



Request for Proposals for Ambulance Services

Issued through the Franklin County Office of Emergency Management and Communications

RFP Number 2026 EMS 01

Procurement Item	Date or Requirement
RFP Issue Date	October 2026
Deadline for Written Questions	November 4 th , 2026 at 4:00 PM Central Time
County Addendum Target Date	November 6 th , 2026
Proposal Submission Deadline	November 13 th , 2026 at 4:00 PM Central Time
Anticipated Award	January 2027
Required Service Commencement	April 1, 2027

**PROPOSALS MUST BE SEALED AND CLEARLY MARKED
AMBULANCE SERVICES RFP - DO NOT OPEN**

Deliver to:

Franklin County OEMC
Ryan M. Buckingham, Director
403 East Main Street
Benton, Illinois 62812

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1. Notice and Invitation to Propose

Franklin County Government invites qualified, licensed ambulance service providers to submit sealed proposals to furnish comprehensive emergency medical services and ground ambulance transportation within the designated Franklin County service area. The selected provider will operate as the County-authorized exclusive provider, subject to the exceptions established by County ordinance, applicable law, mutual-aid arrangements, and the final agreement.

The County seeks a clinically capable, operationally reliable, financially sustainable, and transparent provider that will work under the system oversight of the Franklin County Office of Emergency Management & Communications. The successful proposer must be prepared to begin full service on April 1, 2027 without interruption to the public.

Franklin County does not currently offer, intend to offer, or guarantee an operating subsidy. A proposer requesting County financial support must identify and fully justify that request in a separately sealed financial proposal.

2. Introduction and Purpose

The purpose of this RFP is to select an ambulance provider capable of delivering advanced life support prehospital care, emergency ambulance transportation, system support, and related services throughout the service area 24 hours per day, 365 days per year. The County intends to establish clear minimum resources, measurable response standards, direct operational accountability, and effective coordination with the Franklin County 911 System, fire departments, law enforcement agencies, hospitals, medical control, and mutual-aid partners.

The RFP and resulting agreement are intended to replace the emergency medical services agreement that expires March 31, 2027. The final agreement will incorporate the selected proposal, all County addenda, negotiated terms, and applicable federal, State of Illinois, EMS System, and local requirements.

3. County Background and Current System

Franklin County is a predominantly rural county in Southern Illinois with incorporated municipalities, unincorporated communities, major highways, recreational areas, healthcare facilities, industrial and agricultural operations, and areas in which extended travel distance affects ambulance deployment. Since 2012, the County has maintained an ambulance-franchise structure intended to support reliable emergency coverage. Historical call volume ranges from 4300-4500 incidents per year.

Franklin County OEMC operates the primary County Communications Center and coordinates emergency communications, emergency management, incident support, and countywide public-safety partnerships. West Frankfort Police Department operates a separate 911 PSAP. Ambulance response must be coordinated through authorized public-safety communications centers and the operational protocols approved by OEMC.

4. Procurement Schedule

Event	Date
RFP released	October 2026
Written questions due	November 4th, 2026 at 4:00 PM Central Time
County responses or addendum	Target November 6th, 2026
Sealed proposals due	November 13th, 2026 at 4:00 PM Central Time
Evaluation and interviews if conducted	November / December 2026
County Board consideration and anticipated award	January, 2027
Transition period	From execution through March 31, 2027
Service commencement	April 1, 2027

The County may revise this schedule by written addendum. Proposers are responsible for monitoring the County's designated publication location and confirming receipt of all addenda.

5. Communications and Addenda

All procurement communications shall be directed in writing to the RFP contact identified below. Proposers shall not contact County Board members, evaluation committee members, County employees, public-safety agencies, or current contractors to obtain information or influence the selection process. Routine operational communications unrelated to this procurement may continue.

RFP Contact	Contact Information
Ryan M Buckingham, Director	Franklin County Office of Emergency Management and Communications
Address	403 East Main Street, Benton, Illinois 62812
Email	ryan.buckingham@franklincountyil.gov
Telephone	618-439-4362, Ext. 2000

Questions must be received by the deadline in Section 4. Only written answers issued by the County in an addendum are binding. Oral explanations or interpretations do not modify the RFP.

6. Proposal Submission Requirements

- Submit one signed original, five paper copies, and one electronic PDF copy on a USB drive.
- Mark the outer package Ambulance Services RFP Do Not Open.
- Deliver the complete package to Franklin County OEMC no later than 4:00 PM Central Time on November 13th, 2026.
- Proposals received after the deadline may be rejected without review. Email or facsimile submissions will not be accepted.
- The proposal must remain valid for at least 180 days after the submission deadline.
- All proposal preparation and delivery costs are the proposer's responsibility.

7. Reservation of Rights

Franklin County reserves the right, to the extent permitted by law, to reject any or all proposals; waive informalities or immaterial defects; request clarification; verify information; conduct interviews, site visits, reference checks, and background reviews; negotiate with one or more proposers; cancel or reissue the RFP; modify the schedule; and award the agreement in the County's best interest.

Submission does not create a contract or entitlement to award. No obligation exists until the Franklin County Board approves a final written agreement and authorized representatives execute it. Proposals and related records may become subject to the Illinois Freedom of Information Act. A proposer asserting that particular material is exempt must clearly identify the material and the legal basis, without marking the entire proposal confidential.

8. Service Area and Franchise Structure

The anticipated award is an exclusive County ambulance-service franchise for Franklin County, excluding Denning Township and Frankfort Township, where West Frankfort Fire Department presently provides primary emergency ambulance service. The County recognizes the City of Benton Fire Department as a secondary provider of ambulance services at the basic life support level. The selected provider will work in conjunction with both West Frankfort and Benton Fire Departments to provide service to Franklin County citizens and visitors. The award remains subject to County ordinance, applicable law, approved mutual aid, disaster operations, transports originating outside the County, and other lawful exceptions.

The selected provider shall accept all emergency calls in the service area without discrimination and without regard to insurance status or ability to pay. The provider shall not refuse, delay, downgrade, or divert a response for financial reasons.

The County makes no guarantee concerning call volume, transports, payer mix, collections, revenues, or profitability. The proposer is responsible for performing its own financial and operational due diligence.

9. Scope of Required Services

- Provide continuous ALS emergency ambulance response and transportation throughout the service area.
- Respond to all calls assigned by an authorized Communications Center and comply with OEMC dispatch, communications, documentation, and system-status procedures.
- Maintain capability and additional units as necessary to support system demand, standby assignments, surge operations, and continuity.
- Transport patients to the appropriate receiving facility consistent with patient choice, medical control, destination protocols, and applicable law.
- Provide standby and medical support for County-requested emergencies, planned events, exercises, and public-safety operations as specified in the final agreement.
- Participate in community education, public CPR, Stop the Bleed, preparedness, and responder-training initiatives.
- Cooperate with OEMC, fire departments, law enforcement, the coroner, hospitals, medical control, and mutual-aid agencies.

10. Minimum Deployment and System Coverage

10.1 Continuous Minimum Staffing

The provider shall continuously dedicate at least three (3) fully staffed and fully equipped ALS ambulances to Franklin County emergency 911 service, 24 hours per day, 365 days per year. Each ALS unit shall be staffed at or above the level required by Illinois law, the applicable EMS System, medical control, and the final agreement.

The required three ALS units are a floor, not a staffing target or maximum. The provider shall deploy additional ALS or BLS resources when call volume, historical demand, special events, weather, transfers, maintenance, staffing, or anticipated system conditions make additional coverage reasonably necessary.

10.2 Dedicated Resources

Required Franklin County units shall not be routinely removed from the service area for non-emergency interfacility transfers, long-distance transfers, special-event contracts, or operations in another jurisdiction when removal would reduce Franklin County below its required deployment.

