

**File: RFP# MVEMS-2019-8 Proposers Conference, October 9, 2019, 2:00 PM**

Nancy Lapolla: (0:01) Well good afternoon everyone. I'm Nancy Lapolla. I'm here with um Endpoint EMS Consulting. Um Mountain-Valley EMS hired John Eaglesham and I to help them um develop this RFP and agreement for ambulance services for Calaveras County. Lance do you want to say anything to get us started?

Lance Doyle: (0:21) Um no so we, we hired John and Nancy um a couple of months ago for Calaveras. They did an excellent job on our RFP process for Stanislaus County, um and we've been very happy. They both have extensive experience both at the provider level and at the Agency level um and have a very good grasp of EMS systems.

Nancy Lapolla: (0:45) Good thanks.

John Eaglesham: (0:46) Thank you great.

Nancy Lapolla: (0:47) Just for the record since we're recording this, um we're going to around and just have everyone introduce

John Eaglesham: (0:49) So we'll start. You introduced yourself. And I'm John Eaglesham with Endpoint EMS.

Lance Doyle: (0:52) Lance Doyle, Mountain-Valley EMS

Susan Watson: (0:55) Susan Watson, Mountain-Valley EMS

Nicole Tucker: (0:58) Nicole Tucker, American Legion Ambulance

Alan McNany: (1:00) Alan McNany, American Legion Ambulance

Cindy Murdaugh: (1:02) Cindy Murdaugh, Mountain-Valley EMS

Marilyn Smith: (1:04) Marilyn Smith, EMS Agency

Lance Doyle: (1:11) And the phone?

Rodney Hendrix: (1:12) Rodney Hendrix, Ebbetts Pass Fire

Lance Doyle: (1:14) Welcome.

Nancy Lapolla: (1:15) Alright. Great. So we um just to kind of share with you a little bit, we have a uh brief presentation to provide and then we are happy to answer any questions you might have.

John Eaglesham: (1:32) And one of the reasons we're going through this and one of the purposes of the proposers conference is to uh answer, to, to go through the answers to the questions we did receive, and if there any additional questions after today, uh uh during this meeting. At the end of this meeting we almost go into that silent period where then there can be no more communication between providers and the EMS Agency or Endpoint EMS Consulting. Everybody has to go into their own corners and start doing their work. So this is the last part of that. But one of the things we

want to do is to make sure that you understand the uh uh the requirements to the RFP and a lot of them are requirements through the State EMS Authority. And uh we want to help you so that you know to uh to answer them. And one example would be, in the RFP there is a requirement for five letters of recommendation that hit eight subject matters. Now that could be one letter with six items and three at seven letters or four letters with the other several that are left over, but we want those eight categories within those five letters. Another one might be five years of financials. That doesn't mean four years or less, but we want five years. So we don't want anybody's RFP to be disqualified. We want you to write a good RFP so this is the reason for today's meeting is to have this discussion so that when you walk out you're fairly clear on on what the requirements are, what we're looking for, so that you can write a good RFP. And then the RFP, when they are brought in, they will be graded at a high level by the EMS Agency and CPI and Endpoint Consulting to make sure that they meet the high level requirements. And then they go on to the Proposal Review Committee for the normal proposal review. So that's the process we'll be looking at. So Nancy's got a few things for us to start off with.

Nancy Lapolla: (3:40) So we just kind of wanted to um highlight the process for developing the RFP. And so really what we wanted to do in order to get familiar with what this community was all about was really conduct listening sessions. And we talked to you guys and um we talked to other, we talked to Mountain-Valley EMS. We talked to County leaders. We talked to the fire services. We talked to the hospital. Um we talked to the Sheriff's dispatch and the dispatchers. We really wanted to get a sense and a feeling for what's working and where there's some opportunities.

So what we really found is the strengths of the system is really um that this system is working very well. That people were really appreciative of the professional ambulance programs that are in place. Um that the quality of care is um outstanding. And they really value the partnerships um that um you all have brought to making sure there's that strong collaboration, community trainings, trainings together with between fire and ambulance providers. So it's really working well. Um and that the system stakeholders are open to change and looking at ways that they can do things better.

