creek Grand Call Type: 2018



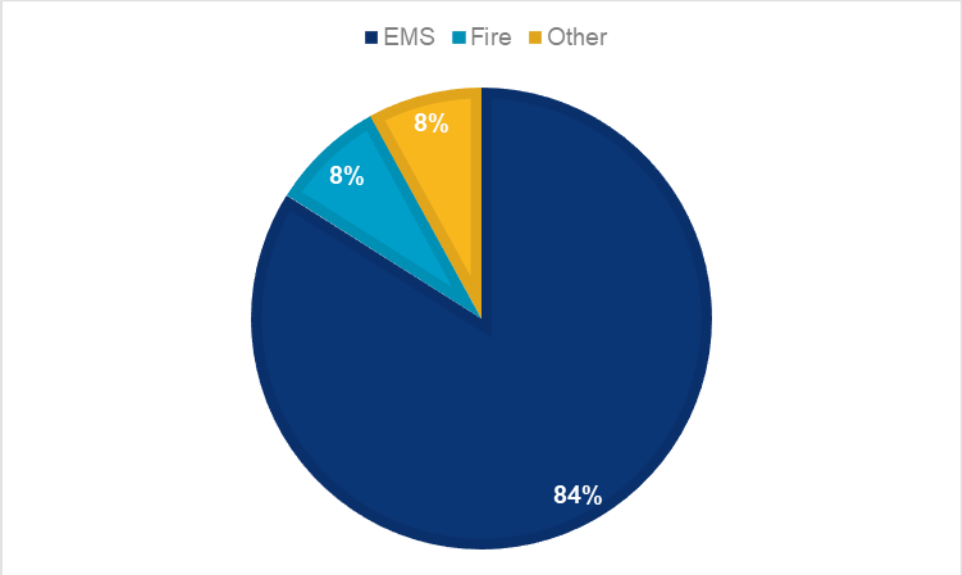
Coconut Creek Grand Call Type: 2019



Margate Grand Call Type: 2018



Margate Grand Call Type: 2019



Top 10 Coconut Creek incident types: 2019

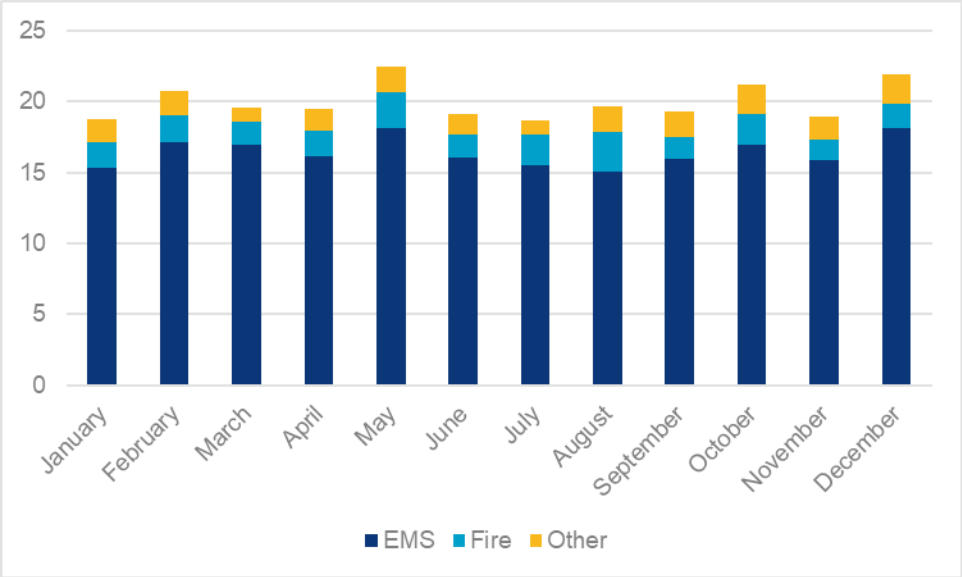
Code	Division	Description	Calls	Call Per Day	Percentage
S67FI	EMS	Fall Injury	906	2.48	12.41%
S67SP	EMS	Sick Person	793	2.17	10.86%
S67PO	EMS	Unconscious	739	2.02	10.12%
S67TB	EMS	Trouble Breathing	618	1.69	8.47%
S68	Other	Service call	520	1.42	7.12%
S4I	EMS	Accident with injuries	510	1.40	6.99%
S49M	EMS	Medical Alarm	308	0.84	4.22%

S67CP	EMS	Chest pains	273	0.75	3.74%
S67F	EMS	Fall no injury	235	0.64	3.22%
S49CF	Fire	Commercial Fire Alarm	204	0.56	2.79%

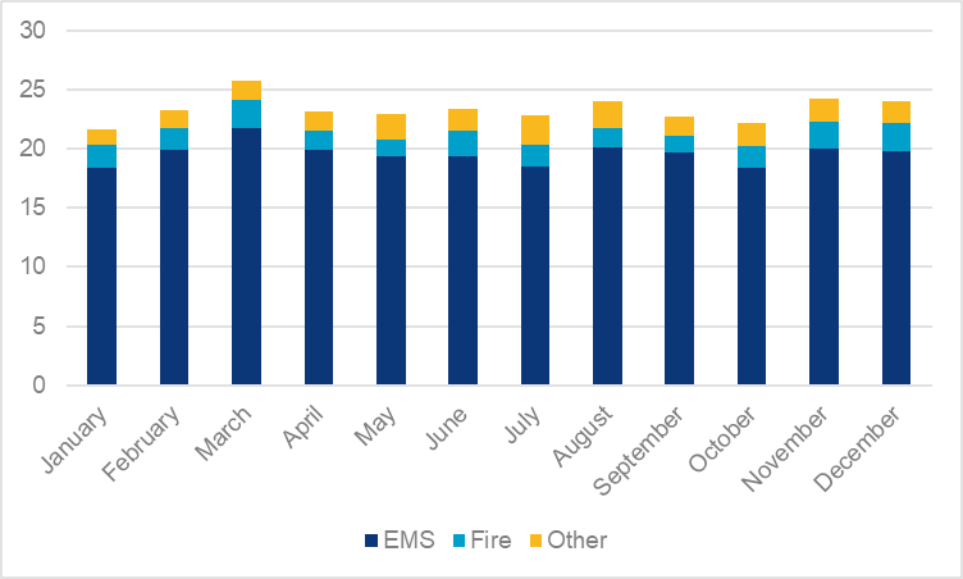
Top 10 Margate incident types: 2019

Code	Division	Description	Calls	Call Per Day	Percentage
S67SP	EMS	Sick Person	1075	2.95	12.61%
S67TB	EMS	Trouble Breathing	909	2.49	10.66%
S67PO	EMS	Unconscious	873	2.39	10.24%
S67FI	EMS	Fall Injury	855	2.34	10.03%
S4I	EMS	Accident with injuries	518	1.42	6.08%
S68	Other	Service call	515	1.41	6.04%
S67CP	EMS	Chest pains	399	1.09	4.68%
S49M	EMS	Medical Alarm	260	0.71	3.05%
S67UM	EMS	Unknown Medical	209	0.57	2.45%
S67F	EMS	Fall no injury	197	0.54	2.31%

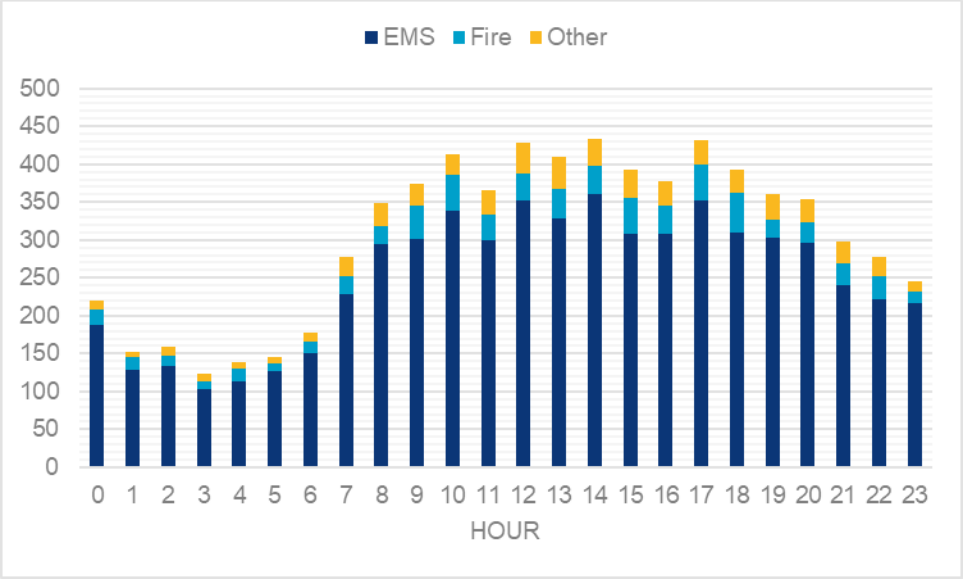
Coconut Creek Average Calls per Day, by Month: 2019



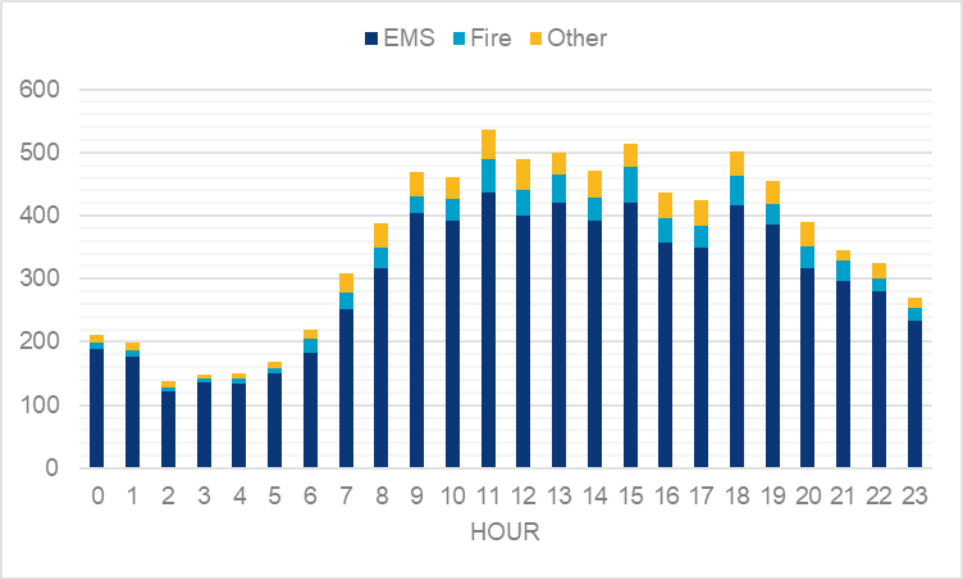
Margate Average Calls per Day, by Month: 2019



Total Annual Coconut Creek Calls by Hour of Day: 2019



Total Annual Margate Calls by Hour of Day: 2019



Top 10 Coconut Creek Calls by Call Type and Number of Units Dispatched: 2018

Code	Division	Description	1	2	3 Or More	Total
S67SP	EMS	Sick Person	780	173	99	1052
S67FI	EMS	Fall Injury	600	224	115	939
S67PO	EMS	Unconscious	156	491	120	767
S67TB	EMS	Trouble Breathing	386	132	54	572
S4I	EMS	Accident with injuries	25	363	179	567
S49F	Fire	Fire Alarm	26	408	65	499
S68	Other	Service call	378	69	22	469
S67CP	EMS	Chest pains	257	54	32	343
S49M	EMS	Medical Alarm	249	58	14	321
S67F	EMS	Fall no injury	114	38	4	156

Top 10 Coconut Creek Calls by Call Type and Number of Units Dispatched: 2019

Code	Division	Notes	1	2	3 Or More	Total
S67FI	EMS	Fall Injury	624	189	93	906
S67SP	EMS	Sick Person	564	158	71	793
S67PO	EMS	Unconscious	18	609	112	739

Code	Division	Notes	1	2	3 Or More	Total
S67TB	EMS	Trouble Breathing	458	115	45	618
S68	Other	Service call	442	67	11	520
S4I	EMS	Accident with injuries	9	347	154	510
S49M	EMS	Medical Alarm	225	69	14	308
S67CP	EMS	Chest pains	200	53	20	273
S67F	EMS	Fall no injury	194	36	5	235
S49CF	Fire	Commercial Fire Alarm	182	20	2	204

Top 10 Margate Calls by Call Type and Number of Units Dispatched: 2018

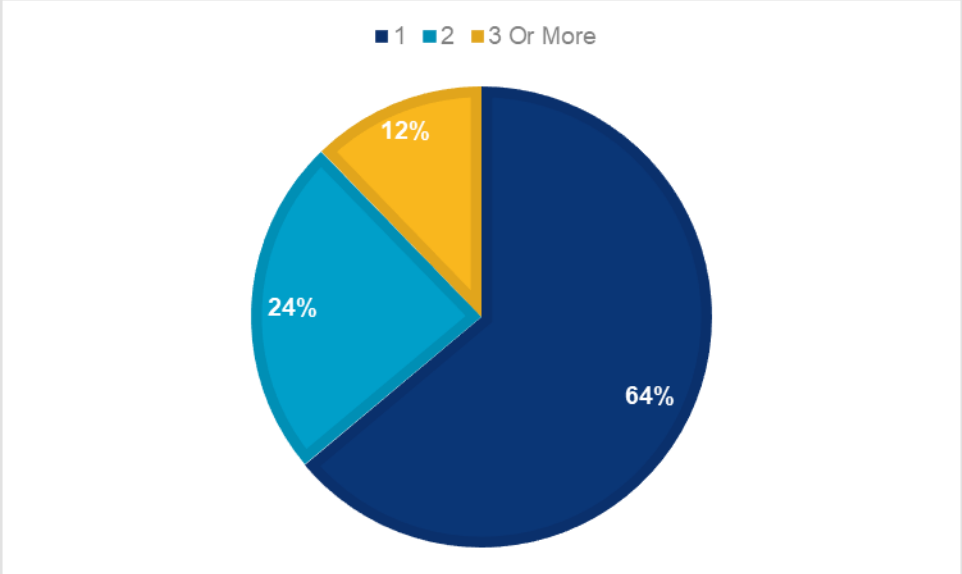
Code	Division	Notes	1	2	3 Or More	Total
S67SP	EMS	Sick Person	906	246	115	1267
S67PO	EMS	Unconscious	213	567	135	915
S67TB	EMS	Trouble Breathing	629	172	65	866
S67FI	EMS	Fall Injury	536	192	82	810
S4I	EMS	Accident with injuries	30	389	177	596
S68	Other	Service call	389	66	24	479
S67CP	EMS	Chest pains	322	95	36	453
S49F	Fire	Fire Alarm	19	351	59	429
S49M	EMS	Medical Alarm	166	80	8	254
S67UM	EMS	Unknown Medical	87	78	26	191