10.3 Posting and Deployment Plan

The proposer shall submit a deployment plan identifying headquarters, proposed posts or substations, typical unit locations by time of day, geographic coverage logic, relocation rules, hospital-clear procedures, supervisor coverage, and methods for maintaining equitable response across incorporated and rural areas. The final

deployment plan requires OEMC approval and may be adjusted based on performance data.

10.4 ALS Supervisor / Paramedic Response Coverage

Each proposer shall identify whether it will provide a dedicated or routinely available ALS supervisor or paramedic quick-response vehicle within Franklin County. The proposal shall identify staffing, coverage hours, normal posting location, equipment and medications, communications and location technology, ALS intercept capability, incident-supervision responsibilities, and the unit's role during Status 1, Status 0, mass-casualty, and disaster operations.

An ALS supervisor or paramedic response vehicle may provide early ALS care, clinical support, incident supervision, and intercept capability. Unless the vehicle is a properly licensed, staffed, and equipped transport ambulance, it shall not count toward the required minimum number of dedicated ALS transport ambulances.

11. Communications Dispatch and Technology

Franklin County OEMC will serve as the primary dispatch and system-status authority for County ambulance operations, subject to coordination with the West Frankfort PSAP and other authorized Communications Centers. The provider shall follow approved protocols and shall not require callers or Communications Centers to re-contact a private dispatch center before a response is initiated.

- Use OEMC-approved radio channels, unit identifiers, terminology, and communications procedures.
- Maintain compatible mobile radio, broadband, CAD or mobile-data, GPS and automatic vehicle-location capability.
- Provide OEMC real-time visibility of unit location, availability, crew level, post, response, transport destination, hospital arrival, clear time, and out-of-service status.
- Acknowledge dispatch promptly and keep OEMC advised of all material changes.
- Participate in CAD, radio, telephone, interoperability, cybersecurity, continuity, and disaster communications testing.
- Maintain redundant communications and a continuity plan for commercial network, radio, CAD, power, or facility failure.
- Protect criminal justice, patient, personally identifiable, and County system information consistent with applicable requirements.

12. Anticipated Response and Performance Standards

Measure	Proposed Minimum Standard
Dispatch acknowledgment	Within 60 seconds on at least 95 percent of calls
Chute time	Unit en route within 2 minutes on at least 90 percent of priority emergency calls
Municipal response	Arrival within 12 minutes on at least 90 percent of priority emergency calls
Rural response	Arrival within 20 minutes on at least 90 percent of priority emergency calls
Status 0 notification	Immediate verbal notification to OEMC
Monthly compliance	Calculated for each category and geographic zone, with fractile reporting

Response-time exclusions shall be narrow, documented, and approved by OEMC. Weather, road closure, inaccurate location, scene safety staging, simultaneous extraordinary incidents, and declared disasters may be reviewed individually. Staffing shortages, routine demand, vehicle failure, hospital turnaround, or lack of ordinary deployment resources are not automatic exclusions.

The proposer shall state whether it accepts these standards, propose any requested alternative, and explain the deployment and staffing required to meet its commitment. The final agreement may include corrective-action thresholds and escalating remedies for repeated noncompliance.

13. Personnel and Clinical Requirements

- Maintain all Illinois Department of Public Health, EMS System, medical-control, driver, and professional credentials required for assigned duties.
- Conduct pre-employment and recurring criminal background, driving-record, exclusion-list, drug and alcohol, health, and credential reviews as permitted or required by law.
- Maintain a drug- and alcohol-free workplace and an employee vaccination and testing program consistent with law and occupational-health standards.
- Provide orientation and recurring training in local protocols, geography, communications, CAD or mobile technology, NIMS and ICS, MABAS, hazardous materials awareness, infection control, HIPAA, documentation, safety, lifting, violence prevention, disaster operations, mass-casualty operations, and customer service.
- Require NIMS training consistent with assigned roles, including IS 100, IS 200, IS 700, and IS 800 where applicable.

