

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only
(X) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen
County Counsel

SUBJECT: Ambulance Franchise Renewals

| | |
|---|--|
| <p>Background: The ambulance franchises for the ambulance services areas are expiring. All of the current franchisees have submitted applications for renewal. The recommendation is to extend the franchises as provided by the Ambulance Service Ordinance, to June 30, 2028.</p> | <p>Requested Action: Adopt Order No. BCC2024-006</p> |
|---|--|

ATTACHMENTS: Applications; Proposed Order

*****For Internal Use Only*****

Checkoffs:

- () Dept. Head (copy)
- () Budget (copy)
- () Fiscal
- (X) Legal (copy)
- () (Other - List:)

To be notified of Meeting:
Sage DeLong

Needed at Meeting:

Scheduled for meeting on: January 3, 2024

Action taken:

Follow-up:

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name: Pendleton Fire and Ambulance

Address: 1455

Street: SE Court Ave

Mailing Address:

City: Pendleton

State: OR

Zip: 97801

Phone: 541-276-1442

Email: steve.brost@ci.pendleto.or.us Fax: 541-276-9171

Name of Owner or Principle Contact: Anthony Pierotti

If Corporation, provide legal name: City of Pendleton

Names of Officers and Titles:

Anthony Pierotti Fire Chief

Stephen Brost Captain/EMS Officer

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA - 1

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be **SPECIFIC** in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email: thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City: City of Pendleton

Address: 1455 SE Court Ave, Pendleton, OR 97801

Address: 1201 Southgate. Pendleton, OR 97801

Address: 4614 NW A, Pendleton, OR 97801 (future)

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

| Unit No. | Type | Year | ALS | BLS | License No. | Veh. Lic. No. | VIN |
|----------|------|------|-------------------------------------|--------------------------|-------------|---------------|-------------------|
| M1 | 1 | 2017 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40825 | E270691 | 1FDUF4HT1HDA01390 |
| M2 | 1 | 2021 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41243 | E289958 | 1FDUF4HT4MDA05511 |
| M3 | 1 | 2015 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40109 | E214387 | 1FDUF4HT6FEB83059 |
| M4 | 1 | 2016 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40363 | E270656 | 3C7WRLBL5GG320225 |
| M5 | 2 | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40944 | E212980 | WD3PE8CD1JP605175 |

ASA Application

Pg. 3

Emergency Medical Technicians Retained by Service

| Last Name | First Name | Level of Certification | Certification Number |
|---------------|------------|------------------------|----------------------|
| Airoldi | Jacob | EMT | 206911 |
| Bahr | Cassidy | EMT | 133740 |
| Baty | Alexander | Paramedic | 140418 |
| Becker | Lorne | EMT | 126406 |
| Berentsen | Jaclyn | Paramedic | 141129 |
| Bosworth-Cain | Shaina | EMT | 201093 |
| Breckenridge | Kiara | EMR | 208129 |
| Brost | Stephen | Paramedic | 123454 |
| Brower | Preston | paramedic | 204843 |
| Burke | Randy | paramedic | 122511 |
| Burke | Sara | paramedic | 200136 |
| Cantelon | Nicholas | EMT | 206750 |
| Carey | Tanner | paramedic | 146931 |
| Cave | Mark | paramedic | 128953 |
| Coleman | Kevin | paramedic | 121560 |
| Cuneo | Allyen | RN | 202004450RN |
| Cuneo | Michael | paramedic | 201129 |
| Dennis | John | EMT | 136289 |
| Deutz | Avery | paramedic | 203368 |
| Easley | Mark | paramedic | 124977 |
| Force | Macaylah | EMT | 202013 |
| Hall | Morgan | paramedic | 130028 |
| Hart | Noah | EMT | 208187 |
| Hoeft | Josh | paramedic | 147161 |
| Iles | Brittany | EMT | 206331 |

ASA Application

Pg. 4

Emergency Medical Technicians Retained by Service

| Last Name | First Name | Level of Certification | Certification Number |
|----------------|------------|------------------------|----------------------|
| Keene | Jeremy | Paramedic | 123659 |
| Kirkland | Manuel | Paramedic | 205743 |
| Kuhl | Riley | EMT | 207334 |
| Lasater | Riann | EMT | 201042001RN |
| Lieuallen | Leah | RN | 201390127RN |
| Lorenz | Alexander | Paramedic | 144752 |
| May | Emmitt | paramedic | 203967 |
| McAllister | Bobby | paramedic | 200876 |
| McGirr | Chance | paramedic | 143334 |
| McGirr | Deanna | RN | 202009824RN |
| Montee | Meghan | AEMT | 202259 |
| Moore | meredith | EMT | 208160 |
| Murstig | Craig | Paramedic | 123408 |
| Nichols | Peter | Paramedic | 142168 |
| Perry | Jeffery | Paramedic | 141131 |
| Pierottii | Anthony | Paramedic | 204614 |
| Pursel | Mark | EMT | 207354 |
| Rangle Mendoza | Arthur | Paramedic | 205361 |
| Richardson | John | paramedic | 122507 |
| Sams | Daryl | paramedic | 133744 |
| Schmidtgall | Brandon | paramedic | 132057 |
| Shoemaker | Ahnica | EMT | 208466 |
| Steele | Cassidy | EMT | 207090 |
| Steele | kimberlee | RN | 2017009911RN |
| Szumski | Zachary | Parameidc | 146074 |

ASA Application

Pg. 4

Emergency Medical Technicians Retained by Service

| Last Name | First Name | Level of Certification | Certification Number |
|------------|------------|------------------------|----------------------|
| Tolley | Tony | EMT | 208309 |
| Tyer | Jordan | Paramedic | 141109 |
| Uselman | Jared | Paramedic | 140987 |
| Wilkinson | Adam | Paramedic | 132010 |
| Williamson | Patrick | AEMT | 142642 |

ASA Application

Pg. 5

Physician Advisor Information

Last Name Adams First Name Bradley Mailing Address 3207 SW Perkins Ave
City Pendleton State OR Zip 97801
Bus. Phone 541-275-1442 Ore. Medical Board License No. MD23266

Financial Adequacy

Please provide proof of financial liability to operate an ambulance service in Umatilla County, including operating budget for public entities, or financial statement for private entities, references, and/or statements of past ambulance service.

Attached?

Financial Liability

Provide proof of public liability in the amount of not less than \$100,000 because of bodily injury to, or the death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to, or death of two or more persons in any one accident; \$20,000 because of injury to, or destruction of the property of others in any one accident; and \$500,000 because of injury arising from the negligent provision of pre-hospital care to any individual. Applicants may be self insured.

Attached?

Statement of Experience

Please provide a Statement of Experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated there under, any franchise issued, and the ASA Plan, including the ability to comply with the terms and conditions of the ASA Plan and applicable County Ordinances.

Attached?

Please provide a description of any prepaid ambulance service plan, including number of members, number of years of operation, funding, and term.

Attached?

ASA Application
Pg.6

Other ASA you are currently providing ambulance service in ASA-

None

Any State, other than Oregon, you are currently providing ambulance service in None

Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or

Yes
No

Attached?

IN THE CASE OF AN APPLICATION TO TRANSFER OR TAKE OVER AN ALREADY ASSIGNED ASA FRANCHISE, PLEASE PROVIDE THE FOLLOWING:

1. A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

Name, Title, and signature of person filling out this form

Name: (please print) Stephen Brost

Date: 11/29/2023

Title: Captain

Signature:



To: ASA Advisory Committee
C/O Sage DeLong, Emergency Manager
Umatilla County Emergency Management
216 SE 4th St, Pendleton, OR 97801

From: Captain Stephen Brost
City of Pendleton
Fire and Ambulance Department
1455 SE Court Ave
Pendleton, OR 97801



Statement of Compliance

I am writing to state that Pendleton Fire and Ambulance complies with all Oregon laws and rules, including OAR 333-255-0072 (Ground Ambulance Operating Requirements When Providing Advanced Level of Care.) We have available a current list of all equipment carried on each of our ambulances and is updated at least once a year. Our ambulances are completely inventoried at least once a month to make sure we stay in compliance.

Statement Regarding Transfer Agreement

Pendleton Fire and Ambulance and CHI St. Anthony hospital have a written agreement on how we plan on dealing with emergency and urgent inter-hospital patient transports. This agreement has been in place since 2018.

Pendleton Fire and Ambulance currently handles these types of calls on a regular basis. We treat every emergent inter-hospital transport as we do any other 911 call. We immediately send the ambulance to the hospital and provide the transport to whichever location the patient is going. The only time there might be a delay is for multiple calls.

We handle urgent and non-emergent inter-hospital transports with off duty personal whenever possible. If the call is going less than a two hour drive one way we will take that call with on duty personal at any time. If the call is over two hours one way we will try for off duty personal first and take it with on duty personal if the call is before 2100 hours.

Thank You for your consideration.
If you have any questions please contact:

Stephen Brost
Captain/EMS Manager
541-276-1442
Steve.brost@ci.pendleton.or.us

To: ASA Advisory Committee
C/O Sage Delong, Emergency Manager
Umatilla County Emergency Management
216 SE 4th St, Pendleton, OR 97801

From: Captain Stephen Brost
City of Pendleton
Fire and Ambulance Department
1455 SE Court Ave
Pendleton, OR 97801



Statement of Experience

The City of Pendleton has been the ambulance provider for the Pendleton ASA area since 1972. We no longer subcontract to the La Grande Fire Department. La Grande Fire has their own ASA in this area now as they can respond to this area faster than we can. This agreement is to provide the fastest response to citizens in that area of the county. This agreement has been in place since 2002.

The city currently has five licensed ambulances and expect a 6th early in 2024. They exceed the requirements set forth within OAR 333-255. With these ambulances, we provide 24-hour coverage each day with two fully staffed ALS ambulances. These ambulances respond out of two stations strategically located within the city. In addition to these two staffed ambulances we are able to get a third ALS ambulance in service within just a matter of minutes with on duty staff. We can get all five ambulances staffed with recall personal usually within 30-40 minutes. All of our records are available for inspection if needed. We expect that when we have 6 ambulances one will be stationed at station 3. This ambulance will be staffed with off duty personal as needed.

Our department currently employs 38 people with ALS licenses and 16 with BLS licenses. We have several others that are currently attending school for BLS.

We are currently licensed in the State of Oregon as an Ambulance service and our license number is 3005. We meet or exceed all standards set by Oregon's statutes and administrative rules.

Our department in cooperation with Umatilla County Fire District 1, and East Umatilla County Ambulance Area Health District, utilize the Umatilla County Pre-Hospital Patient Care Guidelines. We, as a group, update these Guidelines at least once a year. We also have a robust continuous quality improvement/quality assurance policy that is attached to this document.

We currently have an agreement with St. Anthony Hospital for inter-hospital transfers. Currently we attempt to cover all transfers with off duty personal. If we can't get off duty personal to cover the transfers, they will be covered with on duty personal. Pendleton fire has only turned down a limited number of transfers. These normally are transfers that are going a long distance and come in after 2000 in the evening. When they come in that late we assess the risk and will take or decline the transfer based on the risk vs benefit. If we turn it down we will try and work with the hospital to cover it in the early morning hours when it would be safer to do so.

Our department continuously strives to be the premier ambulance service in Eastern Oregon by staying on the cutting edge of emergency medicine and having the latest up to date equipment that we can obtain. We look forward to continuing to serve the citizens of Umatilla County.

Thank You for your consideration.
If you have any questions please contact:

Stephen Brost
Captain/EMS Manager
541-276-1442
Steve.brost@ci.pendleton.or.us



Umatilla County Fire District #1

**320 S. 1st Street
Hermiston, OR 97838**

541-567-8822 Bus | ucfd1.com
541-564-6463 Fax | fire.district@ucfd1.com

November 21, 2023

Umatilla County ASA Committee
C/o Sage DeLong, Emergency Manager
4700 NW Pioneer Place
Pendleton OR 97801

Dear Mr. DeLong,

Attached is our application packet to continue serving as the sole provider for ambulance transportation services for ASA-2 in Umatilla County. Please feel free to contact me with any requests or needs related to the application and/or the process in general. My phone number is (541) 207-7168, or by email at rcearns@ucfd1.com.

Sincerely,

Richard C. Cearns

Richard C. Cearns
Deputy Chief
Umatilla County Fire District 1

Umatilla County Fire District # 1 is devoted to protecting the communities we serve by providing the highest quality of compassionate and professional services.

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name: Umatilla County Fire District #1

Address: 320 Street: South First Mailing Address: 320 South First Street

City: Hermiston State: Oregon Zip: 97838

Phone: (541) 567-8822 Email: rcearns@ucfd1.com Fax: (541) 564-6463

Name of Owner or Principle Contact: Scott J. Stanton

If Corporation, provide legal name:

Names of Officers and Titles:

Scott J. Stanton - Fire Chief

Richard C. Cearnas - Deputy Chief

Corey Gorham - Division Chief

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA - ASA - 2

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be

SPECIFIC in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email: thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City: Hermiston

Address: 320 South First Street

Address: 78760 Westland Road

Address: 32590 E. Punkin Center Rd

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

| Unit No. | Type | Year | ALS | BLS | License No. | Veh. Lic. No. | VIN |
|----------|------|------|-------------------------------------|--------------------------|-------------|---------------|-------------------|
| M21 | GA | 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41349 | E289820 | 1FDUF4HN3NEC71907 |
| M22 | GA | 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41435 | E294063 | 1FDUF4HT2NDA13625 |
| M23 | GA | 2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40293 | E258185 | 1FDUF4GTXDEA42252 |
| M24 | GA | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40961 | E278111 | 3C7WRNCL3JG317421 |
| M25 | GA | 2022 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41333 | E237649 | 3C6LRVDG8NE103468 |

ASA Application

Pg. 3

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ASA Application

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ASA Application

Pg. 5

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Bus. Phone (541) 276-4642 Ore. Medical Board License No. MD23266

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ASA Application

Pg.6

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Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or

Yes
No

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2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

Name, Title, and signature of person filling out this form

Name: (please print) Scott J. Stanton

Date: 11/21/2023

Title: Fire Chief

Signature: 

| Name | Number | Level |
|----------------------------|---------|------------------------------|
| Hinton, Daniel E | 135617 | Paramedic |
| Husk, Casey L | 204178 | Paramedic |
| Marcum, Eldon Grant | 206513 | Emergency Medical Responder |
| ROCK, TYLER | 202148 | Emergency Medical Technician |
| Nelson, Wesley Philip | 207513 | Emergency Medical Technician |
| Reynolds, Kory C | 200291 | Paramedic |
| Shult, Daniel L | 131218 | Paramedic |
| Fielden, Michael Scott | 207162 | Emergency Medical Technician |
| Phillips, Gaige M | 144869 | Paramedic |
| Fisher, Matthew Jeremy | 133410 | Paramedic |
| Rutherford, Kyle William | 139083 | Paramedic |
| Smith, Joshua T | 133095 | Paramedic |
| Whelan, Joseph Robert | 146797 | Paramedic |
| Roberts, Jerry W | 125612 | Paramedic |
| Stephens, Nathan T | 122943 | Paramedic |
| Dewitt, William Robert | 140946 | Emergency Medical Technician |
| Ramsey, Tom D | 139471 | Emergency Medical Technician |
| Walker, Chandra L | 146249 | Paramedic |
| Blood, Daniel W | 142682 | Paramedic |
| Kearns, Katherine | 205231 | Paramedic |
| Bozeman, Michael J | 113674 | Oregon EMT-Intermediate |
| Campbell, Ryan | 200962 | Emergency Medical Technician |
| Harris, Raymond Neal | 200893 | Emergency Medical Technician |
| Marquez, Cameron | 202997 | Emergency Medical Technician |
| Gibson, Billy R | 147570 | Paramedic |
| Overstreet, Melissa Brooke | 143454 | Paramedic |
| Brown, Jesse D | 142639 | Advanced EMT |
| Goff, Scott Allen | 118902 | Oregon EMT-Intermediate |
| Gorham, Corey A | 126410 | Paramedic |
| Adams MD, Bradley Scott | MD23266 | Doctor of Medicine |
| Lewis, Matthew E | 134728 | Paramedic |
| Marcum, Jessica Lynn | 134050 | Paramedic |
| Hodge, Matthew J | 131815 | Paramedic |
| Pawley, Jordan W | 145649 | Advanced EMT |
| Hampton, Makiah Joel | 203847 | Paramedic |
| Johnson, Kaitlyn Marie | 207549 | Emergency Medical Technician |
| Phillips, Trevor D | 146015 | Advanced EMT |
| Corral, Andrew Richard | 201979 | Paramedic |
| Sheller, Reece Christopher | 204990 | Paramedic |
| Griffith, Jeremy L | 132180 | Paramedic |
| Stanton, Scott J | 120976 | Advanced EMT |
| Watson, Lee James | 203569 | Emergency Medical Technician |
| Cearns, Richard C | 129229 | Paramedic |
| Franz, James W | 134057 | Oregon EMT-Intermediate |
| Fowler, John Ryan | 147561 | Paramedic |
| Shelton, Kelly E | 129806 | Paramedic |

| | |
|-------------------------|-------------------------------------|
| Wrathall, Christopher J | 127128 Paramedic |
| Davis, James A | 128502 Paramedic |
| Church, Tyler D | 143841 Paramedic |
| Salvador, Lee Allan | 202433 Emergency Medical Technician |
| Diaz, Paul Rivelino | 203349 Paramedic |
| Tucker, Dillon Jacob | 206815 Emergency Medical Technician |
| Clark, Edward L | 128954 Paramedic |

