
ECTOR COUNTY EMERGENCY SERVICES DISTRICT NO. 2

Request for Qualifications and Proposals for Emergency Medical and Ambulance Services

Release Date: March 20, 2026

Response Deadline: May 4, 2026 by 3:00 p.m. CST

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1. Introduction and Overview

Ector County Emergency Services District No. 2 (the “District”) is an emergency services district and political subdivision of the State of Texas created and operating under the Texas Constitution and Chapter 775 of the Texas Health and Safety Code. The District is governed by five commissioners appointed by the Ector County Commissioners Court.

The District is soliciting qualifications and proposals from qualified vendors to provide 911 emergency medical services and ambulance transport to local hospitals within and for the benefit of the District’s service area. This Solicitation does not include interfacility transfers, scheduled non-emergency transportation, wheelchair van services, stretcher van services, correctional transport, or airline transportation.

The District is procuring these services as professional services. Selection will be based primarily on qualifications, experience, demonstrated ability to perform the services, and the overall value of the proposed service model to the District. Pricing will be considered, but pricing will not be the sole determining factor, and the District is not required to select the lowest-priced Respondent.

A Proposal does not commit the District to award a contract or to pay any cost incurred by a Respondent in preparing or submitting a Proposal. The District reserves the right to reject any or all Proposals, waive minor informalities, request clarifications, conduct discussions or interviews, negotiate with one or more Respondents, and award or decline to award a contract in the best interest of the District.

Any prospective Respondent may request an explanation or interpretation of any portion of this Solicitation by emailing Commissioner Patti Kappauf at patti.kappauf@ectoresd.com. Requests for clarification should be submitted sufficiently in advance of the Response Deadline to allow the District a reasonable opportunity to respond.

2. Definitions

For purposes of this Solicitation, the following terms apply:

ALS means Advanced Life Support.

BLS means Basic Life Support.

Concurrent Call Demand means the extent to which two (2) or more incidents occur during overlapping time periods such that one or more units may already be committed when the next request for service is received.

Contractor means the Respondent selected by the District for award of a contract under this Solicitation.

Cost-to-Charge Ratio means the relationship between the actual cost of providing services and the charges billed for those services, calculated by dividing total cost by total charges.

District means Ector County Emergency Services District No. 2.

EMS means emergency medical services provided in response to an individual's perceived need for immediate medical care in order to prevent death or aggravation of illness or injury.

Emergency Call means a request for ambulance service in which the element of time in transporting the sick, injured, or wounded for medical treatment is essential to the health or life of the person.

Emergency Prehospital Care means care provided to the sick or injured before or during transportation to a medical facility, including necessary stabilization in connection with that transportation.

MICU means Mobile Intensive Care Unit. For purposes of this Solicitation, a MICU is an ALS ambulance licensed and equipped in accordance with applicable Texas law and staffed, at a minimum, by one Paramedic and one EMT.

Proposal means a response submitted by a Respondent in reply to this Solicitation.

Respondent means a vendor submitting a Proposal in response to this Solicitation.

Response Deadline means May 4, 2026 at 3:00 p.m. CST, unless modified by written addendum issued by the District.

SCT means Specialty Care Transport.

Unit Hour Utilization (UHU) means a deployment and workload measure commonly used in EMS systems to evaluate the degree to which a staffed ambulance unit is committed to calls and unavailable for the next response. UHU is generally calculated by dividing total unit busy hours by total unit staffed hours.

3. Scope of Services

3.1 General Scope

The Contractor shall provide a high-performance 911 EMS system for the entire service area of the District, including ambulance response, emergency prehospital care, and transport to local hospitals.

The Contractor shall furnish all labor, supervision, vehicles, medical equipment, communications capability, supplies, medications, administrative support, and other resources necessary to perform the services.

The Contractor shall provide all services twenty-four (24) hours per day, seven (7) days per week.

3.2 Deployment and System Design

The District is not prescribing a fixed number of ambulances, quick response vehicles, supervisor units, or other EMS resources. Each Respondent shall propose the number, type, deployment model, and staffing configuration of units necessary to satisfy the requirements of this Solicitation and to reliably meet the District's performance expectations.

Each Respondent shall provide a proposed system design that includes, at a minimum:

1. the number and type of transport and non-transport response resources proposed;
2. posting locations and deployment methodology;
3. peak-demand coverage strategy and move-up plans;
4. backup coverage and continuity measures;
5. the manner in which continuous coverage will be maintained across the District.

For planning purposes, the District notes that total EMS calls within the District during calendar year 2025 were 3,475, of which 173 did not result in transport to a hospital. Each Respondent shall use its own professional judgment in evaluating this information and shall explain any additional assumptions used in developing the proposed deployment model, UHU, concurrency analysis, and staffing plan.

The District prefers that primary transport units be staffed and equipped at the MICU level. Each Respondent shall:

1. identify the minimum level of care proposed on transport units, including whether units will operate at the BLS, ALS, MICU, SCT, or other proposed level;

2. describe the clinical capabilities, equipment, medications, and staffing associated with each level proposed; and
3. if proposing any primary transport resource below the MICU level, explain the reason for that recommendation, identify any operational or clinical limitations, and demonstrate how the proposed system will still satisfy the District's performance and service expectations.

If a Respondent uses the term MICU or any similar designation, the Respondent shall define that term as used in its Proposal and clearly explain how that designation differs, if at all, from standard ALS transport capability under Texas law.

Each Respondent shall provide a deployment analysis supporting its proposed unit-hour plan, including, at a minimum:

1. call volume assumptions;
2. peak-hour demand assumptions;
3. chute time assumptions;
4. travel time assumptions;
5. hospital turnaround and offload delay assumptions;
6. unit posting strategy;
7. mutual aid or backup assumptions; and
8. explanation of how the proposed system design supports response reliability.

Each Respondent shall also:

1. explain how the proposed deployment model reflects realistic operational assumptions;
2. identify any assumptions material to the ability to meet the proposed response-time standard;
3. describe the operational risks if those assumptions are not achieved in practice;
4. provide projected UHU, by unit if available, and system-wide;
5. explain how the proposed deployment model avoids both chronic over-utilization and unnecessary under-utilization;

6. provide a peak-period demand analysis, including busiest hour, busiest shift or time block, and concurrent call demand; and
7. identify any reliance on backup providers, mutual aid, intercepts, floating resources, or resources stationed outside the District, and explain how those resources affect reliability, response performance, and continuity of service.

3.3 Staffing Requirements

Each ambulance used for emergency transport shall be staffed in accordance with all applicable Texas laws, regulations, licensure requirements, and the service level proposed by the Respondent.

Ambulances used for emergency transport must be staffed by at least two (2) persons licensed or certified by Texas law to render emergency medical care.

Each Respondent shall clearly identify:

1. the staffing plan for each proposed unit;
2. certification level and crew configuration;
3. supervisory structure and field oversight; and
4. relief staffing arrangements.

The Contractor shall maintain sufficient staffing depth, scheduling practices, recruitment capability, retention practices, and relief coverage to provide uninterrupted service and compliance with all contract requirements.

Each Respondent shall provide either:

1. a detailed list of personnel planned to be involved in service to the District, including EMS certification level and role, together with copies of current certifications if available at the time of Proposal; or
2. a staffing model describing the certification mix to be assigned.

3.4 Licensing, Equipment, and Operational Standards

The Contractor must maintain, at no additional cost to the District, all licenses, permits, certifications, and approvals required by federal, state, and local law to provide the services.

Each ambulance shall maintain all required licensure and shall meet all applicable Texas Department of State Health Services requirements, Texas law, and other applicable federal and state laws and regulations.

Each ambulance must carry standardized equipment and supplies that meet federal, state, and local EMS requirements, policies, and procedures. Equipment and supplies shall be organized consistently among units.

