

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the San Carlos Park Fire Protection and Rescue Service District to conduct advance life support (ALS) non-transport service, emergency medical service care.

**WHY ACTION IS NECESSARY:** Commission Chairman's signature is required to execute CON.

**WHAT ACTION ACCOMPLISHES:** Grants the applicant license to provide ALS service in accordance with State law and provision Contained in Lee County Ordinance 02-19.

**2. DEPARTMENTAL CATEGORY:  
COMMISSION DISTRICT #:**

*C7B*

**3. MEETING DATE:**

*01-25-2005*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:  
(Specify)**

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
- B. DEPARTMENT ~~Public Safety~~
- C. DIVISION Public Safety
- BY: John D. Wilson, Director *[Signature]*

**7. BACKGROUND:**

This District is submitting renewal for a Certificate of Public Convenience and Necessity (CON) to provide advance life support (ALS) non-transport service within its boundaries. Granting the request would allow the district to place qualified paramedics and emergency medical technicians on fire rescue vehicles or engines that could provide pre-hospital emergency medical care prior to Lee County EMS personnel arriving on scene.

County staff reviewed the District's application according to the current county ordinance provisions and recommends granting the Certificate if the District complies with provisions in the attached CON prior to furnishing any ALS non-transport service within its defined service area. The District's fire chief has agreed to these conditions.

- Attachment 1: Application for Certificate of Public Convenience and Necessity (3)
- Attachment 2: Certificate of Public Convenience and Necessity (3)

**8. MANAGEMENT RECOMMENDATIONS:** Staff recommends approval.

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services			G County Manager
					OA	OM	Risk	GC
<i>[Signature]</i>	<i>[Signature]</i>	<i>N/A</i>		<i>[Signature]</i>	<i>PM 1/11/05</i>	<i>1/12</i>	<i>1/12/05</i>	<i>[Signature]</i>

**10. COMMISSION ACTION:**

- \_\_\_\_\_ APPROVED
- \_\_\_\_\_ DENIED
- \_\_\_\_\_ DEFERRED
- \_\_\_\_\_ OTHER

Rec. by CoAtty  
Date: *1/11/05*  
Time: *9:35*  
Forwarded To:  
*Admin. Wilson*

RECEIVED BY  
COUNTY ADMIN: *PM*  
*1/11/05*  
*1/15/05*  
COUNTY ADMIN  
FORWARDED TO:

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

### SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT

with the right to maintain, operate and control an Advanced Life Support (ALS) non-transport service within the geographic district designated:

SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT, FLORIDA and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.

2. The said Fire District in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to State regulations incident thereto as may govern ambulances and shall have free access to and the right, within said area, to perform (ALS) non-transport service; provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants, or employees.



3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said (ALS) non-transport services and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statutes.

4. In no event shall Lee County be responsible in any way for the debts or obligations of the Fire District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of said District in carrying out the provisions of this Certificate.

5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be forfeited.

6. This Certificate shall be in force and become effective upon written acceptance of its terms by said Association being filed with the County Clerk.

7. This permit is valid for the period March 31, 2005, to March 31, 2007, unless sooner forfeited or rescinded.

  
\_\_\_\_\_  
Witness  
  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Chairman

ATTEST:  
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Chairman

**APPLICATION FOR LEE COUNTY  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
AMBULANCE AND RESCUE SERVICE**

**12/12/96**

Governmental [ <input checked="" type="checkbox"/> ]	Private [ <input type="checkbox"/> ]	Voluntary [ <input type="checkbox"/> ]		
TYPE:				
Transport	[ <input type="checkbox"/> ] ALS	[ <input type="checkbox"/> ] BLS		
Non-Transport	[ <input checked="" type="checkbox"/> ] ALS	[ <input type="checkbox"/> ] BLS		
Air-Medical	[ <input type="checkbox"/> ] ALS	[ <input type="checkbox"/> ] BLS		
<b>GOVERNMENTAL/CORPORATION/OWNER</b>				
Name: <b>San Carlos Park Fire Protection And Rescue Service District</b>				
Address:	<b>19591 Ben Hill Griffin Pkwy.</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33913</b>
	Street/PO Box	City	State	Zip
<b>DIRECTORS/OWNERS</b>				
Name: <b>Mary Lou Garofalo</b>				
Address:	<b>7570 Laural Valley Rd.,</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33912</b>
	Street/PO Box	City	State	Zip
Name: <b>William Elliott</b>				
Address:	<b>19591 Ben Hill Griffin Pkwy.</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33913</b>
	Street/PO Box	City	State	Zip
Name: <b>Everett Glover</b>				
Address:	<b>19591 Ben Hill Griffin Pkwy.</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33913</b>
	Street/PO Box	City	State	Zip
Name: <b>Terry Dettmar</b>				
Address:	<b>19591 Ben Hill Griffin Pkwy.</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33913</b>
	Street/PO Box	City	State	Zip
Name: <b>Lawrence Sweeney</b>				
Address:	<b>18461 Olive Rd.,</b>	<b>Ft. Myers</b>	<b>FL</b>	<b>33912</b>
	Street/PO Box	City	State	Zip
Name:				
Address:				
	Street/PO Box	City	State	Zip