- Maintain sufficient relief, callback, supervisory, and management staffing to prevent predictable vacancies from reducing minimum coverage.
- Provide OEMC with a current local organizational chart and 24-hour management contact list.

14. Ambulances Equipment and Maintenance

All ambulances must meet applicable Illinois licensing, EMS System, federal vehicle, safety, infection-control, and medical-equipment requirements. Each frontline unit shall be configured and equipped for ALS response and shall include, at minimum, 12-lead ECG, waveform capnography, CPAP or BiPAP, transport ventilator capability, IV infusion pumps, electronic patient-care reporting, GPS and AVL, compatible communications equipment, and mass-casualty supplies required by approved plans and protocols.

No frontline ambulance assigned to the Franklin County system may exceed 300,000 miles unless the County, after inspection and documentation, grants a written temporary exception. The provider shall maintain reserve ambulances sufficient to replace units removed for maintenance, damage, licensing, or equipment failure without reducing required coverage.

The proposer shall describe preventive maintenance intervals, daily vehicle checks, infection-control processes, equipment calibration, drug and supply controls, fleet replacement planning, reserve capacity, and procedures for immediately removing an unsafe vehicle or device from service.

15. Medical Direction Quality and Patient Care

- Operate under an approved Illinois EMS System and resource hospital with current standing medical orders and medical oversight.
- Maintain a formal quality assurance and quality improvement program addressing clinical care, documentation, protocol compliance, cardiac arrest, stroke, STEMI, trauma, airway management, pain management, medication safety, refusals, response performance, complaints, and high-risk events.
- Participate in County and multi-agency case review when legally permissible and protect patient information.
- Notify OEMC promptly of sentinel events, significant clinical or operational complaints, license or credential action, vehicle crashes with injury, medication discrepancies, or events reasonably likely to affect public confidence or service continuity.
- Maintain a patient complaint process with acknowledgment, investigation, written disposition, corrective action, and trend reporting.
- Provide requested aggregate clinical and operational performance measures without disclosing protected information beyond lawful authority.

16. Mutual Aid Surge Capacity and Special Operations

The provider shall execute and maintain written mutual-aid agreements with surrounding licensed ambulance providers and other providers reasonably identified by OEMC. Copies and material amendments shall be provided to OEMC. Mutual aid supplements but does not replace the provider's minimum deployment obligation.

Participation in the Mutual Aid Box Alarm System Illinois is a mandatory requirement. The provider shall maintain good standing in MABAS Division 68 serving Franklin County and comply with applicable MABAS policies, procedures, resource-typing standards, communications requirements, box alarm cards, training, exercises, and after-action activities.

- Maintain a written escalation plan for Status 1 and Status 0 conditions.
- Maintain a callback and surge plan specifying how many additional ambulances can be placed in service within 30, 60, 90, and 120 minutes.
- Comply with the Franklin County Emergency Operations Plan and coordinate through the Franklin County Emergency Operations Center during declared disasters and major emergencies.
- Participate in MABAS, incident command, mass-casualty, hazardous-materials, active-threat, severe-weather, evacuation, and continuity operations as applicable.
- Participate in County exercises, after-action reviews, and improvement planning.
- Provide reasonable standby support for County-sponsored public-safety operations and events, with any charges clearly stated in the financial proposal.

16.1 OEMC Fire and EMS Advisory Committee

Active participation in the Franklin County OEMC Fire and EMS Advisory Committee is a requirement. The provider shall designate a local representative with sufficient authority to attend regular and special meetings, address operational concerns, participate in planning and procedure development, provide system updates, coordinate training and exercises, and complete reasonable follow-up actions. The provider shall identify an alternate representative.

17. Billing Rates and Financial Requirements

17.1 No Guaranteed County Subsidy

Franklin County is seeking services that can be provided without a County subsidy. The County does not currently provide or guarantee any direct operating subsidy, minimum revenue payment, revenue-shortfall payment, or other financial support.

