



City of Moore

Fire Department
2400 S. Fritts Blvd
Moore, OK 73160

405-793-5110
cityofmoore.com

REQUEST FOR QUALIFICATIONS (RFQ)

Ambulance Service Operations

Issued by: City of Moore, Oklahoma
RFQ Number: 2026-11
Date Issued: March 9, 2026
Submission Deadline: 3:00 p.m., Central Time, April 9, 2026

The City of Moore is soliciting Statements of Qualifications (SOQs) from experienced, qualified, and licensed ambulance service providers to demonstrate their ability to deliver high-quality emergency medical services (EMS) within the community. This Request for Qualifications (RFQ) is intended to identify firms or organizations with the professional capability, operational experience, staffing resources, and financial stability necessary to provide ambulance service operations consistent with the City's performance expectations and community needs.

This RFQ is not a request for pricing. Information submitted in response will be used to evaluate qualifications and may be utilized by the City to develop a short list of providers eligible for further consideration, interview, negotiation, or a subsequent Request for Proposals (RFP), contract discussions, or other procurement processes as permitted by law.

Respondents shall submit one (1) complete electronic copy and one (1) complete printed original SOQ in accordance with the requirements outlined in this document and one (1) complete electronic copy and one (1) complete printed original of respondents medical protocols. Submissions must be received no later than the date and time listed above. Late submissions will not be accepted or considered.

Submissions shall be delivered to:

Lira Deer
City of Moore
301 N. Broadway
Moore, OK. 73160

Contact information:

Name: Ryan Marlar

Title: Fire Chief

Phone: (405) 793-5110

Email: rmarlar@cityofmoore.com

Questions regarding this RFQ must be submitted in writing to the contact listed above no later than 3:00 p.m., Central Time, March 30, 2026. Responses to questions, addenda, or clarifications will be issued in writing and made available to all known respondents.

The City reserves the right to reject any or all submissions, to waive informalities or irregularities, and to modify or cancel this RFQ at any time if deemed to be in the best interest of the City.

Community Overview and Service Environment

This section is intended to provide prospective respondents with a general understanding of the community, service area, and operational environment in which ambulance services would be provided. The information below is offered to support proposer awareness and to assist in developing an informed SOQ.

1. Jurisdiction and Service Area

- City of Moore
- Cleveland County, Oklahoma
- Total land area is approximately 22.5 square miles.
- Most of the city is composed of 52% residential land uses, with commercial, office, institutional and industrial land uses accounting for only 15% of the land area.

2. Population Characteristics

- Estimated total population served is 63,845.
- It is expected that growth will continue.
- Demographic considerations:
 - A suburb of Oklahoma City.
 - Median age is 34 years old.
 - Median household income is \$76,941.
 - Unemployment rate is 3.2%.
 - Home ownership rate is 68.3%.
 - Median property value is \$189,300.
 - Home to the Moore Public Schools district.

3. Community Profile and Risk Factors

- Interstate 35 traverses the City of Moore in a north–south direction, serving as a primary regional transportation corridor and significantly influencing traffic patterns.
- There are two main hospitals located within the city limits where residents can receive emergency and inpatient care: Norman Regional Moore and Integris Health Community Hospital Moore.

- There are approximately 3 to 4 long-term care / nursing type facilities.
- There is 1 assisted living facility.
- There are numerous independent living / retirement communities.
- There are numerous elementary, junior high, and high schools.

4. Emergency Medical Services System Overview

- The current EMS delivery model is a third-party ALS level service.
- The fire department primarily provides EMT-Basic (EMT-B) response, with select Advanced EMT (A-EMT) and Paramedic (EMT-P) personnel operating under individual protocols.
- The City of Moore currently processes all calls for service using Priority Dispatch ProQA software and also handles dispatching for the current EMS provider for an associated fee.
- The fire department retains its own medical director, who collaborates closely with the current EMS medical director.

5. Call Volume and Service Demand

- Historical EMS call volume trends over the past 5 years:
 - 2025 – 5,967
 - 2024 - 6,665
 - 2023 – 6,167
 - 2022 – 5,287
 - 2021 – 4,870
- 72% of 2025 patient encounters resulted in transport.
- 45% of 2025 calls overlapped.

