25-197

Collection Services for Lincoln Fire & Rescue

Issue Date: 11/21/2025
Questions Deadline: 12/8/2025 02:00 PM (CT)
Response Deadline: 12/23/2025 02:00 PM (CT)

Lincoln Purchasing

Contact Information

Contact: Jessica Mehrhoff, Assistant Purchasing Agent
Address: Purchasing
440 S. 8th Street
Suite 200
Lincoln, NE 68508
Phone: (402) 441-8333
Email: jmehrhoff@lincoln.ne.gov

Event Information

Number:	25-197
Title:	Collection Services for Lincoln Fire & Rescue
Type:	Request for Proposal
Issue Date:	11/21/2025
Question Deadline:	12/8/2025 02:00 PM (CT)
Response Deadline:	12/23/2025 02:00 PM (CT)
Notes:	

The City of Lincoln, Nebraska, Lincoln Fire and Rescue (LFR), hereinafter called Owner, is requesting proposals for the collection of out-of-hospital emergency medical services (EMS) bad debt.

The Owner intends to select a Contractor based on the evaluation criteria outlined herein which will accomplish the objectives of the project while incorporating innovative and cost-effective methods.

The successful contractor(s) will be responsible for remaining on established schedules for all services rendered to meet the proposed schedule for the project deliverable(s).

Billing Information

Address: Emergency Medical Services
901 West Bond Suite 200
Lincoln, NE 68508
Phone: (402) 441-7363

Bid Attachments

25-197 Request for Proposals.pdf Download
Request for Proposals

Attachment 1 - EMS Collection Agency Cost Proposal.xlsx Download
Attachment 1 - Cost Proposal

2025.11.14 Sample XML Layout.pdf Download
Sample XML Layout

Contract - City Service.pdf Download
DRAFT Contract - City Service

25-197 HIPAA BAA Sample Contract.pdf Download
Business Associate Agreement

25-197 Insurance Requirements.pdf Download
Insurance Requirements

Contractual Insurance Result Guide.pdf Download
Contractual Insurance Results Guide

Proprietary-Info-Bids-2018.pdf Download

Proprietary Information - Bids

United States Citizenship Attestation Form.pdf Download

United States Citizenship Attestation Form

Summary of Foreign Adversary Contracting Prohibition Act.pdf Download

Summary of Foreign Adversary Contracting Prohibition Act

Foreign Adversary Contracting Prohibition Act Certification Form.pdf Download

Foreign Adversary Contracting Prohibition Act Certification Form

Requested Attachments

Request for Proposal Response

(Attachment required)

Proposers must attach their Proposal in a .pdf format here. Note: Any proprietary information must be labeled in accordance with the instructions outlined in the RFP document and is to be attached as a separate document. Important: Do not place the Attachment 1 - Cost Proposal in this area. The Cost part of the response is to be placed in "Other Attachments" section.

References

(Attachment required)

Provide (3) three references for projects similar in nature to the work required in this project. Each reference must include the following: Owner: Street Address: City: State: Zip: Name Owners Representative: Phone: Project Name and/or Number: Contract Amount: Completion Date:

Professional Licenses

(Attachment required)

Upload copies of the required professional licenses described in the RFP.

U.S. Citizenship Attestation Form

Complete and upload the U.S. Citizenship Attestation Form from the Attachment tab.

Foreign Adversary Contracting Prohibition Act Form

(Attachment required)

Complete and upload the certification form in the Attachments tab in Ebid.

Bid Attributes

1	**RFP** I acknowledge reading, understanding and agree to the "Request for Proposal" document content and requirements. ☐ Yes *(Required: Check if applicable)*
2	**Assignment** Vendor shall not assign, transfer, convey, sublet, or otherwise dispose of any award or any or all of its rights, title, or interest therein, or delegate the duties hereunder without the prior written consent of the City. ☐ Yes *(Required: Check if applicable)*
3	**References** I have attached my References in the Response Attachments tab. ☐ Yes *(Required: Check if applicable)*

4 **Insurance Requirements and Endorsements**

Contractor agrees to provide required insurance coverage and comply with each provision listed in the **Insurance Requirements** attached in EBid. Submission of the **Certificate of Insurance** and the applicable **endorsements**.