**FORM
LB-20**

RESOURCES
By Fund, Organizational Unit or Program
Umatilla County Fire Dist #1
General Fund

| | Historical Data | | | Adopted Budget Current Year 2022-23 | RESOURCES DESCRIPTION | Budget For Next Year 2023-24 | | | |
|----|-----------------------------|----------------------------|------------|---|-----------------------|-------------------------------|-------------------------------------|----------------------------------|----|
| | Actual | | | | | Proposed by Budget Officer | Approved by the Budget Committee | Adopted by the Governing Body | |
| | Second Preceding 2020-21 | First Preceding 2021-22 | | | | | | | |
| 1 | 1,483,688 | 1,871,041 | 1,900,000 | 1,900,000 | 2,285,102 | 2,285,102 | 2,285,102 | 2,285,102 | 1 |
| 2 | 143,978 | 98,719 | 100,000 | 100,000 | 75,000 | 75,000 | 75,000 | 75,000 | 2 |
| 3 | 13,627 | 12,228 | 15,000 | 15,000 | 40,000 | 40,000 | 40,000 | 40,000 | 3 |
| | | | | | | | | | |
| 4 | 220,365 | 136,489 | 160,000 | 160,000 | 273,123 | 273,123 | 273,123 | 273,123 | 4 |
| 5 | 2,730,491 | 2,350,248 | 2,400,000 | 2,400,000 | 2,600,000 | 2,600,000 | 2,600,000 | 2,600,000 | 5 |
| 6 | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| 7 | - | - | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 7 |
| 8 | - | 54,050 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | 8 |
| 9 | 66,658 | - | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | 9 |
| 10 | 113,715 | 90,789 | 110,000 | 110,000 | 100,000 | 100,000 | 100,000 | 100,000 | 10 |
| 11 | 1,209 | 12,947 | 17,500 | 17,500 | 10,000 | 10,000 | 10,000 | 10,000 | 11 |
| 12 | - | - | 5,000 | 5,000 | 0 | 0 | 0 | 0 | 12 |
| 13 | - | - | - | - | 0 | 0 | 0 | 0 | 13 |
| 14 | 11,883 | 10,110 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 14 |
| 15 | 165,343 | 57,100 | 60,000 | 60,000 | 100,000 | 100,000 | 100,000 | 100,000 | 15 |
| 16 | - | - | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 | 16 |
| 17 | 21,371 | 9,707 | 20,000 | 20,000 | 10,000 | 10,000 | 10,000 | 10,000 | 17 |
| 18 | 135,473 | 38,829 | 50,000 | 50,000 | 25,000 | 25,000 | 25,000 | 25,000 | 18 |
| 19 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 12,000 | 19 |
| 20 | 20,000 | - | 25,000 | 25,000 | 35,000 | 35,000 | 35,000 | 35,000 | 20 |
| 21 | 7,028 | 23,983 | 0 | 0 | 0 | 0 | 0 | 0 | 21 |
| 22 | 22,897 | 235,118 | 125,000 | 125,000 | 125,000 | 125,000 | 125,000 | 125,000 | 22 |
| 23 | 1,429 | 25,000 | 23,000 | 23,000 | 23,000 | 23,000 | 23,000 | 23,000 | 23 |
| 24 | 46,818 | 31,524 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| 25 | 274,431 | 473,707 | 650,000 | 650,000 | 550,000 | 550,000 | 550,000 | 550,000 | 25 |
| 26 | 5,492,214 | 5,541,599 | 6,085,500 | 6,085,500 | 6,000 | 6,000 | 6,000 | 6,000 | 26 |
| 27 | 4,184,548 | 4,441,861 | 4,500,000 | 4,500,000 | 6,736,225 | 6,736,225 | 6,736,225 | 6,736,225 | 27 |
| 28 | - | - | - | - | 4,700,000 | 4,700,000 | 4,700,000 | 4,700,000 | 28 |
| 29 | 9,676,762 | 9,983,460 | 10,885,500 | 10,885,500 | 11,436,225 | 11,436,225 | 11,436,225 | 11,436,225 | 29 |

REQUIREMENTS SUMMARY
By Fund, Organizational Unit or Program
Umatilla County Fire District # 1
General Fund

| | Historical Data | | | REQUIREMENTS DESCRIPTION | Budget For Next Year 2023-24 | | |
|----|--------------------------|-------------------------|------------------|---|------------------------------|----------------------------------|---------------------------|
| | Actual | Adopted Budget | This Year | | Proposed by budget officer | Approved by the Budget Committee | Adopted by Governing body |
| | Second Preceding 2020-21 | First Preceding 2021-22 | | | | | |
| | | | | PERSONAL SERVICES | | | |
| 1 | 809,437 | 842,282 | 1,025,000 | 1. Insurance, Med, Dent, Life | 1,025,000 | 1,025,000 | 1,025,000 |
| 2 | 1,176 | 1,210 | 4,000 | 2. Insurance, Unemployment | 2,500 | 2,500 | 2,500 |
| 3 | 82,311 | 83,265 | 95,000 | 3. Insurance, Workers Comp | 105,000 | 105,000 | 105,000 |
| 4 | 4,527,211 | 4,549,710 | 4,800,000 | 4. Personnel | 5,000,000 | 5,000,000 | 5,000,000 |
| 5 | 700,497 | 622,081 | 1,100,000 | 5. Retirement | 1,100,000 | 1,100,000 | 1,100,000 |
| 6 | 309,707 | 347,129 | 351,900 | 6. Social Security | 382,500 | 382,500 | 382,500 |
| 7 | 86,250 | 77,500 | 107,500 | 7. VEBA | 115,000 | 115,000 | 115,000 |
| 8 | 6,516,589 | 6,523,167 | 7,283,400 | 8. TOTAL PERSONAL SERVICES | 7,730,000 | 7,730,000 | 7,730,000 |
| 9 | | | | MATERIALS AND SERVICES | | | |
| 10 | 280 | 966 | 10,000 | 10. Advertising, Not FireMed | 10,000 | 10,000 | 10,000 |
| 11 | 1,288 | 641 | 1,500 | 11. Advertising, Elections and Budgets | 1,500 | 1,500 | 1,500 |
| 12 | 444 | 18 | 1,000 | 12. Ambulance Billing Expenses | 1,000 | 1,000 | 1,000 |
| 14 | - | - | 2,000 | 14. Ambulance Transport | 2,000 | 2,000 | 2,000 |
| 15 | 9,000 | 10,100 | 11,500 | 15. Auditing and Filing Fee | 11,000 | 11,000 | 11,000 |
| 16 | - | 11,572 | 13,000 | 16. Bank Service Fees | 5,000 | 5,000 | 5,000 |
| 17 | 316 | 423 | 1,000 | 17. Clean, Laundry & Sanitation | 2,000 | 2,000 | 2,000 |
| 18 | 14,400 | 14,400 | 14,400 | 18. Clerk's Fee | 14,400 | 14,400 | 14,400 |
| 19 | 164 | 2,927 | 6,000 | 19. Directors Fees & Expenses | 6,000 | 6,000 | 6,000 |
| 20 | 123,191 | 144,415 | 145,000 | 20. Dispatch Service | 160,166 | 160,166 | 160,166 |
| 21 | 15,033 | 17,591 | 20,000 | 21. Dues & Memberships | 30,000 | 30,000 | 30,000 |
| 22 | 0 | 0 | 50,000 | 22. Facilities Communications Maintenance | 50,000 | 50,000 | 50,000 |
| 23 | - | - | 0 | 23. Fire Med Expense | | | |
| 24 | 398 | 2,760 | 10,000 | 24. Fire Prevention | 10,000 | 10,000 | 10,000 |
| 25 | 48,304 | 70,566 | 100,000 | 25. Fuel, Vehicle | 125,000 | 125,000 | 125,000 |
| 26 | 1,544 | 1,383 | 2,500 | 26. HazMat | 2,500 | 2,500 | 2,500 |
| 27 | 13,837 | - | - | 27. In Transit | | | |
| 28 | 23,983 | 32,178 | 28,000 | 28. Insurance, Liability | 31,000 | 31,000 | 31,000 |
| 29 | 22,555 | 23,674 | 28,000 | 29. Insurance, Property (Not Vehicle) | 40,000 | 40,000 | 40,000 |
| 30 | 24,143 | 25,794 | 35,000 | 30. Insurance, Vehicle | 40,000 | 40,000 | 40,000 |
| 31 | - | 0 | 0 | 31. Deferred Comp | | | |
| 32 | 8,720 | 6,174 | 20,000 | 32. Legal Expenses | 30,000 | 30,000 | 30,000 |
| 33 | 19,293 | 28,311 | 70,000 | 33. Licenses, Permits & Fees | 100,000 | 100,000 | 100,000 |
| 34 | 9,048 | 8,336 | 20,000 | 34. Maintenance, Building and Grounds | 20,000 | 20,000 | 20,000 |
| 35 | 4,000 | 4,000 | 8,000 | 35. Volunteer Benevolent Fund | 8,000 | 8,000 | 8,000 |
| 36 | 2,176 | 4,500 | 4,500 | 36. Pager, purchase and repair | 5,000 | 5,000 | 5,000 |

**FORM
LB-30**

**REQUIREMENTS SUMMARY
By Fund, Organizational Unit or Program
Umatilla County Fire District # 1
General Fund**

| | | | | | | | | |
|----|------------------|------------------|-------------------|--|-------------------|-------------------|-------------------|-----------|
| 37 | 17,005 | | 35,000 | 37. PPE, Purchase and Repair | 40,000 | 40,000 | 40,000 | 37 |
| 38 | 124,729 | 137,263 | 250,000 | 38. Professional Services, Other | 275,000 | 275,000 | 275,000 | 38 |
| 39 | 8,592 | 14,006 | 25,000 | 39. Repairs, Equipment, OTV | 25,000 | 25,000 | 25,000 | 39 |
| 40 | 8,117 | 4,309 | 20,000 | 40. Repairs, Stations and grounds | 20,000 | 20,000 | 20,000 | 40 |
| 41 | 65,627 | 56,488 | 80,000 | 41. Repairs, Vehicles, | 80,000 | 80,000 | 80,000 | 41 |
| 42 | 14,544 | 25,664 | 110,000 | 42. Resident Intern Program (Sleepers) | 110,000 | 110,000 | 110,000 | 42 |
| 43 | - | - | 0 | 43. Training Equipment | 20,000 | 20,000 | 20,000 | 43 |
| 44 | 37,745 | 63,907 | 100,000 | 44. Supplies & Commodities | 90,000 | 90,000 | 90,000 | 44 |
| 45 | 88,412 | 107,443 | 125,000 | 45. Supplies, Medical & Lab | 150,000 | 150,000 | 150,000 | 45 |
| 46 | 14,372 | 19,071 | 25,000 | 46. Supplies, Office & Postal | 25,000 | 25,000 | 25,000 | 46 |
| 47 | 117,160 | 73,587 | 90,000 | 47. Technology | 120,000 | 120,000 | 120,000 | 47 |
| 48 | 5,267 | 3,750 | 15,000 | 48. Telephone | 15,000 | 15,000 | 15,000 | 48 |
| 49 | 26,465 | 41,999 | 100,000 | 49. Training & Travel | 90,000 | 90,000 | 90,000 | 49 |
| 50 | 15,985 | 23,097 | 50,000 | 50. Uniforms | 60,000 | 60,000 | 60,000 | 50 |
| 51 | 28,596 | 35,597 | 45,000 | 51. Utilities, Stations | 50,000 | 50,000 | 50,000 | 51 |
| 52 | 914,763 | 1,011,330 | 1,671,400 | TOTAL MATERIALS AND SERVICES | 1,874,566 | 1,874,566 | 1,874,566 | 52 |
| 53 | | | | CAPITAL OUTLAY | | | | 53 |
| 54 | 249,732 | 64,574 | 0 | 54. Debt Service | | | | 54 |
| 55 | 20,727 | 88,067 | 600,000 | 55. Vehicle and Equipment (fire engines, etc.) | 675,000 | 675,000 | 675,000 | 55 |
| 56 | | | 300,000 | 56. Debt Service Loan | 300,000 | 300,000 | 300,000 | 56 |
| 57 | | | | 57 | | | | 57 |
| 58 | | | | | | | | 58 |
| 59 | 270,459 | 152,641 | 900,000 | TOTAL CAPITAL OUTLAY | 975,000 | 975,000 | 975,000 | 59 |
| 60 | | | | TRANSFERS | | | | 60 |
| 61 | | | | TRANSFER to reserve fund | 50,000 | 50,000 | 50,000 | 61 |
| 62 | | | | | | | | 62 |
| 63 | | | | | | | | 63 |
| 64 | | | | | | | | 64 |
| 65 | 290,858 | 299,635 | 730,700 | 65. OPERATING CONTINGENCY | 50,000 | 50,000 | 50,000 | 65 |
| 66 | 1,650,462 | 1,871,041 | | 66. Ending balance (prior years) | 806,659 | 806,659 | 806,659 | 66 |
| 67 | | 0 | | 67. UNAPPROPRIATED ENDING FUND BALANCE | | | | 67 |
| 68 | 9,643,131 | 9,857,814 | 10,585,500 | 68. TOTAL REQUIREMENTS | 11,436,225 | 11,436,225 | 11,436,225 | 68 |

**SPECIAL FUND
RESOURCES AND REQUIREMENTS**

**FORM
LB-10**

Umatilla County Fire District # 1
(Name of Municipal Corporation)

GO Bond Project Fund - 1st series
(Fund)

| Historical Data | | DESCRIPTION RESOURCES AND REQUIREMENTS | Budget for Next Year 2023-24 | | |
|---------------------------------|-----------------------------------|--|-------------------------------|---------------------------------|------------------------------|
| Actual | | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body |
| Second Preceding Year 20 - - | First Preceding Year 2021 - 22 | | | | |
| 1 | | 1 RESOURCES | | | |
| 2 | | 2 Cash on hand * (cash basis), or | 100000 | \$100,000 | 7699960 |
| 3 | | 3 Working Capital (accrual basis) | | | |
| 4 | | 4 Previously levied taxes estimated to be received | 2,000 | \$2,000 | |
| 5 | | 5 Interest | 17,000 | \$17,000 | 10000 |
| 6 | | 6 Transferred IN, from other funds | | | |
| 7 | 7001252 | 7 Bond Proceeds | 400000 | 4000000 | |
| 8 | | 8 | | | |
| 9 | | 9 | | | |
| 10 | 0 | 10 Total Resources, except taxes to be levied | \$519,000 | \$4,119,000 | \$7,649,960 |
| 11 | | 11 Taxes estimated to be received | 837,862 | \$837,862 | 0 |
| 12 | | 12 Taxes collected in year levied | | | |
| 13 | 0 | 13 TOTAL RESOURCES | \$1,356,862 | \$4,956,862 | 7649960 |
| 14 | | 14 REQUIREMENTS ** | | | |
| 15 | 115395 | 15 Costs of Bond Issuance | 100,000 | 100000 | 0 |
| 16 | 2500000 | 16 Project Costs | 3,900,000 | \$3,900,000 | \$5,500,000 |
| 17 | 5920 | 17 John Deere Tractor | | | |
| 18 | 185505 | 18 Training Tower | | | |
| 19 | 848692 | 19 Fire Engine Lease | | | |
| 20 | 423714 | 20 Station 25 Loan | | | |
| 21 | | 21 | | | |
| 22 | | 22 | | | |
| 23 | | 23 | | | |
| 24 | | 24 | | | |
| 25 | | 25 | | | |
| 26 | | 26 | | | |
| 27 | | 27 | | | |
| 28 | | 28 | | | |
| 29 | 2922026 | 29 Ending balance (prior years) | | | |
| 30 | | 30 UNAPPROPRIATED ENDING FUND BALANCE | \$956,862 | \$956,862 | \$2,149,960 |
| 31 | 0 | 31 TOTAL REQUIREMENTS | \$4,956,862 | \$4,956,862 | \$7,649,960 |

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year

**List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

FORM LB-11

This fund is authorized and established by resolution / ordinance number _____ on (date) 5-10-2023 for the following specified purpose:
Purchase Equipment or Buildings or Building Sites for Stations

RESERVE FUND RESOURCES AND REQUIREMENTS

Year this reserve fund will be reviewed to be continued or abolished.
Date can not be more than 10 years after establishment.
Review Year: 2024

| Historical Data | | Adopted Budget This Year 2022-2023 | DESCRIPTION RESOURCES AND REQUIREMENTS | Umatilla County Fire District 1 Budget for Next Year 2023-2024 | | |
|-----------------|-------------------------------|------------------------------------|--|--|----------------------------|------------------------------|
| Actual | Second Preceding Year 2020-21 | | | First Preceding Year 2021-22 | Proposed By Budget Officer | Approved By Budget Committee |
| 1 | | | RESOURCES | | | |
| 2 | | | 1. Cash on hand* (cash basis) or | 0 | 0 | 0 |
| 3 | | | 2. Working Capital (accrual basis) | | | |
| 4 | | | 3. Previously levied taxes estimated to be received | | | |
| 5 | | | 4. Earnings from temporary investments | | | |
| 6 | | | 5. Transferred from other funds | 50,000 | 50,000 | 50,000 |
| 7 | | | 6 | | | |
| 8 | | | 7 | | | |
| 9 | | | 8 | | | |
| 10 | | | 9 | | | |
| 11 | | | 10. Total Resources, except taxes to be levied | 50000 | 50000 | 50000 |
| 12 | | | 11. Taxes estimated to be received | | | |
| | | | 12. Taxes collected in year levied | | | |
| 13 | 0 | 0 | 13. TOTAL RESOURCES | 50000 | 50000 | 50000 |
| 1 | | | REQUIREMENTS | | | |
| 2 | | | 1 Purchase of Equipment or Buildings; Acquisition of | | | |
| 3 | | | 2 | | | |
| 4 | | | 3 | | | |
| 5 | | | 4 | | | |
| 6 | | | 5 | | | |
| 7 | | | 6 | | | |
| 8 | | | 7 | | | |
| 9 | | | 8 | | | |
| 10 | | | 9 | | | |
| 11 | | | 10 | | | |
| 12 | | | 11 | | | |
| 13 | | | 12 | | | |
| | | | 13. RESERVED FOR FUTURE EXPENDITURE | 50000 | 50000 | 50000 |
| 14 | 0 | 0 | 14. TOTAL REQUIREMENTS | 50000 | 50000 | 50000 |

