

## ATTACHMENT 1 -MANDATORY REQUIREMENTS CERTIFICATION

### NON-EMERGENCY MEDICAL TRANSPORTATION BROKERAGE SERVICES

RFP # 2025-45-INS

Please indicate which region(s) you are submitting a proposal for:

☐ **Upstate**    ☐ **Downstate**

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

#### **CERTIFICATIONS:**

- \_\_\_\_\_ 1. A minimum of three (3) years of experience performing non-emergency medical transportation management services. **Substantiating documentation must be provided with bid.** Qualifying experience may include serving as either:
  - a. A prime contractor 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.
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**