Some of the challenges that were shared that um you guys you know in a very rural environment have long transport times and have a lot of long distance transport to hospitals for definitive care. The closest ambulance isn't always dispatched, especially when they're coming back from long transports. Those are some of the issues that came up. The radio dispatch we have some issues and some of the um mountainous areas for getting radio communication. Employee retention, people kind of start out here and then they want to go to bigger and more exciting, fast paced um ambulance services, especially a lot of our young um young responders. We have a lot of older equipment um and some of the things that we wanted to look at as we go forward. There are some challenges with some populations that we might need to have um bariatric capabilities in the system. And that the response times they need to be updated. And so you'll see that we've done some um extensive work on mapping and better understanding kind of looking at that, and updating and modernizing some of that that you'll see.

But we want to make sure we're developing an RFP that supports financial stability within the system. We understand the complexities of um managing when you have not huge call volume for 911 services. Um but we really need to have consistency in the way we are looking at that, providing that level of care throughout the county. And that we want to make sure that we're using good consistent data in making decisions based on sound data. Those are some of the things that were some of the challenges in the system.

So Lance is going to talk a little bit about the current ambulance response times and then some more detail on the work we've done to analyze that. Then you'll see that reflected in this RFP.

Lance Doyle: (6:35) So as you all know, we have three zones, two different response codes, Code 2 and Code 3. Um and we basically have a flat response time throughout each zone. Um 20 minutes in American Legion's two zones and then 13 minutes in the East Zone for Code 3. We really wanted to get away from just the flat response time and really look more at population and accessibility to develop more modern response zones, if you will. So we hired, we contracted with a GIS consultant. Um we're actually using them for consulting in three of our five counties so far, and we will probably add Stanislaus County sometime in the next year or two. Uh but we built some population-based density mapping, um and Chief we're on the map slide right now. So what you see in front of you is population density with an overlay of call for 2017. Um and as expected, our calls tend to cluster in the populated areas. So from there what we did is we overlaid the National Grid System and I've got a sample up here. This is just a breakdown of one area of the county. Um Chief we don't have a slide of it, but we have the grid system overlaid on top of our um population density. And then we took that county-wide and then we looked at um response times and the ability to get to some of these what we were calling urban islands. Um specifically West Point, Moke Hill, and Dorrington. They were all surrounded by either wilderness or rural zones, but they were actually urban in population density. Um but the reality is there is not enough call volume to put a car there. Um and to be able to hit those zones from anywhere that makes sense to station a car even if we were to move our posts, um we're not going to hit it in say a 12 minute response time just because of the distance. So we took those three areas and um we came up with a methodology that allowed us to bump those down to a suburban response, which gives us a twenty minute response time into those um urban pockets, if you will, or urban islands. Um and then everything else is pretty much response time, population-based for response times. I think in 2020 we're going to see, and it's actually fairly clear if you look at the mapping where the calls are clustered; we're going to see some spreading of the urban areas. But for this RFP, this is the latest data that we have to go off of. And then the grids with the appropriate response time will be uploaded into the CAD and will all be managed by FirstWatch in terms of compliance reporting.

Nancy Lapolla: (9:50) So John's going to talk a little bit about some of the things that um the system recommended for enhancements that are included.

John Eaglesham: (9:54) So uh one of the keys of course was to maintain and improve clinical excellence. Although there are some areas that are semi-rural, and rural and

wilderness areas, they still, the system participants still wanted to see high clinical excellence and we hope to continue that. Uh response time reliability and economic efficiency and economic sustainability as Nancy had talked about. Um we want the providers to be healthy. We want you to be able to continue to do a good job. Um we want to increase customer satisfaction and there's a lot of ways that we've uh looked at customer satisfaction and um, it's essentially up to the provider to try to periodically look at customer satisfaction within their patient call load. Um, improving patient uh, improving uh the ambulance provider agreements to upgrade the agreements to the new population zones and response times as we've done. But on this time to look at maybe a longer term contract so that's why this one is a five plus five, so that uh a provider could look at a possible ten year purchase for equipment and employee you know bargaining and all the other things that go along with that. Uh we've done all the new zone maps. Um it was important for us to look at uh trying to get the closest ambulance to the call so in talking with the Sheriff's Department. They wanted to see AVL MDCs or MDTs in all the ambulances and their goal was to be able to recognize the closest ambulance to dispatch them to the next call. Ambulance compliance response time will be based on the 90<sup>th</sup> percentile like we do everywhere. And um one of the areas was, and we'll get into it a little bit further, is opportunity for ALS fire and integrating ALS fire in with our overall response plan. And continue to co-train with other agencies. And that's important. It's just the boots on the ground talking to each other about a new piece of equipment and maintaining that uh great working relationship that in these rural areas everybody talks about as being so good. And how we're going to do that is we're going to take FirstWatch into a higher gear so that we can get the Online Compliance Utility working to the full extent to where we can use that as a tool for process improvement. And also FirstPass to look at care given to the patient, whether the care is compliant to policies and procedures, so again we can look at that for process improvement. And uh we'll see that kick in and it'll be something that everybody will be part of. So it's not a punitive tool, it's an educational tool for everybody to kind of chew on and look at how they can make an improvement in their system. Uh so new ambulance response times were recommended that would be more of what Lance was talking about with urban, suburban, rural and wilderness recognition. And tightening those response times within those areas. So you can see where the Code 2 and Code 3 calls have improved response times and we're really hoping that that will translate to a um higher save rate for our patients and more comfort within the community that we are doing everything we can to get resources to them as quickly as possible. One of the ways to do that is opportunities with fire services, so we talk about in that agreement specifically Copperopolis Fire Department. They felt that there were services that they provide that could help the ambulance companies. And they uh felt they could actually enter into a contractual agreement where they could have latent ambulance response times if they were part of the picture and they could get on scene and provide the primary care initially and then turn it over to the ambulance company where they could then package the patient and transport the patient. Uh what we are looking at is for the proposer to look at what unit hour savings they might have and what those unit hour savings mean in dollars, and then negotiate those savings to go to the fire department so that it fits within all the anti-kickback laws and the Medicare requirements, but yet it also provides some funding for the first responders to

continue to do that. Um this is being done in a lot of areas, San Mateo, Santa Barbara, Ventura County; uh many counties in California where fire and ambulance are getting together and figuring out

Nancy Lapolla: (14:58) Stanislaus

John Eaglesham: (14:59) Oh and Stanislaus County, of course. Stanislaus County.

Audience: (15:00) Laughter

John Eaglesham: (15:01) And actually Stanislaus County is actually ratcheting it up to another level where you're all working together anyway, so why don't we figure out a way we can make this work within contractual compliance and financial reliability, as well. So that's what we're looking for with opportunities for fire services. And when you look at what that would do with the response time map with Copperopolis Fire, is that they would then take the nine minute fifty-nine second Urban Code 3 response time and allow the ambulance to get there within fifteen minutes fifty-nine seconds. And then the delta between the cost of the provider the ambulance provider getting there in nine minutes fifty-nine seconds or ten minutes versus the sixteen minutes to round up, would be, could be the amount of money you could give to Copperopolis Fire to reimburse them for that. Um, with the, if an agreement couldn't be worked out, then that second column would go into effect where the ambulance provider without a fire agreement would be the eleven fifty-nine for and I'm just taking the Urban response time as an example, would be eleven fifty-nine but they could relax it up to fifteen fifty-nine if fire were to take a more aggressive approach. Copperopolis Fire believes they can do that. So that's an interesting formula, that's an interesting proposal. The State EMS Authority is in favor of these kind of agreements because it's everybody whose in the game anyway is working toward the betterment of patient care and more of a financial sustainability. So that's an important piece in this picture. And then .. oh I'm sorry

Nancy Lapolla: (16:52) I was just going to ask Lance if he wanted to add anything to this particular conversation.

Lance Doyle: (16:56) Sure so I mean we have a unique situation where we have ALS fire in an urban island, right? Um so what we wanted to do, and we've had conversations with Copper, and they've committed to this, is how do we take a larger urban population and still have an urbanish response time. Because we can't hit a twelve minute response time from Angels into Copper. So um in conversations with Copper Fire, they said they can hit any call within their district 90% of the time in ten minutes. So we're shortening by two minutes the response to the citizen, but then we're giving the ambulance proposer, the ambulance provider an additional six minutes to be able to hit that call. It's an additional four minutes based on the nine fifty-nine. So um yeah. And we're doing that in Stanislaus County right now where depending on your level of first responding fire will determine how many extra minutes you extend the clock. Um so right now really we're only looking at this relationship with Copperopolis. Uh potentially down the road, if it's beneficial for the provider and for fire we might be able to look at something in other areas. But

in my eyes right now it would need to be an ALS department and I don't know if it makes sense for the provider.

John Eaglesham: (18:26) So thinking about that, the elected officials have areas that they've acknowledged just have difficult response times. And you'll see this language in the RFP where Mountain-Valley EMS Agency acknowledges that there's difficult to reach urban response zones surrounded by rural and wilderness zones. So the proposers are encouraged to try to figure out ways that those communities could have something to kind of protect and straighten them out on the welfare. So we're looking for the winning proposer to work with the County and we talk about to work with the County meaning workgroups, grant writing, applications, federal grants, hospital preparedness programs, any other ways that we could help a community. An example might be a selected purchase of an AED into a government building and putting on CPR classes for that community. If you were to look at West Point and say well it's acknowledged there's a hundred calls a year and we can't put an Advanced Life Support rescue or ambulance there, but there are some things we could do. Do they have AEDs? Does the dispatch center know there's an AED there? Is PulsePoint a possibility? Is um um if we put on hands only CPR classes could we do some things to help? And um so we're looking for some ideas from the proposer to see if there's a way through education and training and working with grants and some groups to maybe get some uh

Nancy Lapolla: (20:08) Creative innovative ideas

John Eaglesham: (20:09) Yeah creative innovative ideas. Exactly

Nancy Lapolla: (20:10) What you would come up with as proposers to be innovative in those areas.

John Eaglesham: (20:11) Uh we added this slide at the end because we got a question about the technology and equipment upgrade fund. So we wanted to be clear what we intended with that fund. If you look at that slide, we just picked an example. It's a dollar billed per mile. If you go 50,000 miles, then it would be gross billed charges of \$50,000. And then if you go down below, we know that Medicare is about 49% of the population. Medicare will pay zero on that dollar. Medicare HMO would pay zero on that dollar. As you work your way down Medi-Cal 6% of the population; Medi-Cal HMO 18%; zero, zero, zero. It's up to your billing department how you want to bill it. We looked at a couple of providers and they add the dollar knowing that Medicare, Medi-Cal aren't going to pay it anyway but they do add it on to the bill. But it's up to the proposer to decide how their billing department would want to do it. It's really just the private insurance at 13% and the private pay at 10% that would be able to pay that dollar. So when you look at it, it's 12% of the marginal collection rate to get you \$6,000 on billed out or gross charges of \$50,000. But for a system like Calaveras County, \$6,000 might get six AEDs. It might get CPR manikins. It might help with a program that you're looking at where you maybe need to tweak a repeater or do something with a... Whatever as a community and through Mountain-Valley EMS Agency when they recommend a change, this \$6,000 or might be \$5,000, maybe more, who knows? But will help towards it. But we didnt mean a dollar billed is a dollar collected. We did not mean that. So that's what this slide is,

is to give an idea of what, what we meant because we knew we were talking about a marginal collection rate and not the actual billed out charge.

Alan McNany: (22:29) So, so the cost to the provi to the proposer is only for non-governmental payers.

John Eaglesham: (22:36) Yes.

Nancy Lapolla: (22:37) Well understanding that ...

John Eaglesham: (22:40) The cost to the patient, you're saying.

Lance Doyle: (22:43) Or the proposer, it's a pass through. Whatever you collect is what's passed through. You're not expected to make up the difference or bridge the gap.

Alan McNany: (22:51) Yeah, OK.

John Eaglesham: (22:53) So you'd, you'd have a meeting with Lance. You'd show him what you collected, and then you'd be able to send that amount in on an annual basis or you know

Lance Doyle: (23:03) And that goes into a fund that as a region; and the original thought on this, say as a county, is um if we get have initiative from say our Medical Director and we want to buy the new latest gadget, we could be able to tap into this fund so that it's not a cost to the provider.