*Includes Unappropriated Balance budgeted last year

**BONDED DEBT
RESOURCES AND REQUIREMENTS**

Bond Debt Payments are for:
 Revenue Bonds or
 General Obligation Bonds

Umatilla County Fire District # 1
 (Name of Municipal Corporation)

**FORM
LB-35**

General Obligation Bonded Debt
 (Fund)

| Historical Data | | DESCRIPTION OF RESOURCES AND REQUIREMENTS | Budget for Next Year 2023-24 | | |
|-----------------|-------------------------------------|--|-------------------------------|---------------------------------|------------------------------|
| Actual | Adopted Budget This Year 2022-23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body |
| | | Resources | | | |
| 1 | | 1 | | | 1 |
| 2 | 0 | 2 | 30,155 | 30,155 | 30,155 |
| 3 | | 3 | | | |
| 4 | 0 | 4 | 2,000 | 2,000 | 2,000 |
| 5 | 17,047 | 5 | 17,000 | 17,000 | 17,000 |
| 6 | | 6 | | | |
| 7 | | 7 | 49,155 | 49,155 | 49,155 |
| 8 | 0 | 8 | | | |
| 9 | 17,047 | 9 | | | |
| 10 | 410,771 | 10 | 837,862 | 837,862 | 966,038 |
| 11 | 0 | 11 | 887,017 | 887,017 | 1,015,193 |
| | | TOTAL RESOURCES | | | |
| | | Requirements | | | |
| | | Bond Principal Payments | | | |
| 12 | | 12 | | | |
| 13 | 285,000 | 13 | 630,125 | 630,125 | 460,000 |
| 14 | | 14 | | | |
| 15 | | 15 | | | |
| 16 | 0 | 16 | 630,125 | 630,125 | 460,000 |
| | | Total Principal | | | |
| | | Bond Interest Payments | | | |
| 17 | | 17 | | | |
| 18 | 53,545 | 18 | 80,014 | 80,014 | 139,783 |
| 19 | 64,254 | 19 | 82,300 | 82,300 | 144,603 |
| 20 | | 20 | | | 87,825 |
| 21 | 0 | 21 | 162,314 | 162,314 | 87,825 |
| | | Total Interest | | | |
| 22 | | 22 | | | 460,036 |
| 23 | | 23 | | | |
| 24 | | 24 | | | |
| 25 | | 25 | | | |
| 26 | 25,019 | 26 | | | |
| 27 | | 27 | 94,578 | 94,578 | 95,157 |
| 28 | | 28 | | | |
| 29 | | 29 | | | |
| 30 | 0 | 30 | 887,017 | 887,017 | 1,015,193 |

150-504-035 (Rev 10-16)

*If this form is used for revenue bonds, property tax resources may not be included.

| GENERAL LIABILITY and AUTO LIABILITY EVIDENCE OF INSURANCE CERTIFICATE | | | | | | | |
|--|------------------------------------|----------------------------|--|-------------------|----------------|-----------------|------------|
| AGENCY/AGENT - ISSUING CERTIFICATE | | | Date: 11/21/2023 | | | | |
| The Swanson Insurance Group, LLC PO Box 24 Hermiston, OR 97838 Josh Burns | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENTS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN ANY OF THE FOLLOWING PARTIES: THE AGENCY, NAMED PARTICIPANT, CERTIFICATE HOLDER AND/OR COMPANIES AFFORDING COVERAGE. | | | | |
| NAMED PARTICIPANT/MEMBER - REQUESTING CERTIFICATE | | | ORGANIZATIONS AFFORDING COVERAGE | | | | |
| Umatilla County Fire District #1 320 S 1st St Hermiston, OR 97838 Scott Stanton 541-567-8822 | | | Company A - Special Districts Insurance Services (SDIS) Company B - Genesis Insurance Company | | | | |
| COVERAGES | | | | | | | |
| This is to certify that Coverage Documents listed herein have been issued to the Named Participant herein for the Coverage Period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the Coverage Documents listed herein is subject to all the terms, conditions and exclusions of such Coverage Documents. Aggregate Limits which are shown may have been reduced by paid Claims, Suits or Actions. The titles referenced under Type of Coverage are inserted solely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate. | | | | | | | |
| OR/CO LTR | Type of Coverage | Limits | | Coverage Document | Effective Date | Expiration Date | |
| A B | SDIS Liability Coverage | | Annual Aggregate | None | 38P52994-5344 | 01/01/2023 | 12/31/2023 |
| | X | Per Occurrence | \$5,000,000 | | | | |
| | X | Per Wrongful Act | | | | | |
| | X | Public Officials Liability | | | | | |
| | X | Employment Practices | \$5,000,000 | | | | |
| Employment Practices Deductible/SIR: \$0 Wrongful Acts Deductible/SIR: \$0 General Liability Deductible/SIR: \$0 *\$10,000 Minimum deductible for terminations if SDIS or approved legal counsel is not consulted prior to an employment termination. | | | | | | | |
| A B | Auto Liability | | | | 38P52994-5344 | 01/01/2023 | 12/31/2023 |
| | X | Scheduled Autos | \$500,000 | | | | |
| | X | Hired & Non-Owned Autos | | | | | |
| | X | Per Accident | | | | | |
| X | Deductible/SIR: \$0 | | | | | | |
| A B | Excess Auto Liability | | | | 38P52994-5344 | 01/01/2023 | 12/31/2023 |
| | X | Scheduled Autos | \$4,500,000 | | | | |
| | X | Hired & Non-Owned Autos | | | | | |
| | X | Per Accident | | | | | |
| X | Excess of: \$500,000 | | | | | | |
| A B | Supplemental Auto Liability | | | | 38P52994-5344 | 01/01/2023 | 12/31/2023 |
| | X | UM/UIM | \$500,000 | | | | |
| | X | Personal Injury Protection | Per Schedule in Coverage Document | | | | |



Umatilla County Fire District #1

320 S. 1st Street
Hermiston, OR 97838

541-567-8822 Bus | ucfd1.com
541-564-6463 Fax | fire.district@ucfd1.com

To: Umatilla Co. ASA Committee
From: Richard C. Cearns
Date: November 21, 2023
Subject: Statement of Experience

Hermiston City Fire Department was formed in 1910 with all volunteer personnel. In 1950, Hermiston Rural Fire Protection District was formed. In 1960, the two districts hired and shared the expense of its first paid employee, Chief Bob Russell. In 1998 the rural district annexed the city department and formed Hermiston Fire & Emergency Services (HFES) District. In 2016 HFES and the Stanfield Fire Department joined forces to create Umatilla County Fire District #1 (UCFD1). Throughout history as many departments we have been the sole franchise of ASA-2, and successfully been the provider of the old ASA-3 since 2014.

EMS, including ambulance transports began in our culture in 1973 with basic life support (BLS) personnel. Level of service quickly grew into advanced life support (ALS) sometime in the early 1980's. Today, our department responds to over 6000 incidents annually out of five strategically located fire stations. We have the ability with daily on-duty members to simultaneously staff four ALS ambulances. With our call-in and general-alarm procedures we are frequently able to staff our two additional ambulances when needed.

Our six ambulances exceed the Oregon Health Authority requirements with all being fully ALS. In addition, we have a Quick Response Unit (QRU) located at Station 24. Both units have advanced equipment and are able to provide BLS or ALS care depending upon responder licensure level. We also work with the Umatilla Rural and Echo Fire Departments who provides BLS QRT response. Eight EMS units plus our community paramedic unit provide a noteworthy redundancy to our ability to serve both significant and simultaneous incidents throughout our ASA.

UCFD1 has advanced hazmat and extrication capabilities, as well as a fleet mechanic and in-house billing. A full-time EMS Chief administers Oregon Health EMS agency rules, training records, and licensure of our 70 EMS providers. The EMS Chief liaisons with many of our partner agencies including fire departments, law enforcement & dispatch, health care facilities, and professional committees, all of which makes our EMS system stronger.

We currently provide inter-facility transfer service for Good Shepherd Medical Center and have a strong partnership established with them. Our inter-facility transfer (IFT) times are tracked on our forms and monitored by the EMS Chief.

In times of extra-ordinary circumstance, we have reciprocal mutual-aid agreements with all agencies in Umatilla and Morrow Counties. When an MCI is declared by the IC, our mass casualty plan allows us to summon help from anywhere.

Umatilla County Fire District # 1 is devoted to protecting the communities we serve by providing the highest quality of compassionate and professional services.

**MEMORANDUM OF AGREEMENT
BETWEEN
GOOD SHEPHERD HEALTH CARE SYSTEM
AND
UMATILLA COUNTY FIRE DISTRICT # 1**

This agreement is entered into by the above parties to define the conditions, terms and provisions of reimbursement for Registered Nurses and Respiratory Technicians who provide services on Inter-facility transports via ambulances.

I. PURPOSE

The purpose of this memorandum of agreement is to define the relationship between Good Shepherd Health Care System (GSHCS) and Umatilla County Fire District # 1 (UCFD1) regarding the conditions, terms and reimbursement of GSHCS employees who provide care and assistance on inter-facility transports in conjunction with UCFD1 ambulances and crews.

II. RESPONSIBILITIES OF EACH PARTY

a. Good Shepherd Health Care System:

- i. The shift supervisor will be responsible for coordinating and scheduling the proper personnel who are certified and licensed appropriately for transporting GSHCS patients and assisting UCFD1 crews to a designated destination.
- ii. The shift supervisor shall fill out the transfer sheet with the name of the medical provider and the number of hours logged on the transport. Place in the VP of Nursing box in Supervisor's office, which will then be forwarded to data processing.
- iii. At the end of the month, the billing department/accounting will submit an invoice to Umatilla County Fire District # 1, Attention: Office Manager, to include names and hours for the month.

b. Umatilla County Fire District # 1:

- i. UCFD1 will provide an advanced life support ambulance for all requested transports.
- ii. Provide the requested proper level of care/licensed personnel.
- iii. Provide reimbursement for GSHCS personnel utilized on inter-facility transports within 30 days of the receipt of the invoice.
- iv. The agreed amounts will be:
 1. Nurse \$45.00 per hour
 2. RT \$35.00 per hour

III. CONTACT PERSON

- a. The shift supervisor on duty is the designated as the contact person on behalf of the hospital who will be responsible for arranging the proper personnel for the transport.
- b. The on-duty Battalion Chief or his/her designee will be the contact person for UCFD # 1

IV. RENEWAL/TERMINATIONS

- a. This agreement begins effective July 1, 2021 and continues until terminated by either party.
- b. Each year in March the parties shall meet to discuss appropriate levels of reimbursement and performance.
- c. This agreement may be terminated at any time by either party on a written notice to the other after having given thirty (30) days' notice.
- d. Nothing in this agreement is intended to be contrary to state or federal law. In the event of conflict between any term of the agreement and any applicable state or federal law, the parties shall attempt to resolve the conflict in good faith. If the parties shall reach an agreement or if the bargain of one or both parties is substantially altered the agreement may be canceled immediately or upon notice.

DocuSigned by:


ADP3A29BEBBA417...
Jim L. Schlenker
COO
Good Shepherd Health Care System
610 NW 11th Street, Hermiston, OR 97838

Date: 7/14/2021



Scott J. Stanton
District Fire Chief
Umatilla County Fire District # 1
320 S 1st Street, Hermiston, OR 97838

Date: 07/13/2021

MEMORANDUM OF UNDERSTANDING

Between

Umatilla County Fire District 1 – Ambulance Service

And

Good Shepherd Health Care System

Transport of Emergent and Non-Emergent Patients

This patient transport agreement is made by and between Umatilla County Fire District 1– Ambulance Service, hereinafter referred to as “Ambulance Service” and Good Shepherd Health Care System, hereinafter referred to as “Hospital”. On occasion, Hospital may contact Ambulance Service to transport patient(s) from Hospital to Hospital’s network partner or other hospital facilities consistent with the needs of the patient and Hospital. Ambulance Services agrees to transport such patients. It is also recognized that all appropriate patient consents will be obtained by Hospital.

TRANSPORT OPTIONS FOR ACUTE CARE INTERFACILITY TRANSFER

It is the responsibility of the transferring hospital/facility to select the transport option appropriate for the patient’s condition. However, if concerns are present reference EMS Protocol G8 – “Inter-facility Transport”.

Emergency Transport (Interfacility Emergency Response)

To be used for patient transfer between two acute care hospitals that requires critical timely interventions or evaluation at another hospital when that care is not available at the sending hospital.

- All emergent requests for transports will be requested through 911.
- Ambulance will respond as an emergency response.
- Provide Paramedic level service with a single Paramedic providing patient care.
 - When more personnel or higher level of care is required, sending hospital will provide additional personnel or equipment
 - As situation permits, additional fire district personnel might be used
- Arrival at the facility will generally be within 5 minutes. Patients should be ready for transport when ambulance arrives.
 - Examples:
 - Critical Trauma Care
 - Cardiac or Stroke interventional care
 - Obstetric care – patients in active labor (excluding those with imminent or possible precipitous delivery)
 - Other clinical situation which requires specialty emergent care not available at the sending facility (e.g. vascular surgery)

Urgent Care Transports

- To be used for all other transfers where off-duty personnel are used to prevent the depletion of on-duty staffing.
 - ASAP - Ambulance will respond when crew assembles and ambulance goes on-line. Arrival time is based upon availability. When at all possible, response time will be under 1 hour. UCFD1 will update the hospital on the transfer status within 30 minutes.
 - Fire District will provide an ETA and any status updates with the requesting facility. Include in the notes section any response time of 1 hour or more. When a response time of 1 hour or more has been agreed upon by both parties, document in notes section.
 - Additional personnel may be used as needed from hospital and/or fire district.
 - The duty officer will ensure all possible resources have been exhausted prior to declining a transport.

Scheduled Transports

- Used to schedule a transport on a specific date and/or time

Both parties are independent contractors. Neither party is authorized to act or permitted to act as an agent or employee of the other. Neither party by virtue of this Agreement assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other party.

Both parties will comply with the confidentiality and security provisions set forth in the Health Insurance Portability and Accountability Act of 1996. (See signed Business Associate Agreement on file.)

Charges for services performed by either Ambulance Service or Hospital for patient's transfer pursuant to this Agreement shall be collected by the party rendering such services and shall be collected directly from patients, from third party payors or other sources of payment. Neither party shall have any liability to the other for the billing, collection, or payment of charges for services performed by such other party except as otherwise provided in this Agreement or to the extent that such liability would exist separate and apart from this Agreement.

Compliance with Laws

The parties shall comply with all federal, state and local laws regarding patient transfer, and maintain business permits, certificates, licenses and accreditation that may be required to perform their obligations under this Agreement.

Entered into this 27th day of November, 2017.

GOOD SHEPHERD HEALTH CARE SYSTEM
610 NW Eleventh Street
Hermiston, OR 97838

UMATILLA COUNTY FIRE DISTRICT 1
320 South First
Hermiston, OR 97838

By


Jim Schlenker COO

By


Scott Stanton, Chief

MOU

HOSPITAL & EMS GUIDELINES FOR ACUTE CARE INTERFACILITY TRANSFER VIA GROUND AMBULANCE

I. PURPOSE

This policy describes options for interfacility transfer between acute care hospitals and the procedures required to arrange transport. Transport options vary in terms of accompanying personnel, scope of practice provided, and timeliness of availability.

II. TRANSPORT OPTIONS FOR ACUTE CARE INTERFACILITY TRANSFER

It is the responsibility of the transferring hospital/facility to select the transport option appropriate for the patient's condition. However, if concerns are present reference EMS Protocol G8 – "Inter-facility Transport".

A. Emergency Transport (Interfacility Emergency Response)

To be used for patient transfer between two acute care hospitals that requires critical timely interventions or evaluation at another hospital when that care is not available at the sending hospital.

1. Ambulance will respond as an emergency response
2. Provide Paramedic level service with a single Paramedic providing patient care.
 - i. When more personnel or higher level of care is required, sending hospital will provide additional personnel or equipment
 - ii. As situation permits, additional fire district personnel might be used
3. Arrival at the facility will generally be within 5 minutes. Patients should be ready for transport when ambulance arrives.
4. Examples:
 - i. Critical Trauma Care
 - ii. Cardiac or Stroke interventional care
 - iii. Obstetric care – patients in active labor (excluding those with imminent or possible precipitous delivery)
 - iv. Other clinical situation which requires specialty emergent care not available at the sending facility (e.g. vascular surgery)

B. Urgent Care Transports

To be used for all other transfers where off-duty personnel are used to prevent the depletion of on-duty staffing.