Each proposer shall clearly state whether it will provide all required services without a County subsidy or requests a subsidy or other County financial contribution as a condition of its proposal. Any requested subsidy must be separately stated and fully supported. Franklin County is under no obligation to approve a subsidy and may immediately reject any proposal requiring County funding.

17.2 Required Subsidy Disclosure

A proposer requesting financial subsidy shall disclose the annual amount, payment schedule, escalation, calculation assumptions, circumstances permitting an increase, proposed audit and reconciliation terms, and a separate alternative showing the level of service that could be provided without a subsidy.

17.3 Patient Billing and Rates

The provider will be responsible for lawful patient and third-party billing and collections. The proposal shall include a complete rate schedule, all mileage and ancillary charges, hardship and charity-care policies, payment-plan practices, balance-billing practices, collection policies, and the process for future rate changes.

Payer mix, uncompensated care, reimbursement changes, collection experience, or provider revenue performance will not create an automatic County obligation to provide financial support.

18. Reporting Records and Audit Rights

The selected provider will be required to submit a standardized monthly report to OEMC no later than the fifteenth day of the following month. Data shall be provided in a County-approved electronic format and shall be auditable to CAD, AVL, ePCR, staffing, and billing source records.

- Call volume by priority, municipality, geographic zone, disposition, transport destination, and mutual-aid status.
- Response-time performance.
- Chute time, travel time, scene time, transport time, hospital turnaround, and total unit-hour utilization.
- Status 0, Status 1, and Status 2 events with start time, duration, cause, actions, and outcome.
- Calls handled by mutual aid and mutual-aid responses provided to others.
- Scheduled and unscheduled unit downtime, staffing vacancies, holdovers, callback, and minimum-deployment exceptions.
- Complaints, crashes, injuries, safety events, clinical review indicators, and corrective actions in an appropriate non-identifying form.
- Current fleet roster, mileage, maintenance status, licenses, insurance, and credential compliance.
- Financial stability information, local operating statement, payer mix, charges, collections, bad debt, and subsidy reporting if applicable.

The County may inspect relevant operational records and audit reported performance, subsidy calculations, and compliance with the agreement. Patient-identifying information will be accessed only as permitted by law and necessary for authorized oversight.

19. Insurance Indemnification and Legal Compliance

The selected provider shall comply with all applicable federal, State of Illinois, EMS System, local, employment, billing, privacy, nondiscrimination, safety, accessibility, and healthcare-program requirements. The provider shall maintain good standing and promptly disclose any investigation, sanction, exclusion, license restriction, or material litigation that could affect performance.

Coverage	Minimum Limit
Automobile Liability	\$1,000,000 each occurrence
Commercial General Liability	\$1,000,000 each occurrence and \$2,000,000 aggregate
Professional Liability	\$1,000,000 each occurrence and \$3,000,000 aggregate
Excess or Umbrella Liability	\$5,000,000 each occurrence
Workers Compensation	Statutory with \$1,000,000 employer liability
Cyber and Privacy Liability	\$1,000,000 each occurrence
Directors and Officers Liability	\$1,000,000 each occurrence

Franklin County shall be named as an additional insured where applicable. Certificates and endorsements must be supplied before service begins and upon renewal. Final indemnification, defense, notice, subrogation, cancellation, and claims provisions will be established in the agreement.

20. Contract Administration

OEMC will administer operational performance on behalf of Franklin County Government. The provider shall designate a local manager with authority to address daily issues, operational concerns and act as the executive representative authorized to commit organizational resources and corrective action.

The anticipated base term is three to five years beginning April 1, 2027. Any renewal will be at the County's option and subject to satisfactory performance, appropriations if applicable, and a written agreement.

21. Transition and Implementation

If required, the apparent successful proposer shall submit and execute a detailed transition plan sufficient to achieve uninterrupted service on April 1, 2027. Transition obligations begin upon notice of intended award and continue through final operational acceptance.