Ambulances must meet or exceed applicable industry and regulatory standards for emergency ambulances.

3.5 Response Time Performance Standard

The Contractor shall respond to emergency calls within the boundaries of the District with the level of unit and clinical capability proposed by the Respondent, accepted by the District in the final contract, and consistent with the District's stated preference for MICU-level primary transport capability unless otherwise approved by the District.

The District's target response-time performance standard is arrival on scene of the appropriate emergency response resource within eight minutes and fifty-nine seconds (8:59) from dispatch, at least ninety percent (90%) of the time, measured district-wide on a monthly basis, unless otherwise negotiated in the final contract.

Each Respondent shall clearly describe:

1. all assumptions used in proposing response-time compliance;
2. inclusions and exclusions;
3. geographic limitations, if any;
4. call-priority distinctions, if any; and
5. performance measurement methodologies.

Each Respondent shall explain in detail how its proposed deployment plan, staffing model, backup resources, workload assumptions, and peak-period demand analysis will enable compliance with the proposed response-time standard throughout the District.

The District reserves the right to negotiate final performance standards, reporting methodology, exclusions, and remedies in the best interest of the District.

3.6 Backup Service and System Redundancy

If the Contractor is unable to respond with a primary unit because units are committed or otherwise unavailable, the Contractor shall have backup coverage and mutual aid arrangements sufficient to maintain service continuity and response reliability.

Each Respondent shall identify:

1. proposed backup ambulance company or companies;
2. mutual aid resources; and
3. the manner in which those resources will be integrated into the response system.

Mutual aid and backup resources may supplement, but shall not replace, the Contractor's required baseline deployment obligations.

Response data from mutual aid, backup providers, intercept resources, or other non-Contractor entities shall be separately identified in all reports and shall not be included in the Contractor's calculation of compliance with contractual response-time performance standards unless expressly authorized in writing by the District.

3.7 Medical Direction and Clinical Oversight

The successful Respondent must supply the name, address, telephone numbers, and twenty-four (24)-hour contact information for its Medical Director.

Medical quality control shall be provided, at the Respondent's expense, through a physician qualified to serve as Medical Director for purposes of meeting state licensing requirements, authorizing standing orders, and overseeing quality control.

The Medical Director shall oversee and coordinate periodic monitoring and review of emergency responses and transports and shall ensure compliance with applicable protocols and standards of care.

Each Respondent shall describe:

1. the role of the Medical Director in approving medication formularies and standing orders;
2. controlled substance policies and medication administration oversight;
3. quality assurance and quality improvement processes;
4. case review and continuing education support;
5. clinical performance monitoring; and

6. coordination with receiving hospitals and the frequency and manner of Medical Director involvement in system oversight.

The Contractor agrees to follow and abide by established protocol procedures of receiving hospitals as applicable.

3.8 Public Education, Training, and Coordination

The Contractor must provide, at no cost to the District, at least one staff member to coordinate and provide:

1. public education services;
2. CPR and obstructed airway training;
3. informational talks on EMS-related subjects;
4. AED-related training; and
5. other community education reasonably requested by the District.

The Contractor agrees to participate in Civil Defense, Emergency Management, Emergency Preparedness, and Disaster Training exercises as deemed necessary by the County.

The Contractor shall provide, at each monthly meeting with the District, a management representative who is knowledgeable regarding the services provided, authorized to speak on behalf of the Contractor, and authorized to make operational decisions or commitments for the organization.

3.9 Non-Discrimination and Service Obligations

The successful Respondent shall respond to all emergency requests for service without regard to a patient's race, sex, age, national origin, or ability to pay.

Emergency medical services shall not be withheld due to non-payment.

The District shall not serve as a collection agent for the successful Respondent.

4. Minimum Qualifications and Required Disclosures

4.1 Minimum Qualifications

Each Respondent shall demonstrate, to the satisfaction of the District, that it:

1. has operated, or is presently operating, an ambulance service providing ALS-level emergency response or higher for at least three (3) years;
2. has sufficient ambulance service staff with appropriate certifications and at least three (3) years of emergency response experience at the applicable certification levels to perform the contract services;
3. has adequate financial resources, experienced personnel, and the organizational capability and skills required to perform all services required by this Solicitation; and
4. holds a current Texas Department of State Health Services license authorizing operation of the levels of ambulance service proposed within Ector County, Texas.

CAAS accreditation or demonstrated ability to achieve CAAS accreditation is preferred. If the Respondent is currently CAAS accredited, the Respondent shall provide evidence of current accreditation status. If the Respondent is not currently CAAS accredited, the Respondent shall state:

1. whether it has previously held CAAS accreditation;
2. whether it intends to pursue CAAS accreditation for the proposed service; and
3. the anticipated timeline and approach for doing so.

4.2 Required Disclosures

Each Respondent shall disclose:

1. whether it has ever operated under a provisional, probationary, restricted, suspended, or otherwise limited ambulance service license or authorization in Texas or any other state, together with details;
2. its standing with the Texas Department of State Health Services and its standing in other states in which it has done business during the past five (5) years, if applicable;

3. any Texas Department of State Health Services or other regulatory investigations, findings, actions, complaints, and their resolutions within the last five (5) years, including all emergency 911 contract terminations within the last five (5) years;
4. any pending litigation and any judgment entered against the Respondent in the past five (5) years, together with the status of each matter; and
5. all licenses, registrations, permits, physician authorizations, DEA registrations, controlled substance registrations, pharmacy-related licenses, or other legal authorities under which medications and controlled substances will be procured, stored, restocked, transported, and administered in connection with the proposed services.

The District reserves the right not to award a contract to any ambulance company that has an unsatisfactory response record, inadequate qualifications, inadequate capital, inadequate personnel or organization, inadequate equipment, or other facts demonstrating that the Respondent is not qualified to perform satisfactory service.

4.3 Financial Capacity

Each Respondent shall provide financial information sufficient to document the financial history of the organization. Financial information should be reported for the operational unit responsible for the Proposal. If the organization is a multi-site operator or subsidiary operation, it may report consolidated financial information.

Each Respondent shall provide:

1. evidence of access to sufficient capital to provide implementation and start-up of the contract;
 2. disclosure of any issue or potential event that may have a material bearing on the financial condition, solvency, or creditworthiness of the organization, including material contingent liabilities or uninsured potential losses; and
 3. if the company is not publicly traded, copies of financial statements for the last three (3) years.
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5. Proposal Submission Instructions

5.1 Submission Requirements

Each Respondent shall:

1. submit one (1) original and six (6) copies of its Proposal via mail; And email 1 digital copy to patti.kappauf@ectorsd.com
2. enclose the Proposal in a sealed envelope;
3. clearly mark the outside of the envelope with:
 - a. the Respondent's name and address;
 - b. the Proposal subject; and
 - c. the statement: **"SEALED PROPOSAL. DO NOT OPEN IN MAIL."**
4. deliver the Proposal by mail, hand delivery, or common carrier; and
5. ensure delivery to the proper location before the Response Deadline.

Facsimile and email Proposals will not be accepted.

5.2 Delivery Address

Ector County Emergency Services District No. 2
Attn: Board President
PO Box 125
Gardendale, Texas 79758

5.3 Procurement Schedule

1. March 20, 2026 – District issues Solicitation.
2. May 4, 2026 – Proposals due by 3:00 p.m. CST.
3. May 5, 2026 – Appointed committee opens proposals.
4. May 5–May 18, 2026 – Committee review, scoring, reference checks, and clarifications, if any.
5. May 19–May 26, 2026 – Interviews and follow-up discussions, if any.
6. May 27, 2026 – Committee presents recommendation to Board of Commissioners.
7. May 28, 2026 – Announcement of award, if any.
8. May–June 2026 – Contract negotiations.