1. ASAP - Ambulance will respond when crew assembles and ambulance goes on-line. Arrival time is based upon availability. When at all possible, response time will be under 1 hour.
2. Fire District will provide an ETA and any status updates with the requesting facility. Include in the notes section any response time of 1 hour or more.

When a response time of 1 hour or more has been agreed upon by both parties, document in notes section.

3. Additional personnel may be used as needed from hospital and/or fire district

C. Scheduled Transports

Used to schedule a transport on a specific date and/or time

III. PROCEDURE TO ARRANGE ACUTE CARE INTERFACILITY TRANSFER

A. Emergency Transport (Interfacility Emergency Response)

1. Assure appropriate indication for use. Emergency ambulance transport utilizes 9-1-1 resources and is reserved for truly emergent cases.
2. Arrange for transfer with receiving hospital.
3. Assess patient needs in transport to determine if patient needs exceed paramedic scope of care. If beyond paramedic scope hospital will need to provide personnel and equipment to accompany patient (e.g. if IV pump needed, blood transfusion in progress, ventilator).
4. Have records (and staff and equipment, if necessary) prepared for transport. The ambulance will generally arrive within 5 minutes of request and patient should be ready for transport. If delays occur, the 9-1-1 ambulance may be reassigned for other emergency needs. If additional records are not available, they can be faxed or transported separately.
5. Call 9-1-1 and request "Ambulance for Interfacility Emergency Transport Response."

B. All other Urgent Care and Scheduled Transfers

1. Call the Main Fire Station at 541-567-8822 and arrange for the appropriate level of transport.
 - i. Fire District personnel will use the "Inter-facility Transfer Request" form to guide the process of determining the appropriate level of response.
 - ii. Reference "Transport Request Form" & "Transport Request Guideline" attach and make into 1 document/policy?
2. If nobody is at the Main Fire Station: Call Umatilla County Dispatch at 541-966-3651 and request that the Fire Dispatcher have the duty officer (or designee) call you immediately.

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name: Fire Incident Resource Enterprise, Inc

Address: 84629

Street: Eastside Rd

Mailing Address: PO Box 356

City: Milton Freewater

State: OR

Zip: 97862

Phone: 5419387146

Email: cathy@mfrfd.com

Fax: 541-938-6963

Name of Owner or Principle Contact: Rick Saager

If Corporation, provide legal name: FIRE Inc

Names of Officers and Titles:

Richard D Saager-Owner

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA - 4

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be **SPECIFIC** in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email:thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City: Milton Freewater

Address: 84629 Eastside Rd

Address:

Address:

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

| Unit No. | Type | Year | ALS | BLS | License No. | Veh. Lic. No. | VIN |
|----------|------|------|-------------------------------------|-------------------------------------|-------------|---------------|-------------------|
| 29-1 | 3 | 2022 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 41395 | T612273 | 1FDUF5HT3NDA24848 |
| 29-2 | 3 | 2014 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 40486 | T569633 | 1FDUF4HT9EEB63672 |
| 29-3 | 1 | 2003 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 40452 | T539122 | 1FDXE45F93HA30734 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

ASA Application

Pg. 3

Emergency Medical Technicians Retained by Service

| Last Name | First Name | Level of Certification | Certification Number |
|----------------|---------------|------------------------|----------------------|
| Cadwell | James Brandon | Paramedic | 205278 |
| Wutzke MD | Jared | Doctor of Medicine | MD195799 |
| Saager | Rick | EMT | 117830 |
| Buman | Dakota | EMT | 208943 |
| schmidtgall | Michael | Paramedic | 132068 |
| Stafford | Miles | Paramedic | 208650 |
| Partney | Nathan | EMT | 205323 |
| Charnley-Ovens | Caitlin | EMT | 208568 |
| Froberg | Brandie | EMT | 205784 |
| Hendley | Nicole | EMT | 146449 |
| Fesler | David | EMT | 131231 |
| Lystrup | Matthias | Paramedic | 204528 |
| Rittenhour | Lexi | Paramedic | 205462 |
| Gibson | Mitch | EMT | 202942 |
| Lawrence | Ben | EMR | 141327 |
| Hopkins | Daniel | EMT | 144721 |
| Lamb | Adam | Paramedic | 204658 |

ASA Application

Pg. 4

Emergency Medical Technicians Retained by Service

Last Name

First Name

Level of Certification Certification Number

ASA Application

Pg. 5

Physician Advisor Information

Last Name Wutzke First Name Jared Mailing Address 401 W Poplar
City Walla Walla State WA Zip 99362
Bus. Phone 503-806-0651 Ore. Medical Board License No. MD195799

Financial Adequacy

Please provide proof of financial liability to operate an ambulance service in Umatilla County, including operating budget for public entities, or financial statement for private entities, references, and/or statements of past ambulance service.

Attached?

Financial Liability

Provide proof of public liability in the amount of not less than \$100,000 because of bodily injury to, or the death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to, or death of two or more persons in any one accident; \$20,000 because of injury to, or destruction of the property of others in any one accident; and \$500,000 because of injury arising from the negligent provision of pre-hospital care to any individual. Applicants may be self insured.

Attached?

Statement of Experience

Please provide a Statement of Experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated there under, any franchise issued, and the ASA Plan, including the ability to comply with the terms and conditions of the ASA Plan and applicable County Ordinances.

Attached?

Please provide a description of any prepaid ambulance service plan, including number of members, number of years of operation, funding, and term.

Attached?

ASA Application

Pg.6

Other ASA you are currently providing ambulance service in ASA-

None

Any State, other than Oregon, you are currently providing ambulance service in None

Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or

Yes
No

Attached?

IN THE CASE OF AN APPLICATION TO TRANSFER OR TAKE OVER AN ALREADY ASSIGNED ASA FRANCHISE, PLEASE PROVIDE THE FOLLOWING:

1. A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

Name, Title, and signature of person filling out this form

Name: (please print) Rick Saager

Date: 11-21-2023

Title: Owner Chief

Signature: 



Milton Freewater Rural Fire District



PO Box 356
84629 Eastside Road
Milton-Freewater, OR 97862

Telephone (541) 938-7146

Fax (541) 938-3605

STATEMENT OF EXPERIENCE

The Milton Freewater Valley Ambulance Board has provided emergency ambulance services to the area known as ASA-4 as an Oregon Special District since 1996. The district itself is managed by a chief/administrator with over 42 years of EMS and leadership experience. Overseeing the administrator as the Fire Chief with over 41 years of experience in EMS. Also overseeing the district is a five-member community elected by the Board of Directors.

Milton Freewater Emergency Medical Service operates from two locations with the ASA-4, providing emergency medical care with a tax base of 1.10 per thousand funded by the citizens of the ASA. Milton Freewater Valley Ambulance Board receives approximately 780,000.00 of tax revenue and funds the remainder of the budget with charges for services.

Milton Freewater Emergency Medical Service operates two type 1 ambulances and 1 type 2 Ambulance. Two are licensed to provide ALS transport. The district operates within compliance of the Umatilla County Ordinance governing ASA franchises and has not been found in violation of any part of the agreement or ordinance. Milton Freewater Emergency Medical Service does comply with all rules and statutes relating to emergency medical service for personnel and ambulance operator requirements as set forth by Oregon Legislature.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Saager".

Rick Saager

Chief

11-15-2023

509-520-7146



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|--|
| PRODUCER Maps Insurance 465 Division St. NE Salem OR 97301 | | CONTACT NAME: Heather Bartell PHONE (A/C, No, Ext): (503) 779-1850 E-MAIL ADDRESS: hbartell@mapsinsurance.com FAX (A/C, No): (503) 779-1854 | |
| INSURED Fire Incident Resource Enterprises, Inc., DBA: Milton Freewater Rural Fire Department P.O. Box 356 Milton Freewater OR 97862 | | INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # | |

COVERAGES **CERTIFICATE NUMBER:** CL236213109 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | MEPK07090517 | 05/01/2023 | 05/01/2024 | EACH OCCURRENCE \$ 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | OTHER: | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | GENERAL AGGREGATE \$ 10,000,000 | |
| | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PRODUCTS - COMP/OP AGG \$ 10,000,000 | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | BODILY INJURY (Per person) \$ | |
| | DED RETENTION \$ | | | | | | BODILY INJURY (Per accident) \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT \$ | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Operations of the named insured subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---------------|--|
| Evidence Only | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Heather Bartell</i> |

2022

AGREEMENT
Ambulance Services

This agreement is between MILTON-FREEWATER VALLEY AMBULANCE DISTRICT (“District”), and FIRE INCIDENT RESOURCE ENTERPRISES, INC. dba Milton Freewater Emergency Medical Services (“MFEMS”), regarding the providing of ambulance services to **Ambulance Service Area 4** (“ASA-4”).

1.0 Effective Date

This agreement is dated and shall become effective on July 1, 2022.

2.0 Purpose

The purpose of this agreement is for MFEMS to provide ambulance services within ASA-4 at the request of the district, and for the District to pay MFEMS a monthly amount to assist in the funding of those ambulance services.

2.1 At present MFEMS will staff one ALS ambulance 24 hours a day, seven days a week with one ALS personnel and one EMT A or B.

3.0 Ambulance Services

3.1 MFEMS agrees to provide ambulance services within the ASA-4 under the terms and the conditions of this agreement.

3.2 MFEMS agrees to provide ambulance services within the ASA-4 in compliance with all Oregon statutes and regulations for the provision of such ambulance service.

3.3 MFEMS must provide ambulance service to comply with all of the following:

- A. Provide advanced life support level of care.
- B. Respond to calls within time period required by Umatilla County Ordinance Chapter 90.
- C. All patient care equipment must meet or exceed the Oregon Health Division’s requirements as specified in ORS 682.017 to 682.991 and OAR 333-255-0072.
- D. All ambulances must be a Type I or III and be licensed by the Oregon Health Division and meet or exceed requirements in ORS 682.017 to 682.991 and OAR 333-255-0060.
- E. All employees operating ambulance must meet the requirements of ORS 682.017 to 682.991 and OAR 333-255-0072 and receive continuing medical education that meets recertification standards as specified by the Oregon Health Division.

3.4 MFEMS must maintain the following insurance in force during the term of this agreement:

- A. MFEMS shall comply with ORS 656.017 and provide the required Workers’ Compensation coverage unless such employers are exempt under ORS 656.126.
- B. General Liability insurance with a combined single limit of not less than \$1,000,000 each occurrence for bodily injury and property damage. It shall include contractual liability coverage for indemnity provided under this contract, and shall provide that the District and its board, officers and employees are

additional insured but only with respect to MFEMS' services to be provided under this agreement.

- C. Automobile Liability insurance with a combined single limit of not less than \$1,000,000 each occurrence of bodily injury and property damage, including coverage for owned, hired or non-owned vehicles, as applicable.
- D. Professional Liability insurance with a combined single limit of not less than \$1,000,000 for each claim, incident, or occurrence. This is to cover damages caused by error, omission, or negligent acts related to the professional services to be provided under this contract. Any deductible shall not exceed \$25,000 each claim, incident, or occurrence.
- E. There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverages without 30 days written notice from MFEMS or its insurers to the District.
- F. As evidence of the insurance coverages required by this agreement, MFEMS shall furnish acceptable insurance certificates to District prior to providing services. The certificate will specify all of the parties who are Additional Insured. Insuring companies or entities are subject to District acceptance. If requested, complete policy copies shall be provided to District. MFEMS shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self insurance.

3.5 MFEMS SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE DISTRICT AND ITS BOARD, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS FEES, RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF MFEMS OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, OR AGENTS UNDER THIS AGREEMENT AND FOR ANY AMBULANCE SERVICES PROVIDED BY MFEMS IN ASA-4.

4.0 Payment

- 4.1 Beginning July 1, 2022, District agrees to pay to MFEMS to provide ambulance services to ASA-4 for the amount equal to 90% of the Previous Months ACTUAL TAX Revenues received by the District,. Thereafter, EACH MONTHLY payment will be computed based on the PREVIOUS MONTHS ACTUAL TAX REVENUES.
- 4.2 The first payment will be paid on August 1, 2022, and thereafter on the first day of each month, until June 30, 2032. Payments are conditioned on the continuance of ambulance service.
- 4.3 ***NOTE: IF balances in the GENERAL FUND that carry forward (Contingencies) exceed \$50,000, the Board will release those funds to MFEMS on a semi-annual basis.***
- 4.4 MFEMS will have the ability to collect from users, insurance and other third-party providers, for the services provided under this agreement, in addition to the monthly payments made by the District.

5.0 Term

The term of this agreement shall be from July 1, 2022, to June 30, 2032.

6.0 Franchise

The performance of both parties under agreement is contingent upon the District maintaining an ambulance service franchise for ASA-4 from Umatilla County. The Board will require assistance in completing the ASA application from MFEMS.

7.0 Independent Contractor

7.1 MFEMS shall perform all work as an independent contractor. The District reserves the right (i) to determine and modify the delivery schedule for the work and (ii) to evaluate the quality of the work product. However, the District may not and will not control the means or manner of MFEMS' performance. MFEMS is responsible for determining the appropriate means and manner of performing the ambulance services.

7.2 MFEMS is not an officer, employee, or agent of the District as those terms are defined in ORS 30.265.

8.0 Representations and Warranties

MFEMS represents and warrants to the District that:

- A. MFEMS has the power and authority to enter and perform this contract.
- B. This agreement, when executed and delivered, shall be a valid and binding obligation of MFEMS enforceable in accordance with its terms.
- C. MFEMS has the skill and knowledge possessed by well-informed members of its industry, trade or profession and MFEMS will apply that skill and knowledge with care and diligence to perform the work in a professional manner and in accordance with standards prevalent in MFEMS' industry, trade or profession and state statutes and rules.
- D. MFEMS shall, at all times during the term of this agreement, be qualified, professionally competent, and duly licensed to perform the work.
- E. MFEMS has and will maintain all licenses required in the State of Oregon for the providing of ambulance services.

9.0 Grants

MFEMS may, at its own expense, apply for and process grant applications on behalf of the District, for the acquisition of equipment, training, employee retention, etc. for the district. The district agrees to support and to co-operate in the grant application process. In the event any equipment is obtained by the district through this grant process, MFEMS shall have the right to use the equipment free of charge during the term of this agreement.

10. Default and Termination

10.1 Time is of the essence under this contract.

10.2 Default by MFEMS.

MFEMS shall be in default under this Contract if:

- A. MFEMS institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis; or
- B. MFEMS no longer holds a license or certificate that is required for MFEMS to perform its obligations under the agreement and MFEMS has not obtained such license or certificate within fourteen (14) calendar days after District's notice or such longer period as District may specify in such notice; or
- C. MFEMS commits any material breach or default of any covenant, warranty, obligation or agreement under this agreement, fails to perform the work under this agreement within the time specified, or so fails to pursue the work as to endanger MFEMS' performance under this contract in accordance with its terms, and such breach, default or failure is not cured within fourteen (14) calendar days after District's notice, or such longer period as District may specify in such notice.

10.3 Default by District.

District shall be in default under this agreement if:

- A. District fails to pay MFEMS any amount pursuant to the terms of this contract, and MFEMS fails to cure such failure within fourteen (14) calendar days after MFEMS' notice or such longer period as MFEMS may specify in such notice; or
- B. District commits any material breach or default of any covenant, warranty, or obligation under this agreement, and such breach or default is not cured within fourteen (14) calendar days after MFEMS' notice or such longer period as MFEMS may specify in such notice.

10.4 Remedies for Default

In the event either party is in default under this paragraph, the non-defaulting party may, at its option, pursue any or all of the remedies available to it under this agreement and at law or in equity, including, but not limited to:

- A. Termination of this agreement;
- B. Withholding all monies due for work and work products that MFEMS has failed to deliver within any scheduled completion dates or has performed inadequately or defectively;
- C. Initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief;
- D. Exercise of its right of setoff.

These remedies are cumulative to the extent the remedies are not inconsistent, and the non-defaulting party may pursue any remedy or remedies singly, collectively, successively or in any order.

10.0 Assignments and Successor Interests

- 10.1 MFEMS shall not enter into any subcontracts for any work scheduled under this agreement, or assign or transfer any of its interest in this contract, without the

prior written consent of the District.

10.2 The provisions of this contract shall be binding upon and shall inure to the benefit of the parties, and their respective successors and assigns.