6. Response and Operational Environment

- The current provider's average response time for 2025 was 7 minutes, 46 seconds.
- The 90th percentile response time for 2025 was 11 minutes, 15 seconds.
- The current EMS provider operates out of a city-owned facility located at 1805 S. Eastern Ave, Moore, OK 73160 for an associated fee.

- The station includes:
 - Three apparatus bays
 - Kitchen and living area
 - Restrooms and showers
 - Five private dormitories
- This facility serves as the base of operations for the provider's emergency response units.
- BNSF railway runs north–south through Moore, sometimes causing service disruptions. Underpasses exist at northern and southern city limits. A central underpass, under construction, will improve traffic flow.
- Moore lies in Tornado Alley and has experienced some of the most severe tornado events in U.S. history.

7. Service Demand Growth and Future Considerations

- Anticipated population or development growth.
- Planned infrastructure or commercial projects affecting EMS demand.
- Expected changes in call volume or service complexity.
- Strategic goals or priorities related to EMS delivery.
- Opportunities for innovation, system improvement, or alternative response models.

8. Purpose of Information Provided

The information in this section is provided for general planning purposes only. Respondents are encouraged to conduct their own due diligence and analysis when preparing their qualifications. The City reserves the right to update or clarify information as part of the RFQ process.

Proposer Qualifications and Organizational Overview

This section requests background and qualification information necessary to evaluate each proposer's capability to operate and manage ambulance services for the City.

Respondents shall provide information regarding their organizational structure, experience, staffing, management approach, financial capacity, and history of providing similar services. The City will use this information to assess each proposer's overall qualifications, stability, and ability to deliver high-quality, dependable EMS operations.

1. Organizational Qualification, Experience & Stability

1. Provide the legal name of the organization, headquarters address, and years in operation providing ambulance transport services.
 2. Identify all jurisdictions currently served and include population, annual call volume, and level of care provided.
 3. Describe your current and recent service areas that are comparable in size, call volume, and complexity to our municipality.
 4. Provide documentation demonstrating at least five (5) consecutive years of financial stability and the capacity to absorb start-up, implementation, and expansion costs.
 5. Have you experienced any mergers, acquisitions, divestitures, or significant financial changes in the past five years or anticipated in the next five years?
 6. Have you had any EMS contracts terminated, not renewed, or defaulted on in the past ten years? If so, please explain.
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2. Staffing, Workforce Management & Training

7. Provide the total number of employees and the number assigned to field operations, dispatch/communications, and administrative support.
8. How do you track and document staffing compliance and prevent ambulances from going out of service due to staffing shortages?
9. How quickly can this information be audited by the City?
10. What staffing contingency plans are in place.
11. How do you recruit, retain, and backfill paramedics and EMTs in a competitive labor market?

12. Describe your training program, including onboarding, continuing education, and coordination with municipal fire department training.
 13. How do you ensure personnel professionalism, customer service, and accountability in the field?
 14. What disciplinary and complaint-resolution processes are in place for personnel issues raised by the City?
 15. What shift schedule would you utilize for a City such as ours?
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3. Deployment, Coverage, & Mutual-Aid

16. What would the proposed number of ambulances dedicated to a City such as ours?
 17. Describe the data and methodology used to determine the minimum number of ambulances required to meet a given response-time compliance.
 18. For a City of our size and operational needs, do you recommend an EMS Supervisor position? If so, how would it function within the overall service delivery model.
 19. Describe how you handle high-call-volume periods, mass casualty incidents, disasters, or system overloads.
 20. Provide details of mutual aid agreements, including ground and air medical transport partners.
 21. How do you ensure that dedicated ambulances remain within the service area and promptly return to their assigned locations?
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4. Response-Time Performance & Accountability

22. Provide historical response-time compliance data for Priority 1 and Priority 2 calls.
23. How do you monitor and report response-time performance deficiencies?
24. What corrective actions do you take when response-time compliance falls below contractual standards?
25. How do you prevent late responses caused by staffing, deployment, or mechanical issues?
26. How do you document and justify requests for response-time exclusions due to extraordinary events?