9. On or before October 1, 2026 – Provider shall have all required personnel, vehicles, equipment, and operational systems in place and shall commence services within the District.

5.4 Clarifications and Interviews

The District may:

1. conduct interviews with Respondents;
2. request clarifications from Respondents; and
3. issue written addenda, amendments, or clarifications prior to the Response Deadline.

Each Respondent shall provide contact information for the person authorized to schedule interviews and respond to requests for clarification.

6. Required Proposal Contents

Each Proposal shall include, at a minimum, the information listed in this Section 6 and shall be organized in the order presented below.

6.1 Company Information

Each Respondent shall provide:

1. the primary contact during the Solicitation process, including name, title, phone number, and email address;
2. the signatory authorized to execute contracts, including name, title, phone number, and email address;
3. the location of the office or offices that will serve and support the District if awarded a contract;
4. a summary of the company's history, including mergers, acquisitions, and divestitures;
5. a statement whether the company has ever filed for bankruptcy, including date and type if applicable;
6. a statement whether the company has ever experienced an early termination of services and, if so, an explanation; and
7. a brief explanation of why the Respondent would provide the greatest benefit to the District.

6.2 Licenses, Personnel, and Management

The Respondent shall identify all licenses required to provide the proposed services and shall state whether its current Texas Department of State Health Services (DSHS) license and authorized service area include the District.

If the Respondent is not currently authorized to operate within the District's service area, the Respondent shall clearly describe the process required to obtain such authorization, including any service area amendment, estimated timeline, and any actions required by the District.

Each Respondent shall provide:

1. copies of all licenses and certifications required by law for a company performing the services requested;

2. qualifications, resumes, and job descriptions for management, clinical, and supervisory personnel for the services being offered;
3. the name, address, telephone numbers, and twenty-four (24)-hour contact information for the Respondent's General Manager or equivalent officer, together with a resume describing job experience, certifications, and education; and
4. the names, EMS certification levels, and positions of all employees planned to be involved in service to the District, or a staffing model describing the certification mix and positions to be assigned.

6.3 Service Approach and Deployment Plan

The Respondent shall describe its regulatory compliance and implementation plan, including all approvals required from the Texas Department of State Health Services or other regulatory authorities, the anticipated timeline to obtain such approvals, and the steps the Respondent will take to ensure uninterrupted service at the time of contract commencement.

Each Respondent shall provide a detailed description of its proposed 911 EMS system for the District, including, at a minimum:

1. the number and type of ambulances, quick response vehicles, supervisor units, or other EMS response resources proposed;
2. posting locations, coverage strategy, and move-up plans;
3. how the District-wide response-time standard will be met;
4. the proposed clinical service levels for each transport and non-transport response resource, including BLS, ALS, MICU, SCT, or other levels proposed, together with staffing and capabilities of each;
5. a deployment analysis supporting the recommended system design, including assumptions regarding projected call demand, peak-hour demand, unit workload, hospital turnaround intervals, response reliability, and backup coverage;
6. an explanation of how the 2025 call volume of 3,475 calls, including 173 non-transport calls, together with projected growth, peak-period demand, concurrent call demand, and non-transport workload, informs the proposed system design, unit-hour plan, staffing model, and response reliability;
7. projected UHU, by unit if available, and system-wide, together with an explanation of why the proposed UHU supports a reliable and sustainable service model;

8. a peak-demand and concurrency analysis identifying busiest hour, busiest shift or time block, projected simultaneous call demand, and the manner in which the proposed system will maintain response reliability during those periods;
9. a description of backup coverage, mutual aid arrangements, and continuity plans when primary units are committed;
10. a description of medical direction, clinical quality assurance, medication protocol approval, medication usage review, and performance improvement practices;
11. a description of proposed coordination with receiving hospitals and emergency departments, including offload and patient handoff procedures, communication pathways, coordination regarding destination decisions and clinical protocols, management of delayed transfers of care, and the manner in which hospital interface practices will support efficient patient flow, continuity of care, and system reliability;
12. a staffing and workforce deployment plan describing how the Respondent will provide continuous 24/7 staffing for all proposed units, including whether personnel will be locally based, rotated from outside the area, or provided through a hybrid model;
13. a detailed recruitment, hiring, and staffing strategy, including the extent to which staffing will rely on local recruitment, non-local crews, rotational staffing, commuting personnel, temporary or contract personnel, overtime, shared system staffing, or support from Odessa Fire Rescue or other outside agencies;
14. identification of whether the Respondent expects to rely upon staffing models such as forty-eight (48) hours on and ninety-six (96) hours off, two (2) weeks on and two (2) weeks off, or other rotational or extended-duty schedules, together with explanation of how those arrangements will affect continuity of service, supervision, fatigue management, housing needs, retention, and cost;
15. a statement whether assigned personnel are expected to reside locally, temporarily relocate, commute from outside the region, or rotate in from other service areas, together with explanation of how the proposed staffing model will support reliable response performance and operational continuity within the District;
16. disclosure of any anticipated reliance on overtime, callback staffing, vacancy coverage, or staffing borrowed from other contracts or divisions in order to meet the proposed deployment commitment;

17. a description of any housing, lodging, bunking, apartment, hotel, station, or similar accommodations needed to support staffing of the proposed system, including who will be responsible for locating, securing, furnishing, managing, and paying for such accommodations;
18. a description of how the Respondent will manage emergency medical calls when no fire apparatus or fire personnel are available to assist, including how the proposed system will obtain additional on-scene personnel when needed for CPR, patient lifting or movement, bariatric patients, combative patients, trauma care, or multiple-patient incidents;
19. identification of all supplemental field resources available to provide additional hands on scene, including quick response vehicles, supervisors, intercept units, second ambulances, mutual aid resources, or other response mechanisms;
20. a transition and implementation plan identifying key milestones, staffing ramp-up, unit deployment readiness, communications coordination, medical oversight implementation, and the date on which the Respondent can fully commence service; and
21. a sample monthly performance report or dashboard showing the information the Respondent proposes to provide to the District, including response times, call volume, UHU, peak-period performance, mutual aid usage, staffing levels, complaints, clinical quality indicators, medication usage, controlled substance discrepancies, vehicle out-of-service time, fleet availability, billing activity, collections, and subsidy reporting.

6.4 Fleet, Equipment, and Readiness

Each Respondent shall provide:

1. the year of manufacture, make, model, mileage, and current service condition of all ambulances planned to be assigned to service to the District;
2. detailed information regarding each vehicle's readiness for service, reserve status, and whether the vehicle is a new unit, existing frontline unit, remounted unit, or planned future acquisition;
3. a detailed list of durable medical equipment, communications equipment, medical supplies, medications, controlled substances, IV fluids, and other pharmaceutical items proposed to be carried on ambulances and supplemental response units, including the level of unit on which each item will be stocked;

4. a description of the Respondent's supply, equipment inventory tracking, and resupply process;
5. a description of the Respondent's medication management and restocking program, including procurement, storage, security, temperature control, expiration tracking, controlled substance accountability, diversion prevention, replacement procedures after use, disposal procedures, and who will be responsible for restocking medications and supplies;
6. identification of whether controlled substances will be carried on proposed units, together with a description of the chain-of-custody, security, waste documentation, discrepancy investigation, diversion reporting, and replacement process for such medications;
7. a detailed description of the vehicle maintenance program, including who will perform maintenance, where maintenance will occur, whether maintenance will be performed in-house or by third-party vendors, preventive maintenance intervals, unscheduled repair procedures, average downtime assumptions, reserve vehicle availability, and the manner in which service continuity will be maintained when frontline units are out of service; and
8. a description of available branding and identification options for ambulances, response vehicles, uniforms, patches, name badges, and other public-facing items, including whether District-specific branding, co-branding, or Respondent branding would be used, together with any related one-time costs, recurring costs, replacement costs, and implementation requirements associated with each branding option.