Bidders are strongly encouraged to send the insurance requirements and endorsement information to their insurance agent prior to bid closing in order to expedite the contract execution process.

☐ Yes
(Required: Check if applicable)

5 **Draft Sample Contract**

I acknowledge reading and understanding the draft sample contract.

☐ Yes
(Required: Check if applicable)

6 **Contract Contact**

The Purchasing Department issues Contracts via email to a designated contact person of the awarded Bidder. This designee should be the primary contact with the department through the delivery of the product/services. Please list the name, email address and phone number of the person who will be the contact person for the contract to be awarded.

(Required: Maximum 1000 characters allowed)

7 **U.S. Citizenship Attestation**

Is your company legally considered an Individual or Sole Proprietor: YES or NO

As a Vendor who is legally considered an Individual or a Sole Proprietor I hereby understand and agree to comply with the requirements of the United States Citizenship Attestation Form, available at: http://www.sos.ne.gov/business/notary/citizenforminfo.html

All awarded Vendors who are legally considered an Individual or a Sole Proprietor must complete the form and submit it with contract documents at time of execution.

If a Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

Vendor further understands and agrees that lawful presence in the United States is required and the Vendor may be disqualified or the Contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. 4-108.

(Required: Maximum 1000 characters allowed)

8 **Tax Exempt Certification Forms**

Materials being purchased in this bid are tax exempt and unit prices are reflected as such. A Purchasing Agent Appointment form and an Exempt Sales Certificate form shall be issued with contract documents. (Note: State Tax Law does not provide for sales tax exemption for proprietary functions for government, thereby excluding the purchases of pipes to be installed in water lines and purchase of water meters.)

☐ Yes
(Required: Check if applicable)

9 **Foreign Adversary Contracting Prohibition Act**

I hereby understand and agree to comply with the requirements of the Foreign Adversary Prohibition Act and have completed and uploaded the certification form in the Response Attachments tab in Ebid.

If a Vendor indicates on such certification form that the company is a scrutinized company, the Vendor must meet the exception requirements under the Act and agrees to provide documentation to verify the exception requirements with the bid response.

Vendor further understands and agrees that any scrutinized company that violates the certification may be subject to action by the Nebraska Attorney General, civil penalty, and such violation may void the contract.

☐ Foreign Adversary Contracting Prohibition Act
(Required: Check if applicable)

Bid Lines

1 OPTION 1: TOTAL COST FOR ALL 4 YEARS

UOM: EA Price: $ Total: $

Item Notes: Enter the total cost for all four years for Option 1 only. This amount must match the entry on the Cost Proposal form.

Supplier Notes:

☐ No bid
☐ Additional notes *(Attach separate sheet)*

2 OPTION 2: TOTAL COST FOR ALL 8 YEARS

UOM: EA Price: $ Total: $

Item Notes: Enter the total cost for all eight years for Option 2 only. This amount must match the entry on the Cost Proposal form.

Supplier Notes:

☐ No bid
☐ Additional notes *(Attach separate sheet)*

3 Implementation Fee
(Response required)

Quantity: 1 UOM: EA Unit Price: $ Total: $

Item Notes: Enter the cost for the implementation fee only. This amount must match the entry on the Cost Proposal form.

Supplier Notes:

☐ No bid
☐ Additional notes *(Attach separate sheet)*

4 Training Fees (must include travel figured at standard GSA rates)
(Response required)

Quantity: 1 UOM: EA Unit Price: $ Total: $

Item Notes: Enter the cost for training and training-related travel only. This amount must match the entry on the Cost Proposal form.

Supplier Notes:

☐ No bid
☐ Additional notes *(Attach separate sheet)*

5 Fees charged to cancel accounts already in legal status
(Response required)

Quantity: 1 UOM: EA Unit Price: $ Total: $

Item Notes: Enter the amount of fees charged to cancel accounts already in legal status (cost per account). This amount must match the entry on the Cost Proposal form.

☐ No bid

☐ Additional notes *(Attach separate sheet)*

Supplier Notes: _____

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature