PROPOSAL / BID

Proposal / Bid

Centralized EMS Medical Direction and Professional Support Services

PROPOSAL DETAILS

PROPOSAL NUMBER	BID DATE	VALID THROUGH	PROPOSED EFFECTIVE DATE	INITIAL TERM END DATE
			01/01/2027	12/31/2028

AGENCY INFORMATION

LEGAL AGENCY NAME	DOING BUSINESS AS
Bowie Fire District	

PRIMARY JURISDICTION (STATE)	AGENCY EIN	SERVICE LEVEL
Arizona	86-0589510	☑ BLS ☐ ALS

AGENCY ADDRESS
118 W Kinchila - PO Box 241 Bowie AZ 85605

AGENCY CLASSIFICATION	PRIOR-YEAR EMS CALL VOLUME	RURAL BILLING UNITS (1 PER 1,600 CALLS)	MANNED STATION / BASE COUNT
☑ Rural ☐ Urban	60	1	1

Rural agencies: billing units = annual calls ÷ 1,600, rounded up (for example, 2,800 calls = 2 units). Urban agencies (more than 4,800 calls) are billed per manned station. Any waiver or adjustment is shown in the Agreed Rate column and explained under Agency-Specific Assumptions and Notes.

PROPOSED RELATIONSHIP

Purpose

International Medical Direction, LLC (IMD) proposes to provide physician-led EMS medical direction and the related professional support services identified in this Proposal/Bid. The legal terms of the relationship are governed by the Centralized EMS Medical Direction Agreement (the Agreement) and its incorporated attachments.

Agreed Services and Pricing

When accepted by both Parties, this Proposal/Bid is the schedule of agreed services and pricing under the Agreement. The services, quantities, agreed rates, billing frequency, and included professional-service capacity shown here are the contracted terms, and the agreed rates are fixed for the initial term.

Attachment A – IMD Price List

Attachment A is IMD's price list. It shows the standard rate for every IMD service and is used to prepare this Proposal/Bid and to price services added later. Attachment A does not add services or charges to this Proposal/Bid, and later updates to Attachment A do not change the agreed rates shown here.

Service Model

IMD's centralized model combines client-specific physician oversight with coordinated EMS management support, shared services, standardized processes, and technology. Defined service capacity and supplemental-service rates establish measurable expectations and help distinguish included support from substantial professional work outside the contracted scope.

AGENCY-SPECIFIC ASSUMPTIONS AND NOTES

WAIVERS, ADJUSTMENTS, ASSUMPTIONS (E.G., CALL-VOLUME WAIVER, MULTI-STATE, ADD-ON TIMING)

COMMERCIAL TERMS

Agreed Services and Pricing

Item #	Service	Billing Unit	Qty	Price List Rate	Agreed Rate	Frequency	Line Total
1,2	Rural (1 Unit)	500	1	500	500	Monthly	500
	Contracted Monthly Recurring Charge						

Item # and Price List Rate refer to Attachment A – IMD Price List in effect on the bid date. Every Proposal/Bid must include the services marked Required in Attachment A for the agency's classification and service level.

FINANCIAL SUMMARY

RECURRING CHARGES		INITIAL PAYMENT OPTIONS	
First Month	0	Total Due at Start – Monthly Billing	0
Month Ahead	500	Total Due at Start – Annual Billing	6000.00
Start-Up Fee	0	Contracted Monthly Recurring Charge	0
One-Time Fees	0	Contracted Annual Recurring Charge	0

INCLUDED PROFESSIONAL-SERVICE CAPACITY

Professional Role	Included Hours / Month	Reconciliation Period	Additional Hourly Rate	Delivery Requirements
EMS Coordinator / Manager	3 × ____ units / stations = ____	Rolling quarter	$75	1 in-person visit per quarter for the 3-hour training
Physician / EMS Medical Director	1 × ____ units / stations = ____	Rolling quarter	$175	4 meetings per year: 1 in-person visit and 3 virtual meetings
Other				

Standard values from Attachment A are shown. Hours are virtual and are calculated per rural billing unit or per manned station. Edit any value that was negotiated differently.

ACCEPTANCE

Acceptance of Proposal

PROPOSAL CONDITIONS

1. **Proposal validity.** This Proposal/Bid remains open through the stated validity date unless withdrawn or replaced in writing by IMD.
2. **Agreed services and price lock.** When accepted by both Parties, this Proposal/Bid becomes the schedule of agreed services and pricing under the Agreement. The agreed rates are fixed for the initial term and are not changed by later updates to Attachment A – IMD Price List.
3. **Price list.** Attachment A is a price list only. The Price List Rate column shows the Attachment A rate on the bid date for reference. Attachment A does not add services or charges to this Proposal/Bid. IMD may update Attachment A with sixty (60) days' written notice; updates apply only to services added afterward.
4. **Additional services.** Services not selected here may be added later in writing. Unless IMD quotes otherwise, an added service is priced at the Attachment A rate in effect when the addition is accepted.
5. **Triggered charges.** Deployment fees, the Deployment Without Required Notice charge, Significant ALS Event contingency fees, diversion investigation charges, and similar charges are fixed at the Attachment A amounts in effect on the date this Proposal/Bid is accepted (the Price-Lock Date) and become due only if triggered.
6. **Controlling documents.** This Proposal/Bid controls the selected services, quantities, agreed rates, billing arrangement, and included professional-service capacity. The Agreement controls the legal terms, and Attachment B controls deployment requirements.
7. **Electronic execution.** The Parties may execute this Proposal/Bid through an IMD-approved electronic-signature platform. Counterparts and electronic signatures are treated as originals to the extent permitted by applicable law.

SELECTED BILLING ARRANGEMENT

☐ **MONTHLY BILLING** ☑ **ANNUAL BILLING**

ACCEPTANCE

By signing below, the Agency accepts the services, quantities, agreed rates, billing arrangement, included professional-service capacity, and initial commercial terms shown in this Proposal/Bid as the schedule of agreed services and pricing, subject to the complete terms of the executed Centralized EMS Medical Direction Agreement and its incorporated attachments. The signers represent that they are authorized to act for the respective parties.

EMS AGENCY	INTERNATIONAL MEDICAL DIRECTION, LLC
AGENCY NAME Bowie Fire District	IMD OFFICE NAME
AUTHORIZED NAME Sharon Webster	AUTHORIZED NAME
TITLE Board Chair	TITLE
EMAIL admin@bowiefiredistrict.gov	EMAIL
SIGNATURE	SIGNATURE
SIGNATURE DATE 11/19/2026	SIGNATURE DATE

Upon full execution, retain the completed Proposal/Bid with the Agency's active contracting documents. The date of the last signature is the Price-Lock Date.