Top 10 Margate Calls by Call Type and Number of Units Dispatched: 2019

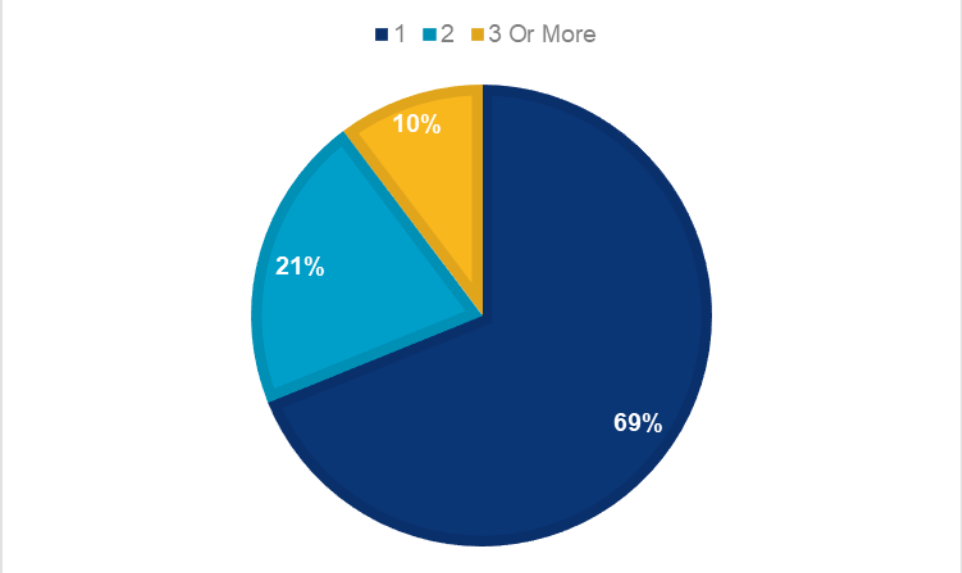
Code	Division	Description	1	2	3 Or More	Total
S67SP	EMS	Sick Person	779	205	91	1075
S67TB	EMS	Trouble Breathing	642	203	64	909
S67PO	EMS	Unconscious	32	720	121	873
S67FI	EMS	Fall Injury	584	188	83	855
S4I	EMS	Accident with injuries	17	341	160	518
S68	Other	Service call	432	73	10	515

S67CP	EMS	Chest pains	285	78	36	399
S49M	EMS	Medical Alarm	183	71	6	260
S67UM	EMS	Unknown Medical	128	58	23	209
S67F	EMS	Fall no injury	152	39	6	197

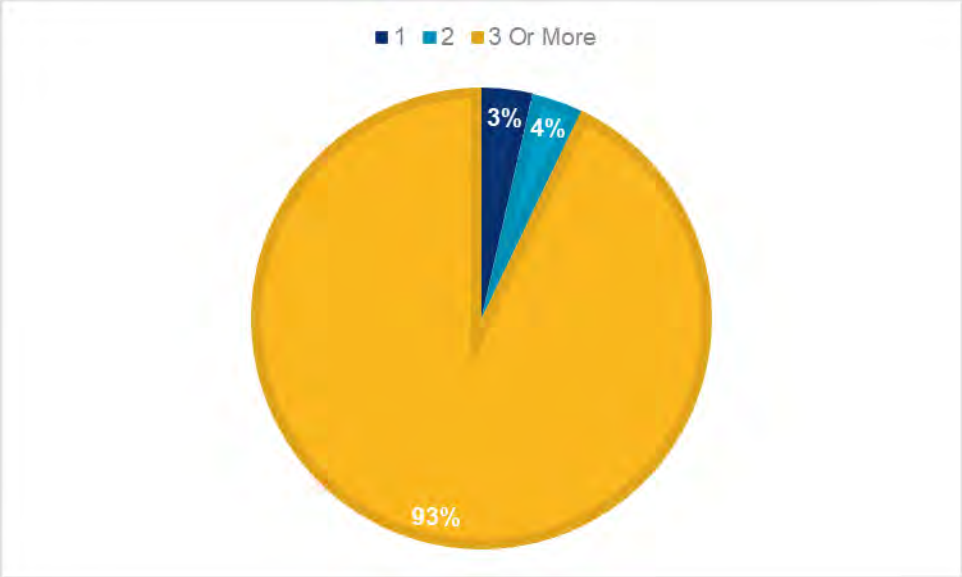
All Coconut Creek Calls by Number of Units Dispatched – EMS: 2018



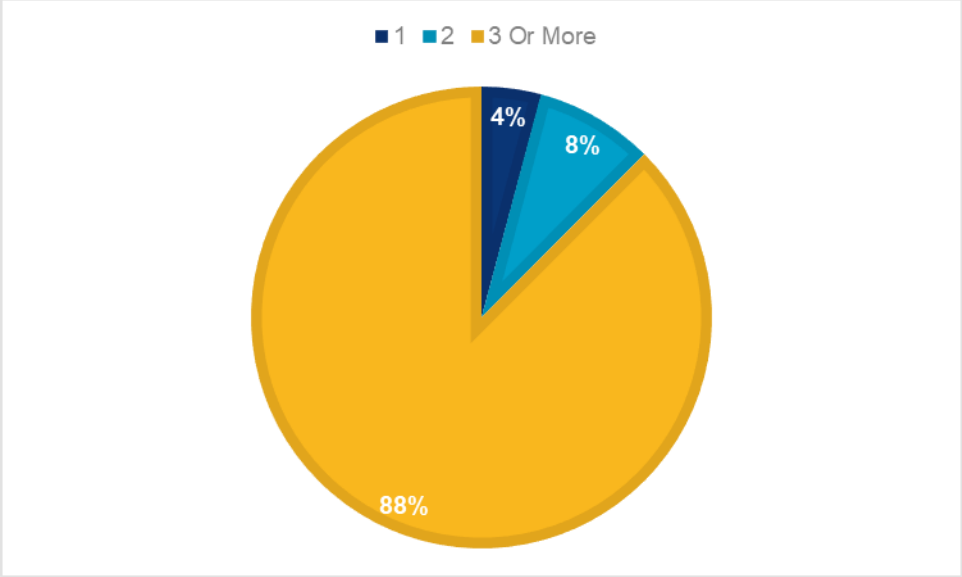
All Coconut Creek Calls by Number of Units Dispatched – EMS: 2019



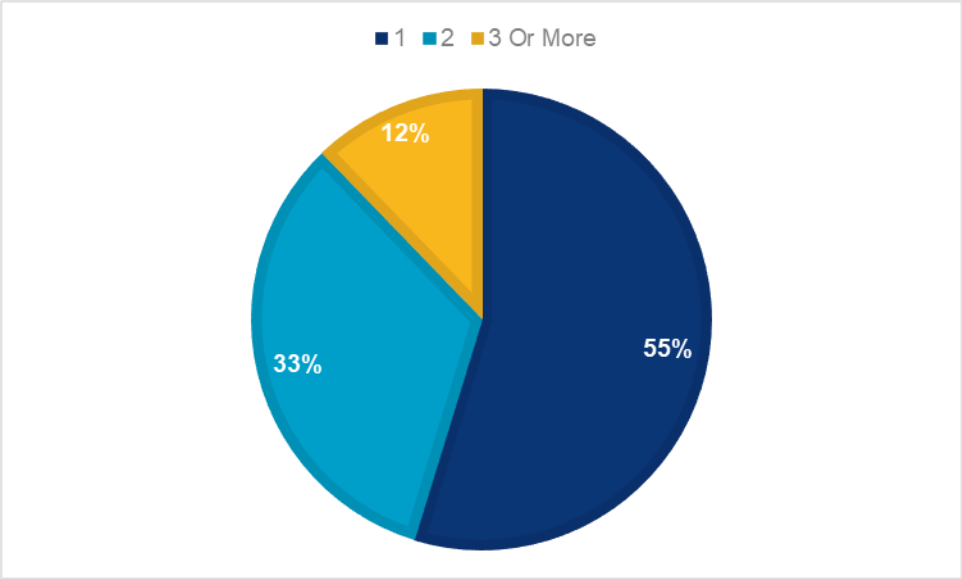
All Coconut Creek Calls by Number of Units Dispatched – Fire: 2018



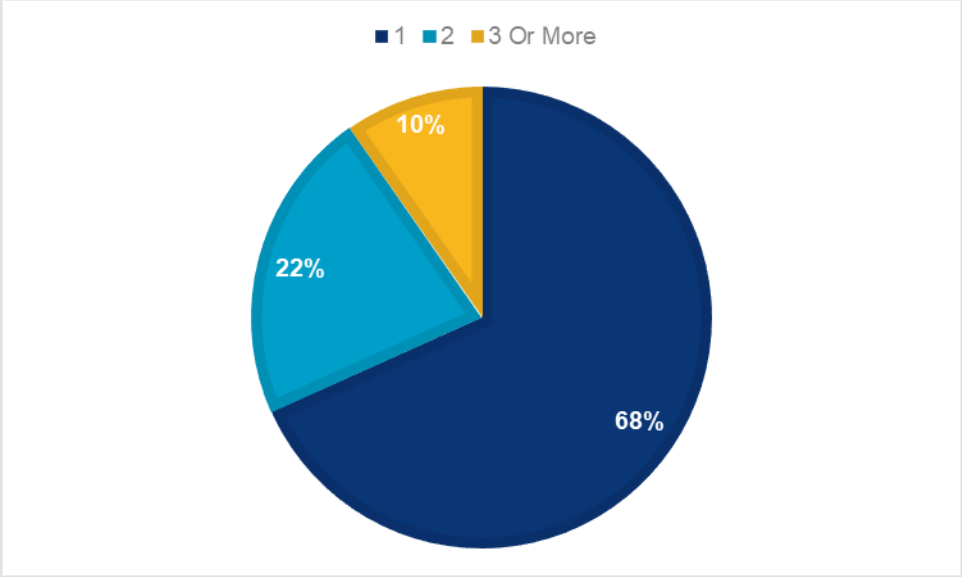
All Coconut Creek Calls by Number of Units Dispatched – Fire: 2019



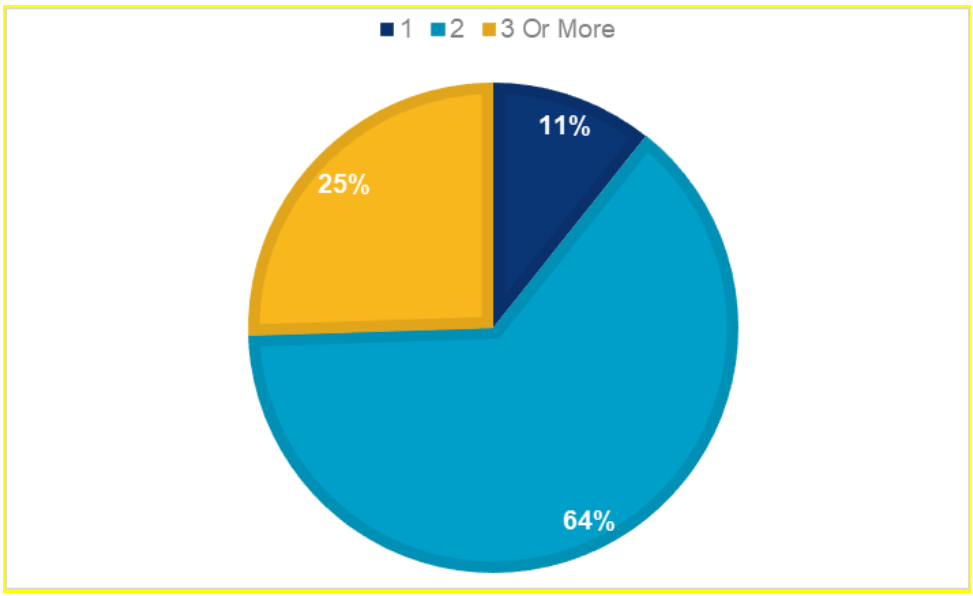
All Margate Calls by Number of Units Dispatched – EMS: 2018



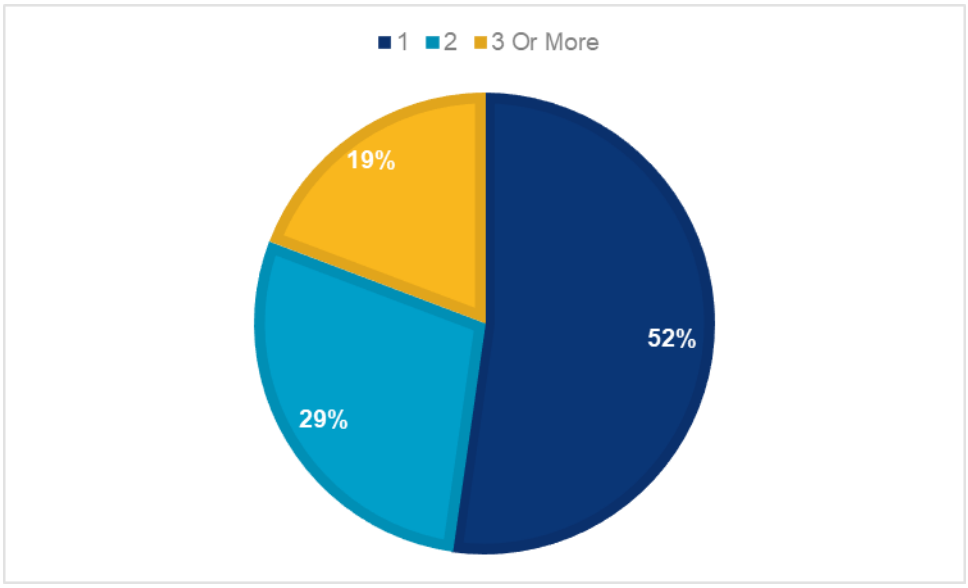
All Margate Calls by Number of Units Dispatched – EMS: 2019