MILTON-FREEWATER VALLEY AMBULANCE DISTRICT

By: Janice Holden
Janice Holden

1/20/22
Date

By: George White
George White

1/20/22
Date

By: Kim Munk
Kim Munk

1/20/22
Date

By: Wes Koklich
WES KOKLICH

1-20-22
Date

By: Dan Kilmer
DAN KILMER

1-20-22
Date

By: _____

Date

FIRE INCIDENT RESOURCE ENTERPRISES, INC.
dba Milton-Freewater Emergency Medical Services

By: Rick Saager
RICK SAAGER

1-20-22
Date

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name: East Umatilla County Ambulance Area Health District

Address: 431

Street: E Main

Mailing Address: PO Box 640

City: Athena

State: Oregon

Zip: 97813

Phone: (541) 566-3813

Email: healthadmin@eufr.org

Fax: (877)469-6944

Name of Owner or Principle Contact: Michael Kobasa

If Corporation, provide legal name:

Names of Officers and Titles:

Michael Kobasa, EMS Chief/Health Administrator

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA - 5

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be **SPECIFIC** in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email:thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City: Athena, Oregon & Adams, Oregon

Address: 431 E Main St Athena, Oregon 97813

Address: 77167 Sand Hollow Rd Adams, Oregon 97810

Address:

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

| Unit No. | Type | Year | ALS | BLS | License No. | Veh. Lic. No. | VIN |
|----------|------|------|-------------------------------------|--------------------------|-------------|---------------|-------------------|
| M61 | 1 | 2020 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41195 | E222550 | 3C7WRTBL7KG573701 |
| M62 | 1 | 2019 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41084 | E280509 | 3C7WRTBL7KG573701 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

ASA Application

Pg. 3

Emergency Medical Technicians Retained by Service

| Last Name | First Name | Level of Certification | Certification Number |
|--------------|------------|------------------------|----------------------|
| Fournell | Andrew | Paramedic | 147015 |
| Andrews-Rost | Tiffanie | Paramedic | 125671 |
| Davison | Jennifer | EMT-I | 125597 |
| Kobasa | Michael | AEMT | 203065 |
| Woolbright | Mark | AEMT | 204568 |
| Woolbright | Karen | AEMT | 204567 |
| Baty | David | EMT | 119943 |
| Hall | Jason | EMT | 206875 |
| Papineau | Curtis | EMT | 207006 |
| Reasor | Dakota | EMT | 208017 |
| Spencer | Gaige | EMT | 204504 |
| Hancock | Ronald | EMT | 115548 |

ASA Application

Pg. 5

Physician Advisor Information

Last Name Adams First Name Bradley Mailing Address 3207 SW Perkins Ave.
City Pendleton State Oregon Zip 97801
Bus. Phone (541) 276-4642 Ore. Medical Board License No. MD23266

Financial Adequacy

Please provide proof of financial liability to operate an ambulance service in Umatilla County, including operating budget for public entities, or financial statement for private entities, references, and/or statements of past ambulance service.

Attached?

Financial Liability

Provide proof of public liability in the amount of not less than \$100,000 because of bodily injury to, or the death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to, or death of two or more persons in any one accident; \$20,000 because of injury to, or destruction of the property of others in any one accident; and \$500,000 because of injury arising from the negligent provision of pre-hospital care to any individual. Applicants may be self insured.

Attached?

Statement of Experience

Please provide a Statement of Experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated there under, any franchise issued, and the ASA Plan, including the ability to comply with the terms and conditions of the ASA Plan and applicable County Ordinances.

Attached?

Please provide a description of any prepaid ambulance service plan, including number of members, number of years of operation, funding, and term.

Attached?

ASA Application
Pg.6

Other ASA you are currently providing ambulance service in ASA-

None

Any State, other than Oregon, you are currently providing ambulance service in None

Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or

Yes
No

Attached?

IN THE CASE OF AN APPLICATION TO TRANSFER OR TAKE OVER AN ALREADY ASSIGNED ASA FRANCHISE, PLEASE PROVIDE THE FOLLOWING:


1. A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

Name, Title, and signature of person filling out this form

Name: (please print) Michael E. Kobasa

Date: 08/11/2023

Title: Health Administrator

Signature: 

| GENERAL LIABILITY and AUTO LIABILITY ADDITIONAL PARTICIPANT CERTIFICATE | | | | | | |
|--|------------------------------------|-----------------------------------|--|-------------------|----------------|-----------------|
| AGENCY/AGENT - ISSUING CERTIFICATE | | | Date: 06/15/2023 | | | |
| Wheatland Insurance-Pendleton PO Box 1127 Pendleton, OR 97801 Lindsey Lambert 541-276-7441 | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENTS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN ANY OF THE FOLLOWING PARTIES: THE AGENCY, NAMED PARTICIPANT, CERTIFICATE HOLDER AND/OR COMPANIES AFFORDING COVERAGE. | | | |
| NAMED PARTICIPANT/MEMBER - REQUESTING CERTIFICATE | | | ORGANIZATIONS AFFORDING COVERAGE | | | |
| East Umatilla Fire And Rescue PO Box 411 Weston, OR 97886 Whitney Majors 541-566-2311 | | | Company A - Special Districts Insurance Services (SDIS) | | | |
| | | | Company B - Genesis Insurance Company | | | |
| COVERAGES | | | | | | |
| This is to certify that Coverage Documents listed herein have been issued to the Named Participant herein for the Coverage Period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the Coverage Documents listed herein is subject to all the terms, conditions and exclusions of such Coverage Documents. Aggregate Limits which are shown may have been reduced by paid Claims, Suits or Actions. The titles referenced under Type of Coverage are inserted solely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate. | | | | | | |
| OR/CO LTR | Type of Coverage | Limits | | Coverage Document | Effective Date | Expiration Date |
| A B | SDIS Liability Coverage | Annual Aggregate | None | 38P52479-5761 | 01/01/2023 | 12/31/2023 |
| | X Per Occurrence | \$5,000,000 | | | | |
| | X Per Wrongful Act | | | | | |
| | X Public Officials Liability | | | | | |
| | X Employment Practices | \$5,000,000 | | | | |
| Employment Practices Deductible/SIR: \$0 Wrongful Acts Deductible/SIR: \$0 General Liability Deductible/SIR: \$0 *\$10,000 Minimum deductible for terminations if SDIS or approved legal counsel is not consulted prior to an employment termination. | | | | | | |
| A B | Auto Liability | | | 38P52479-5761 | 01/01/2023 | 12/31/2023 |
| | X Scheduled Autos | \$500,000 | | | | |
| | X Hired & Non-Owned Autos | | | | | |
| | X Per Accident | | | | | |
| X Deductible/SIR: \$0 | | | | | | |
| A B | Excess Auto Liability | | | 38P52479-5761 | 01/01/2023 | 12/31/2023 |
| | X Scheduled Autos | \$4,500,000 | | | | |
| | X Hired & Non-Owned Autos | | | | | |
| | X Per Accident | | | | | |
| X Excess of: \$500,000 | | | | | | |
| A B | Supplemental Auto Liability | | | 38P52479-5761 | 01/01/2023 | 12/31/2023 |
| | X UM/UIM | \$500,000 | | | | |
| | X Personal Injury Protection | Per Schedule in Coverage Document | | | | |

Remarks: When required by an Insured Contract certificate holder is an additional participant in respects to ASA Application, but only with respects to negligence claims for Bodily Injury, Property Damage or Personal Injury where the Named Participant is deemed to have liability. In no event shall coverage extend to any party for any Claim, Suit or Action, however or whenever asserted, arising out of the certificate holder's sole negligence or for any Claim, Suit or Action which occurs prior to the execution of the contract or agreement.

*Information is provided as of the date this certificate was generated and issued and is subject to change.

Certificate Holder - Requesting Certificate

State of Oregon, EMS and Trauma System
800 NE Oregon St, Ste 465
Portland , Oregon 97232

CANCELLATION: Should any of the Coverage Documents herein be cancelled before the expiration date thereof, SDIS will endeavor to provide notice in accordance with the SDIS General Liability Coverage Document provisions. Failure to mail such notice shall impose no obligation or liability of any kind upon SDIS, its agents or representatives, or the issuer of this certificate.

Authorized Representative of Named Participant:

Date: **6/15/2023**

Applicable Coverage Document Definitions:

The following definitions are provided solely for convenience of reference and shall not be deemed in any way to limit or affect the provisions to which they relate, for complete details on the terms, conditions and exclusions of applicable Coverage Documents please refer to the SDIS Liability Coverage Document.

Participant means the **Named Participant** and each of the following while acting under the direction and control of the **Named Participant** and within the course and scope of their duties as such:

- a. Directors;
- b. Executive Officers;
- c. **Employees;**
- d. agents of the Named Participant pursuant to ORS 30.285
- e. Volunteers;
- f. Any board, commission, governmental agency, subdivision, department, municipal body, not-for profit corporation, association or other unit operated by the **Named Participant**, or under the **Named Participant's** jurisdiction, will qualify as a **Participant** if there is no other similar insurance in place for that organization;
- g. **Good Samaritans** at the scene of an accident, when the person's actions are not part of any official response of the **Named Participant**; and
- h. Any person, entity, or any organization the **Named Participant** is required by an **Insured Contract** to include as a **Participant**. The terms of the **Insured Contract** will have no effect on either the **Per Occurrence Limit of Liability**, **Per Wrongful Act Limit of Liability** or the **Annual Aggregate Limit of Liability**. The **Insured Contract** must be effective and executed prior to a covered **Occurrence** or **Wrongful Act**. In no event shall coverage under this **Coverage Document** extend pursuant to this subsection h. to any party for any **Claim**, however or whenever asserted, arising out of such party's sole negligence. The term "Additional Insured," if used in an **Insured Contract**, shall be understood to mean the same as **Additional Participant**.

Insured Contract means a legally enforceable contract that includes one or more of the following:

- a. A provision in a lease of premises that relates to **Tort** liabilities assumed by the **Named Participant** arising out of the lease, such assumption occurring in writing prior to the date of **Occurrence** or **Wrongful Act**;
- b. A sidetrack agreement;
- c. Any easement or license agreement;
- d. An obligation, as required by ordinance, regulation, or statute to indemnify a **Public Body**;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to the **Named Participant's** operations (including an indemnification of a **Public Body** in connection with work performed by or for a **Public Body**) under which the **Named Participant** assumes the **Tort** liability of another person or entity to pay for **Bodily Injury**, **Property Damage**, or **Personal Injury** to a third person or organization, provided the **Bodily Injury**, **Property Damage**, or **Personal Injury** is based on an **Occurrence** that takes place subsequent to the execution of the contract or agreement;
- g. An indemnification agreement between a hospital or other medical care center and the **Named Participant** that is required by the hospital or medical care center in connection with it providing emergency medical technician training to **Participants** in connection with an emergency medical technician training program; and
- h. Contracts for services with **Public Bodies**.

An **Insured Contract** does not include that part of any contract or agreement:

- a. That indemnifies an architect, engineer, or surveyor acting as an independent contractor for injury or **Damages** arising out of professional errors or omissions;
- b. That indemnifies any person or organization for **Damages** by fire to premises rented or loaned to the **Participant** for an amount greater than \$1 million; and
- c. That involve the purchase or sale of real property or personal property.



RESOURCES

MEDIC
LB-20

General
(Fund)

East Umatilla County Ambulance Area Health District

(Name of Municipal Corporation)

| Historical Data | | | RESOURCE DESCRIPTION | Budget for Next Year 2023-2024 | | | |
|--|---------------------------------|---|--|--------------------------------|---------------------------------|------------------------------|----|
| Actual Second Preceding Year 2020-21 | First Preceding Year 2021-22 | Adopted Budget This Year Year 2022-23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body | |
| 1 | \$ 329,800.00 | - | 1 Available cash on hand* (cash basis) or | \$ 550,000.00 | \$ 550,000.00 | \$ 550,000.00 | 1 |
| 2 | \$ - | - | 2 Net working capital (accrual basis) | \$ - | \$ - | \$ - | 2 |
| 3 | \$ 8,510.25 | - | 3 Previously levied taxes estimated to be received | \$ 10,000.00 | \$ 10,000.00 | \$ 10,000.00 | 3 |
| 4 | \$ 4,360.80 | - | 4 Interest | \$ 7,000.00 | \$ 7,000.00 | \$ 7,000.00 | 4 |
| 5 | \$ - | - | 5 Transferred IN, from other funds | \$ - | \$ - | \$ - | 5 |
| 6 | \$ - | - | OTHER RESOURCES | \$ - | \$ - | \$ - | 6 |
| 7 | \$ 219,837.25 | - | 7 Charges for Services | \$ 200,000.00 | \$ 200,000.00 | \$ 200,000.00 | 7 |
| 8 | \$ 3,120.00 | - | 8 Office Space Rental | \$ 4,000.00 | \$ 4,000.00 | \$ 4,000.00 | 8 |
| 9 | \$ 32,250.00 | - | 9 Grants and Donations | \$ 20,000.00 | \$ 20,000.00 | \$ 20,000.00 | 9 |
| 10 | \$ 3,704.46 | - | 10 Nexterra Funds | \$ 1,000.00 | \$ 1,000.00 | \$ 1,000.00 | 10 |
| 11 | \$ 13,815.98 | - | 11 GEMT | \$ 45,000.00 | \$ 45,000.00 | \$ 45,000.00 | 11 |
| 12 | \$ 250,000.00 | - | 12 CARES | \$ - | \$ - | \$ - | 12 |
| 13 | \$ - | - | 13 Sales of Surplus Property | \$ 5,000.00 | \$ 5,000.00 | \$ 5,000.00 | 13 |
| 14 | \$ 1,194.70 | - | 14 Miscellaneous | \$ 1,000.00 | \$ 1,000.00 | \$ 1,000.00 | 14 |
| 15 | \$ - | - | | | | | 15 |
| 16 | \$ - | - | | | | | 16 |
| 17 | \$ - | - | | | | | 17 |
| 18 | \$ - | - | | | | | 18 |
| 19 | \$ - | - | | | | | 19 |
| 20 | \$ - | - | | | | | 20 |
| 21 | \$ - | - | | | | | 21 |
| 22 | \$ - | - | | | | | 22 |
| 23 | \$ - | - | | | | | 23 |
| 24 | \$ - | - | | | | | 24 |
| 25 | \$ - | - | | | | | 25 |
| 26 | \$ - | - | | | | | 26 |
| 27 | \$ - | - | | | | | 27 |
| 28 | \$ - | - | | | | | 28 |
| 29 | \$ 866,593.44 | - | 29 Total resources, except taxes to be levied | \$ 843,000.00 | \$ 843,000.00 | \$ 843,000.00 | 29 |
| 30 | \$ 451,724.80 | - | 30 Taxes estimated to be received | \$ 480,000.00 | \$ 480,000.00 | \$ 480,000.00 | 30 |
| 31 | \$ - | - | 31 Taxes collected in year levied | \$ - | \$ - | \$ - | 31 |
| 32 | \$ 1,318,318.24 | - | 32 TOTAL RESOURCES | \$ 1,323,000.00 | \$ 1,323,000.00 | \$ 1,323,000.00 | 32 |

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year

REQUIREMENTS SUMMARY

General
(name of fund)

East Umatilla County Ambulance Area Health District
(name of Municipal Corporation)

| Historical Data | | | | REQUIREMENTS DESCRIPTION | Budget For Next Year 2023-24 | | | | | |
|--|---------------------------------|--|-------------------------------|---|---------------------------------|------------------------------|-----------------|-----------------|-----------------|-----------------|
| Actual Second Preceding Year 2020-21 | First Preceding Year 2021-22 | Adopted Budget This Year 2022-23 | Proposed By Budget Officer | | Approved By Budget Committee | Adopted By Governing Body | | | | |
| 1 | | | | PERSONNEL SERVICES | | | | | | |
| 2 | \$ - | \$ - | \$ - | 2 Personnel Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 3 | | | | 3 TOTAL PERSONNEL SERVICES | | | | | | |
| 4 | \$ - | \$ - | \$ - | 4 Total Full-Time Equivalent (FTE) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 5 | | | | 5 MATERIALS AND SERVICES | | | | | | |
| 6 | | | | 6 Materials & Services | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 |
| 7 | \$ 49,386.25 | \$ - | \$ 31,000.00 | 7 TOTAL MATERIALS AND SERVICES | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 |
| 8 | | | | 8 CAPITAL OUTLAY | | | | | | |
| 9 | \$ 49,386.25 | \$ - | \$ 31,000.00 | 9 Ambulance Remount | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 | \$ 29,000.00 |
| 10 | | | | 10 Radio Equipment | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 11 | \$ 199,815.64 | \$ - | \$ - | 11 Ambulance Replacement Fund | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 |
| 12 | \$ 10,000.00 | \$ - | \$ - | 12 Building Fund | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 13 | \$ - | \$ - | \$ 15,000.00 | 13 Equipment Replacement Fund | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 |
| 14 | \$ - | \$ - | \$ - | 14 Contingency | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 15 | \$ - | \$ - | \$ 25,000.00 | 15 TOTAL CAPITAL OUTLAY | \$ 40,000.00 | \$ 40,000.00 | \$ 40,000.00 | \$ 40,000.00 | \$ 40,000.00 | \$ 40,000.00 |
| 16 | \$ 290,595.00 | \$ - | \$ - | 16 DEBT SERVICE | | | | | | |
| 17 | \$ 500,410.64 | \$ - | \$ 40,000.00 | 17 Principal | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 18 | | | | 18 Interest | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 19 | \$ - | \$ - | \$ - | 19 TOTAL DEBT SERVICE | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 20 | \$ - | \$ - | \$ - | 20 SPECIAL PAYMENTS | | | | | | |
| 21 | \$ - | \$ - | \$ - | 21 IGA with EURR | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 |
| 22 | | | | 22 Unatilla Co. loan | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 23 | \$ 574,800.00 | \$ - | \$ 660,000.00 | 23 TOTAL SPECIAL PAYMENTS | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 | \$ 660,000.00 |
| 24 | \$ 60,000.00 | \$ - | \$ - | 24 INTERFUND TRANSFERS | | | | | | |
| 25 | \$ 634,800.00 | \$ - | \$ 660,000.00 | 25 Transfer to Ambulance Fund | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 |
| 26 | | | | 26 Transfer to Building Fund | \$ 10,000.00 | \$ 10,000.00 | \$ 10,000.00 | \$ 10,000.00 | \$ 10,000.00 | \$ 10,000.00 |
| 27 | \$ - | \$ - | \$ - | 27 Transfer to Equipment Replacement Fund | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 | \$ 25,000.00 |
| 28 | \$ - | \$ - | \$ - | 28 TOTAL INTERFUND TRANSFERS | \$ 50,000.00 | \$ 50,000.00 | \$ 50,000.00 | \$ 50,000.00 | \$ 50,000.00 | \$ 50,000.00 |
| 29 | \$ - | \$ - | \$ - | 29 OPERATING CONTINGENCY | \$ 544,000.00 | \$ 584,000.00 | \$ 584,000.00 | \$ 584,000.00 | \$ 584,000.00 | \$ 584,000.00 |
| 30 | \$ - | \$ - | \$ - | 30 UNAPPROPRIATED ENDING FUND BALANCE | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 31 | \$ - | \$ - | \$ - | 31 Total Requirements | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 |
| 32 | \$ - | \$ - | \$ - | 32 Ending balance (prior years) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 33 | | | | 33 TOTAL REQUIREMENTS | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 | \$ 1,363,000.00 |
| 34 | | | | 34 | | | | | | |
| 35 | | | | 35 | | | | | | |
| 36 | \$ 1,184,596.89 | \$ - | \$ 1,188,000.00 | 36 | | | | | | |
| 37 | \$ - | \$ - | \$ - | 37 | | | | | | |
| 38 | \$ - | \$ - | \$ - | 38 | | | | | | |
| 39 | \$ 1,184,596.89 | \$ - | \$ 1,188,000.00 | 39 | | | | | | |

