



COUNTY OF KAUFMAN | PURCHASING DEPARTMENT  
100 N. Washington St. | Kaufman, Texas 75142  
469-376-4548 | purchasing@kaufmancounty.net

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**SOLICITATION – RFP 21-06: BODY TRANSPORT SERVICES – VENDOR REIMBURSEMENT CONTRACT**

**ADDENDA – 1**

**RELEASED – JANUARY 25, 2021**

**Return deadline is no later than: ~~2:00 p.m., Tuesday, February 9, 2021~~**

**2:00 p.m., Tuesday, February 23, 2021**



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### III. Introduction

The purpose of this Request for Proposal is to solicit responses which will enable Kaufman County to establish contract amounts for services from the most qualified and cost effective applicant(s) to provide body transport services within Kaufman County as directed by Coroner / Medical Examiner offices, including:

- family requests for mortuary services;
- coroner / medical examiner transport; and
- established vendor reimbursement processes for expenses incurred.

The Commissioners' Court expects there may be multiple contracts awarded based on the responses of this RFP, however contract pricing will be negotiated to reflect a flat rate for all vendors based on location from vendor address to requested site.

The initial contract period for this RFP will be a two-year term, subject to review of applicant performance and compliance with the terms and conditions of the contract.

### IV. Scope of Services

Candidate will provide body transport services for Kaufman County pursuant to all federal, state, and local laws, statues, ordinances, rules, and regulations, and the orders/ decrees of any courts or administrative bodies in any matter affecting the performance of the scope of work.

Bidder shall:

- (1) Provide 24-hour service, seven (7) days a week, 365 days per year, including all holidays.
- (2) Be in route within 45-60-minutes of being dispatched to a location.
- (3) Maintain a staff of properly trained, licensed, and experienced personnel to ensure satisfactory performance under this Contract.
- (4) Must coordinate and perform all transportation services in compliance with all current state and local requirements.

**Transport Reimbursement:** Kaufman county will occasionally require the transport of decedents from residence within Kaufman County and mortuary services are unknown at time of transport. Should transport services not be paid by the responsible party, contractor shall invoice Kaufman County the agreed upon transport rate. All invoices must include 'Pick-up and Hold Authorization' form, as provided by Kaufman County, and proof of transfer, including facility name, address, and contact information.

**RFP 21-06: Body Transport Services – Vendor Reimbursement Contract**

Proposal of: \_\_\_\_\_ [Company Name]  
 \_\_\_\_\_ Address  
 \_\_\_\_\_ City, State, Zip  
 \_\_\_\_\_ Contact Name  
 \_\_\_\_\_ Telephone Number  
 \_\_\_\_\_ Email

I. **Pricing Schedule** – Respondent shall quote the following pricing Schedule in accordance with the **Scope of Services, Section IV.**

**Private / Mortuary Services (pricing available for reimbursement if not paid by responsible party):**

- a. Transporting the remains of one (1) deceased \$ \_\_\_\_\_
- b. Transporting remains of additional deceased from same location \$ \_\_\_\_\_

**Medical Examiner Transport (Invoice directly to Kaufman County):**

- a. Transporting the remains of one (1) deceased \$ \_\_\_\_\_
- b. Transporting remains of additional deceased from same location \$ \_\_\_\_\_

II. **Response Time Estimates** – Please provide the approximate wait-time from your dispatched location to each of the following city limits within Kaufman County:

- 1.) Crandall \_\_\_\_\_ minutes
- 2.) Kaufman \_\_\_\_\_ minutes
- 3.) Kemp \_\_\_\_\_ minutes
- 4.) Forney \_\_\_\_\_ minutes
- 5.) Terrell \_\_\_\_\_ minutes

III. **Indigent Disposition Fee** \$ \_\_\_\_\_

IV. **Additional Services & Pricing** – Please provide a list of any additional services and unit pricing for each that you propose to provide Kaufman County. Please indicate each item as a direct invoice to Kaufman County or reimbursement if not paid by responsible party, bidder may provide additional pages if necessary:

Description of Service	Pricing	Reimbursement	Invoice
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This original, along with original signature MUST be returned with solicitation response**