6.5 Rates, Financial Information, and Subsidy Request

Each Respondent shall provide:

1. a copy of the Respondent's most current rate and/or fee schedule for the locale in which it operates closest to the District;
2. a description of all financial subsidies, incentives, start-up support, capital contributions, housing support, facilities support, or other financial assistance, if any, that the Respondent will require from the District in order to implement and operate the proposed system within the District;
3. financial statements and supporting financial information required by Section 4 of this Solicitation;

4. a statement whether the Respondent requires a contractual liability cap on damages and, if so, the maximum cap proposed, it being understood that this information is requested for evaluation purposes only and the District is not required to accept any proposed cap;
5. a financial pro forma or narrative showing the Respondent's assumptions regarding call volume, payer mix, collection rate, reimbursement assumptions, bad debt assumptions, and annual subsidy required, if any;
6. net revenue per transport by major payer category, including at a minimum Medicare, Medicaid, commercial insurance, self-pay, and any other material payer classifications used by the Respondent in its financial model;
7. historical and projected collection percentages by major payer category, together with an explanation of the methodology and assumptions used;
8. all bad debt assumptions used in preparing the Proposal, including assumptions related to uninsured accounts, self-pay collections, write-offs, charity care, contractual adjustments, and collection timing;
9. a sensitivity analysis showing the projected financial effect of a five percent (5%) positive or negative shift in payer mix, together with explanation of the resulting impact on expected collections, net revenue, and subsidy requirements;
10. identification and support for all assumptions used in the Respondent's financial model, including payer mix, reimbursement by payer category, collection percentages, bad debt, charity care, write-offs, contractual adjustments, and net revenue assumptions;
11. identification and explanation of any market, regional, or comparable-system reimbursement assumptions used by the Respondent;
12. if available, information sufficient to evaluate the relationship between charges, expected collections, and actual cost of service, including any cost-to-charge assumptions or similar financial metrics used by the Respondent;
13. the Respondent's current and historical cost-to-charge ratio, if available, together with an explanation of the methodology used to calculate that ratio;
14. a clear distinction between billed charges, expected collections, and actual subsidy required from the District;
15. a detailed description of patient billing practices, including base charges, mileage charges, ALS, MICU, or specialty care charges, supply charges, treatment-without-

transport charges, standby charges, and any other charges that may be billed to patients, insurers, or governmental payors;

16. a statement whether all items and services are billed as part of a bundled charge or whether separate line-item charges may be billed, together with a sample billing summary or charge format; and
17. a description of policies concerning uninsured patients, indigent care, payment plans, charity care, collections, write-offs, and balance billing.
18. a clear statement whether housing, lodging, station support, utilities, furnishings, internet, cleaning, and similar staffing-support costs are included within a single all-inclusive price or subsidy request, or whether such costs are proposed as separate line items.

6.6 References

Each Respondent shall provide:

1. a list of all cities, counties, or political subdivisions for which the Respondent provides ambulance service, including the name, address, and telephone number of a contact person for each; and
2. a minimum of four (4) references.

6.7 Insurance

Each Respondent shall provide:

1. a certificate of insurance demonstrating the coverage required by this Solicitation; and
 2. any additional insurance-related information reasonably necessary for the District to evaluate the Proposal.
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7. Evaluation and Selection Process

7.1 Selection Process

The District shall designate an evaluation committee composed of representatives of the District.

The District reserves the right to add, delete, or substitute members of the evaluation committee as it deems necessary.

The evaluation committee will evaluate submitted Proposals to determine which Proposals best meet the requirements of this Solicitation and the needs of the District.

7.2 Evaluation Criteria

The District will conduct a comprehensive, fair, and impartial evaluation of all Proposals received in response to this Solicitation.

The evaluation of Proposals will be based upon each Respondent's qualifications, experience, proposed service model, quality of services, responsiveness to the District's needs, reputation, financial capability, and pricing.

In evaluating Proposals, the District may consider the feasibility and credibility of the Respondent's regulatory approval plan, including DSHS licensing and service area authorization, together with the Respondent's demonstrated ability to obtain all required approvals within the proposed implementation timeline.

In evaluating Proposals, the District may consider the realism and reasonableness of the assumptions underlying each Respondent's proposed response-time performance, staffing plan, deployment model, workload analysis, hospital turnaround assumptions, and system reliability claims.

In evaluating Proposals, the District may consider whether the Respondent currently holds CAAS accreditation or demonstrates a credible plan and organizational capacity to achieve CAAS accreditation.

Any Respondent's failure to provide complete and full responses to the requested information may lead to disqualification of the Proposal.

7.3 Professional Services Statement

Due to the professional nature of EMS services involving licensed EMS personnel and medical oversight, the District is not required to select the lowest-priced Respondent.

The District may consider pricing, but pricing will be considered together with qualifications, experience, service quality, and overall value.

7.4 Proposed Score Sheet Categories

1. Understanding of District needs, proposed service model, and operational approach – 30 points.
2. Deployment plan, staffing model, workload assumptions, system reliability, and ability to meet performance expectations – 25 points.
3. Experience, qualifications, references, and past performance – 20 points.
4. Clinical oversight, medical direction, hospital coordination, and quality assurance – 10 points.
5. Financial capacity, pricing clarity, subsidy assumptions, and overall value – 15 points.

Total: 100 points.

8. Contract Terms and Pricing

8.1 Contract Term

The proposed term of the contract is three (3) years, with two (2) additional two (2)-year renewal options, exercised at the District's discretion.

The District may exercise a renewal option by providing written notice to the Contractor, including notice by email, not less than thirty (30) days before the expiration of the then-current term.

The contract may be terminated by the District at any time, for any reason, and without penalty, upon thirty (30) days' prior written notice to the Contractor.

At the end of the then-current term, the District may extend the contract for up to one hundred eighty (180) days, on the same terms, conditions, and pricing, as reasonably necessary to complete procurement, negotiation, transition, or implementation of replacement services.

8.2 Price Quotes and Subsidy

Price quotes shall remain firm during Solicitation evaluation and for an additional one hundred twenty (120) days after recommendation for award. Pricing must remain fixed for the initial term of the agreement unless otherwise negotiated in writing.

Respondents must include all costs associated with the services. Any costs not included in the Proposal may not be charged to the District unless specifically approved by written amendment.

Respondents may propose pricing increases for the optional renewal terms not to exceed two percent (2%) annually.

Respondents shall clearly identify the annual subsidy required, if any, and shall separately identify one-time start-up costs, recurring operating costs, pass-through costs, and any assumptions relating to collections, reimbursement, or revenue recovery.

The District may require additional financial detail or negotiation regarding subsidy structure, revenue assumptions, billing practices, and performance obligations before contract award.

Any subsidy awarded through the Solicitation and contract process, if any, will be paid in accordance with the final contract approved by the District.

The Contractor shall be solely responsible for obtaining and maintaining all licenses, permits, and service area authorizations required by the Texas Department of State Health Services to provide services within the District.

Failure to obtain such approvals shall not relieve the Contractor of its obligation to meet the required service commencement date or any other performance requirements under the contract.

8.3 Invoicing, Collections, and Books and Records

The Respondent's business office or authorized agent shall manage the collection of all fees. Fees shall not be collected at the time of rendition of service.

The District reserves the right, at Respondent's expense, to examine the books and records of the successful Respondent, including accounts payable, accounts receivable, salaries, scheduling and staffing, quality assurance, vehicle and equipment maintenance, inspection sheets, and general operations, as related to services under the contract.

The District reserves the right to inspect the Respondent's books relating to the services for the preceding twelve (12) months.

