

REVISED ATTACHMENT 1 -MANDATORY REQUIREMENTS CERTIFICATION revised 1-23-25

NON-EMERGENCY MEDICAL TRANSPORTATION BROKERAGE SERVICES

RFP # 2024-06-INS

Bidder must initial where indicated to affirm that they meet the stated Mandatory Requirement. In addition, please include Supporting Documentation that evidences Bidder's ability to meet the Mandatory Requirement below.

CERTIFICATIONS:

- _____1. A minimum of five (5) years of experience performing non-emergency medical transportation management services for a government agency.
Substantiating documentation must be provided with bid.
Qualifying experience may include serving as either:
 - a. A prime contractor with a government agency performing non-emergency medical transportation management services; or
 - b. Material subcontractor to a prime contractor performing non-emergency transportation management services. A material subcontractor is an organization who performed a vast majority (over 75%) of non-emergency transportation management services serving as a subcontractor.

- _____2. Bidders must have the ability to provide services for the entire geographic region they are bidding on. Bidders may apply for one or both region(s).

- _____3. Bidders may only submit a proposal under a single FEIN/Tax ID number. Vendor invoices will not be paid should they be received under alternate FEIN/Tax ID numbers such as a subsidiary entity, that do not match the FEIN/Tax ID number used in the submission of the bid proposal.

Acceptable substantiation documentation includes any of the following:

1. Copies of contracts with other entities for providing non-emergency medical transportation management services for a government agency.
2. 1099 Tax documents showing receipt of payments from entities that would require non-emergency medical transportation management services with a statement as to the type and volume of services provided.
3. Statements from entities that they provided non-emergency medical transportation management services for affirming services.
4. Receivable invoices for non-emergency medical transportation management services provided.
5. Other related, relevant documentary proof, with a statement in support, to be considered at NYSIF's discretion.

Signature

Date

Typed/Printed Name

Company Name