DETAILED REQUIREMENTS

General

(name of fund)

East Umattilla County Ambulance Area Health District
(name of Municipal Corporation)

| Historical Data | | | REQUIREMENTS FOR: East Umattilla Fire & Rescue | Budget For Next Year 2023-24 | | |
|--|---------------------------------|--|---|-------------------------------|---------------------------------|------------------------------|
| Actual Second Preceding Year 2020-21 | First Preceding Year 2021-22 | Adopted Budget This Year 2022-23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body |
| 1 | | | PERSONNEL SERVICES | | | |
| 2 | \$ - | \$ - | 2 Fire Chief | \$ - | | |
| 3 | \$ - | \$ - | 3 Executive Assistant | \$ - | | |
| 4 | \$ - | \$ - | 4 Worker's Compensation | \$ - | | |
| 5 | \$ - | \$ - | 5 Health Administrator | \$ - | | |
| 6 | \$ - | \$ - | 6 EMS Lieutenant | \$ - | | |
| 7 | \$ - | \$ - | 7 ALS Medic | \$ - | | |
| 8 | \$ - | \$ - | 8 BLS Medic (3) | \$ - | | |
| 9 | \$ - | \$ - | 9 Health Insurance EUCAAHD | \$ - | | |
| 10 | \$ - | \$ - | 10 Payroll Tax EUCAAHD | \$ - | | |
| 11 | \$ - | \$ - | 11 Stipend | \$ - | | |
| 12 | \$ - | \$ - | 12 Retirement - EUCAAHD | \$ - | | |
| 13 | \$ - | \$ - | 13 Volunteer Payments | \$ - | | |
| 14 | \$ - | \$ - | 14 TOTAL PERSONNEL SERVICES | \$ - | \$ - | \$ - |
| 15 | | | 15 Total Full-Time Equivalent (FTE) | | | |
| 16 | | | MATERIALS AND SERVICES | | | |
| 17 | \$ 1,834.53 | \$ - | 17 General Services | \$ - | \$ 1,000.00 | \$ 1,000.00 |
| 18 | \$ 9,600.00 | \$ - | 18 Insurance (Property/Casualty/Bond) | \$ 11,000.00 | \$ 11,000.00 | \$ 11,000.00 |
| 19 | \$ 200.00 | \$ - | 19 Legal | \$ 1,000.00 | \$ 1,000.00 | \$ 1,000.00 |
| 20 | \$ 7,743.80 | \$ - | 20 Training | \$ - | \$ 10,000.00 | \$ 10,000.00 |
| 21 | \$ 9,750.00 | \$ - | 21 Audit | \$ 12,000.00 | \$ 12,000.00 | \$ 12,000.00 |
| 22 | \$ 4,186.92 | \$ - | 22 GEMT Admin Costs | \$ - | | |
| 23 | \$ - | \$ - | 23 Office/Apartment Equipment | \$ - | | |
| 24 | \$ - | \$ - | 24 Scholarships | \$ 5,000.00 | \$ 5,000.00 | \$ 5,000.00 |
| 25 | \$ 27,359.00 | \$ - | 25 Grant Writing Services | \$ - | | |
| 26 | \$ 60,674.25 | \$ - | 26 TOTAL MATERIALS AND SERVICES | \$ 29,000.00 | \$ 40,000.00 | \$ 40,000.00 |
| 27 | | | 27 Ending balance (prior years) | | | |
| 28 | | | 28 Unappropriated ending fund balance | | | |
| 29 | \$ 60,674.25 | \$ - | 29 TOTAL REQUIREMENTS | \$ 29,000.00 | \$ 40,000.00 | \$ 40,000.00 |

SPECIAL FUND
RESOURCES AND REQUIREMENTS

Ambulance Fund
(Fund)

East Umatilla County Ambulance Area Health District
(Name of Municipal Corporation)

| Historical Data | | | DESCRIPTION RESOURCES AND REQUIREMENTS | Budget for Next Year 2023 - 24 | | | |
|--|-----------------------------------|----------------------------------|--|--------------------------------|---------------------------------|------------------------------|----|
| Actual Second Preceding Year 2020 - 21 | First Preceding Year 2021 - 22 | Adopted Budget Year 2022 - 23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body | |
| 1 | | | RESOURCES | | | | |
| 2 | \$ 302.00 | \$ - | 1 Cash on hand * (cash basis), or | \$ 25,370.03 | \$ 25,703.03 | \$ 25,703.03 | 1 |
| 3 | \$ - | \$ - | 2 Working Capital (accrual basis) | \$ - | \$ - | \$ - | 2 |
| 4 | \$ - | \$ - | 3 Previously levied taxes estimated to be received | \$ - | \$ - | \$ - | 3 |
| 5 | \$ 23.91 | \$ - | 4 Interest | \$ - | \$ - | \$ - | 4 |
| 6 | \$ 10,000.00 | \$ - | 5 Transferred IN, from other funds | \$ 15,000.00 | \$ 15,000.00 | \$ 15,000.00 | 5 |
| 7 | | | 6 | | | | 6 |
| 8 | | | 7 | | | | 7 |
| 9 | | | 8 | | | | 8 |
| 10 | \$ 10,325.91 | \$ - | 9 | | | | 9 |
| 11 | | | 10 Total Resources, except taxes to be levied | \$ 40,370.03 | \$ 40,703.03 | \$ 40,703.03 | 10 |
| 12 | | | 11 Taxes estimated to be received | | | | 11 |
| 13 | \$ 10,325.91 | \$ - | 12 Taxes collected in year levied | | | | 12 |
| 14 | | | 13 TOTAL RESOURCES | \$ 40,370.03 | \$ 40,703.03 | \$ 40,703.03 | 13 |
| 15 | | | 14 REQUIREMENTS ** | | | | 14 |
| 16 | | | 15 | | | | 15 |
| 17 | | | 16 | | | | 16 |
| 18 | | | 17 | | | | 17 |
| 19 | | | 18 | | | | 18 |
| 20 | | | 19 | | | | 19 |
| 21 | | | 20 | | | | 20 |
| 22 | | | 21 | | | | 21 |
| 23 | | | 22 | | | | 22 |
| 24 | | | 23 | | | | 23 |
| 25 | | | 24 | | | | 24 |
| 26 | | | 25 | | | | 25 |
| 27 | | | 26 | | | | 26 |
| 28 | | | 27 | | | | 27 |
| 29 | \$ - | \$ - | 28 | | | | 28 |
| 30 | | | 29 Ending balance (prior years) | | | | 29 |
| 31 | \$ - | \$ - | 30 UNAPPROPRIATED ENDING FUND BALANCE | | | | 30 |
| | | | 31 TOTAL REQUIREMENTS | \$ - | \$ - | \$ - | 31 |

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year
 **List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the
 requirement is "not allocated", then list by object classification and expenditure detail.

SPECIAL FUND
RESOURCES AND REQUIREMENTS

Building Fund
(Fund)

East Umatilla County Ambulance Area Health District
(Name of Municipal Corporation)

| | | Historical Data | | | DESCRIPTION RESOURCES AND REQUIREMENTS | Budget for Next Year 2023 - 24 | | | |
|----|----|--|-----------------------------------|----------------------------------|---|--------------------------------|---------------------------------|------------------------------|-----------|
| | | Actual Second Preceding Year 2020 - 21 | First Preceding Year 2021 - 22 | Adopted Budget Year 2022 - 23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body | |
| 1 | | | | | RESOURCES | | | | |
| 2 | \$ | 17,483.51 | \$ | \$ | 2 | 27,762.30 | \$ | 27,762.30 | 27,762.30 |
| 3 | \$ | - | \$ | - | 3 | - | \$ | - | - |
| 4 | \$ | - | \$ | - | 4 | - | \$ | - | - |
| 5 | \$ | 160.72 | \$ | - | 5 | - | \$ | - | - |
| 6 | \$ | 10,000.00 | \$ | - | 6 | 10,000.00 | \$ | 10,000.00 | 10,000.00 |
| 7 | | | | | 7 | | | | |
| 8 | | | | | 8 | | | | |
| 9 | | | | | 9 | | | | |
| 10 | \$ | 27,644.23 | \$ | 27,762.30 | 10 | 37,762.30 | \$ | 37,762.30 | 37,762.30 |
| 11 | | | | | 11 | | | | |
| 12 | | | | | 12 | | | | |
| 13 | \$ | 27,644.23 | \$ | 27,762.30 | 13 | 37,762.30 | \$ | 37,762.30 | 37,762.30 |
| 14 | | | | | 14 | | | | |
| 15 | | | | | 15 | | | | |
| 16 | | | | | 16 | | | | |
| 17 | | | | | 17 | | | | |
| 18 | | | | | 18 | | | | |
| 19 | | | | | 19 | | | | |
| 20 | | | | | 20 | | | | |
| 21 | | | | | 21 | | | | |
| 22 | | | | | 22 | | | | |
| 23 | | | | | 23 | | | | |
| 24 | | | | | 24 | | | | |
| 25 | | | | | 25 | | | | |
| 26 | | | | | 26 | | | | |
| 27 | | | | | 27 | | | | |
| 28 | | | | | 28 | | | | |
| 29 | \$ | - | \$ | - | 29 | | | | |
| 30 | | | | | 30 | | | | |
| 31 | \$ | - | \$ | - | 31 | | | | |
| | | | | | TOTAL REQUIREMENTS | | | | |
| | | | | | UNAPPROPRIATED ENDING FUND BALANCE | | | | |
| | | | | | TOTAL REQUIREMENTS | | | | |

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year
 **List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

SPECIAL FUND
RESOURCES AND REQUIREMENTS
Equipment Replacement Fund
(Fund)

East Umatilla County Ambulance Area Health District
(Name of Municipal Corporation)

| | | Historical Data | | | DESCRIPTION RESOURCES AND REQUIREMENTS | Budget for Next Year 2023 - 24 | | | |
|----|------|--------------------------|-----------------------------------|----------------------------------|--|--------------------------------|---------------------------------|------------------------------|--------------|
| | | Actual Year 2020 - 21 | First Preceding Year 2021 - 22 | Adopted Budget Year 2022 - 23 | | Proposed By Budget Officer | Approved By Budget Committee | Adopted By Governing Body | |
| 1 | | | | | RESOURCES | | | | |
| 2 | \$ - | \$ - | \$ - | \$ - | 1 Cash on hand * (cash basis), or | | | \$ - | - |
| 3 | \$ - | \$ - | \$ - | \$ - | 2 Working Capital (accrual basis) | | | \$ - | - |
| 4 | \$ - | \$ - | \$ - | \$ - | 3 Previously levied taxes estimated to be received | | | \$ - | - |
| 5 | \$ - | \$ - | \$ - | \$ - | 4 Interest | | | \$ - | - |
| 6 | \$ - | \$ - | \$ - | \$ 25,000.00 | 5 Transferred IN, from other funds | | | \$ 25,000.00 | \$ 25,000.00 |
| 7 | | | | | 6 | | | | |
| 8 | | | | | 7 | | | | |
| 9 | | | | | 8 | | | | |
| 10 | \$ - | \$ - | \$ - | \$ 25,000.00 | 9 Total Resources, except taxes to be levied | | | \$ 25,000.00 | \$ 25,000.00 |
| 11 | | | | | 10 Taxes estimated to be received | | | \$ 25,000.00 | \$ 25,000.00 |
| 12 | | | | | 11 Taxes collected in year levied | | | | |
| 13 | \$ - | \$ - | \$ - | \$ 25,000.00 | 12 TOTAL RESOURCES | | | \$ 25,000.00 | \$ 25,000.00 |
| 14 | | | | | REQUIREMENTS ** | | | | |
| 15 | | | | | 13 | | | | |
| 16 | | | | | 14 | | | | |
| 17 | | | | | 15 | | | | |
| 18 | | | | | 16 | | | | |
| 19 | | | | | 17 | | | | |
| 20 | | | | | 18 | | | | |
| 21 | | | | | 19 | | | | |
| 22 | | | | | 20 | | | | |
| 23 | | | | | 21 | | | | |
| 24 | | | | | 22 | | | | |
| 25 | | | | | 23 | | | | |
| 26 | | | | | 24 | | | | |
| 27 | | | | | 25 | | | | |
| 28 | | | | | 26 | | | | |
| 29 | \$ - | \$ - | \$ - | \$ - | 27 | | | | |
| 30 | | | | | 28 | | | | |
| 31 | \$ - | \$ - | \$ - | \$ - | 29 | | | | |
| | | | | | 30 | | | | |
| | | | | | 31 | | | | |

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year
 **List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.



East Umatilla County Ambulance Area Health District

Medic 400

431 E. Main Street / PO Box 640
Athena, OR 97813



O: (541) 566-3813

F: (877) 469-6944

Statement of Experience Providing Ambulance Service in Umatilla County ASA-5

The East Umatilla Ambulance Area Health District (EUCAAHD), also known as Medic-400, has provided emergency ambulance services to the area known as ASA-5 as an Oregon Special District since 1988. The district itself is managed by a chief/administrator with over 12 years of EMS and leadership experience, holding an Associates of Science degree from Blue Mountain Community College. Overseeing the administrator is the Fire Chief of East Umatilla Fire & Rescue (EUFR) who has over 20 years of experience in EMS, as per the IGA with EUFR. Also overseeing the district is a five-member community elected board of directors.

EUCAAHD operates from two locations with the ASA, providing emergency medical care with a tax base of \$1.00 per thousand funded by the citizens of the ASA. EUCAAHD receives approximately \$480,000 of tax revenue annually and funds the remainder of the budget with charges for services, grants, and capital improvement projects. The district is debt free and financially solvent.

EUCAAHD operates two type-1 ambulances, and two EMS quick response vehicles with one being used by the chief/administrator and the other in Helix as a quick response to that area of the district. Medic 61 is housed in the EUCAAHD headquarters building in Athena and Medic 62 is housed in Adams by agreement with EUFR. Both ambulances are licensed to provide ALS transport and the quick response vehicles can provide ALS stabilization. The district operates within compliance of the Umatilla County Ordinance governing ASA franchises and has not been found in violation of any part of the agreement or ordinance. EUCAAHD does comply with all rules and statutes relating to emergency medical services for personnel and ambulance operator requirements as set forth by Oregon Legislature.

EUCAAHD looks forward to continuing providing service to ASA-5. The board and administrator assure that the district will operate in compliance with the County Ordinances and the ASA Franchise Agreement plan required.