All Margate Calls by Number of Units Dispatched – Fire 2018



All Margate Calls by Number of Units Dispatched – Fire: 2019



Top 10 Coconut Creek Annual Runs and Deployed Time by Run Type: 2019

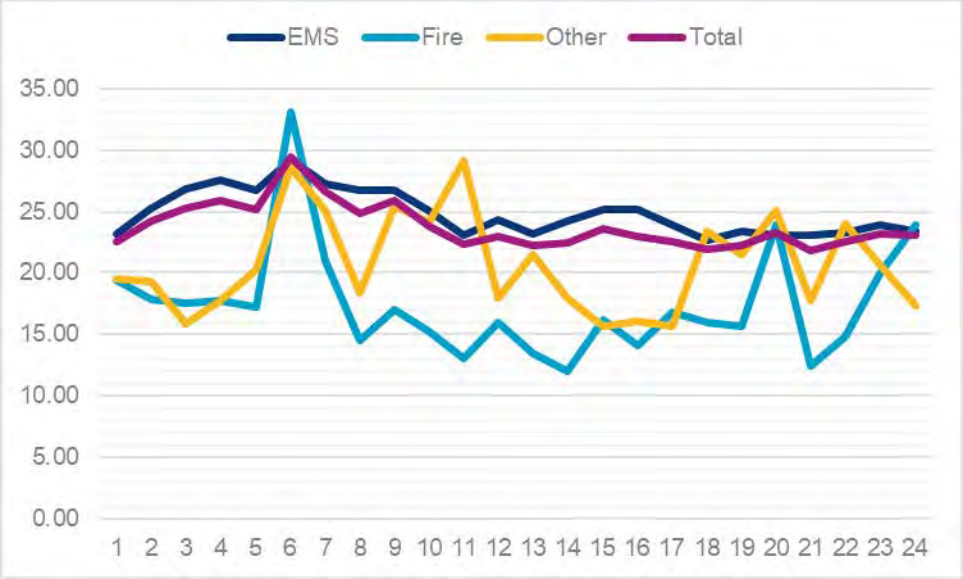
Code	Division	Description	Number of Calls	Deployed Minute Per Run	Total Annual Hours	Percent of Total Hours	Deployed Minute Per Day	Runs Per Day
S67FI	EMS	Fall Injury	906	29.59	446.80	15.73%	73.45	2.48

Code	Division	Description	Number of Calls	Deployed Minute Per Run	Total Annual Hours	Percent of Total Hours	Deployed Minute Per Day	Runs Per Day
S67SP	EMS	Sick Person	793	31.33	414.07	14.57%	68.07	2.17
S67PO	EMS	Unconscious	739	11.01	135.61	4.77%	22.29	2.02
S67TB	EMS	Trouble Breathing	618	35.46	365.25	12.86%	60.04	1.69
S68	Other	Service call	520	21.20	183.77	6.47%	30.21	1.42
S4I	EMS	Accident with injuries	510	16.04	136.31	4.80%	22.41	1.40
S49M	EMS	Medical Alarm	308	14.95	76.75	2.70%	12.62	0.84
S67CP	EMS	Chest pains	273	33.50	152.44	5.37%	25.06	0.75
S67F	EMS	Fall no injury	235	17.93	70.24	2.47%	11.55	0.64
S49CF	Fire	Commercial Fire Alarm	204	17.41	59.19	2.08%	9.73	0.56

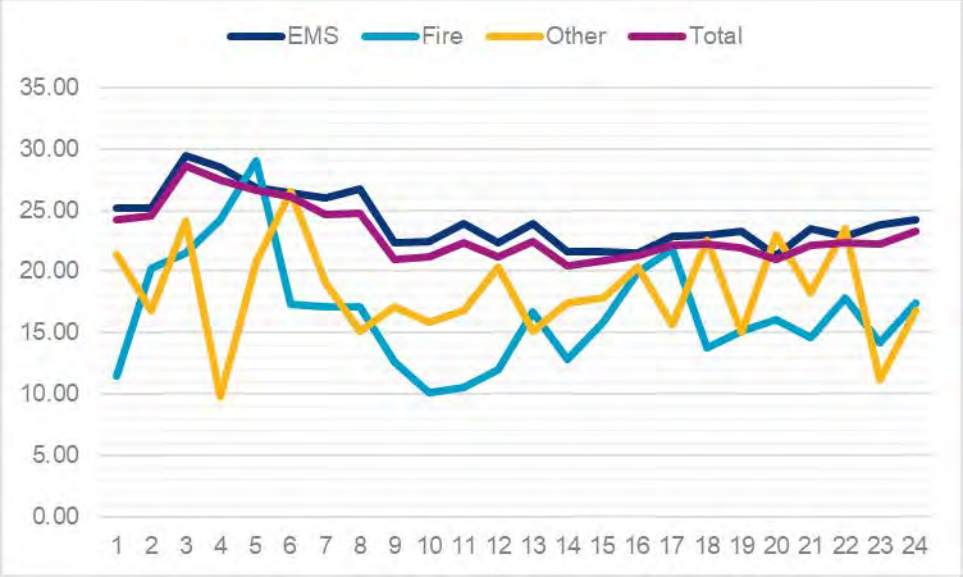
Top 10 Margate Annual Runs and Deployed Time by Run Type: 2019

Code	Division	Description	Number of Calls	Deployed Minute Per Run	Total Annual Hours	Percent of Total Hours	Deployed Minute Per Day	Runs Per Day
S67SP	EMS	Sick Person	1075	28.70	514.14	16.17%	84.52	2.95
S67TB	EMS	Trouble Breathing	909	30.64	464.26	14.60%	76.32	2.49
S67PO	EMS	Unconscious	873	11.26	163.81	5.15%	26.93	2.39
S67FI	EMS	Fall Injury	855	29.48	420.09	13.21%	69.06	2.34
S4I	EMS	Accident with injuries	518	14.21	122.67	3.86%	20.16	1.42
S68	Other	Service call	515	18.51	158.84	5.00%	26.11	1.41
S67CP	EMS	Chest pains	399	30.33	201.70	6.34%	33.16	1.09
S49M	EMS	Medical Alarm	260	14.61	63.29	1.99%	10.40	0.71
S67UM	EMS	Unknown Medical	209	15.04	52.40	1.65%	8.61	0.57
S67F	EMS	Fall no injury	197	19.33	63.48	2.00%	10.44	0.54

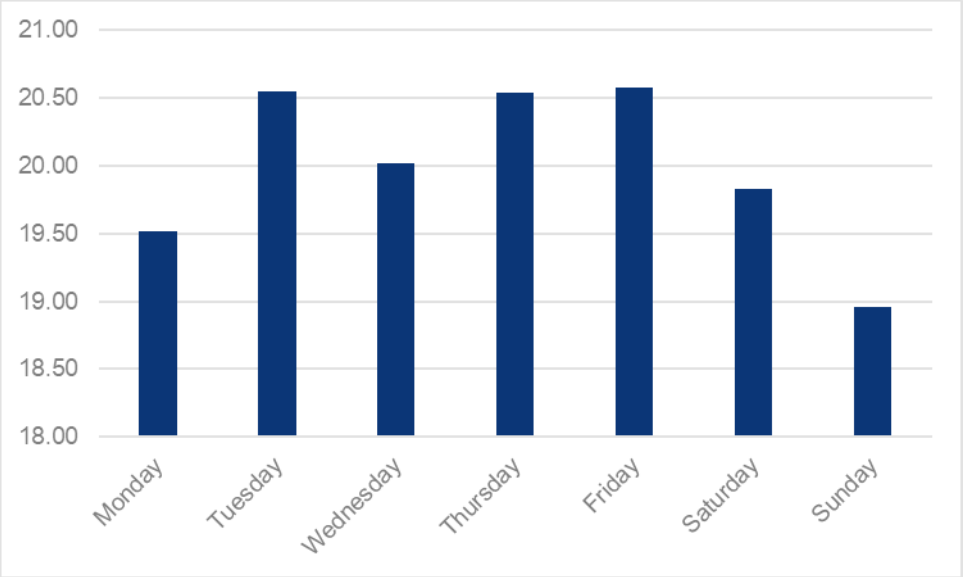
Coconut Creek Average Deployed Minutes by Hour of Day: 2019



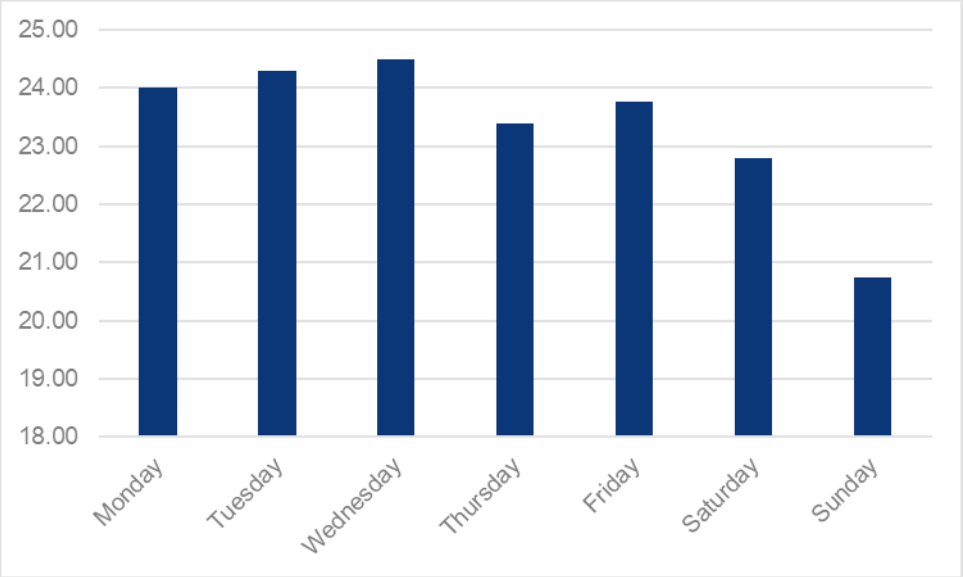
Margate Average Deployed Minutes by Hour of Day: 2019



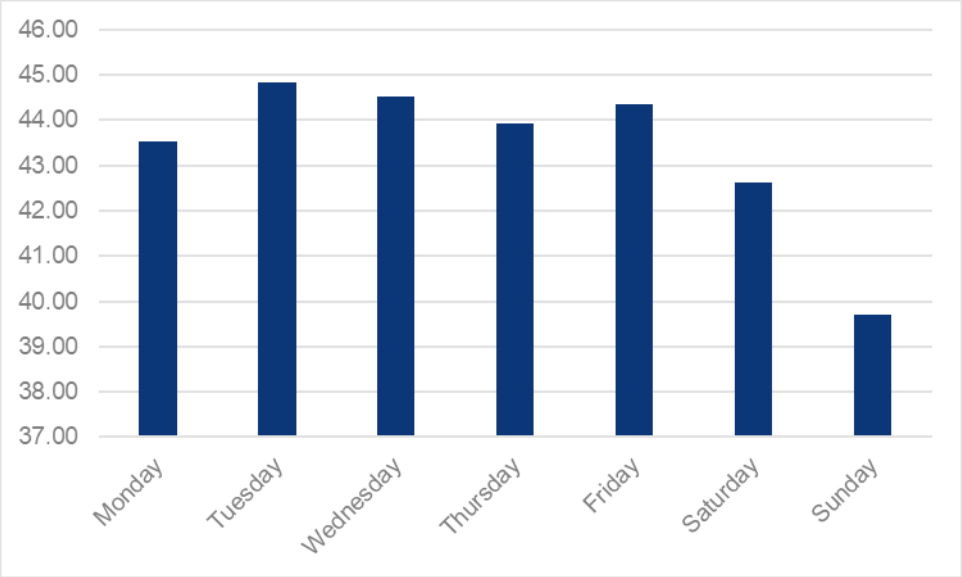
Coconut Creek Average Calls per Day: 2019



Margate Average Calls per Day: 2019



Coconut Creek & Margate Average Calls per Day: 2019



Coconut Creek & Margate Busiest Hours: 2019

Hour	EMS	Fire	Other	Total	Rank
12	752	75	92	919	1
13	749	85	76	910	2
15	728	105	74	907	3
14	753	73	79	905	4
11	735	87	81	903	5
18	726	100	68	894	6
10	731	81	62	874	7
17	702	80	75	857	8
9	705	72	66	843	9
19	688	57	71	816	10
16	665	77	72	814	11
20	612	63	67	742	12
8	610	58	69	737	13
21	537	61	46	644	14

Hour	EMS	Fire	Other	Total	Rank
22	503	50	50	603	15
7	480	51	56	587	16
23	450	36	30	516	17
0	375	32	25	432	18
6	334	37	27	398	19
1	306	27	18	351	20
5	278	17	20	315	21
2	255	20	22	297	22
4	246	26	17	289	23
3	238	19	16	273	24

Coconut Creek Top 10 Hours with the Most Calls Received: 2019

Date and Month	Hour of day	Count	Total Deployed Hours
8/29/2019	15	10	5.81
7/2/2019	15	9	5.60
7/6/2019	15	9	3.57
7/18/2019	17	8	3.18
2/18/2019	9	8	2.28
1/14/2019	10	7	2.18
1/30/2019	13	9	2.14
2/23/2019	18	9	1.88
6/20/2019	13	8	1.84
10/16/2019	9	8	1.60