8.4 Insurance

Respondent must maintain continuous and uninterrupted professional liability insurance coverage for Respondent, employees, and other personnel for all acts and omissions with limits of at least \$1,000,000 for each occurrence and a per annum aggregate limitation of at least \$3,000,000.

Respondent must maintain general liability insurance with combined limits of not less than \$1,000,000 for each occurrence and a per annum aggregate limitation of at least \$3,000,000.

Respondent must maintain workers' compensation insurance with statutory limits of liability and employer's liability limits sufficient to cover its obligations under the contract.

Respondent must maintain automobile liability insurance with a \$1,000,000 combined single limit per occurrence and a per annum aggregate limitation of at least \$3,000,000 for bodily injury and property damage, including owned, hired, and non-owned automobiles.

Prior to contract commencement, the Contractor shall provide certificates of insurance and endorsements reasonably satisfactory to the District evidencing the required coverage. The District shall be named as an Additional Insured on applicable liability policies.

8.5 Indemnification

The Contractor shall indemnify, defend, and hold harmless the District from any and all claims, demands, damages, losses, liabilities, costs, and expenses, including court costs and reasonable attorney's fees, arising out of or resulting from any act, omission, operation, activity, or negligent act performed by the Contractor or its agents, employees, officers, directors, subcontractors, or representatives under the agreement.

It is the intent of the parties that this indemnity includes protection of the District from claims involving the District's contributory negligence; however, such indemnity shall apply only to the extent that the Contractor's acts or omissions contributed to the injury, death, or damage. This indemnity shall not apply where the District's negligence is the sole proximate cause of the injury, death, or damage.

The District shall not be liable for any act, omission, or negligence of the Contractor.

This indemnification shall apply regardless of whether the District ultimately incurs liability.

8.6 Assignment and Subcontracting

The Contractor shall not assign the contract or any part thereof, sublet it or any part thereof, or assign monies due or to become due without the prior written consent of the District.

9. Statutory Compliance Requirements

9.1 Texas Local Government Code Chapter 176

Any vendor or person considering doing business with a local government entity shall disclose on Form CIQ any affiliation or business relationship that might cause a conflict of interest with the District, as required by Chapter 176 of the Texas Local Government Code.

Compliance with Chapter 176 is the responsibility of each person or entity subject to the filing requirements.

9.2 Texas Government Code Section 2252.908

If a contract awarded pursuant to this Solicitation is subject to Section 2252.908 of the Texas Government Code, the successful Respondent shall comply with Form 1295 and related Texas Ethics Commission requirements prior to execution of the contract.

9.3 Boycott of Israel

Any awarded contract must comply with the verification requirements of Texas Government Code Chapter 2271, as applicable.

9.4 Scrutinized Companies

The District is prohibited by law from entering into a contract with a company that engages in certain scrutinized business operations as prohibited by applicable Texas law.

9.5 Firearm Entity Nondiscrimination

Any awarded contract must comply with the verification requirements of Texas Government Code Chapter 2274, as applicable.

9.6 Boycott of Certain Energy Companies

Any awarded contract must comply with the verification requirements of Texas Government Code Chapter 2276, as applicable.

9.7 Texas Public Information Act

Each Respondent acknowledges that the District is a governmental body subject to the Texas Public Information Act and that information submitted in connection with this Solicitation may be subject to disclosure pursuant to law.

Respondent is responsible for asserting and defending any claim that information is confidential or proprietary under applicable law.

ECTOR COUNTY

Emergency Services District

Service Area Analysis & Strategic Assessment

60,000+

Residents Served (ETJ)

228 sq mi

ETJ Coverage

9 City Stations

Active Stations



SERVICE AREA OVERVIEW

Geographic boundaries and station deployment across Ector County by City Fire and EMS Service



52.46 sq mi

City Limits (Total)

45.57 sq mi

City Limits – Ector County

228.65 sq mi

ETJ (Extraterritorial Jurisdiction)

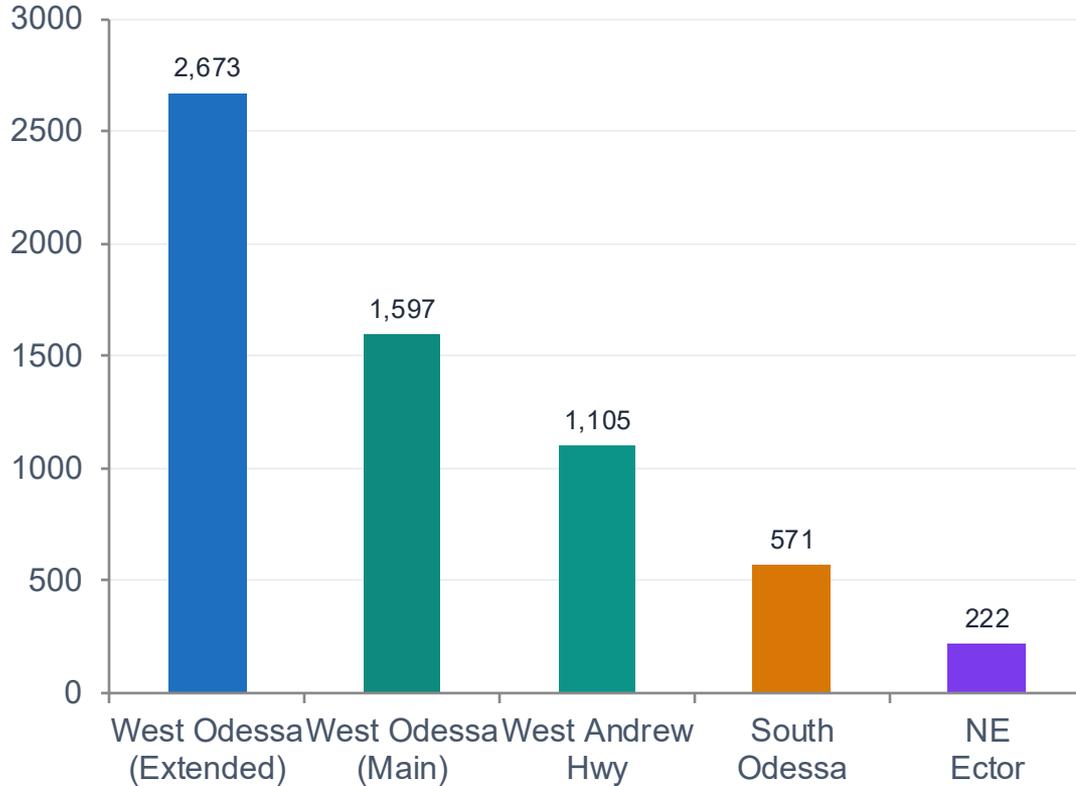
627.66 sq mi

County Area

Station coverage visible in heat map: green = fastest response; yellow/red = longer response times

ANNUAL CALL VOLUME BY ZONE

12-month EMS/Rescue incident data from CAD system



2,673 West Odessa (Extended)

Largest ETJ zone
1,980 EMS · 227 Fire · 122 Service

1,597 West Odessa (Main)

Core ETJ area
4 elementary + 1 new middle school

1,105 West Andrew Hwy

Served by Stations 8 & 9
High county corridor

571 South Odessa

South Ector Volunteer coverage

222 NE Ector

Longest avg response: 14.2 min
Station 10 site in planning

Search address...

