



DEPARTMENT OF PURCHASING & CONTRACTING

RFP No. 19-500511 for Emergency Ambulance Service
Provider for DeKalb County Georgia

TABULATION of RESPONDER(S)
RFP Closing

RFP Closing Date & Time:
May 3, 2019, 3:00p.m.
Procurement Agent: Cathryn Horner

Vendor	Vendor Attended Mandatory LSBE Meeting (Yes/No)	Vendor Submitted Cost in Separate Sealed Envelope (Yes/No)
AMR	Yes	This will be determined in the 1st Evaluation Committee Meeting.
PatientCare Logistics Solutions, LLC	Yes	This will be determined in the 1st Evaluation Committee Meeting.
EMS Grady	Yes	This will be determined in the 1st Evaluation Committee Meeting.

Witness Signature: 
Agent Signature: _____