Margate Top 10 Hours with the Most Calls Received: 2019

Date and Month	Hour of day	Count	Total Deployed Hours
1/22/2019	12	7	3.91
2/3/2019	14	8	3.43
3/22/2019	16	8	3.22

Date and Month	Hour of day	Count	Total Deployed Hours
3/8/2019	10	8	3.22
11/14/2019	15	8	3.06
4/18/2019	13	8	2.52
2/15/2019	16	8	2.30
8/9/2019	17	8	2.15
9/30/2019	9	8	1.77
3/15/2019	11	8	1.34

Average Total Time on Call (Dispatch to Clear) - All Stations: 2019

All Stations	Average Call Duration (Minutes)	22.83
	90th Percentile	46.99
	Percent of Call Below 8 Minutes	23.88%
EMS	Average Call Duration (Minutes)	23.89
	90th Percentile	48.15
	Percent of Call Below 8 Minutes	23.07%
Fire	Average Call Duration (Minutes)	16.04
	90th Percentile	34.62
	Percent of Call Below 8 Minutes	34.63%
Other	Average Call Duration (Minutes)	19.28
	90th Percentile	38.29
	Percent of Call Below 8 Minutes	20.48%

Average Total Time on Call (Dispatch to Clear) by Station: 2019

Fire Station 94	Average Call Duration (Minutes)	23.66
	90th Percentile	51.70
EMS	Average Call Duration (Minutes)	25.39
	90th Percentile	54.08
Fire	Average Call Duration (Minutes)	16.69
	90th Percentile	34.30
Other	Average Call Duration (Minutes)	21.04
	90th Percentile	40.35
Fire Station 50	Average Call Duration (Minutes)	23.59
	90th Percentile	47.29
EMS	Average Call Duration (Minutes)	24.79
	90th Percentile	48.34

Fire	Average Call Duration (Minutes)	14.55
	90th Percentile	30.42
Other	Average Call Duration (Minutes)	17.91
	90th Percentile	36.01
Fire Station 98	Average Call Duration (Minutes)	21.18
	90th Percentile	42.68
EMS	Average Call Duration (Minutes)	21.77
	90th Percentile	43.37
Fire	Average Call Duration (Minutes)	15.85
	90th Percentile	34.57
Other	Average Call Duration (Minutes)	20.65
	90th Percentile	39.65
Fire Station 18	Average Call Duration (Minutes)	22.05
	90th Percentile	44.90
EMS	Average Call Duration (Minutes)	22.60
	90th Percentile	45.05
Fire	Average Call Duration (Minutes)	18.78
	90th Percentile	44.56
Other	Average Call Duration (Minutes)	19.72
	90th Percentile	38.58
Fire Station 58	Average Call Duration (Minutes)	23.99
	90th Percentile	48.48
EMS	Average Call Duration (Minutes)	25.48
	90th Percentile	49.84
Fire	Average Call Duration (Minutes)	12.40
	90th Percentile	25.77
Other	Average Call Duration (Minutes)	17.97
	90th Percentile	36.75
Zone 51	Average Call Duration (Minutes)	29.81
	90th Percentile	63.83
EMS	Average Call Duration (Minutes)	31.23
	90th Percentile	65.36
Fire	Average Call Duration (Minutes)	27.19
	90th Percentile	44.34
Other	Average Call Duration (Minutes)	16.37
	90th Percentile	25.43

Average Alarm Time – All Stations: 2019

All Stations	Average Alarm Time (Minutes)	0.68
	90th Percentile	0.97
	Percent of Call Below 60 Seconds	90.20%

EMS	Average Alarm Time (Minutes)	0.67
	90th Percentile	1.00
	Percent of Call Below 60 Seconds	89.87%
Fire	Average Alarm Time (Minutes)	0.79
	90th Percentile	0.73
	Percent of Call Below 60 Seconds	92.09%
Other	Average Alarm Time (Minutes)	0.63
	90th Percentile	0.77
	Percent of Call Below 60 Seconds	91.55%

Average Alarm Time by Station: 2019

Fire Station 94	Average Alarm Time (Minutes)	0.72
	90th Percentile	1.05
	Percent of Call Below 60 Seconds	89.63%
EMS	Average Alarm Time (Minutes)	0.76
	90th Percentile	1.13
	Percent of Call Below 60 Seconds	89.13%
Fire	Average Alarm Time (Minutes)	0.51
	90th Percentile	0.69
	Percent of Call Below 60 Seconds	92.76%
Other	Average Alarm Time (Minutes)	0.81
	90th Percentile	1.13
	Percent of Call Below 60 Seconds	88.06%
Fire Station 50	Average Alarm Time (Minutes)	0.56
	90th Percentile	0.85
	Percent of Call Below 60 Seconds	90.78%
EMS	Average Alarm Time (Minutes)	0.56
	90th Percentile	0.88
	Percent of Call Below 60 Seconds	90.64%
Fire	Average Alarm Time (Minutes)	0.73
	90th Percentile	1.50
	Percent of Call Below 60 Seconds	86.81%
Other	Average Alarm Time (Minutes)	0.48
	90th Percentile	0.58
	Percent of Call Below 60 Seconds	94.19%
Fire Station 98	Average Alarm Time (Minutes)	0.63
	90th Percentile	0.83
	Percent of Call Below 60 Seconds	91.12%
EMS	Average Alarm Time (Minutes)	0.58
	90th Percentile	0.90
	Percent of Call Below 60 Seconds	90.64%

Fire	Average Alarm Time (Minutes)	1.19
	90th Percentile	0.55
	Percent of Call Below 60 Seconds	93.73%
Other	Average Alarm Time (Minutes)	0.48
	90th Percentile	0.62
	Percent of Call Below 60 Seconds	94.00%
Fire Station 18	Average Alarm Time (Minutes)	0.74
	90th Percentile	0.96
	Percent of Call Below 60 Seconds	90.12%
EMS	Average Alarm Time (Minutes)	0.70
	90th Percentile	0.97
	Percent of Call Below 60 Seconds	90.09%
Fire	Average Alarm Time (Minutes)	0.90
	90th Percentile	0.70
	Percent of Call Below 60 Seconds	92.25%
Other	Average Alarm Time (Minutes)	0.93
	90th Percentile	1.47
	Percent of Call Below 60 Seconds	87.91%
Fire Station 58	Average Alarm Time (Minutes)	0.73
	90th Percentile	1.05
	Percent of Call Below 60 Seconds	89.28%
EMS	Average Alarm Time (Minutes)	0.76
	90th Percentile	1.10
	Percent of Call Below 60 Seconds	88.82%
Fire	Average Alarm Time (Minutes)	0.61
	90th Percentile	0.77
	Percent of Call Below 60 Seconds	91.35%
Other	Average Alarm Time (Minutes)	0.56
	90th Percentile	0.64
	Percent of Call Below 60 Seconds	92.02%
Zone 51	Average Alarm Time (Minutes)	1.40
	90th Percentile	1.98
	Percent of Call Below 60 Seconds	85.71%
EMS	Average Alarm Time (Minutes)	1.59
	90th Percentile	2.47
	Percent of Call Below 60 Seconds	82.98%
Fire	Average Alarm Time (Minutes)	0.39
	90th Percentile	0.69
	Percent of Call Below 60 Seconds	100.00%
Other	Average Alarm Time (Minutes)	0.48
	90th Percentile	0.59
	Percent of Call Below 60 Seconds	100.00%

Average Turnout Time - All Stations: 2019

All Stations	Average Turnout Time (Minutes)	1.48
	90th Percentile	2.47
	Percent of Call Below 80 Seconds	48.00%
EMS	Average Turnout Time (Minutes)	1.47
	90th Percentile	2.45
	Percent of Call Below 80 Seconds	48.52%
Fire	Average Turnout Time (Minutes)	1.54
	90th Percentile	2.61
	Percent of Call Below 80 Seconds	46.50%
Other	Average Turnout Time (Minutes)	1.51
	90th Percentile	2.46
	Percent of Call Below 80 Seconds	44.38%

Average Turnout Time by Station: 2019

Fire Station 94	Average Turnout Time (Minutes)	1.47
	90th Percentile	2.48
	Percent of Call Below 80 Seconds	49.74%
EMS	Average Turnout Time (Minutes)	1.47
	90th Percentile	2.45
	Percent of Call Below 80 Seconds	50.57%
Fire	Average Turnout Time (Minutes)	1.51
	90th Percentile	2.62
	Percent of Call Below 80 Seconds	47.26%
Other	Average Turnout Time (Minutes)	1.42
	90th Percentile	2.23
	Percent of Call Below 80 Seconds	46.96%
Fire Station 50	Average Turnout Time (Minutes)	1.49
	90th Percentile	2.42
	Percent of Call Below 80 Seconds	45.48%
EMS	Average Turnout Time (Minutes)	1.48
	90th Percentile	2.42
	Percent of Call Below 80 Seconds	46.15%
Fire	Average Turnout Time (Minutes)	1.67
	90th Percentile	2.68
	Percent of Call Below 80 Seconds	41.86%
Other	Average Turnout Time (Minutes)	1.49
	90th Percentile	2.24
	Percent of Call Below 80 Seconds	41.60%

Fire Station 98	Average Turnout Time (Minutes)	1.41
	90th Percentile	2.38
	Percent of Call Below 80 Seconds	53.38%
EMS	Average Turnout Time (Minutes)	1.40
	90th Percentile	2.37
	Percent of Call Below 80 Seconds	53.93%
Fire	Average Turnout Time (Minutes)	1.46
	90th Percentile	2.44
	Percent of Call Below 80 Seconds	51.17%
Other	Average Turnout Time (Minutes)	1.48
	90th Percentile	2.39
	Percent of Call Below 80 Seconds	49.05%
Fire Station 18	Average Turnout Time (Minutes)	1.53
	90th Percentile	2.47
	Percent of Call Below 80 Seconds	44.64%
EMS	Average Turnout Time (Minutes)	1.53
	90th Percentile	2.45
	Percent of Call Below 80 Seconds	45.03%
Fire	Average Turnout Time (Minutes)	1.62
	90th Percentile	2.60
	Percent of Call Below 80 Seconds	42.55%
Other	Average Turnout Time (Minutes)	1.49
	90th Percentile	2.73
	Percent of Call Below 80 Seconds	42.86%
Fire Station 58	Average Turnout Time (Minutes)	1.52
	90th Percentile	2.57
	Percent of Call Below 80 Seconds	45.68%
EMS	Average Turnout Time (Minutes)	1.50
	90th Percentile	2.55
	Percent of Call Below 80 Seconds	46.02%
Fire	Average Turnout Time (Minutes)	1.54
	90th Percentile	2.61
	Percent of Call Below 80 Seconds	45.20%
Other	Average Turnout Time (Minutes)	1.59
	90th Percentile	2.68
	Percent of Call Below 80 Seconds	43.00%
Zone 51	Average Turnout Time (Minutes)	1.63
	90th Percentile	2.92
	Percent of Call Below 80 Seconds	41.18%
EMS	Average Turnout Time (Minutes)	1.63
	90th Percentile	2.89
	Percent of Call Below 80 Seconds	40.91%
Fire	Average Turnout Time (Minutes)	1.35

	90th Percentile	1.70
	Percent of Call Below 80 Seconds	60.00%
Other	Average Turnout Time (Minutes)	2.30
	90th Percentile	3.03
	Percent of Call Below 80 Seconds	0.00%

Average Travel Time - All Stations: 2019

All Stations	Average Travel Time (Minutes)	1.48
	90th Percentile	2.43
	Percent of Call Below 240 Seconds	34.09%
EMS	Average Travel Time (Minutes)	1.47
	90th Percentile	2.42
	Percent of Call Below 240 Seconds	35.69%
Fire	Average Travel Time (Minutes)	1.51
	90th Percentile	2.55
	Percent of Call Below 240 Seconds	31.72%
Other	Average Travel Time (Minutes)	1.52
	90th Percentile	2.45
	Percent of Call Below 240 Seconds	20.57%

Average Travel Time by Station: 2019

Fire Station 94	Average Travel Time (Minutes)	1.46
	90th Percentile	2.43
	Percent of Call Below 240 Seconds	28.91%
EMS	Average Travel Time (Minutes)	1.46
	90th Percentile	2.40
	Percent of Call Below 240 Seconds	31.29%
Fire	Average Travel Time (Minutes)	1.49
	90th Percentile	2.60
	Percent of Call Below 240 Seconds	24.83%
Other	Average Travel Time (Minutes)	1.43
	90th Percentile	2.23
	Percent of Call Below 240 Seconds	14.20%
Fire Station 50	Average Travel Time (Minutes)	1.49
	90th Percentile	2.40
	Percent of Call Below 240 Seconds	32.80%
EMS	Average Travel Time (Minutes)	1.49
	90th Percentile	2.42
	Percent of Call Below 240 Seconds	34.03%
Fire	Average Travel Time (Minutes)	1.49