Search

Search

571 South Odessa

South Ector Volunteer coverage

West Odessa Volunteer Fire

Fire Station #4

Fire Station #7

Central Fire

Volunteer Fire

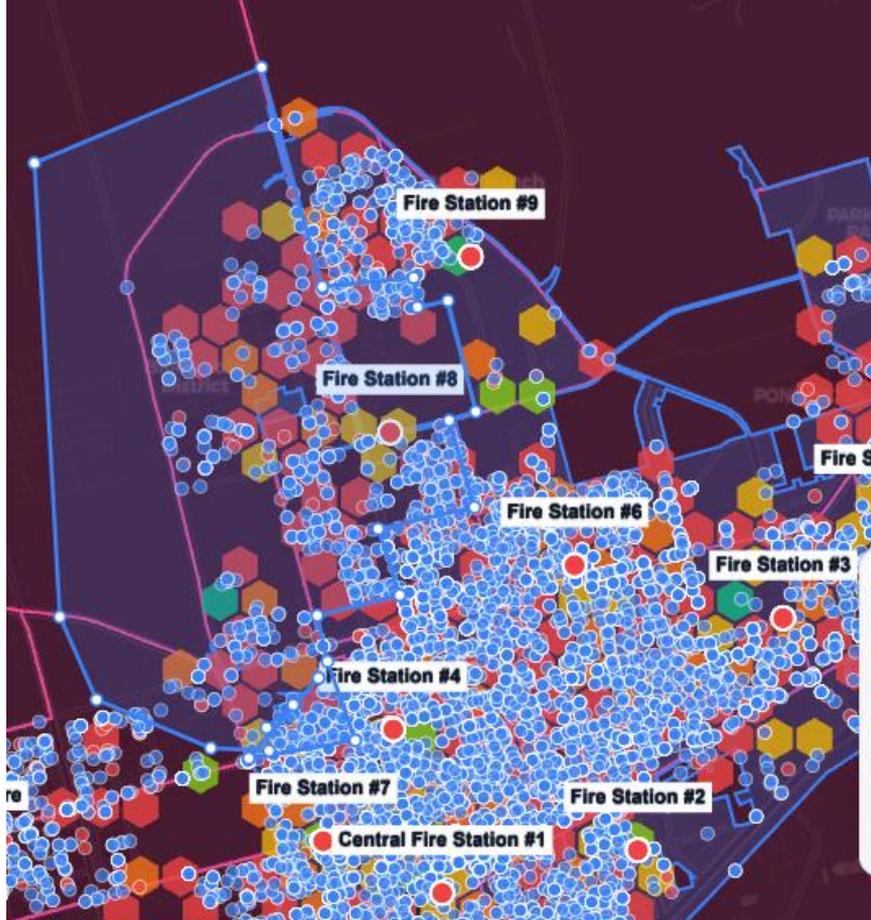
South Ector Volunteer Fire

1,597 West Odessa (Main)

Core ETJ area
4 elementary + 1 new middle school

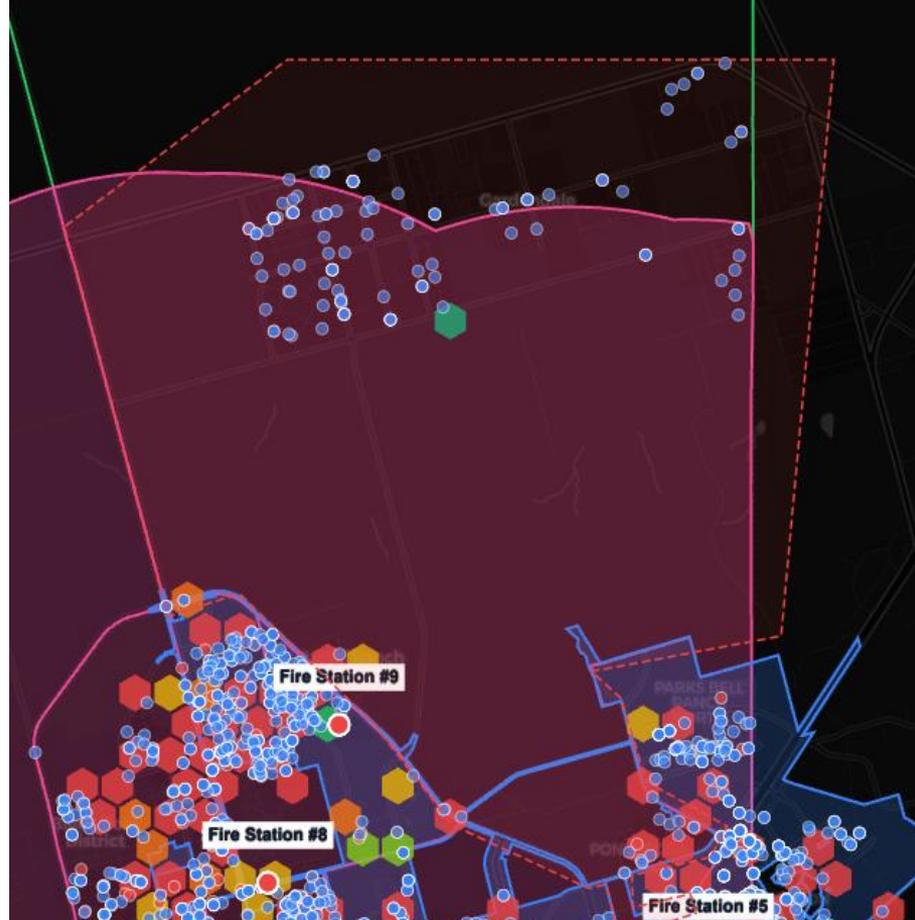
Area of Interest 1

Area of Interest 1



1,105 West Andrew Hwy

Served by Stations 8 & 9
High county corridor



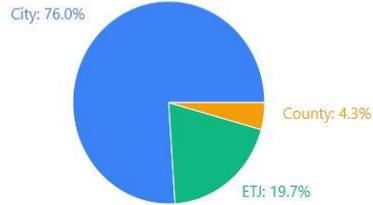
222 NE Ector

Longest avg response: 14.2 min
Station 10 site in planning

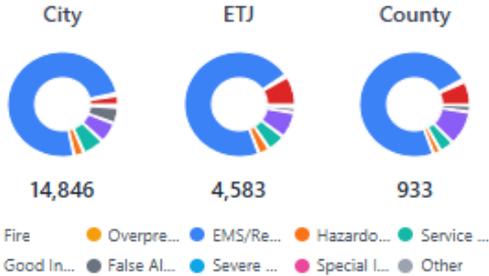
INCIDENT ANALYTICS DASHBOARD

Geographic distribution and operational efficiency metrics

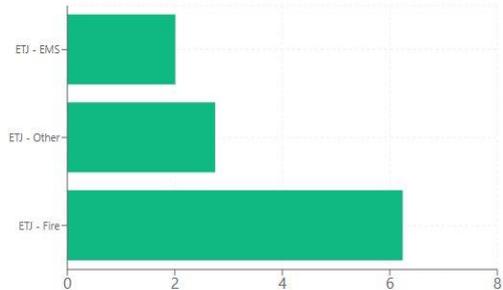
Geographic Distribution



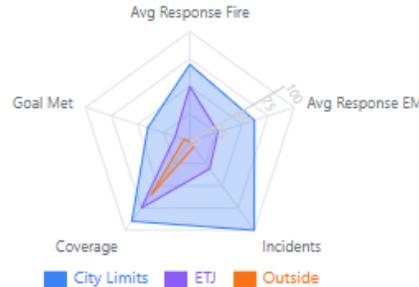
INCIDENTS BY LOCATION (CITY:14846 ETJ:4583 COUNTY:933)



Average Units per Incident



Operational Efficiency by Area



DETAILED STATISTICS BY AREA

City vs. ETJ vs. County — incident breakdown, cancellations, and dispatch efficiency

Detailed Statistics by Area

City

76.0%

Total Incidents	16,127
Unit Dispatches	27,369
Unique Units	67
Avg Units/Incident	2.35
CAD Coverage	99.9%
Cancellation Rate (Total)	11.1%
EMS/Rescue	6.4%
Fire	23.8%
Other	30.8%