John Eaglesham: (23:22) Right because Fire may say well we didn't budget for that, so can you wait next year? And the private ambulance company may say the same thing. We didn't budget for that. But it's doable within the expense and so that may be able to kick some innovation a little sooner to the table. So the next steps then. The proposal is due at 11:30 December 2 and then the time and place of opening if a provider wanted to come and sit here and watch us open them and pull them out of boxes will be at 2 PM that same day on December 2. We'd invite you in for oral presentations in this building on the 17<sup>th</sup> at 9 AM and you'll, you'll get an invite. One might be a certain time and every 2 hours or so. Notice of Intent to Award will be 10 AM on December 19. Um an award would then be made and the last day to protest that award would be December 27. And then the award, the award to the provider would be January 15, 2020. And the implementation of service would be July 1, 2020. And those dates could change. If they do change, uh there'll be a notice easily identified on the website. Butuh there'd be not many reasons to change that. So anyway, that being said we did submit to the website, we uploaded to the website the answers to the questions we did receive. And then if any questions come out of this presentation, now is your chance and the folks on lineuh to ask any questions if you have any. Oh, yeah, yeah. I did, oh I gave a couple of examples such as the five letters of recommendations for eight categories, the five years of um of, of us, of financials. And another one is the um what did you just say?

Nancy Lapolla: (25:19) The requirement to acknowledge that you received

John Eaglesham: (25:22) The addendums. We did an addendum, and that addendum reads one of the lines, "This addendum must be signed by the proposer and attached to the RFP." So we don't want somebody disqualified just because they forgot something like that. So uh really do your best to be diligent to try to include all the pieces in there so that there's a level playing field and everybody's accepted.

Nancy Lapolla: (25:48) So now it's your turn to ask us any questions that you might have and understand that this is the last time you have that opportunity to communicate with Mountain-Valley EMS regarding the issuance of this RFP.

Lance Doyle: (26:02) Could I add just real quickly on the timeline? Um Letters of Intent are due on October 23<sup>rd</sup> at 10 am. And those can be sent by email.

Nancy Lapolla: (26:13) That's good. Thanks for that, Lance.

Alan McNany: (26:14) Just quick question on number 23 here.

Chief Johnson: (26:17) We have a question from Ebbetts Pass Fire.

Lance Doyle: (26:20) OK.

Nancy Lapolla: (26:21) OK.

Chief Johnson: (26:22) So under proposal contentt requirements once again we also don't want to make any mistakes and forget something critical that would you know disallow us. Under technical proposal which I would understand is the bulk of the you know proposal itself, um but I read that Section B technical proposal contents it to me it at least doesn't specify necessarily, but it alludes to the criteria in actual Section 3, I believe, which has the qualifications, experience and evaluation criteria. And uh all throughout Section 3 it is, what I'm unclear about is do you want us to create you know line item responses for each of the various area of that Section 3 and include that in the proposal? Or is it assumed that since we are um you know sending in a proposal itself that we are agreeing that we meet all these qualifications?

John Eaglesham: (27:37) That's a good question. Um I don't think you can just say that you meet all the qualifications. You have to give us a specific example of one of the requirements. But in a broad sense, the technical proposal is the entire proposal. And the price proposal is what is in the second sealed envelope which are the ambulance rates and the prices. So everything of the proposal is the technical proposal. But if it looks like it's asking you a question um you have to provide a response to it so that you meet the requirements.

Nancy Lapolla: (28:18) And you need to. Um this is Nancy. You need to be able to articulate what why how is it that you meet that requirement. Not that we agree that we meet all of those, but how do you meet those? Does that make sense? Is that clear?

Chief Johnson: (28:32) Yeah and that helps. That is exactly the us where we were going down the path of with our staff here is to divvy up you know there's you know various you know various different things um within that. So I just wanted to make sure that we uh that we were going to give you everything you people want on that. So that was our main question that wasn't already answered. I think that you did answer the

next question that we have and that was with the technology fee. You mentioned region that it would be used uh to you know in the region, could be region-wide as an enhancement or was it going to be back to the County. And I understand the intent, too, like yeah maybe \$6,000 would buy a certain amount of AEDs that would really benefit the area of Calaveras County and so on and so forth. But it could be put toward a regional um effort as well perhaps you know.

Lance Doyle: (29:34) So the intent on that, Chief, is um County. We wouldn't take Calaveras funds and move them to Mariposa or Amador. It would be within the County.

Chief Johnson: (29:47) Ok. Great. And uh Rodney has one more question.

Rodney Hendrix: (29:51) When you were talking about Copper Fire and allowing the additional minutes for ALA to get on scene because they're the only ones that would have that, would that also be able to affect us whenever we are running Engine 5 in Dorrington area and Medic 7 is coming from their quarters [obscured by cell phone ringing] to get on scene to buy up the additional six minutes if needed for Medic 7 to arrive on scene from their location?

Lance Doyle: (30:26) So you're, and sorry Rodney, my phone rang in the middle of that. You're asking if an ALS engine arrives in Dorrington will that give you an extended time on say Medic 7's ambulance. Is that correct?

Rodney Hendrix: (30:45) Yes. If Medic 5 is out of the area on transport.

Chief Johnson: (30:52) That would give you the additional few minutes to have an ALS non transport on scene you know extending that clock out even though we're one Agency I guess helping ourselves out.

John Eaglesham: (31:06) What's difficult with that, I mean it sounds great. But what's difficult about it is uh Copperopolis is saying they're going to take the entire area and be responsible for the entire area and then uh allow the ambulance company to respond a little bit later. But that's a defined area and that's a defined number and amount. But what you're saying is it's almost mutual aid, so I don't know if that would work.

Lance Doyle: (31:41) So we can um to answer your question, Chief, that would be. So you would be committing to the response time for Dorrington which would be twenty minutes, but if Medic 5 was out and Engine 5 was there within that response time, then we would be giving Medic 7 twenty-four minutes. I think that's fine. We would just have to handle that on a case-by-case basis. That would be through an exemption. I see what you're saying.

Chief Johnson: (32:19) So you're probably . Oh, go ahead, I'm sorry.

Lance Doyle: (32:20) Yeah I was just going to say. So that would be through the um exemption process. So basically you would be on scene with a paramedic, an EMT and a fire engine and that would delay your clock by the same amount that Copper is delaying. We do that down here with First Responder ALS.

Cindy Murdaugh: (32:40) Yeah we do. I just don't want to confuse the terms. It's not an exemption.

Lance Doyle: (32:43) Sorry

Cindy Murdaugh: (32:44) It's a correction. So when the calls are processed through the OCU through FirstWatch if they can hear me. Through FirstWatch you could request a correction and that's where we can do the extension on the time.

Lance Doyle: (33:00) Do we need to add an amendment describing that?

Nancy Lapolla: (33:01) So I think, Chief, let us confer after this and if there's a new amendment it will get posted on the website for clarity on that issue.

Chief Johnson: (33:15) Ok. Thank you and we're good on our end.

John Eaglesham: (33:20) Thank you.

Alan McNany: (33:22) I just have one question on question number 23 regarding any additional costs. So just trying to do a cost analysis. Um currently we pay ambulance provider fees to Mountain-Valley. Those were not in the RFP. I assume those costs will still continue?

John Eaglesham: (33:47) We just put in the RFP the uh the requirements to pay Mountain-Valley for like FirstWatch and so forth. But certain licensing or other fees if you pay a repeater fee or if you pay a licensing for a dispatch frequency or for licensing ambulances, that was not. So no, it is not everything.

Nancy Lapolla: (34:10) There is an oversight

Alan McNany: (34:14) For me to do a complete cost analysis I need to know all the costs associated with this contract.

Nancy Lapolla: (34:17) There is a cost identified for Mountain-Valley's oversight of the system.

Lance Doyle: (34:19) It should be in there.

Nancy Lapolla: (34:20) Right, so that's in there. But the uh if a city requires a business license for you to be you know located in that city, that's not included. It's not going to Mountain-Valley EMS.

John Eaglesham: (34:37) Does that help or not?

Nancy Lapolla: (34:40) So

Lance Doyle: (34:41) All of our fees should be in

Alan McNany: (34:43) I did not see the ambulance provider fees and I know three or four months ago the JPA Board voted to increase them. So I was trying to get what those fees are so I can add them onto my cost analysis.

Lance Doyle: (34:55) If they are not in there, we will post an addendum.

Alan McNany: (34:58) Ok. Thank you. That's it. You answered all my other questions.

Nancy Lapolla: (35:07) Alright. So it is uh unless there is any other question, it is 2:34 and we are ending the bidders conference and this ends the opportunity for any provider to have any more questions for Mountain-Valley EMS Agency and we will post any additional addendums for clarity that arose out of the bidder's conference. OK. Thank you all.

Lance Doyle: (35:31) Don't forget the 23<sup>rd</sup> please.

Nancy Lapolla: (35:32) Letters of Intent are due on the 23<sup>rd</sup>.

John Eaglesham: (35:33) It was not a requirement to attend the proposers conference to submit an RFP. But it is a requirement to send a Letter of Intent to propose, to make your proposal.

Nancy Lapolla: (35:51) Thank you all.