	90th Percentile	2.35
	Percent of Call Below 240 Seconds	38.38%
Other	Average Travel Time (Minutes)	1.50
	90th Percentile	2.29
	Percent of Call Below 240 Seconds	20.09%
Fire Station 98	Average Travel Time (Minutes)	1.41
	90th Percentile	2.37
	Percent of Call Below 240 Seconds	32.40%
EMS	Average Travel Time (Minutes)	1.39
	90th Percentile	2.35
	Percent of Call Below 240 Seconds	33.72%
Fire	Average Travel Time (Minutes)	1.51
	90th Percentile	2.50
	Percent of Call Below 240 Seconds	34.23%
Other	Average Travel Time (Minutes)	1.49
	90th Percentile	2.38
	Percent of Call Below 240 Seconds	13.30%
Fire Station 18	Average Travel Time (Minutes)	1.51
	90th Percentile	2.43
	Percent of Call Below 240 Seconds	43.78%
EMS	Average Travel Time (Minutes)	1.51
	90th Percentile	2.42
	Percent of Call Below 240 Seconds	45.45%
Fire	Average Travel Time (Minutes)	1.55
	90th Percentile	2.51
	Percent of Call Below 240 Seconds	36.70%
Other	Average Travel Time (Minutes)	1.49
	90th Percentile	2.57
	Percent of Call Below 240 Seconds	33.92%
Fire Station 58	Average Travel Time (Minutes)	1.52
	90th Percentile	2.55
	Percent of Call Below 240 Seconds	33.00%
EMS	Average Travel Time (Minutes)	1.51
	90th Percentile	2.54
	Percent of Call Below 240 Seconds	34.40%
Fire	Average Travel Time (Minutes)	1.53
	90th Percentile	2.36
	Percent of Call Below 240 Seconds	32.14%
Other	Average Travel Time (Minutes)	1.62
	90th Percentile	2.70
	Percent of Call Below 240 Seconds	21.53%
Zone 51	Average Travel Time (Minutes)	1.68
	90th Percentile	3.22

	Percent of Call Below 240 Seconds	29.27%
EMS	Average Travel Time (Minutes)	1.70
	90th Percentile	3.12
	Percent of Call Below 240 Seconds	34.29%
Fire	Average Travel Time (Minutes)	1.24
	90th Percentile	1.48
	Percent of Call Below 240 Seconds	0.00%
Other	Average Travel Time (Minutes)	2.30
	90th Percentile	3.03
	Percent of Call Below 240 Seconds	0.00%

Average Dispatch to Arrival Time - All Stations: 2019

All Stations	Average Dispatch to Arrival (Minutes)	6.46
	90th Percentile	9.56
	Percent of Call Below 8 Minutes	77.58%
EMS	Average Dispatch to Arrival (Minutes)	6.33
	90th Percentile	9.32
	Percent of Call Below 8 Minutes	79.38%
Fire	Average Dispatch to Arrival (Minutes)	6.57
	90th Percentile	9.57
	Percent of Call Below 8 Minutes	76.80%
Other	Average Dispatch to Arrival (Minutes)	7.58
	90th Percentile	11.25
	Percent of Call Below 8 Minutes	60.96%

Average Dispatch to Arrival Time by Station: 2019

Fire Station 94	Average Dispatch to Arrival (Minutes)	6.77
	90th Percentile	10.08
	Percent of Call Below 8 Minutes	72.29%
EMS	Average Dispatch to Arrival (Minutes)	6.58
	90th Percentile	9.87
	Percent of Call Below 8 Minutes	74.86%
Fire	Average Dispatch to Arrival (Minutes)	7.05
	90th Percentile	9.80
	Percent of Call Below 8 Minutes	69.77%
Other	Average Dispatch to Arrival (Minutes)	8.00
	90th Percentile	11.78

	Percent of Call Below 8 Minutes	53.25%
Fire Station 50	Average Dispatch to Arrival (Minutes)	6.26
	90th Percentile	8.73
	Percent of Call Below 8 Minutes	83.47%
EMS	Average Dispatch to Arrival (Minutes)	6.16
	90th Percentile	8.55
	Percent of Call Below 8 Minutes	84.44%
Fire	Average Dispatch to Arrival (Minutes)	6.28
	90th Percentile	8.92
	Percent of Call Below 8 Minutes	82.86%
Other	Average Dispatch to Arrival (Minutes)	7.07
	90th Percentile	9.46
	Percent of Call Below 8 Minutes	75.55%
Fire Station 98	Average Dispatch to Arrival (Minutes)	6.58
	90th Percentile	9.93
	Percent of Call Below 8 Minutes	73.87%
EMS	Average Dispatch to Arrival (Minutes)	6.43
	90th Percentile	9.63
	Percent of Call Below 8 Minutes	75.86%
Fire	Average Dispatch to Arrival (Minutes)	6.43
	90th Percentile	9.40
	Percent of Call Below 8 Minutes	78.45%
Other	Average Dispatch to Arrival (Minutes)	8.62
	90th Percentile	12.85
	Percent of Call Below 8 Minutes	43.08%
Fire Station 18	Average Dispatch to Arrival (Minutes)	6.07
	90th Percentile	9.27
	Percent of Call Below 8 Minutes	81.35%
EMS	Average Dispatch to Arrival (Minutes)	6.01
	90th Percentile	9.12
	Percent of Call Below 8 Minutes	82.59%
Fire	Average Dispatch to Arrival (Minutes)	6.20
	90th Percentile	8.65
	Percent of Call Below 8 Minutes	83.84%
Other	Average Dispatch to Arrival (Minutes)	6.64
	90th Percentile	10.45
	Percent of Call Below 8 Minutes	66.31%
Fire Station 58	Average Dispatch to Arrival (Minutes)	6.58
	90th Percentile	9.64
	Percent of Call Below 8 Minutes	77.67%
EMS	Average Dispatch to Arrival (Minutes)	6.46
	90th Percentile	9.33
	Percent of Call Below 8 Minutes	79.51%

Fire	Average Dispatch to Arrival (Minutes)	6.44
	90th Percentile	8.98
	Percent of Call Below 8 Minutes	75.63%
Other	Average Dispatch to Arrival (Minutes)	7.65
	90th Percentile	10.67
	Percent of Call Below 8 Minutes	62.99%
Zone 51	Average Dispatch to Arrival (Minutes)	6.74
	90th Percentile	9.18
	Percent of Call Below 8 Minutes	70.73%
EMS	Average Dispatch to Arrival (Minutes)	6.48
	90th Percentile	8.88
	Percent of Call Below 8 Minutes	74.29%
Fire	Average Dispatch to Arrival (Minutes)	7.59
	90th Percentile	9.12
	Percent of Call Below 8 Minutes	75.00%
Other	Average Dispatch to Arrival (Minutes)	9.57
	90th Percentile	10.07
	Percent of Call Below 8 Minutes	0.00%

Coconut Creek Total Transports by Apparatus: 2019

Apparatus	Total Calls	No. of Calls Resulted in Transport	No. of Calls Resulted in Transport (Hours)	Total (Hours)
R50, RESCUE - R50	2233	1241	927	1184
R94, RESCUE - R94	2160	1063	901	1197
R98, RESCUE - R98	1925	989	704	916
E50, ENGINE - E50	1758	11	7	454
Q94, QUINT - Q94	1730	5	4	503
Q98, QUINT - Q98	1348	14	12	358
R18, RESCUE - R18	348	115	89	130
BC98, BATTALION - BC98	280	0	0	47
E18, ENGINE - E18	179	0	0	28
R58, RESCUE - R58	96	26	22	30
E94, ENGINE - E94	56	0	0	15
Q58, QUINT - Q58	56	0	0	11
E98, ENGINE - E98	17	0	0	3

Apparatus	Total Calls	No. of Calls Resulted in Transport	No. of Calls Resulted in Transport (Hours)	Total (Hours)
E58, ENGINE - E58	0	0	0	0

Margate Total Transports by Apparatus: 2019

Apparatus	Total Calls	No. of Calls Resulted in Transport	No. of Calls Resulted in Transport (Hours)	Total (Hours)
R18, RESCUE - R18	2877	1622	1121	1433
R58, RESCUE - R58	2723	1645	1251	1556
Q58, QUINT - Q58	2100	23	18	553
E18, ENGINE - E18	2022	17	15	474
R98, RESCUE - R98	1839	1008	632	830
Q98, QUINT - Q98	1238	9	7	325
R50, RESCUE - R50	459	177	119	167
BC98, BATTALION - BC98	284	0	0	58
E50, ENGINE - E50	168	0	0	40
R94, RESCUE - R94	119	21	17	28
Q94, QUINT - Q94	53	0	0	10
E98, ENGINE - E98	18	0	0	4
E58, ENGINE - E58	5	0	0	2
E94, ENGINE - E94	0	0	0	0

Coconut Creek and Margate Unit Hour/Utilization Ratio: 2019

Apparatus	Total Calls	No. of Calls Resulted in Transport	No. of Calls Resulted in Transport (Hours)	Total (Hours)	Transport to Total Time Ratio	UHU-C	UHU-T
R98, RESCUE - R98	3764	1997	1335.97	1745.52	0.77	0.43	0.23
R18, RESCUE - R18	3225	1737	1209.95	1562.97	0.77	0.37	0.20
R58, RESCUE - R58	2819	1671	1273.18	1586.35	0.80	0.32	0.19
R50, RESCUE - R50	2692	1418	1046.92	1350.94	0.77	0.31	0.16

Q98, QUINT - Q98	2586	23	19.43	682.85	0.03	0.30	0.00
R94, RESCUE - R94	2279	1084	918.47	1225.05	0.75	0.26	0.12
E18, ENGINE - E18	2201	17	14.93	501.99	0.03	0.25	0.00
Q58, QUINT - Q58	2156	23	17.82	563.64	0.03	0.25	0.00
E50, ENGINE - E50	1926	11	7.13	493.86	0.01	0.22	0.00
Q94, QUINT - Q94	1783	5	4.28	513.33	0.01	0.20	0.00
BC98, BATTALION - BC98	564	0	0.00	105.32	0.00	0.06	0.00
E94, ENGINE - E94	56	0	0.00	15.47	0.00	0.01	0.00
E98, ENGINE - E98	35	0	0.00	7.40	0.00	0.00	0.00
E58, ENGINE - E58	5	0	0.00	2.46	0.00	0.00	0.00

APPENDIX V: POLICY AND PROCEDURE TEMPLATE

FIRE PROCEDURES

LEXIPOL
FIRE + RESCUE

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Rapid Intervention Team (RIT)

303.1 PURPOSE AND SCOPE

Best Practice

This document provides on-scene procedures for Rapid Intervention Team units operating on incidents requiring a RIT.

Corresponding Policies:

- Emergency Response
- Fireground Accountability
- Incident Management
- Rapid Intervention/Two-in Two-out

303.2 FIRST FIVE MINUTES

Best Practice

The first arriving Fire Department unit should contact the Communications Center and provide the following information:

- Unit on-scene
- Initial scene size-up
- Unit assuming incident command (IC)
- Request for an initial RIT assignment together with any additional RITs required

➢ When practicable, the Incident Commander (IC) should assign a RIT group supervisor.

➢ As soon as practicable, the RIT group supervisor should perform a 360 assessment to identify exit and entrance obstacles for removal by the RIT team and areas to establish a means of escape including:

- Burglar bars and window guards.
- Visibly secured roll-up and steel doors.
- Locations for placement of ladders on all sides of the structure.
- Below-grade access points.

303.3 PROCEDURES

Best Practice

303.3.1 RESOURCE DEPLOYMENT

Best Practice

(a) Apparatus

1. Apparatus carrying RIT personnel should stage at a location that allows later-arriving units access to the scene, while allowing assigned personnel adequate access to tools and equipment for RIT operations.

(b) Personnel

1. RIT personnel should be in full structural firefighting personal protective equipment (PPE) with a self-contained breathing apparatus (SCBA). Each RIT member should have a portable radio. At least one member of the team should have a thermal imaging camera (TIC).
2. Except for the operations listed below and whenever practicable, the RIT should not be assigned to any duties that divert attention or resources away from their primary mission of responder rescue.
3. The RIT should consist of these positions and assignments:
    - ∇ RIT Group Supervisor
    - ∇ RIT Team Leader
    - ∇ Navigation and air supply
    - ∇ Search and Rescue
    - ∇ Package and Removal

303.3.2 OPERATIONS

Best Practice

(a) Rapid Intervention Team

1. Upon arrival, the RIT should pull or assemble the RIT cache and report to the IC or RIT group supervisor for assignment. The RIT cache should include, but is not limited to:
    - ∇ TIC
    - ∇ Handlights
    - ∇ Extra SCBA or RIT pack for rescue
    - ∇ Extra full air bottles for RIT personnel
    - ∇ Rope and webbing
    - ∇ Saws
    - ∇ Hand tools for prying, forcing and access
    - ∇ Cribbing
2. When practicable, the RIT should take steps to remove barriers to structure access identified in the 360 assessment or discovered during fireground activity to enable quicker entry and exit. The RIT should communicate its intentions to the IC or RIT group supervisor before taking any action. This includes, but is not limited to:
    - ∇ Removing burglar bars and window guards
    - ∇ Unlocking/forcing and controlling locked doors
    - ∇ Deploying ground ladders to provide additional points of entry and exit

- Setting up or calling for additional scene lighting

3. The RIT should monitor fireground communications and the location and assignments of crews working on the fireground. The RIT should also observe fire and flowpaths.

4. RIT activation:

   (a) Upon notification of a lost, trapped or injured firefighter, the RIT should be activated. The RIT assignment should be limited to locating, assessing and removing the firefighter who has become lost, trapped and/or injured.

   (b) The RIT team leader should confirm activation with the IC or RIT group supervisor and based upon information provided by the IC or RIT group supervisor should:

   - Proceed with the RIT cache to the last known or suspected working area of the crew or firefighter needing rescue.
   - Engage in rescue operations.
   - Continually monitor any radio communications from the victim.
   - Communicate rescue activities and progress to the IC or RIT group supervisor.