Sincerely,

Michael Kobasa, AEMT
EMS Chief/Health Administrator
East Umatilla Fire & Rescue
East Umatilla County Ambulance Area Health District
431 E. Main Street Box 640
Athena, OR 97813
(541) 566-3813 (Message)
(541) 310-8546 (Cell)

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name:

Address:

Street:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Fax:

Name of Owner or Principle Contact:

If Corporation, provide legal name:

Names of Officers and Titles:

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA -

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be **SPECIFIC** in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email: thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City:

Address:

Address:

Address:

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

Unit No. "*****V{r g*****[gct*****CNU*****DNU*****Nlegpug'P q0*****Xgj 0Nk0P q0*****XIP

ASA Application

Pg. 3

Emergency Medical Technicians Retained by Service

Last Name

First Name

Level of Certification Certification Number

| Name | Level | CredentialNumber |
|---------------------------|-------|------------------|
| Baker, Eric David | PM | PARA.ES.60819754 |
| Berkenbile, Brogan Clarke | EMT | EMT.ES.60931588 |
| Elsom, Justin Daniel | PM | PARA.ES.61467545 |
| Farrens, Keith C | EMT | EMT.ES.00124379 |
| Gizinski, Ryan LeRoy | PM | PARA.ES.60703857 |
| Goodson, Jestin Dale | PM | PARA.ES.60496254 |
| Gossard, Neil Foster | PM | PARA.ES.60695237 |
| Granath, Wesley Clay | PM | PARA.ES.60888955 |
| Granchukoff, Veniamin I | PM | PARA.ES.00128759 |
| Guttromson, Jacob Adam | EMT | EMT.ES.60223634 |
| Harwood, Jeff A | PM | PARA.ES.01171934 |
| Hector, Fredrick L | PM | PARA.ES.00113341 |
| Hicks, Wade Andrew | PM | PARA.ES.61089883 |
| Howrey, Benjamin Martin | EMT | EMT.ES.60296863 |
| Jones, Jarell Blayne | PM | PARA.ES.60050678 |
| Lesko, Bailey | EMT | EMT.ES.61321031 |
| Linklater, Hayden Scott | PM | PARA.ES.60504516 |
| Lopez, Cesar Armando | EMT | EMT.ES.60661800 |
| MacDonald, Christian S | PM | PARA.ES.01170695 |
| Maine, Cody S | PM | PARA.ES.01175323 |
| Maiuri, Travis S | EMT | EMT.ES.00117213 |
| Maldonado, Armando | EMT | EMT.ES.60532854 |
| McIntire, Bryan D | PM | PARA.ES.00132119 |
| McKinney, Brandon H | PM | PARA.ES.60052629 |
| Nass, Blake Robert | EMT | EMT.ES.60650784 |
| Nelson, Robert A | PM | PARA.ES.00115562 |
| Ongers, Shawn C | EMT | EMT.ES.01162098 |
| Orange, Cody William | PM | PARA.ES.61401284 |
| Partney, Jacob Russell | PM | PARA.ES.61454171 |
| Peasley, Gregory Cole | PM | PARA.ES.60419153 |
| Pingree, Bo | EMT | EMT.ES.60916664 |
| Pleasants, Ryan T | PM | PARA.ES.01166666 |
| Renwick, Paul Allan | PM | PARA.ES.60184277 |
| Ricks, Matthew E | PM | PARA.ES.00117314 |
| Schoessler, Derick L | PM | PARA.ES.01170430 |
| Schwartz, Robert Jameson | PM | PARA.ES.61323894 |
| Slater, Tobias Jay | PM | PARA.ES.60075518 |
| Spracklen, Jonathan Lloyd | PM | PARA.ES.61406289 |
| Strang, Jason M | EMT | EMT.ES.01170570 |
| Stubblefield, Todd S | EMT | EMT.ES.60227888 |
| Swanson, Erik R | PM | PARA.ES.00113250 |
| Thompson, Timothy E | EMT | EMT.ES.00115504 |
| Tobin, Joseph A | PM | PARA.ES.00132174 |
| Wilbur, Joshua B | PM | PARA.ES.01171245 |
| Wilson, Brandon Thomas | EMT | EMT.ES.60958824 |
| Wood, Eric D | PM | PARA.ES.01165964 |

Worden, Christopher S
Wuesthoff, Brittney R
Ziegele, Cole Jon

PM PARA.ES.00121800
EMT EMT.ES.60859379
PM PARA.ES.61339109

ASA Application

Pg. 5

Physician Advisor Information

Last Name First Name Mailing Address
City State Zip
Bus. Phone Ore. Medical Board License No.
MPD Credential Number- ES60665326

Financial Adequacy

Please provide proof of financial liability to operate an ambulance service in Umatilla County, including operating budget for public entities, or financial statement for private entities, references, and/or statements of past ambulance service.

Attached?

Financial Liability

Provide proof of public liability in the amount of not less than \$100,000 because of bodily injury to, or the death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to, or death of two or more persons in any one accident; \$20,000 because of injury to, or destruction of the property of others in any one accident; and \$500,000 because of injury arising from the negligent provision of pre-hospital care to any individual. Applicants may be self insured.

Attached?

Statement of Experience

Please provide a Statement of Experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated there under, any franchise issued, and the ASA Plan, including the ability to comply with the terms and conditions of the ASA Plan and applicable County Ordinances.

Attached?

Please provide a description of any prepaid ambulance service plan, including number of members, number of years of operation, funding, and term.

Attached?

ASA Application

Pg.6

Other ASA you are currently providing ambulance service in ASA-

None

Any State, other than Oregon, you are currently providing ambulance service in None

Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or

Yes
No

Attached?

IN THE CASE OF AN APPLICATION TO TRANSFER OR TAKE OVER AN ALREADY ASSIGNED ASA FRANCHISE, PLEASE PROVIDE THE FOLLOWING:

1. A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

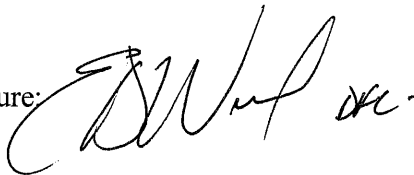
Name, Title, and signature of person filling out this form

Name: (please print) Eric D. Wood

Date: 10/23/2023

Title: Deputy Fire Chief

Signature:



City-County Ambulance/Walla Walla Fire Department
Statement of Experience

The Walla Walla Fire Department (WWFD) assumed medical transportation duties in the late 1960's, and started providing Advanced Life Support (ALS) as early as 1973. Members of the WWFD have been instrumental at the local, regional and State level in developing Washington State's Pre-hospital Trauma and EMS laws and operating procedures. WWFD also provided ALS services to Milton-Freewater and the surrounding Umatilla County area up until around the year 2000.

WWFD responds to approximately 6,800 EMS calls annually, with an additional 700-800 EMS responses per year from the structural fire apparatus (usually to assist the ambulances). WWFD is a full-time, paid professional department with 43-line personnel, 3 Chief-level positions, 2 Community Paramedics, 1 Community EMT, 1 Captain of Training, 2 Fire Prevention and Education members, and 2 support staff. The department also offers a Technical Response Team, comprised of HazMat (part of a regional team), high/low angle rescue, confined space and swift water rescue.

7/11/2023

Ref#: 14742

Umatilla County Ambulance Service Advisory Committee
Attn: Sage DeLong, Emergency Manager of Umatilla County
216 SE 4th St
Pendleton, OR 97801

Re: City of Walla Walla
Ambulance Contract Services

Evidence of Coverage

The City of Walla Walla is a member of the Washington Cities Insurance Authority (WCIA), which is a self-insured pool of over 160 public entities in the State of Washington.

WCIA has at least \$4 million per occurrence limit of liability coverage in its self-insured layer that may be applicable in the event an incident occurs that is deemed to be attributed to the negligence of the member. Liability coverage includes general liability, automobile liability, stop-gap coverage, errors or omissions liability, employee benefits liability and employment practices liability coverage.

WCIA provides contractual liability coverage to the City of Walla Walla. The contractual liability coverage provides that WCIA shall pay on behalf of the City of Walla Walla all sums which the member shall be obligated to pay by reason of liability assumed under contract by the member.

WCIA was created by an interlocal agreement among public entities and liability is self-funded by the membership. As there is no insurance policy involved and WCIA is not an insurance company, your organization cannot be named as an additional insured.

Sincerely,



Rob Roscoe
Deputy Director

cc: Robert Francis

FROM 2023 01 TO 2023 13

| | ORIGINAL APPROP | TRANFRS/ ADJSTMTS | REVISED BUDGET | ACTUALS | ENCUMBRANCES | AVAILABLE BUDGET | PCT USED |
|--|-----------------|-------------------|----------------|--------------|--------------|------------------|----------|
| 429 Ambulance Fund | | | | | | | |
| 000 Operations | | | | | | | |
| 42900000 318440 Ambulance Utility Fee | 867,720 | 0 | 867,720 | 397,690.95 | | 470,029.05 | 45.8% |
| 42900000 331210 Federal Treasury Direct Gr | 0 | 200,000 | 200,000 | 200,000.00 | | .00 | 100.0% |
| 42900000 331930 CARES Federal Stimulas | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 332934 GEMT Payment Program | 685,000 | 0 | 685,000 | 273,269.83 | | 411,730.17 | 39.9% |
| 42900000 334049 WA State Trauma Care Grant | 1,260 | 0 | 1,260 | .00 | | 1,260.00 | .0% |
| 42900000 337000 Intergovernmental Contribu | 1,768,000 | 0 | 1,768,000 | 1,080,631.68 | | 687,368.32 | 61.1% |
| 42900000 337100 walla walla County Health | 0 | 200,000 | 200,000 | 100,270.00 | | 99,730.00 | 50.1% |
| 42900000 342211 State Fire Mobilization | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 342602 BLS-Non-Emergency WW Count | 30,000 | 0 | 30,000 | 34,868.00 | | -4,868.00 | 116.2% |
| 42900000 342603 BLS Emergency - WW County | 1,000,000 | 0 | 1,000,000 | 634,992.00 | | 365,008.00 | 63.5% |
| 42900000 342604 ALS Non-Emergency - WW Cou | 6,600 | 0 | 6,600 | .00 | | 6,600.00 | .0% |
| 42900000 342605 ALS Emergency - WW County | 1,275,000 | 0 | 1,275,000 | 550,732.00 | | 724,268.00 | 43.2% |
| 42900000 342606 ALS Level 2 - WW County Re | 52,000 | 0 | 52,000 | 29,822.00 | | 22,178.00 | 57.4% |
| 42900000 342607 BLS-Non-Emergency Non Cou | 1,000 | 0 | 1,000 | 962.00 | | 38.00 | 96.2% |
| 42900000 342608 BLS Emergency - Non County | 45,000 | 0 | 45,000 | 34,408.00 | | 10,592.00 | 76.5% |
| 42900000 342609 ALS-Non-Emergency Non Cou | 0 | 0 | 0 | 1,074.00 | | -1,074.00 | .0% |
| 42900000 342610 ALS Emergency - Non County | 75,000 | 0 | 75,000 | 28,964.00 | | 46,036.00 | 38.6% |
| 42900000 342611 ALS Level 2 - Non County R | 7,000 | 0 | 7,000 | 1,188.00 | | 5,812.00 | 17.0% |
| 42900000 342613 VA Contract-Out of County | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 342614 VA Contract County Transpo | 12,000 | 0 | 12,000 | .00 | | 12,000.00 | .0% |
| 42900000 342615 Special Contract | 48,000 | 0 | 48,000 | 19,249.00 | | 28,751.00 | 40.1% |
| 42900000 342616 Mileage Charges | 110,000 | 0 | 110,000 | 40,592.40 | | 69,407.60 | 36.9% |
| 42900000 342617 Mileage Charges VA | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 342618 Administrative Fees | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 342619 Other Fees and Charges | 5,000 | 0 | 5,000 | 2,445.00 | | 2,555.00 | 48.9% |
| 42900000 342621 State Adjustments | -615,000 | 0 | -615,000 | -256,232.25 | | -358,767.75 | 41.7% |
| 42900000 342622 Federal Adjustment | -815,000 | 0 | -815,000 | -297,795.06 | | -517,204.94 | 36.5% |
| 42900000 342623 GEMT Adjustment | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 343799 Utility Discount | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 361100 Investment Earnings | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 361410 AR Interest | 1,000 | 0 | 1,000 | .00 | | 1,000.00 | .0% |
| 42900000 367000 Contributions Non-governme | 50,000 | 0 | 50,000 | .00 | | 50,000.00 | .0% |
| 42900000 369100 Sale of Surplus | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 369400 Judgments and Settlements | 0 | 0 | 0 | 64.77 | | -64.77 | .0% |
| 42900000 369910 Miscellaneous Other | 0 | 0 | 0 | .00 | | .00 | .0% |

FROM 2023 01 TO 2023 13

| | ORIGINAL APPROP | TRANFRS/ ADJSTMTS | REVISED BUDGET | ACTUALS | ENCUMBRANCES | AVAILABLE BUDGET | PCT USED |
|---|-----------------|-------------------|----------------|--------------|--------------|------------------|----------|
| 42900000 369911 Bad Debt Recovery | 23,000 | 0 | 23,000 | 1,854.88 | | 21,145.12 | 8.1% |
| 42900000 372000 Insurance Recoveries | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 373000 Gains (Losses) on Capital | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 381100 Interfund Loan Received | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 391000 Contra Loan Repayment | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 397010 Transfer-In GF | 200,000 | -200,000 | 0 | .00 | | .00 | .0% |
| 42900000 397526 Transfer-In Medical Insura | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42900000 397601 Transfer-In FD Medical | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42950122 0000 Depreciation Expense | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42950122 0005 Amortization Expense | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 0020 Bad Debt Expense | 0 | 0 | 0 | 41,665.00 | | -41,665.00 | .0% |
| 42952270 1100 Salaries/Wages | 2,047,630 | 0 | 2,047,630 | 1,023,804.36 | | 1,023,825.64 | 50.0% |
| 42952270 1200 Temp Wages | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 1300 Overtime | 230,000 | 0 | 230,000 | 103,083.23 | | 126,916.77 | 44.8% |
| 42952270 1400 Incentives/Premiums | 91,490 | 0 | 91,490 | 51,094.60 | | 40,395.40 | 55.8% |
| 42952270 1500 Leave Cashouts/Buy Backs | 37,730 | 0 | 37,730 | 39,900.43 | | -2,170.43 | 105.8% |
| 42952270 2100 PERS Contributions | 10,030 | 0 | 10,030 | 5,263.34 | | 4,766.66 | 52.5% |
| 42952270 2105 LEOFF Contributions | 121,650 | 0 | 121,650 | 59,731.36 | | 61,918.64 | 49.1% |
| 42952270 2120 LEOFF2 Special Funding | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 2130 Pension - Retired LEOFF 1 | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 2150 Deferred Comp | 88,030 | 0 | 88,030 | 42,355.53 | | 45,674.47 | 48.1% |
| 42952270 2200 Industrial Insurance | 3,100 | 0 | 3,100 | 1,502.15 | | 1,597.85 | 48.5% |
| 42952270 2210 Workers Comp City | 30,600 | 0 | 30,600 | 15,165.00 | | 15,435.00 | 49.6% |
| 42952270 2300 Medical Insurance | 534,150 | 0 | 534,150 | 266,914.34 | | 267,235.66 | 50.0% |
| 42952270 2311 Medical Exp -Retired LEOFF 1 | 40,350 | 0 | 40,350 | 25,464.01 | | 14,885.99 | 63.1% |
| 42952270 2400 Life Insurance | 1,420 | 0 | 1,420 | 711.68 | | 708.32 | 50.1% |
| 42952270 2410 Disability Insurance | 1,260 | 0 | 1,260 | 634.92 | | 625.08 | 50.4% |
| 42952270 2500 Social Security/Medicare Tax | 39,680 | 0 | 39,680 | 21,687.72 | | 17,992.28 | 54.7% |
| 42952270 2600 WA State Pd Family & Med Lea | 3,870 | 0 | 3,870 | 2,653.72 | | 1,216.28 | 68.6% |
| 42952270 2610 Unemployment Insurance | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 2700 Allowances (Cell Clothing et | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 2800 Accrued vac & Sick Leave | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 3100 Supplies | 29,500 | 3,871 | 33,371 | 27,569.09 | | -7,750.01 | 123.2% |
| 42952270 3120 Ambulance Medical Supplies | 112,000 | 0 | 112,000 | 51,829.72 | | 60,170.28 | 46.3% |
| 42952270 3122 Training Supplies | 5,000 | 0 | 5,000 | -1,043.48 | | 6,043.48 | 20.9% |
| 42952270 3123 Safety Supplies | 500 | 0 | 500 | .00 | | 500.00 | .0% |
| 42952270 3400 Machinery & Equipment < \$500 | 20,090 | 0 | 20,090 | 15,131.38 | | 4,334.28 | 78.4% |
| 42952270 3510 TS Software | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 3520 TS Hardware | 0 | 0 | 0 | 1,631.32 | | -1,631.32 | .0% |
| 42952270 3600 Small and Attractive | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952270 4100 Contractual/Professional Ser | 95,000 | 0 | 95,000 | 43,036.13 | | 51,963.87 | 45.3% |
| 42952270 4106 Contract Activities | 0 | 0 | 0 | .00 | | .00 | .0% |

