

BOARD OF TRUSTEES AGENDA

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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- (A) Report Only Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

- (B) Action Item

Presenter(s): ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS AND FINANCE
LUIS VELEZ, PURCHASING DIRECTOR

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AWARD SEALED PROPOSAL NO. 162007 FOR A TWO YEAR TERM COMMENCING SEPTEMBER 1, 2015 FOR AMBULANCE TRANSPORTATION SERVICES AND THE BOARD DELEGATES THE SUPERINTENDENT OR DESIGNEE THE AUTHORITY TO MAKE RELATED BUDGETED PURCHASES OF GOODS OR SERVICES AS PER BOARD POLICY CH.

- (C) Funding source: Identify the source of funds if any are required.


BUDGETED FUNDS

- (D) Clarification: Explain any question or issues that might be raised regarding this item.

SEE ATTACHED MEMORANDUM



EAGLE PASS INDEPENDENT SCHOOL DISTRICT

To: Mr. Ismael Mijares, Deputy Superintendent for Business and Finance
From: Luis A. Vélez, Purchasing Director 
Date: Monday, June 29, 2015
Subject: **Recommendation on Sealed Proposal Number 162007 for Ambulance Transportation Services**

Digitally signed
by Luis A. Vélez
Date: 2015.06.19
15:53:57 -05'00'

Based on the submitted proposals, the Department of Purchasing recommends that Sealed Proposal Number 162007 for Ambulance Transportation Services be awarded in accordance with the specifications and requirements of the proposal and as per the attached Tabulation Sheet.

Please note that this proposal will be awarded for a two year term commencing September 1, 2015 and concluding August 31, 2017.

If you have any questions or need more information regarding this matter, please contact me at the purchasing department.

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
SEALED PROPOSAL NO. 162007
AMBULANCE TRANSPORTATION SERVICES - TABULATION SHEET**

DESCRIPTION	LONESTAR EMT, LLC* EAGLE PASS, TX
STAND SERVICE (HOURLY RATE)	\$ 125.00
FLAT RATE PER PATIENT TRANSPORTED	\$ 125.00

RECOMMENDED VENDOR:

LONESTAR EMT, LLC*

* Proposal specified \$1,000,000 in insurance coverage, vendor has insurance coverage for \$300,000.

PLEASE NOTE THAT SHADED AREA(S) REFLECTS THE RECOMMENDED VENDOR(S)