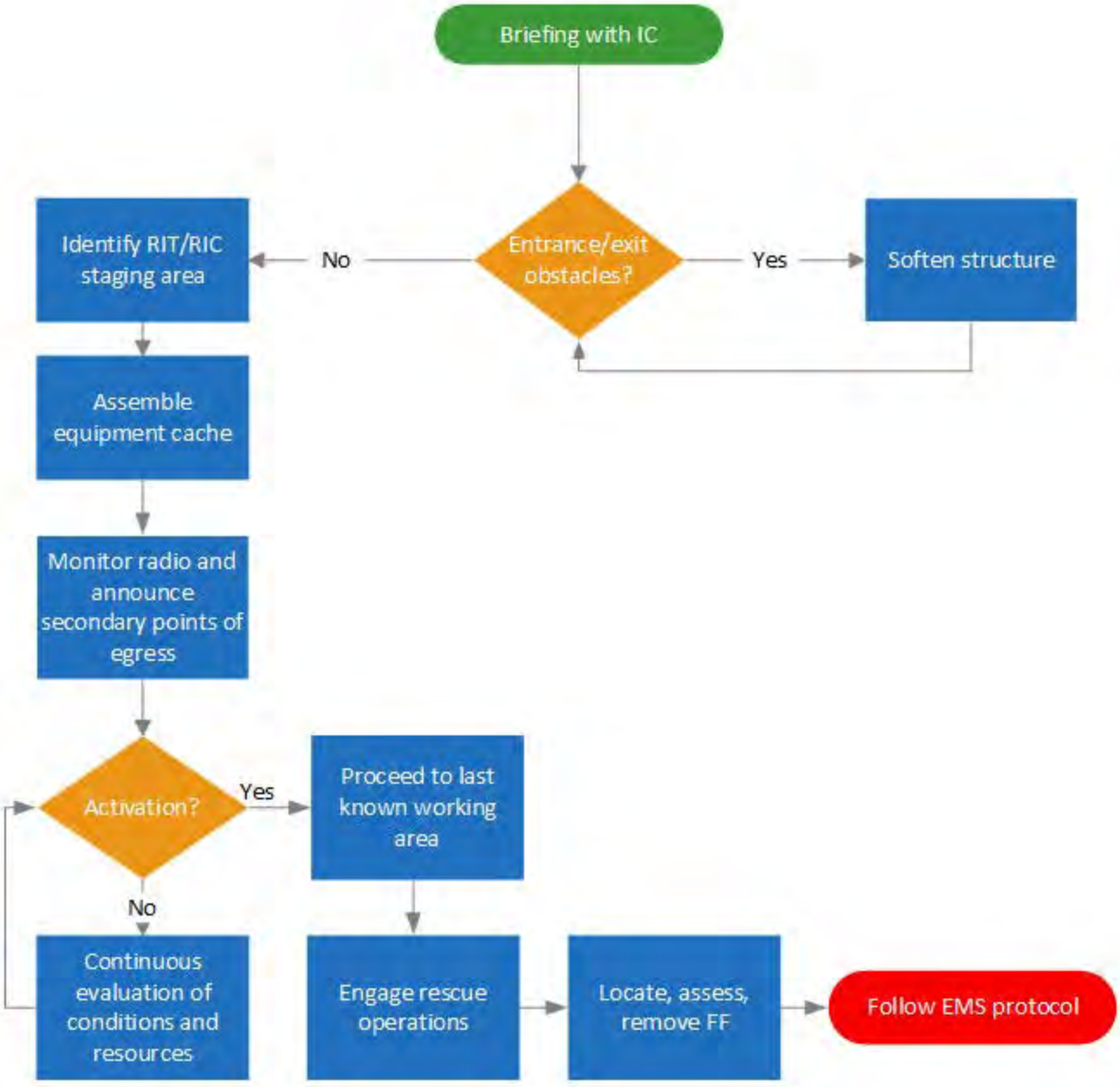
303.4 UNIVERSAL PRACTICES

Best Practice

1. Tools and equipment assembled for the RIT should not be used by other fireground personnel.
2. If the RIT does not have a pre-assembled and designated equipment cache, the RIT should assemble tools and equipment from their own unit. Any additional tools or equipment required should be from apparatus not directly engaged in fireground operations to avoid stripping primary units of equipment needed for fireground operations.
3. When an on-scene RIT is activated for rescue, a second RIT should be assigned to the incident, if one is not on-scene.
4. When an on-scene RIT is activated, the IC should consider calling the Communications Center and requesting a next alarm assignment to provide additional resources and personnel.

303.5 PROCEDURE DECISION TREE

Best Practice



Procedure
303

Rapid Intervention Team Guide Sheet

Exhibit C

Guide Sheets are included with all policies and procedures provided by Lexipol and are intended to provide administrators with additional information and background.

This document provides on-scene procedures for agency units operating on incidents requiring a Rapid Intervention Team (RIT).

BACKGROUND NOTES

- This procedure is based on best practice and fire service standards.

CUSTOMIZATION GUIDELINES

Please review this procedure carefully and consider customizing for your agency's practice and terminology, including but not limited to the following:

- **RAPID INTERVENTION TEAM (RIT):**If the agency does not use the terms provided in the questionnaire, modify to reflect existing agency terminology such as Firefighter Assist Search Team (FAST), On-Deck or other terms.

APPLICABLE REFERENCES AND STANDARDS

NFPA 1407: Standard for Training Fire Service Rapid Intervention Crews

NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program

NFPA 1561: Standard on Emergency Services Incident Management System and Command Safety

NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services

NFPA 1710: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments

NFPA 1720: Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments

Daily Training Bulletins

Daily Training Bulletins (DTBs) are designed to give your personnel bite-sized, real-world scenarios that train them on their policy. DTBs take less than six minutes to complete and are provided every day. Each DTB includes

1) a scenario that your personnel might encounter
2) An issue that needs to be addressed
3) Reference to your policy
4) A brief question to show that they understand the policy in context
5) And the correct answer

Personnel can take their DTBs anytime, anywhere, with the Lexipol app. And you can track when your personnel take each and every DTB via Lexipol's cloud-based system. Protect your personnel by making every day a training day.

Rapid Intervention Team - First Five Minutes

Topic: Health and Safety
DTB Date:

SCENARIO:
You are the Captain on Engine 3, responding with your crew to assist a neighboring agency at a structure fire. As you approach the scene, you contact the Incident Commander (IC) to announce your arrival and request an assignment. The IC assigns you and your crew to be the Rapid Intervention Team (RIT). You direct your apparatus operator to a safe location to park. You tell your crew to assemble the tools and equipment they will need as the RIT for the incident.

You and your crew go to the command post and turn in your accountability tags. The IC assigns you as the RIT group supervisor. The IC instructs you to obtain any additional equipment that you may need from Rescue 2. You ask your crew to gather the appropriate equipment and meet in the front of the building. You conduct a 360 assessment of the scene.

ISSUE: What should you, as the RIT group supervisor, look for during your 360 assessment?

REFER:

303.2 FIRST FIVE MINUTES

The first arriving agency unit should contact the communications center and provide the following information:

- Unit on-scene
- Initial scene size-up
- Unit assuming incident command (IC)
- Request for an initial RIT assignment together with any additional RITs required

➢ When practicable, the Incident Commander (IC) should assign a RIT group supervisor.

➢ As soon as practicable, the RIT group supervisor should perform a 360 assessment to identify exit and entrance obstacles for removal by the RIT team and areas to establish a means of escape including:

- Burglar bars and window guards.
- Visibly secured roll-up and steel doors.
- Locations for placement of ladders on all sides of the structure.
- Below-grade access points.

ANALYSIS:
The agency strives to increase firefighter safety by implementing procedures for safeguarding and rescuing firefighters who are operating in environments that are immediately dangerous to life and health (IDLH). Establishing a RIT as soon as practicable can help ensure personnel and resources are available for firefighter rescue operations should the need arise. The sole function of the RIT is to prepare for, monitor for and provide effective emergency rescue for responders.

You have been assigned as the RIT group supervisor. You are performing a 360 assessment of the building to identify specific conditions and obstacles that could impact firefighter safety so that your team can address them.

CONCLUSION:
During your 360 assessment, you should identify exit and entrance obstacles for removal and you should also identify areas to establish a means of escape, including:

- Burglar bars and window guards.
- Visibly secured roll-up and steel doors.
- Locations for placement of ladders on all sides of the structure.
- Below-grade access points.

QUESTION:

Which of the following is an exit or entrance obstacle that should be identified by the RIT group supervisor during his/her 360 assessment?

ANSWERS:

(a) Burglar bars and window guards

(b) Visibly secured roll-up and steel doors

(c) Locations for placement of ladders on all sides of the structure

(d) Below-grade access points

(e) All of the above

CORRECT ANSWER:
All of the above

FLORIDA

FIRE POLICY + TRAINING

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FIRE + RESCUE

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Rapid Intervention/Two-In Two-Out

303.1 PURPOSE AND SCOPE

The purpose of this policy is to increase firefighter safety by implementing procedures for safeguarding and rescuing firefighters who are operating in environments that are immediately dangerous to life and health (IDLH).

This policy applies to all members assigned to an incident and is designed to ensure immediate assistance for members who become lost, trapped or injured by adhering to the two-in/two-out standard and designating rapid intervention teams (RITs) (29 CFR 1910.134(g)(4); Rule 69A-62.001, F.A.C.).

303.1.1 DEFINITIONS

Definitions related to this policy include:

Immediately dangerous to life and health (IDLH) - Any atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects or would impair an individual's ability to escape from a dangerous atmosphere. Interior atmospheric conditions at structure fires beyond the incipient stage are considered IDLH, as are a variety of rescue types.

Initial rapid intervention team (IRIT) - A team of at least two members located outside the IDLH atmosphere to initially monitor and provide emergency rescue for responders until a larger, more formalized rapid intervention team (RIT) is created. One of the two members may be assigned to an additional role, as long as the individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter at the incident. An IRIT is also known as two-in/two-out.

Mayday - The nationally adopted "call for help" term used to indicate that an emergency responder is in a situation of imminent peril where he/she is in need of immediate help.

Rapid intervention team (RIT) - A formalized designated team of individuals or companies whose sole function is to prepare, monitor and provide for effective emergency rescue of responders in IDLH atmospheres.

303.2 POLICY

It is the policy of the Florida State Master Fire Department to ensure that adequate personnel are on-scene before interior operations begin in any IDLH environment. However, nothing in this policy is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.

303.3 PRE-DEPLOYMENT

Prior to initiating any fire attack in any IDLH environment with no confirmed rescue in progress, members should ensure that there are sufficient resources on-scene to establish two-in/two-out procedures (29 CFR 1910.134(g)(4); Rule 69A-62.001, F.A.C.).

(a) Members should ensure that at least two adequately qualified firefighters using self-contained breathing apparatus (SCBA) enter the IDLH environment and remain in voice or visual contact with one another at all times.

(b) At least two additional adequately qualified firefighters should be located outside the IDLH environment.

1. One of the two outside firefighters may be assigned to an additional role so long as the individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

303.4 INITIAL DEPLOYMENT

During the initial phase of an incident, confirmed rescues should take priority. When a confirmed rescue is identified during the initial phase of an incident, emergency rescue activities may be performed before a designated IRIT has assembled.

All members operating in IDLH environments should be tracked and accounted for at all times, except when it would preclude firefighters from performing emergency rescue activities during the initial phase of the incident.

303.5 RIT DUTIES

The RIT should be assembled from resources at the scene, whose sole function is to prepare for, monitor and provide effective emergency rescue for responders.

(a) To the extent possible, visual and voice communication should be maintained between those working in the IDLH environment and the RIT outside the IDLH environment.

(b) RIT members should not be involved in any other duties that divert attention or resources away from their primary mission of responder rescue.

(c) Additional companies may be assigned to the RIT as conditions warrant. For large incidents with multiple points of entry, multiple RITs should be considered.

303.6 EMERGENCY DEPLOYMENT OF A RIT

When a Mayday firefighter-down or firefighter-missing broadcast is transmitted, all non-emergency radio traffic should be cleared from the radio channels that the missing or trapped firefighter is using. Non-affected personnel should switch to other tactical frequencies. At least two individuals should be dedicated solely to monitoring the tactical channel. One person should be responsible for gathering information on the identity, location and condition of the trapped or missing firefighter, while the second person should communicate with the trapped or missing firefighter and offer support on the tactical channel.

For an emergency deployment of a RIT, a Rescue Group Supervisor position should be activated to coordinate the rescue as well as any fire activities in support of the rescue effort. Other divisions and groups may support the Rescue Group Supervisor’s efforts by diverting fire spread through

horizontal or vertical ventilation to draw fire away from the affected rescue areas and by placing hose streams to check fire spread and protect rescue efforts.

The RIT supervisor should notify the Rescue Group Supervisor before making entry for emergency rescue. The Rescue Group Supervisor should provide any assistance that is appropriate to the situation. Additional resources should be ordered as needed, including additional RITs, medical treatment and transportation groups or other organizational elements.

Personal Protective Equipment

914.1 PURPOSE AND SCOPE

The purpose of this policy is to reasonably protect Florida State Master Fire Department members by providing and maintaining, at no cost to the member, personal protective equipment (PPE), safety devices and safeguards for workplace activities (§ 633.520, Fla. Stat.; Rule 69A-37.0527, F.A.C.).

PPE information related to patient care is found in the Communicable Diseases Policy.

914.2 POLICY

It is the policy of the Florida State Master Fire Department to provide PPE and safeguards meeting the requirements of the current edition of National Fire Protection Association (NFPA) Standard 1971, Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting, and of the proper type, design, strength and quality needed to reasonably eliminate, preclude or mitigate a hazard (§ 633.520, Fla. Stat.; Rule 69A-37.0527, F.A.C.).

The Florida State Master Fire Department shall also establish a written maintenance, repair, servicing and inspection program for protective clothing and equipment to reduce the safety and health risks associated with improper selection, poor maintenance, inadequate care, excess wear and improper use of PPE.

914.3 PPE STANDARDS AND REQUIREMENTS

The Department will provide approved PPE that is appropriate for the hazard to members who are located in a workplace where there is a risk of injury. Members shall be required to wear PPE any time there is a risk of exposure to a hazard and during the practical examinations of state-required certification (Rule 69A-37.0527, F.A.C.).

PPE shall include all of the following guidelines, requirements and standards:

(a) The PPE provided shall minimally meet the requirements of NFPA 1971, including the presence of a fixed label indicating compliance and similar labeling noting the PPE meets the standards approved by the American National Standards Institute (ANSI) or other recognized authority.

(b) When no authoritative standard exists for PPE or a safety device, the use of such equipment shall be subject to inspection and acceptance or rejection by the Division Chief in charge of the Division where the equipment will be used.

(c) PPE shall be distinctly marked so as to facilitate easy identification of the manufacturer.

(d) The Training Manager shall ensure that the member is properly instructed and uses PPE in accordance with the manufacturer's instructions.

(e) The Department shall ensure that all PPE, whether provided by the Department or the employee, complies with the applicable state standards.

(f) Members are responsible for maintaining their assigned PPE in a safe and sanitary condition.

(g) Supervisors are responsible for ensuring that all PPE is maintained in a safe and sanitary condition.

(h) PPE shall be of such design, fit and durability as to provide adequate protection against the hazards for which they are designed.

(i) PPE shall be reasonably comfortable and shall not unduly encumber member movements that are necessary to perform work.

914.3.1 HEAD PROTECTION

Members working in locations where there is a risk of head injuries from flying or falling objects and/or electric shock and burns shall wear an approved protective helmet. Each protective helmet shall bear the original marking required by the ANSI standard under which it was approved. At a minimum, the marking shall identify the manufacturer, the ANSI designated standard number and date, and the ANSI designated class of helmet. Where there is a risk of injury from hair entanglements in moving parts of machinery, combustibles or toxic contaminants, members shall confine their hair to eliminate the hazard.

914.3.2 FACE AND EYE PROTECTION

Members working in locations where there is a risk of eye injuries, such as punctures, abrasions, contusions or burns from contact with flying particles, hazardous substances, projectiles or injurious light rays that are inherent in the work or environment, shall be safeguarded by means of face or eye protection. Suitable screens or shields isolating the hazardous exposure may be considered adequate safeguarding for nearby members. The Department shall provide and require that members wear approved face and eye protection suitable for the hazard and in accordance with previously cited national standards.

914.3.3 BODY PROTECTION

Body protection may be required for members whose work exposes parts of their bodies that are not otherwise protected from hazardous or flying substances or objects. Clothing appropriate for the work being done shall be worn. Loose sleeves, tails, ties, lapels, cuffs or other loose clothing that can be entangled in moving machinery shall not be worn. Clothing saturated with flammable liquids, corrosive substances, irritants or oxidizing agents shall either be removed and not worn until properly cleaned, or shall be destroyed.

914.3.4 HAND PROTECTION

Hand protection shall be required for members whose work involves unusual and excessive exposure of hands to cuts, burns, harmful physical or chemical agents or radioactive materials that are encountered and capable of causing injury or impairment.

Hand protection (e.g., gloves) shall not be worn where there is a danger of the hand protection becoming entangled in moving machinery or materials. Use of hand protection around smooth-surfaced rotating equipment does not constitute an entanglement hazard if it is unlikely that the hand protection will be drawn into the danger zone.

Wristwatches, rings or other jewelry should not be worn while working with or around machinery with moving parts in which such objects may be caught or around electrical equipment.

914.3.5 FOOT PROTECTION

Appropriate foot protection shall be required for members who are exposed to foot injuries from electrical hazards; hot, corrosive or poisonous substances; falling objects; or crushing or penetrating actions, or who are required to work in abnormally wet locations. Footwear that is defective or inappropriate to the extent that its ordinary use creates the possibility of foot injuries shall not be worn. Footwear shall be appropriate for the hazard and shall comply with recognized national standards.

914.4 SELECTION, CARE AND MAINTENANCE OF PPE

PPE exists to provide the member with an envelope of protection from multiple hazards and repeated exposures. For structural firefighting, PPE is a system of components designed to work as an ensemble. Typical firefighting PPE consists of a hood, helmet, jacket, trousers, gloves, wristlets and footwear. A program for selection, care and maintenance of PPE consists of the following.

914.4.1 SELECTION

The PPE selection process should be conducted through a labor-management committee utilizing members from labor and representatives from the Department.

Prior to procurement, a risk assessment may be performed to include expected hazards, frequency of use, past experiences, geographic location and climatic conditions. The selection process should evaluate comparative information on all ensemble elements to ensure they will interface and perform based on the risk assessment. The process should consider the following:

(a) PPE performance expectations, to include thermal and physiological effects

(b) Style and design for user comfort and wear performance

(c) Construction for quality, durability and garment life

(d) Manufacturer ability to meet performance demand requirements, technical information, service, warranty and customer support needs

914.4.2 INSPECTION

There are two primary types of PPE inspection:

Routine inspection - Each firefighter shall conduct a routine inspection of his/her issued PPE each time the elements are exposed or are suspected of having been exposed to damage or contamination.

Personal Protective Equipment

(a) Coat, trouser, gloves and hood should be checked for the following:

1. Soiling
2. Contamination from hazardous materials or biological agents
3. Physical damage, such as:
   (a) Rips, tears and cuts
   (b) Damaged/missing hardware and closure systems
   (c) Thermal damage, such as charring, burn holes and melting
   (d) Damaged or missing reflective trim
   (e) Shrinkage
   (f) Loss of elasticity or flexibility at openings

(b) Helmets should be checked for the following:

1. Soiling
2. Contamination from hazardous materials or biological agents
3. Physical damage to the shell, such as:
   (a) Cracks, crazing (small cracks), dents and abrasions
   (b) Thermal damage to the shell, such as bubbling, soft spots, warping or discoloration
4. Physical damage to ear flaps, such as:
   (a) Rips, tears and cuts
   (b) Thermal damage, such as charring, burn holes and melting
5. Damaged or missing components of suspension and retention systems
6. Damaged or missing components of the goggle system including:
   (a) Discoloration
   (b) Crazing (small cracks)
   (c) Scratches to goggle lens, limiting visibility
7. Damaged or missing reflective trim

(c) Footwear should be checked for the following:

1. Soiling
2. Contamination from hazardous materials or biological agents
3. Physical damage, such as:

(a) Cuts, tears and punctures

(b) Thermal damage, such as charring, burn holes and melting

(c) Exposed or deformed steel toe, steel midsole and shank

(d) Loss of water resistance

Advanced inspection - Advanced inspection of PPE ensembles and elements shall be conducted a minimum of every 12 months or whenever routine inspections indicate a problem may exist.

Advanced inspections shall only be conducted by trained and certified employees or a manufacturer-approved vendor certified to conduct advanced inspections. All findings from advanced inspections shall be documented on an inspection form. Universal precautions shall be observed, as appropriate, when handling elements. Advanced inspections shall include, at a minimum, the inspection criteria outlined in the applicable NFPA standard.

914.4.3 CLEANING AND DECONTAMINATION

The following rules and restrictions shall apply to the cleaning and decontamination of PPE:

(a) Soiled and contaminated PPE elements shall not be taken home, washed in the home or washed in public laundries unless the business is dedicated to handling firefighting protective clothing.

(b) Commercial dry cleaning shall not be used.

(c) The Department will examine the manufacturer's label and user information for specific cleaning instructions.

(d) Chlorine bleach or chlorinated solvents shall not be used to clean or decontaminate PPE elements.

(e) Scrubbing or spraying with high-velocity water jets, such as a power washer, shall not be used.

(f) All contract cleaning or decontamination businesses shall demonstrate procedures for cleaning and decontamination that do not compromise the performance of PPE ensembles and elements. Department standards identify and define three primary types of cleaning: routine, advanced and specialized.

1. **Routine cleaning** - After each use, any elements that are soiled shall receive routine cleaning. It is the firefighter's responsibility to routinely clean his/her PPE ensemble or elements using the following process:

(a) When possible, initiate cleaning at the incident scene.

(b) Brush off any dry debris.

(c) Gently rinse off debris with a water hose.

(d) If necessary, scrub gently with a soft bristle brush and rinse off again if necessary. Spot clean utilizing a utility sink.

(e) Inspect for soiling and contamination and repeat the process if necessary.

(f) All elements shall be air-dried in an area with good ventilation. Do not dry in direct sunlight or use a machine dryer.

2. **Advanced cleaning** - Should routine cleaning fail to render the elements clean enough to be returned to service, advanced cleaning is required. In addition, elements that have been issued, used and soiled shall undergo advanced cleaning every six months, at a minimum.

(a) The department's Health and Safety Officer (HSO) shall manage all advanced cleaning utilizing a qualified contract cleaner.

(b) Advanced cleaning will be coordinated with the HSO by either the crew or by the individual. Loaner PPE will be provided for any member scheduled to work.

(c) Station laundering machines shall not be used to clean PPE elements.

3. **Specialized cleaning** - PPE elements that are contaminated with hazardous materials or biological agents shall undergo specialized cleaning as necessary to remove the specific contaminants.

(a) The PPE elements that are contaminated or suspected to be contaminated shall be isolated, tagged, bagged and removed from service until they undergo specialized cleaning to remove the specific contaminant. All bagged PPE shall include the member's name, company and shift. Universal precautions shall be observed when handling known or suspected contaminated PPE elements. For more information on decontamination of PPE after exposure, refer to the Communicable Diseases Policy.

(b) The department's HSO shall manage all specialized cleaning and will utilize a qualified contract cleaner. The Department, if possible, shall identify the suspected contaminant and consult the manufacturer for an appropriate decontamination agent and process.

914.4.4 REPAIR OF PPE

The department's HSO shall manage all PPE repairs utilizing a manufacturer-recognized repair facility. All elements shall be subject to an advanced or specialized cleaning before any repair work is done. Loaner PPE is available to employees while repairs are being made.

914.4.5 ISSUING PPE

All PPE ensembles or elements shall be issued through the department's HSO. All fittings shall be completed by the HSO and/or by a manufacturer's representative.

- Members shall only use department-issued PPE.
- Members shall minimize the public's exposure to soiled or contaminated PPE and avoid wearing PPE to non-fire related emergencies.
- Members shall not wear PPE inside station living quarters or other department facilities.

914.4.6 STORAGE OF PPE

The parameters for the storage of all PPE ensembles or elements include the following:

(a) PPE shall not be stored in direct sunlight or exposed to direct sunlight when it is not being worn.

(b) PPE shall be clean, dry and well ventilated before storage.

(c) PPE shall not be stored in airtight containers unless the container is new and unused.

(d) PPE shall not be stored at temperatures below 40 degrees or above 180 degrees.

(e) PPE shall be stored in a protective case or bag to prevent damage if stored in compartments or trunks.

(f) PPE shall not be subjected to sharp objects, tools or other equipment that could damage the ensemble or elements.

(g) PPE shall not be stored inside living quarters or with personal belongings, or taken or transported within the passenger compartment of personal vehicles unless it is stored in a protective case or bag.

(h) PPE shall not be stored in contact with hydraulic fluids, solvents, hydrocarbons, hydrocarbon vapors or other contaminants.

914.4.7 PPE TRAINING

The Training Manager shall be responsible for the following:

(a) Upon issue, all employees shall be provided training on this policy along with the manufacturer's written instructions on the care, use and maintenance of their PPE, including any warnings issued by the manufacturer.

(b) New firefighters shall receive training in the care, use and maintenance of their PPE before participating in live fire training or operations.

(c) All other firefighters shall receive refresher training as needed when PPE ensembles or elements are upgraded or changed, or at a minimum of every four years as required (§ 633.414, Fla. Stat; Rule 69A-37.0527, F.A.C.).

914.4.8 PPE RECORD KEEPING

The Department shall maintain or require contracted vendors to maintain records on all structural firefighting ensembles or elements to include:

(a) The name of the member to whom the element is issued.

(b) The date and condition of the element when issued.

(c) The manufacturer, model name or design.

(d) The manufacturer's identification number, lot number or serial number.

(e) The month and year of manufacture.

(f) The dates and findings of all advanced inspections.

(g) The dates of advanced cleaning, specialized cleaning or decontamination, and by whom it was performed.

(h) The date of any repairs, the person who repaired the PPE and a brief description of the repair.

(i) The date the element was removed from service (retirement).

(j) The date and method the element was disposed.

914.4.9 PPE RETIREMENT

All PPE ensembles and elements that are worn or damaged to the extent that the Department deems that it is not possible or cost effective to repair shall be retired. All PPE ensembles and elements that are no longer useful for emergency operations but are not contaminated, defective or damaged shall be retired.

Retired PPE ensembles and elements shall be destroyed or disposed of by the Department in a manner ensuring that they will not be used in any firefighting or emergency activities, including training. Retired PPE may only be used for training when that training does not include live fire. Any PPE used for training shall be clearly marked: "Training only. No live fire."

914.4.10 SPECIAL INCIDENT PROCEDURE

If any member of the Florida State Master Fire Department suffers a serious injury or death while wearing PPE, the following procedure should be followed:

(a) The PPE will immediately be removed from service.

(b) Custody of the PPE will be maintained by the Fire Chief or the authorized designee, and the PPE shall be kept in a secure location with controlled, documented access.

(c) All PPE shall be non-destructively tagged and stored only in paper or cardboard containers to prevent further degradation or damage. Plastic airtight containers shall not be used.

(d) The PPE shall be made available to the department's investigation team (see the Line-of-Duty Death and Serious Injury Investigations Policy) or outside experts as approved by the Fire Chief or the authorized designee, to determine the condition of the PPE.

(e) The Fire Chief or the authorized designee shall determine the retention period for storage of the PPE.

Daily Training Bulletins

Better Policy Understanding in Just Minutes a Day

Even the best policy manual isn't effective if it's not backed by ongoing training. Yet too often, public safety agencies merely ask personnel to acknowledge policies; they don't train on them. This creates risk for personnel and vulnerability for the agency.

Lexipol's Daily Training Bulletins use a proven system of solid, realistic, ongoing and verifiable training to help personnel learn to apply policies and improve their ability to make well-reasoned decisions. These brief, scenario-based lessons provide a convenient way to enhance your members' policy understanding. Each Daily Training Bulletin takes just a few minutes to complete and includes a test question to measure comprehension.