FROM 2023 01 TO 2023 13

| | ORIGINAL APPROP | TRANFRS/ ADJSTMTS | REVISED BUDGET | ACTUALS | ENCUMBRANCES | AVAILABLE BUDGET | PCT USED |
|---|--------------------|----------------------|-------------------|---------------------|--------------|---------------------|-------------|
| 42952270 4190 Other Services | 1,950 | 0 | 1,950 | 907.29 | | 1,042.71 | 46.5% |
| 42952270 4200 Communications | 5,400 | 0 | 5,400 | 3,442.37 | | 1,957.63 | 63.7% |
| 42952270 4300 Travel & Training | 15,000 | 0 | 15,000 | 10,765.60 | | 4,234.40 | 71.8% |
| 42952270 4310 Transfer Meals | 500 | 0 | 500 | .00 | | 500.00 | .0% |
| 42952270 4400 City Utilities | 6,850 | 0 | 6,850 | 3,776.19 | | 3,073.81 | 55.1% |
| 42952270 4410 Other Utilities | 17,500 | 0 | 17,500 | 13,851.95 | | 3,648.05 | 79.2% |
| 42952270 4500 TS SW Maintenance | 44,550 | 0 | 44,550 | 26,075.24 | | 18,474.76 | 58.5% |
| 42952270 4600 Operating Rentals | 12,000 | 0 | 12,000 | 1,080.51 | | 1,109.19 | 90.8% |
| 42952270 4700 Building Maintenance | 22,000 | 0 | 22,000 | 14,546.11 | | 7,431.64 | 66.2% |
| 42952270 4701 Equipment Maintenance | 10,000 | 0 | 10,000 | 2,798.11 | | 7,201.89 | 28.0% |
| 42952270 4800 Sales and Excise Tax | 23,500 | 0 | 23,500 | 13,696.95 | | 9,803.05 | 58.3% |
| 42952270 4960 Dispatch Services | 191,360 | 0 | 191,360 | 79,735.00 | | 111,625.00 | 41.7% |
| 42952270 4962 Administrative Service Chrg | 438,280 | 0 | 438,280 | 182,615.00 | | 255,665.00 | 41.7% |
| 42952270 4966 Vehicle Replacement | 257,000 | 0 | 257,000 | 96,018.00 | | 160,982.00 | 37.4% |
| 42952270 4967 Vehicle Admin Charges | 11,170 | 0 | 11,170 | 7,674.00 | | 3,496.00 | 68.7% |
| 42952270 4968 Vehicle Oper & Maint | 48,500 | 0 | 48,500 | 11,185.32 | | 37,314.68 | 23.1% |
| 42952270 4969 Vehicle & Equip Fuel | 33,400 | 0 | 33,400 | 10,264.33 | | 23,135.67 | 30.7% |
| 42952270 9998 CC Import Expense | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42958110 7910 Interfund Loan Principal | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42959100 9999 Contra Debt Payment | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42959422 6400 Machinery and Equipment | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42959422 6999 Contra Capital Expenditure | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42959700 0611 Transfers-Out LEOFF Medical | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42959700 0612 Transfers-Out LEOFF Pension | 6,870 | 0 | 6,870 | 2,865.00 | | 4,005.00 | 41.7% |
| TOTAL Operations | 9,521,490 | 203,871 | 9,725,361 | 5,200,133.72 | | 4,501,218.47 | % |
| 400 Debt Service | | | | | | | |
| 42940091 7400 Lease Principal | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42940092 8210 Interfund Loan Interest | 0 | 0 | 0 | 1,817.88 | | -1,817.88 | .0% |
| 42940092 8400 Lease Interest | 0 | 0 | 0 | .00 | | .00 | .0% |
| TOTAL Debt Service | 0 | 0 | 0 | 1,817.88 | | -1,817.88 | .0% |
| 420 Community Paramedic | | | | | | | |
| 42952271 1100 Salaries/Wages | 198,090 | 50,690 | 248,780 | 106,238.15 | | 142,541.85 | 42.7% |

FROM 2023 01 TO 2023 13

| | ORIGINAL APPROP | TRANFRS/ ADJSTMTS | REVISED BUDGET | ACTUALS | ENCUMBRANCES | AVAILABLE BUDGET | PCT USED |
|--|--------------------|----------------------|-------------------|--------------|--------------|---------------------|-------------|
| 42952271 1300 Overtime | 1,500 | 1,000 | 2,500 | 468.36 | | 2,031.64 | 18.7% |
| 42952271 1400 Incentives/Premiums | 7,870 | 0 | 7,870 | 4,127.00 | | 3,743.00 | 52.4% |
| 42952271 1500 Leave Cashouts/Buy Backs | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952271 2105 LEOFF Contributions | 11,000 | 2,730 | 13,730 | 5,874.18 | | 7,855.82 | 42.8% |
| 42952271 2150 Deferred Comp | 8,920 | 1,400 | 10,320 | 4,657.16 | | 5,662.84 | 45.1% |
| 42952271 2200 Industrial Insurance | 300 | 100 | 400 | 140.37 | | 259.63 | 35.1% |
| 42952271 2210 Workers Comp City | 2,060 | 0 | 2,060 | 860.00 | | 1,200.00 | 41.7% |
| 42952271 2300 Medical Insurance | 53,450 | 14,630 | 68,080 | 28,479.88 | | 39,600.12 | 41.8% |
| 42952271 2400 Life Insurance | 140 | 60 | 200 | 74.75 | | 125.25 | 37.4% |
| 42952271 2410 Disability Insurance | 150 | 40 | 190 | 78.00 | | 112.00 | 41.1% |
| 42952271 2500 Social Security/Medicare Tax | 2,920 | 730 | 3,650 | 1,621.51 | | 2,028.49 | 44.4% |
| 42952271 2600 WA State Pd Family & Med Lea | 340 | 110 | 450 | 241.51 | | 208.49 | 53.7% |
| 42952271 3100 Supplies | 6,000 | 0 | 6,000 | 194.79 | | 5,805.21 | 3.2% |
| 42952271 3520 TS Hardware | 0 | 0 | 0 | 1,541.89 | | -1,541.89 | .0% |
| 42952271 4100 Contractual/Professional Ser | 0 | 0 | 0 | .00 | | .00 | .0% |
| 42952271 4300 Travel & Training | 5,000 | 0 | 5,000 | 617.00 | | 4,383.00 | 12.3% |
| 42952271 4966 Vehicle Replacement | 6,430 | 0 | 6,430 | 3,216.00 | | 3,214.00 | 50.0% |
| 42952271 4967 Vehicle Admin Charges | 1,180 | 0 | 1,180 | 816.00 | | 364.00 | 69.2% |
| 42952271 4968 Vehicle Oper & Maint | 1,500 | 0 | 1,500 | .00 | | 1,500.00 | .0% |
| 42952271 4969 Vehicle & Equip Fuel | 2,500 | 0 | 2,500 | .00 | | 2,500.00 | .0% |
| TOTAL Community Paramedic | 309,350 | 71,490 | 380,840 | 159,246.55 | | 221,593.45 | % |
| TOTAL Ambulance Fund | 9,830,840 | 275,361 | 10,106,201 | 5,361,198.15 | | 4,720,994.04 | % |
| TOTAL REVENUES | 4,832,580 | 200,000 | 5,032,580 | 2,879,051.20 | | 2,153,528.80 | |
| TOTAL EXPENSES | 4,998,260 | 75,361 | 5,073,621 | 2,482,146.95 | | 2,567,465.24 | |
| GRAND TOTAL | 9,830,840 | 275,361 | 10,106,201 | 5,361,198.15 | | 4,720,994.04 | % |

REPORT OPTIONS

| | | | | |
|------------|---------|-------|------------|----------------------|
| Sequence 1 | Field # | Total | Page Break | From Yr/Per: 2023/ 1 |
| Sequence 2 | 1 | Y | N | To Yr/Per: 2023/13 |
| Sequence 3 | 4 | Y | N | Budget Year: 2023 |
| Sequence 4 | 0 | N | N | Print totals only: N |
| | 0 | N | N | Format type: 1 |

Report title: EXPENSE

Includes accounts exceeding 0% of budget.

Print Full or Short description: F

Print full GL account: N

Sort by full GL account: N

Print Revenues-Version headings: N

Print revenue as credit: N

Print revenue budgets as zero: N

Report title: EXPENSE

Suppress zero bal accts: N

Amounts/totals exceed 999 million dollars: N

Roll projects to object: N

Print journal detail: N

From Yr/Per: 2020/ 7

To Yr/Per: 2021/ 6

Include budget entries: N

Incl encumb/liq entries: N

Sort by JE # or PO #: J

Detail format option: 1

Multiyear view: D

Budget From Yr/Per: /

To Yr/Per: /

Include biennium-to-date actuals/encumbrances: N

Umatilla County Ambulance Service Area Franchise Application Office of Emergency Management

Applicant Information

Ambulance Service Name:

Address:

Street:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Fax:

Name of Owner or Principle Contact:

If Corporation, provide legal name:

Names of Officers and Titles:

Area in Umatilla County in which you propose to provide Ambulance Service

If re-applying for your current ASA, provide that ASA number. ASA -

If the area you propose to provide service in does not cover the entire officially designated ASA, you must be **SPECIFIC** in describing the area you propose to serve. Please provide a legal description of that area.

Legal descriptions are available in the County Ambulance Service Plan.

For a copy, email: thomas.roberts@umatillacounty.net

Attached?

Subcontract

If some or all service will be provided by subcontract, a copy of that subcontract shall be provided.

Attached?

ASA Application

Pg. 2

Location(s) ambulance(s) will be based

City:

Address:

Address:

Address:

Address:

Address:

Please provide all information required of ORS Chapter 682.045, as listed below (Ambulance service providers shall maintain all equipment and supplies as required)

Unit No. "*****V{r g*****[gct*****CNU*****DNU*****Nlegpug'P q0*****Xgj 0Nk0P q0*****XIP

ASA Application

Pg. 3

Emergency Medical Technicians Retained by Service

Last Name

First Name

Level of Certification Certification Number

ASA Application

Pg. 4

Emergency Medical Technicians Retained by Service

Last Name

First Name

Level of Certification Certification Number

ASA Application

Pg. 5

Physician Advisor Information

| | | |
|------------|--------------------------------|-----------------|
| Last Name | First Name | Mailing Address |
| City | State | Zip |
| Bus. Phone | Ore. Medical Board License No. | |

Financial Adequacy

Please provide proof of financial liability to operate an ambulance service in Umatilla County, including operating budget for public entities, or financial statement for private entities, references, and/or statements of past ambulance service.

Attached?

Financial Liability

Provide proof of public liability in the amount of not less than \$100,000 because of bodily injury to, or the death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to, or death of two or more persons in any one accident; \$20,000 because of injury to, or destruction of the property of others in any one accident; and \$500,000 because of injury arising from the negligent provision of pre-hospital care to any individual. Applicants may be self insured.

Attached?

Statement of Experience

Please provide a Statement of Experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated there under, any franchise issued, and the ASA Plan, including the ability to comply with the terms and conditions of the ASA Plan and applicable County Ordinances.

Attached?

Please provide a description of any prepaid ambulance service plan, including number of members, number of years of operation, funding, and term.

Attached?

ASA Application

Pg.6

Other ASA you are currently providing ambulance service in ASA- None

Any State, other than Oregon, you are currently providing ambulance service in None

Have you ever been required to discontinue operating an ambulance service in Oregon or any other State? If so, please provide documentation regarding any suspensions, denials, and/or Yes
No

Attached?

IN THE CASE OF AN APPLICATION TO TRANSFER OR TAKE OVER AN ALREADY ASSIGNED ASA FRANCHISE, PLEASE PROVIDE THE FOLLOWING:

1. A detailed summary of how the proposed change will improve emergency ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
2. Evidence that a call volume in the ASA is sufficient to financially or otherwise justify the change in service.

Name, Title, and signature of person filling out this form

Name: (please print)

Date:

Title:

Signature:



Statement of Experience Providing Ambulance Service in Umatilla County ASA-7

The Confederated Tribes of the Umatilla Indian Reservation (CTUIR)- Umatilla Tribal Fire Department (UTFD) is an “All Hazards” fire/Ems service to the Umatilla Indian Reservation (UIR) and our ASA- 7 boundaries.

Umatilla Tribal Fire Department’s Mission Statement:

“It is the mission of the Umatilla Tribal Fire Department(UTFD) to provide emergency response capabilities, In a timely manner, to the residents and businesses located within the boundaries of the Umatilla Indian Reservation (UIR) and UTFD ambulance Service Area-7 (ASA) The UTFD is committed to provide the very best emergency medical services/fire service and to protect human resources of the Reservation from injury or damage due to fire or related hazards, while conserving placing adequate emphasis on fire protection and fire prevention. It is the aspiration of the UTFD to support and compliment of the mission of the Board of Trustees of the Confederated Tribes of the Umatilla Indian Reservation.”

Mission Objectives & Goals

Provide effective emergency services to the CTUIR community/ASA-7

1. Provide twenty-four-hour life safety services.
2. Prevent loss of life and reduce property damage & effective Fire Prevention services.
3. Recruit additional volunteers and paid professionals.
4. Maintain a well trained and equipped department.
5. Conduct annual fire inspection.
6. Plan and implement three community activities.
7. Provide adequate financial resources.
8. Expand potential income through ambulance revenue & fire response.

**Confederated Tribes of the
Umatilla Indian Reservation**

Umatilla Tribal Fire Department



<https://ctuir.org>

jameshall@ctuir.org

Phone 541-276-2126

Fax: 541-278-7676

1. Emergency Rescue Service

- 1.1 Provide 24-hour lifesaving rescue services, emergency medical services, fire protection services, and HAZMAT response.
- 1.2 Continue specialized training and preparedness to respond hazardous materials spills, on the UIR (Umatilla Indian Reservation) & surrounding communities.
- 1.3 Assist as needed-UTFD is signatory on Tri-County Mutual Aid Agreement for all of Umatilla, Morrow, and Gilliam Counties for "All Hazards."

2 Budget

- 2.1 Develop the department's annual budget, and seek outside funding as needed, monitor use of the department's budget, ensure procurements and billings are processed in a timely manner.
- 2.2 Coordinate with the Finance department to improve collection of fire protection fees and to develop insurance reimbursement collection process.
- 2.3 Apply for additional Grants and Contracts, to assist with fire department operations and future development (UTFD Fire Station II)

3 Recruitment

- 3.1 Recruit trained and qualified full-time firefighters and paramedics as funding is available.
- 3.2 Operate a recruitment program to attract new volunteers.

4 Training

- 4.1 Maintain a well trained and equipped group of professional and volunteer emergency responders.
- 4.2 Implement training plan for all paid and volunteer staff.

**Confederated Tribes of the
Umatilla Indian Reservation**

Umatilla Tribal Fire Department



<https://ctuir.org>

jameshall@ctuir.org

Phone 541-276-2126

Fax: 541-278-7676

4.3 Maintain professional certifications for all department staff & volunteers.

5 ASA -7 Operations

- 5.1 UTFD's ASA staffs Advance Life Support (ALS) 24/7-365 days first out, and second out depending on staffing conditions.
- 5.2 Always maintains and operates two type II four-wheel drive OHA licensed ambulances.
- 5.3 All supporting apparatus always carries and maintains a minimum of BLS and or ILS medial kits and one ALS kit on rapid response apparatus.
- 5.4 Contracts ambulance billing with a reputable service – Wittman Enterprises LLC
- 5.5 Complies with all requirements set forth by Oregon Health Authority, CTUIR, State, ASA Franchise Agreement plan and Umatilla County ASA regulatory Boards.

Sincerely,

James Hall- Fire Chief

Confederated Tribes of the Umatilla Indian Reservation- Umatilla Tribal Fire Department

Station 41 (Physical Address) 73382 Confederated Way, Pendleton Or. 97801

46411 Timine Way (Mailing Address) Pendleton Or. 97801

Station 41 phone # 541 276-2126

Fire Chief's Cellular phone # 541 215-5056



CONFTRI-01

NROQUE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|--|---|--|--------------------------------------|--|
| PRODUCER The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210 | CONTACT NAME: PHONE (A/C, No, Ext): (480) 730-4920 | | FAX (A/C, No): (480) 730-4929 | |
| | E-MAIL ADDRESS: | | | |
| INSURED Confederated Tribes of the Umatilla Indian Reservation 46411 Timi'ne Way Pendleton, OR 97801 | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | INSURER A : Old Republic Union Ins Co | | 31143 | |
| | INSURER B : Pennsylvania Manufacturers Indemnity Company | | 41424 | |
| | INSURER C : | | | |
| | INSURER D : | | | |
| | INSURER E : | | | |
| INSURER F : | | | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | SNGL00036201 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MEC EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 1523010845750 | 1/1/2023 | 1/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | SNXS00020702 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ Agg \$ 15,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | SNWC00013502 | 1/1/2023 | 1/1/2024 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---------------------------------------|--|
| Umatilla Tribe Fire Department | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

THE BOARD OF COMMISSIONERS OF UMATILLA COUNTY

STATE OF OREGON

In the Matter of Awarding)
of Ambulance Franchises for) Order No. BCC2024-006
Ambulance Service Areas)

WHEREAS Umatilla County adopted Ordinance No. 96-06 for the establishment of Ambulance Service Areas and the method for selection of emergency ambulance providers for each area, codified at Chapter 90, Umatilla County Code of Ordinances; and

WHEREAS the existing franchise for the Ambulance Service Areas expire December 31, 2023;

WHEREAS for the period beginning January 1, 2024, applications have been received for Ambulance Service Area franchises as follows:

- ASA 1 - Pendleton Fire and Ambulance Service;
- ASA 2 - Umatilla County Fire District #1;
- ASA 4 - Fire Incident Resource Enterprises, Inc.;
- ASA 5 - East Umatilla County Ambulance Area Health District;
- ASA 6 - City of Walla Walla Fire Department;
- ASA 7 - CTUIR Umatilla Tribal Fire Department and Ambulance;

WHEREAS the recommendation is that the franchises be renewed for a period to end June 30, 2028.

NOW THEREFORE, the Board of Commissioners orders that for the period beginning January 1, 2024 through June 30, 2028, the Ambulance Service Area franchises are awarded as follows:

- ASA 1 - Pendleton Fire and Ambulance Service;
- ASA 2 - Umatilla County Fire District #1;
- ASA 4 - Fire Incident Resource Enterprises, Inc.;
- ASA 5 - East Umatilla County Ambulance Area Health District;
- ASA 6 - City of Walla Walla Fire Department;
- ASA 7 - CTUIR Umatilla Tribal Fire Department and Ambulance

DATED this 3rd day of January, 2024.

UMATILLA COUNTY BOARD OF COMMISSIONERS

John M. Shafer, Chair

Celinda A. Timmons, Commissioner

Daniel N. Dorran, Commissioner

ATTEST:
OFFICE OF COUNTY RECORDS

Records Officer