Top Incident Types

EMS - Medical Emergency	71.0%
EMS - Emergency Medical Service	6.3%
EMS - Motor Vehicle Accident	5.5%
EMS - MVA with Injuries	5.5%
Dispatched & Cancelled En Route	3.7%
Public Service Assistance	2.4%

ETJ

19.7%

Total Incidents	4,170
Unit Dispatches	7,740
Unique Units	56
Avg Units/Incident	2.80
CAD Coverage	99.7%
Cancellation Rate (Total)	17.2%
EMS/Rescue	8.7%
Fire	32.3%
Other	51.7%

Top Incident Types

EMS - Medical Emergency	73.5%
EMS - Emergency Medical Service	7.4%
Dispatched & Cancelled En Route	5.1%
EMS - Motor Vehicle Accident	3.6%
EMS - MVA with Injuries	3.0%
Public Service Assistance	2.3%

County

4.3%

Total Incidents	908
Unit Dispatches	1,699
Unique Units	45
Avg Units/Incident	2.67
CAD Coverage	99.9%
Cancellation Rate (Total)	22.4%
EMS/Rescue	11.4%
Fire	35.8%
Other	70.7%

Top Incident Types

EMS - Medical Emergency	71.6%
Dispatched & Cancelled En Route	9.7%
EMS - Emergency Medical Service	5.5%
EMS - Motor Vehicle Accident	4.5%
EMS - MVA with Injuries	3.8%
Police Matter	1.1%

City: 16,127 incidents · 2.35 avg units · 11.1% cancel rate

ETJ: 4,170 incidents · 2.80 avg units · 17.2% cancel rate

County: 908 incidents · 2.67 avg units · 22.4% cancel rate

222

NE Ector

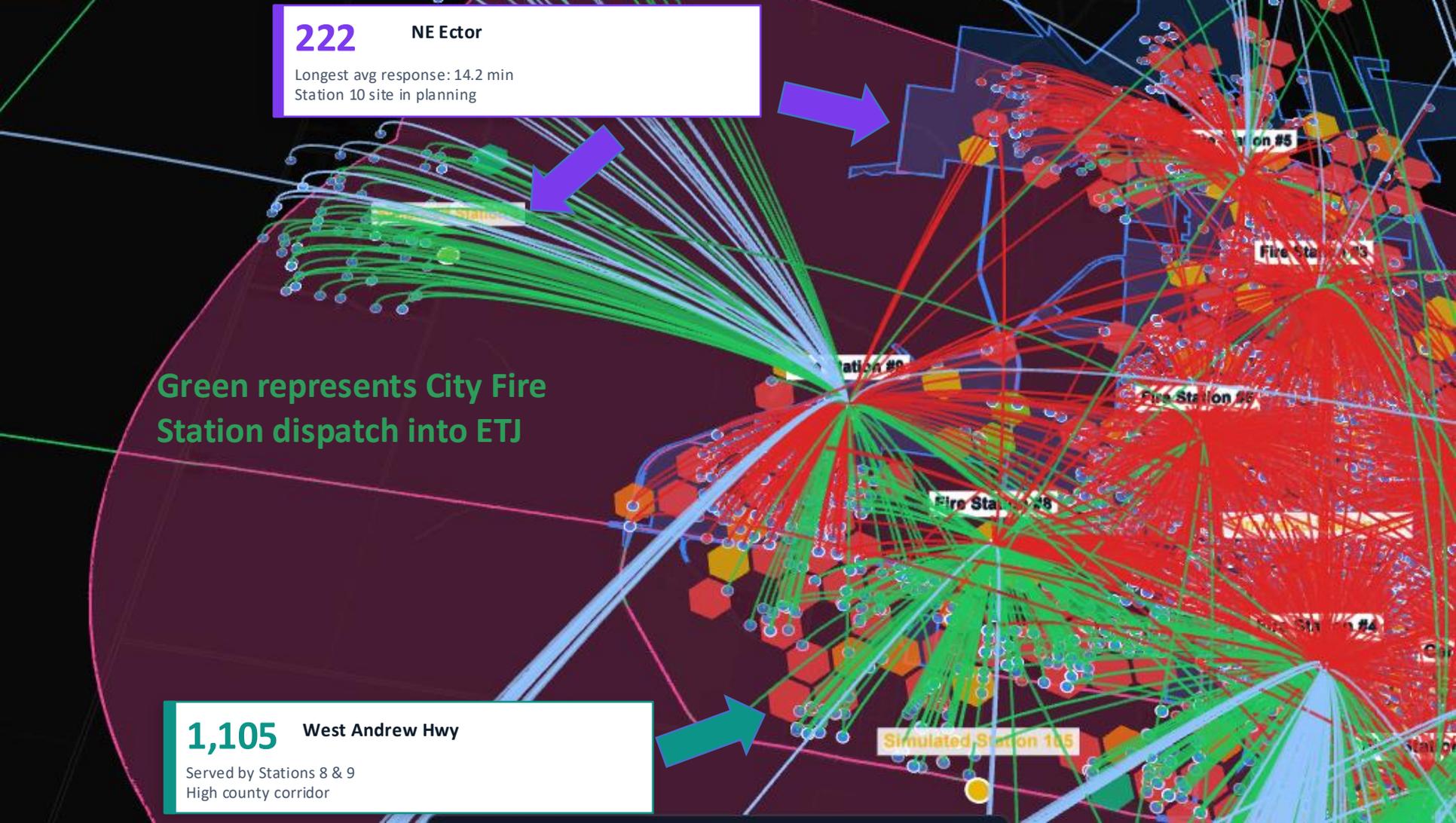
Longest avg response: 14.2 min
Station 10 site in planning

Green represents City Fire
Station dispatch into ETJ

1,105

West Andrew Hwy

Served by Stations 8 & 9
High county corridor

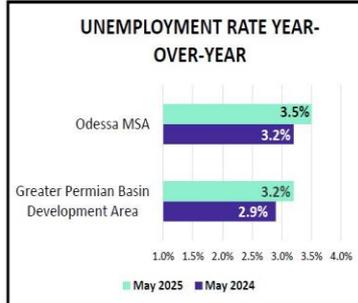


ETJ BOUNDARY IMPACT ON REVENUE & DEMAND

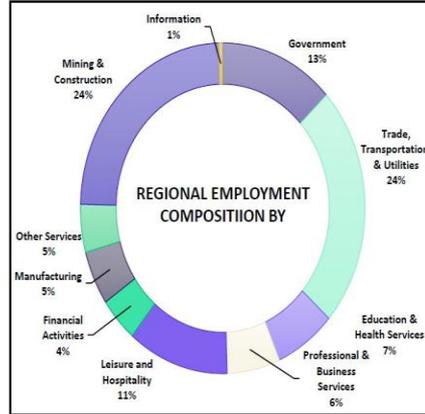
Service obligations vs. taxable base — the revenue gap problem

Economic Conditions | Local

- Unemployment levels in the region have increased approximately .3% from last year numbers
- Approximately 1,300 jobs have been added in the area over the past 12 months
- Largest employers in the area were related to Mining & Construction, and Trade, Transportation & Utilities
- Sectors with the greatest increases in job numbers over the past year were in the mining & construction and manufacturing
- There has been a small decrease in the professional & business service sector over the past 12 months



All Industry Sectors	May-2024	May-2025	YOY Change
(Odessa MSA) Total Nonfarm Employment #s	83,100	84,400	1.6%