- Obtain all licenses, EMS System approvals, medical-control agreements, insurance, facilities, vehicles, equipment, technology, radio programming, and staffing before commencement.
- Complete CAD, mobile-data, AVL, radio, telephone, cybersecurity, records, and communications testing with OEMC.
- Train all personnel on Franklin County geography, protocols, hospitals, communications, mutual aid, emergency plans, MABAS, and County expectations.
- Provide staffing rosters, credentials, unit lists, posting plans, mutual-aid agreements, contact lists, policies, and continuity plans.
- Participate in readiness reviews and a full operational exercise before service commencement.
- Maintain contingency resources for delayed hiring, vehicle delivery, facility readiness, or technology integration.
- Cooperate in orderly transfer from the incumbent without disruption to emergency response or patient care.

22. Proposal Organization

1. Transmittal letter signed by an authorized representative.
2. Executive summary stating the proposed service model, subsidy status, and major commitments.
3. Proposer qualifications, ownership, organizational structure, licenses, exclusions, litigation, and financial capacity.
4. Relevant experience providing comparable rural and mixed municipal ambulance systems.
5. Technical response addressing every requirement in Sections 8 through 21.
6. Deployment, posting, staffing, surge, mutual-aid, continuity, transition, quality, fleet, maintenance, communications, and data plans.
7. References, certifications, exceptions, and proposed performance schedule.

Proposers should respond in the stated order and identify the corresponding RFP section. Silence will be treated as acceptance of the requirement, subject to the final agreement.

23. Evaluation and Selection

The County may use an evaluation committee and may request interviews, presentations, clarification, best and final offers, facility visits, reference checks, or demonstrations. The evaluation will not use a fixed numerical point system. Proposals will be reviewed for mandatory compliance, committed resources, surge capacity, financial terms, operational reliability, clinical quality, transition readiness, and overall value.

23.1 Mandatory Compliance Review

Each proposer shall address each section of this RFP in their response and clearly state if the proposer Complies, Complies with Explanation, Exception Requested, or Does Not Comply. The County may determine that a proposal is nonresponsive when the proposer does not accept a material public-safety, licensing, staffing, communications, reporting, or accountability requirement.

23.2 Resource and Surge Review

The County will compare the number and type of dedicated 24-hour ALS ambulances, peak or flex ambulances, BLS resources, reserve ambulances, ALS supervisor or paramedic quick-response vehicles, field supervision, local staffing, stations and posts, relief and callback capacity, fleet condition, mutual-aid support, and the ability to restore coverage following Status 1 or Status 0 conditions.

The County may distinguish between resources that are contractually guaranteed, routinely available, estimated, recalled, relocated from another jurisdiction, or dependent upon voluntary mutual aid. A proposer shall identify additional ALS and BLS resources available within 30, 60, 90, and 120 minutes following a Status 0 notification and explain the source, activation process, effect on other communities, and expected duration of availability.

23.3 Financial Review

The County will compare whether a subsidy is requested, escalation, patient base and mileage rates, other patient charges, rate-increase procedures, standby and special-event charges, implementation and technology costs, financial stability, and potential future County exposure.

23.4 Best Value Determination

Franklin County will select the proposal it determines provides the best overall combination of compliance, committed resources, Status 0 recovery capability, operational reliability, clinical quality, financial sustainability, patient charges, requested County funding, transition readiness, and benefit to Franklin County residents. The County is not required to select the proposal with the lowest cost, lowest patient rates, or greatest stated number of resources when another proposal is determined to be more reliable and sustainable.

The County may reject a proposal that fails a mandatory requirement, lacks financial or operational capacity, contains material misrepresentation, creates unacceptable risk, or is not in the County's best interest. Final selection is subject to negotiation, legal review, and County Board approval.

24. Required Certifications

By signing the proposal, the proposer certifies that the information submitted is accurate; the signer is authorized; the proposal was independently prepared; no prohibited collusion or conflict exists; the proposer can lawfully perform the services; required licenses and insurance will be maintained; applicable equal-employment, nondiscrimination, ethics, healthcare-program, and contracting requirements will be followed; and the proposer will disclose material changes before award.