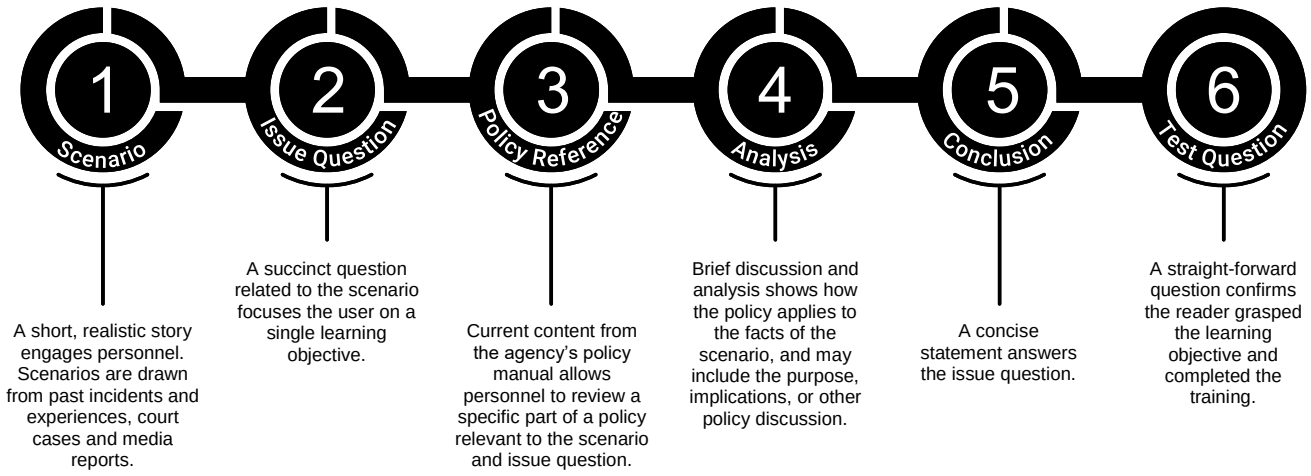
Training Designed to Protect

Lexipol's Daily Training Bulletins cover many aspects of your policy manual, with a focus on high-risk, low-frequency events − the incidents that pose the most risk to your personnel. Daily Training Bulletins are written by public safety experts and use news stories, industry reports, and court cases as inspiration to create realistic, relatable scenarios.

Each month, you'll receive a package of Daily Training Bulletins to review and issue to your members. Using Lexipol's online platform, you can:

- Customize and edit the training bulletins to reflect agency-specific practices
- Determine when you want your personnel to complete training and how many training bulletins you want to issue
- Tailor training so specific groups are assigned to complete only the bulletins applicable to them
- Generate reports that track completion of training
- Create custom training bulletins, or group bulletins into special-focus training packages

Anatomy of a Daily Training Bulletin



Rapid Intervention - Two-In Two-Out

Topic: General Operations
DTB Date:

SCENARIO:
You and your crew are the only firefighters on-scene at a three-story apartment complex fire. The fire is in two units on the first floor. You are preparing to advance a hoseline to the location of the fire when you hear someone yelling above you. You look up. A woman is leaning her head out of a window and pleading for you to rescue her. The fire has almost reached her apartment.

[Captain] Frank Johnson says to you, "You and [Firefighter] Maru Lopez grab a ladder and rescue her, and I'll try to knock down the fire.

ISSUE: Can you perform this rescue before an initial rapid intervention team (IRIT) has assembled?

REFER:

303.1.1 DEFINITIONS

Definitions related to this policy include:

Immediately dangerous to life and health (IDLH) - Any atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects or would impair an individual's ability to escape from a dangerous atmosphere. Interior atmospheric conditions at structure fires beyond the incipient stage are considered IDLH, as are a variety of rescue types.

Initial rapid intervention team (IRIT) - A team of at least two members located outside the IDLH atmosphere to initially monitor and provide emergency rescue for responders until a larger, more formalized rapid intervention team (RIT) is created. One of the two members may be assigned to an additional role, as long as the individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any [firefighter] at the incident. An IRIT is also known as two-in/two-out.

Mayday - The nationally adopted "call for help" term used to indicate that an emergency responder is in a situation of imminent peril where he/she is in need of immediate help.

Rapid intervention team (RIT) - A formalized designated team of individuals or companies whose sole function is to prepare, monitor and provide for effective emergency rescue of responders in IDLH atmospheres.

303.4 INITIAL DEPLOYMENT

During the initial phase of an incident, confirmed rescues should take priority. When a confirmed rescue is identified during the initial phase of an incident, emergency rescue activities may be performed before a designated IRIT has assembled.

All members operating in IDLH environments should be tracked and accounted for at all times, except when it would preclude [firefighter]s from performing emergency rescue activities during the initial phase of the incident.

ANALYSIS:
Adequate staffing is critical to ensure that sufficient resources are available to perform emergency operations safely. An IRIT of two members can provide rescue for responders if needed during initial operations. A confirmed rescue may require immediate action before an IRIT has been assembled. A confirmed rescue is a priority and should be performed as soon as possible. If a rescue operation is performed before an IRIT can be assembled, an IRIT should be assembled as soon as possible. The IRIT should support the rescue operation and be prepared to rescue those performing the rescue operation, if needed.

CONCLUSION:
The confirmed rescue is a priority and should be performed as soon as possible even if it occurs before an IRIT can be assembled. If this occurs, establishing an IRIT as soon as possible will ensure a rescue team is available for responders if needed.

QUESTION:

During the initial phase of an incident, an IRIT must be assembled before a confirmed rescue can be performed.

ANSWERS:

(a) True

(b) False

CORRECT ANSWER:
False

APPENDIX VI: LISTING OF NFPA STANDARDS

NFPA 1, Fire Code

NFPA 13, Standard for the Installation of Sprinkler Systems

NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes

NFPA 13R, Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies

NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems

NFPA 101, Life Safety Code®

NFPA 291, Recommended Practice for Fire Flow Testing and Marking of Hydrants

NFPA 472, Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents

NFPA 1001, Standard for Fire Fighter Professional Qualifications

NFPA 1002, Standard for Fire Apparatus Driver/Operator Professional Qualifications

NFPA 1021, Standard for Fire Officer Professional Qualifications

NFPA 1031, Standard for Professional Qualifications for Fire Inspector and Plan Examiner

NFPA 1033, Standard for Professional Qualifications for Fire Investigator

NFPA 1035, Standard for Professional Qualifications for Fire and Life Safety Educator, Public Information Officer, and Juvenile Firesetter Intervention

NFPA 1061, Professional Qualifications for Public Safety Telecommunications Personnel

NFPA 1142, Standard on Water Supplies for Suburban and Rural Fire Fighting

NFPA 1201, Standard for Providing Emergency Services to the Public

NFPA 1221, Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems

NFPA 1401, Recommended Practice for Fire Service Training Reports and Records

NFPA 1402, Guide to Building Fire Service Training Centers

NFPA 1403, Standard on Live Fire Training Evolutions

NFPA 1410, Standard on Training for Initial Emergency Scene Operations

NFPA 1451, Standard for a Fire and Emergency Services Vehicle Operations Training Program

NFPA 1452, Guide for Training Fire Service Personnel to Conduct Dwelling Fire Safety Surveys

NFPA 1500, Standard on Fire Department Occupational Safety and Health Program

NFPA 1521, Standard for Fire Department Safety Officer

NFPA 1561, Standard on Emergency Services Incident Management System and Command Safety

NFPA 1620, Standard for Pre-Incident Planning

NFPA 1710, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments

NFPA 1720, Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments

NFPA 1901, Standard for Automotive Fire Apparatus

NFPA 1911, Standard for the Inspection, Maintenance, Testing, and Retirement of In-Service Automotive Fire Apparatus

NFPA 1962, Standard for the Care, Use, Inspection, Service Testing, and Replacement of Fire Hose, Couplings, Nozzles, and Fire Hose Appliances

NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services

APPENDIX VII: ACCREDITATION OVERVIEW

WHAT IS ACCREDITATION?

CFAI accreditation is a process of agency self-assessment.

The Commission on Fire Accreditation International (CFAI) will provide your agency the accreditation model, various accreditation publications and trainings, and access to experienced peer assessors. Your agency, however, will have to do the work. We promise it's worth it.

Working towards, achieving, and maintaining accreditation will:

- Raise the profile of your agency with your community
- Emphasize your agency's dedication to excellence to your stakeholders
- Establish an agency-wide culture of continuous improvement
- Assist with communicating your leadership's philosophies
- Build positive relationships with your labor groups
- Offer independent verification and validation of your agency's operations
- Provide tangible data and information for your elected officials

THE ACCREDITATION MODEL

Accredited agencies are often described as being community-focused, data-driven, outcome-focused, strategic-minded, well organized, properly equipped, and properly staffed and trained.

Part of the reason for this is the holistic scope of the CFAI model. It includes ten categories that cover the span of fire and emergency service operations:

1. Governance and Administration
2. Assessment and Planning
3. Goals and Objectives
4. Financial Resources
5. Programs
6. Physical Resources
7. Human Resources
8. Training and Competency
9. Essential Resources
10. External Systems Relationship

Category 5 (Programs) covers the whole gamut:

- Community Risk Reduction
- Public Education
- Fire Investigations
- Domestic Preparedness
- Fire Suppression
- EMS
- Technical Rescue
- Hazmat
- Aviation Rescue and Firefighting
- Marine and Shipboard Rescue and Firefighting
- Wildland Firefighting

SELF-ASSESSMENT – WHERE IT ALL BEGINS

Like many fire and emergency services agencies you may find yourself living in a world between public service and private demand. Your agency's goals likely include reducing property and life

loss and promoting employee safety; however, you often find yourself making choices. Before making choices, wouldn't you want to know your current status…. that's where self-assessment is invaluable.

Self-assessment is an excellent way of coping with the rise of performance-based budgeting. This type of budgeting requires measuring, benchmarking, and analysis, all of which are in the CFAI model. Government accountability has also been an emerging trend for the last few decades. Self-assessment provides a reliable response to increased oversight by managers and elected officials and potential criticism from the community.

ACCREDITATION – IS IT WORTH IT?

Agency accreditation is a voluntary process. Some agencies seek a dollar-for-dollar return on investment before pursuing accreditation, the true investment is agency staff time and the actual return is a better-run, higher-performing agency.

Accreditation is an international recognition of achievement. It shows to your community that your agency is performing to industry best practices and is holding itself accountable through an external peer review.

Document review and onsite assessment by CFAI peer assessors is very thorough. Accreditation reports often include peer recommendations for improvement beyond those your agency may have considered.

Accreditation will benefit your agency internally by fostering pride amongst your members, community leaders, and citizens, and will also benefit you externally through the support of and networking with other accredited agencies.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2020-665469

Date Filed:
09/09/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Public Consulting Group, Inc.
Boston , MA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City of Austin

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
CT 4400 20082701049
To conduct comprehensive review of the equity and efficiency of the dispatch of emergency medical response related services of the Austin Fire Department (AFD) and Austin Travis County Emergency MS

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Shaughnessy, John	Boston, MA United States	X	
Heaney , Daniel	Boston, MA United States	X	
Skinner , Stephen	Boston, MA United States	X	
Mosakowski, William	Boston, MA United States	X	
Brown, Tony	Boston, MA United States	X	
Blair, Grant	Boston, MA United States	X	
Fallon , Kathleen	Boston , MA United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Daniel T. Heaney, and my date of birth is 4/23/53.

My address is 148 State Street, 10th Floor (street), Boston (city), MA (state), 02109 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Suffolk County, State of MA, on the 9 day of September (month), 20 20 (year).

Daniel T. Heaney

Signature of authorized agent of contracting business entity
(Declarant)

City of Austin SMBR Small & Minority Business Resources *Opening the door to opportunities.*

GOAL DETERMINATION REQUEST FORM

Buyer Name/Phone	Erin D'Vincent 4-3070	**PM Name/Phone**	Patricia Bourenane 4-6339
Sponsor/User Dept.	CMO	**Sponsor Name/Phone**	See above
Solicitation No	RFP 4400 EAD3010	**Project Name**	Dispatch Equity & Optimization Efficiency Study
Contract Amount	$250,000	**Ad Date (if applicable)**	4/6/2020

Procurement Type

☐ AD – CSP	☐ AD – CM@R	☐ AD – Design Build
☐ AD – Design Build Op Maint	☐ AD – JOC	☐ IFB – Construction
☐ IFB – IDIQ	☐ PS – Project Specific	☐ PS – Rotation List
☒ Nonprofessional Services	☐ Commodities/Goods	☐ Cooperative Agreement
☐ Critical Business Need	☐ Interlocal Agreement	☐ Ratification
☐ Sole Source*		

Provide Project Description**

Dispatch Equity & Optimization Efficiency Study

Project History: Was a solicitation previously issued; if so were goals established? Were subcontractors/subconsultants utilized? Include prior Solicitation No.

First project of its type

List the scopes of work (commodity codes) for this project. *(Attach commodity breakdown by percentage; eCAPRIS printout acceptable)*

91832 - 100%

Erin D'Vincent	3/19/2020
Buyer Confirmation	**Date**

** Sole Source must include Certificate of Exemption*
***Project Description not required for Sole Source*

FOR SMBR USE ONLY

Date Received	3/19/2020	**Date Assigned to BDC**	3/19/2020

In accordance with Chapter2-9(A-D)-19 of the Austin City Code, SMBR makes the following determination:

☐ Goals	% MBE	% WBE
☐ Subgoals	% African American	% Hispanic
	% Asian/Native American	% WBE
☐ Exempt from MBE/WBE Procurement Program	☒ No Goals	

City of Austin SMBR Small & Minority Business Resources *Opening the door to opportunities.*

GOAL DETERMINATION REQUEST FORM

This determination is based upon the following:	
☐ Insufficient availability of M/WBEs	☐ No availability of M/WBEs
☒ Insufficient subcontracting opportunities	☐ No subcontracting opportunities
☐ Sufficient availability of M/WBEs	☐ Sufficient subcontracting opportunities
☐ Sole Source	☐ Other
If Other was selected, provide reasoning:	
MBE/WBE/DBE Availability	
There are 50 MBE's and 19 WBE's available	
Subcontracting Opportunities Identified	
There are insufficient subcontracting opportunities	

Keisha Houston

SMBR Staff	**Signature/ Date** 3/23/2020
	Keisha Houston
SMBR Director or Designee	**Date** Jolene Cochran 3/23/2020
Returned to/ Date:	