Zonda
Demographics

Revenue Gap Alert

41.3% of taxable value lost from areas outside ETJ

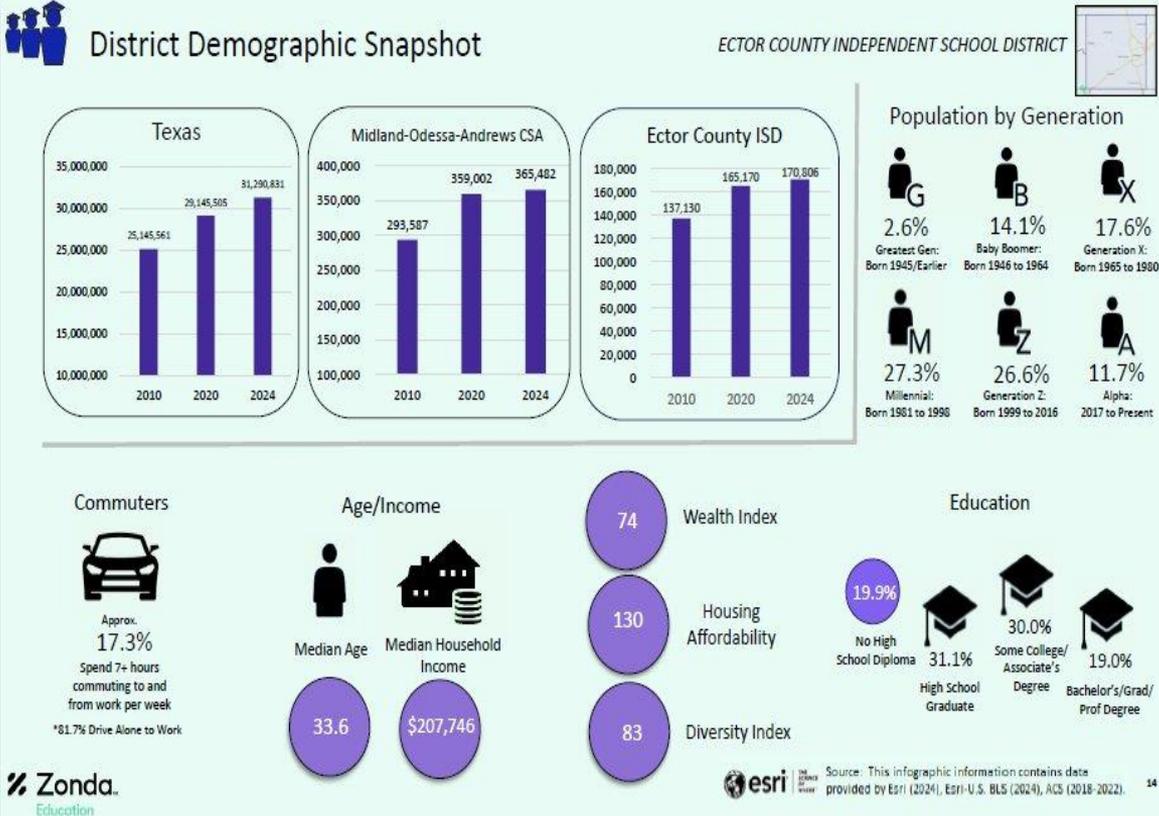
Call Demand Inside ETJ

81.7% of all calls (5,741 of 7,033 total) still occur inside ETJ

The remaining taxable base must support nearly the same service demand with significantly less revenue capacity — a structural funding challenge requiring legislative or annexation remedy.

ETJ PROPERTY VALUES & TAX BASE

Properties under \$100K — distribution of lower-value parcels in the service area



19,371
Total Properties
(under \$100K)

\$143,816
Mean (Average)
Value

\$112,013
Median (Middle)
Value

\$31,803
Gap: Mean minus
Median

50% of homeowners live in properties worth less than \$112,013 — the 'average' overstates typical homeowner capacity.

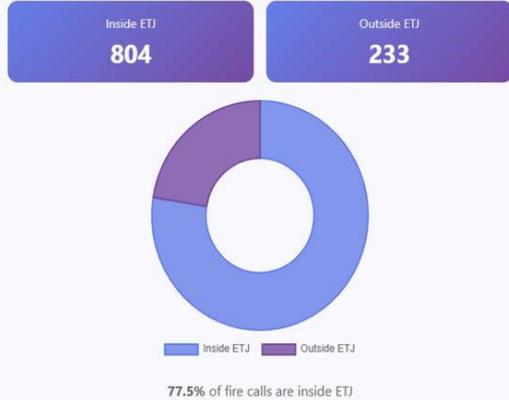
DISTRICT DEMOGRAPHICS – ECTOR COUNTY ISD SNAPSHOT

Population, generational breakdown, wealth index, and housing affordability (Zonda/ESRI 2024)

Fire & EMS Service Analysis - 2024

ETJ Boundary Impact on Call Volume and Tax Revenue

Fire Department Calls



EMS Calls



Despite losing 41.3% of taxable value from areas outside the ETJ, **81.7% of all service calls** (5,741 out of 7,033 total calls) still occur within the ETJ boundaries. This means the remaining taxable base must support nearly the same service demand with significantly less revenue capacity.

74 | Wealth Index (vs 100 avg)

130 | Housing Affordability Index

Schools(ETJ)	SF	Portables	Enrollment
Fly Elementary	70,800	12	1,031
West Elementary	90,834	2	697
Cavazos Elementary	72,729	5	683
Downing Elementary	90,834	6	820
Vasquez Middle(New)	194,794	0	1,000

4,231 | Students in ETJ Schools

INSIGHTS & STRATEGIC RECOMMENDATIONS

Data-driven findings from incident pattern analysis

Higher Unit Deployment in ETJ ETJ 92% confidence

ETJ incidents require 2.80 units on average vs 2.35 in City (19% more). Distance and complexity factors detected.

Recommended Action:
ETJ incidents show need for mutual aid pre-planning. Consider pre-positioning resources during peak hours based on incident probability modeling.

Appropriate Fire Response Staffing City 95% confidence

Fire incidents in City average 6.0 units, indicating proper initial attack capability. Cancellation rate of 23.8% suggests effective size-up and resource management.

Recommended Action:
Current fire response protocols are effective. Continue monitoring for seasonal variations and consider this as benchmark for ETJ/County areas.

Excellent EMS Response Efficiency City 89% confidence

City EMS cancellation rate of 6.4% indicates rapid response times. 12586 incidents handled with 1.96 avg units.

Recommended Action:
City EMS operations are optimal. Use these metrics as training baseline for ETJ expansion planning.

County Coverage Challenge Detected County 83% confidence

County represents 4.3% of incidents but has 22.4% cancellation rate. Distance and response time correlation detected.

Recommended Action:
Evaluate County coverage with automated travel time analysis. Consider volunteer station placement or mutual aid agreements for remote areas.

92% confidence

Pre-position ETJ resources during peak hours

95% confidence

Maintain City fire staffing as system benchmark

89% confidence

Use City EMS metrics as training baseline

83% confidence

Evaluate Station 10 & mutual aid for County

KEY TAKEAWAYS

Ector County ESD – Summary of Findings

High ETJ Demand, Constrained Revenue

81.7% of all service calls occur inside ETJ boundaries, yet 41.3% of taxable value lies outside — creating a structural funding gap that grows with population.

West Odessa is the Epicenter

West Odessa (Main + Extended) generates 4,270 of the total calls — over 60% of ETJ volume — and contains 4,231 school-aged children in five ECISD facilities.

City Operations are the System Benchmark

City EMS achieves a 6.4% cancellation rate across 12,586 incidents at 1.96 avg units — a model for ETJ expansion planning and mutual aid structuring.

Station 10 & Strategic Expansion Needed

NE Ector and West Andrew Hwy corridors average 14+ min response. Station 10 (NE) is in siting assessment; a second city station inside Loop 338 is under discussion.