27. How quickly can a City access real-time or historical performance data upon request?

5. Medical Direction, Oversight, Clinical & Quality Assurance

28. Who serves as your Medical Director(s), and what are their qualifications and availability?

29. Do you currently provide services to any jurisdictions or communities that utilize their own medical director?

30. How would your Medical Director interact with the jurisdictions medical director?

31. How are medical protocols typically developed, updated, and enforced?

32. Describe the medium(s) through which medical protocols are made available to field personnel (e.g., electronic, mobile application, printed manuals).

33. What is your approach to partnering with a municipal fire department to ensure shared involvement in medical protocol development and governance?

34. How do you collaborate with the municipal fire department on Quality Assurance, training, and protocol alignment.

35. Describe the Quality Assurance and Performance Improvement (QAPI) program.

36. How frequently will Quality Assurance meetings occur, and what metrics are reviewed?

37. Provide the total number of employees assigned to QAPI.

6. Communications, Dispatch & Integration

38. What is the location(s) of your dispatch centers?

39. What is the staffing and schedule of that location(s)?

40. Describe your dispatch center operations and how they integrate with municipal public safety answering point(s) (PSAP).

41. What telephone system(s) are utilized to process incoming calls?

42. What telephone recording system(s) are utilized for recording incoming and outgoing calls?

43. How do you ensure accurate, auditable time stamping for all response milestones?
 44. What CAD system do you use?
 45. Do you expect this to change in the next five years?
 46. What CAD integration(s) are currently in use?
 47. Do you currently interface with Tyler CAD?
 48. Describe your CAD-to-CAD integration with the City's you serve, including data elements exchanged.
 49. What redundancy and failover measures exist if your dispatch or CAD system becomes unavailable?
 50. Do you currently provide ambulance services to any jurisdictions or communities that utilize their own emergency medical dispatch (EMD) system and directly dispatch your ambulances?
 51. Are your dispatch system and ambulances fully compatible with P25 radio systems?
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7. Fleet, Equipment & Maintenance

52. What types of ambulances would be used for each priority level in a City such as ours, and how old would they be at the start of service?
 53. What is your recommended mileage replacement threshold for ambulances, and how do you manage fleet lifecycle planning?
 54. How do you ensure ambulances are maintained, inspected, and repaired without impacting coverage?
 55. Do you provide a dedicated backup ambulance, and under what conditions would it be deployed?
 56. How do you manage approval and deployment of new equipment or technology?
 57. How do you ensure equipment interoperability with fire department medical equipment?
 58. Describe your process for replacing supplies used by Fire Department personnel at no cost to the City.
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8. Data, Reporting & Records Management

59. What Electronic Patient Care Reporting (ePCR) system do you use?
 60. Do you expect this to change in the next five years?
 61. Where is data stored, backed up, and recovered in the event of a system failure?
 62. Describe how patient and City data are protected and managed in compliance with HIPAA and applicable laws.
 63. Describe business continuity plans ensuring continued City access to data and systems in the event of provider failure or contract termination.
 64. What is your process for returning or sanitizing City data at the conclusion of the contract?
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9. Billing, Rates, Customer Protections & Membership Program

65. Describe your proposed rate structure (bundled vs. unbundled) and base charges for a City such as ours.
 66. Describe billing policies or rates for non-transport, refusals, and standby services.
 67. Describe any ambulance membership or subscription program offered, including fees, covered services, exclusions and how it is calculated.
 68. How would you coordinate with a City similar to ours on public education and outreach for the membership program?
 69. What level of municipal subsidy do you typically require, and how is it calculated?
 70. Describe procedures for requesting and implementing rate increases.
 71. How do you ensure full transparency of patient billing and public access to fee schedules?
 72. What is your historical collection rate, and how does it affect rate increase requests?
 73. Describe your policies for handling patient complaints related to billing.
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10. Governance, Communication, Oversight & Operations

- 74. How do you ensure timely communication with City leadership regarding operational issues?
 - 75. What is your notification process if service interruption is anticipated?
 - 76. Describe procedures for responding to public records requests and City audits.
 - 77. How will you communicate litigation, complaints, or adverse events to the City?
 - 78. How do you coordinate with fire and police command during major incidents?
 - 79. How do you support joint training and interagency coordination?
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11. Risk & Liability

- 80. What insurance coverage and risk management practices are in place for EMS operations?
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12. Transition & Implementation

- 81. What does a typical implementation plan and timeline look like?