**NARRATIVE DESCRIBING HOW THE APPLICANT'S SERVICE WILL  
COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES**

1. Prior to the arrival of an advanced life support ambulance from local EMS transport providers, initial basic and advanced life support services will be administered to patients in preparation for transport to a medical facility.
2. Assist local EMS transport providers with advanced life support services when requested to do so.
3. Conduct basic and advanced emergency medical training along with and or equivalent to or exceeding the local EMS agencies.

**HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE FOR  
THE PUBLIC HEALTH, SAFETY AND WELFARE**

1. This service will allow us to continue to deliver emergency care at the level of basic and advanced life support services.
2. This service will continue to decrease the amount of time that the patient has to wait for basic and advanced life support services, which will directly reduce patient morbidity and mortality.
3. This service will allow the current local advanced life support transport services additional resources to assist them in the delivery of pre-hospital emergency care.

**HOW WILL THE SERVICE IMPROVE PUBLIC CONVENIENCE AND  
JUSTIFY THE NECESSITY OF THE INTENDED SERVICE**

1. This service will allow fire rescue units to provide basic and advanced life support services which will decrease advanced life support response times by approximately five to 15 minutes. It will also provide an additional resource to local EMS transport agencies.

Provide emergency medical personnel certified as firefighter-EMTs and paramedics with additional certifications in other pre-hospital emergency specialties, as required by the service medical director.

## NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

1. Four (4) advanced life support non-transport units.
2. Two (2) advanced life support non-transport units to be phased in over the next 12 to 18 months.

**ADDRESS OF HEADQUARTERS**

San Carlos Park Fire Protection And Rescue Service District  
19591 Ben Hill Griffin Pkwy.  
Ft. Myers, FL 33913

**ADDRESS OF POSTING-STATIONS**

San Carlos Park Fire Station #1  
8013 Sanibel Blvd.  
Fort Myers, FL 33912-6183

San Carlos Park Fire Station #2  
16901 Island Park Road  
Fort Myers, FL 33908-5017



**SCHEDULE OF RATES FOR SERVICE**

None

**MEDICAL DIRECTOR=S NAME AND LICENSE NUMBER(S)**

**NAME:** William Bess, M.D.

**AUDIT CONTROL #** 1284457

**FILE #** 107848 (CONTROL NO)

**BOARD CERTIFICATION #** ME 33756

AC# 1284457

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

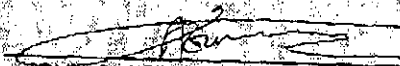
DATE	LICENSE NO	CONTROL NO
10/29/2003	ME 33756	107848

The **MEDICAL DOCTOR**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2006**  
**WILLIAM RUNYON BESS, JR**  
1231 BANTON AVE  
FT MYERS, FL 33901-6716



JEB BUSH  
GOVERNOR



JOHN O. AGWUNOBI, M.D., M.B.A.  
SECRETARY

DISPLAY IF REQUIRED BY LAW

**CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE**

See attached forms

**LEE COUNTY BOARD OF COUNTY COMMISSIONERS**

**P.O. BOX 398**

**FORT MYERS, FLORIDA 33902-0398**

**INVOICE**

**APPLICATION FEE: \$250.00**

**FOR: CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
AMBULANCE AND RESCUE SERVICE**

**NAME: San Carlos Park Fire Protection and Rescue Service District**

**ADDRESS: 19591 Ben Hill Griffin Pkwy. Ft. Myers, FL 33913**

**STREET/PO BOX                      CITY                      STATE                      ZIP**

**MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF  
COUNTY COMMISSIONERS**

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/22/2004

**PRODUCER**

**VFIS of Florida**  
 One S. Ocean Blvd., #310  
 Boca Raton, FL 33432  
 800-995-8554

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY

LETTER **A** American Alternative Insurance Corp.

COMPANY

LETTER **B**

COMPANY

LETTER **C**

COMPANY

LETTER **D**

COMPANY

LETTER **E**

**INSURED**

**San Carlos Park Fire Protection & Rescue Service District**  
 19591 Ben Hill Griffin Parkway  
 Fort Myers, FL 33913

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> Malpractice	VFIS-TR-0018418-4	2/15/04	2/15/05	GENERAL AGGREGATE \$ 3,000,000 PROD - COMP/OP AGG. \$ 3,000,000 PERS. & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (One Fire) \$ 1,000,000 MED. EXPENSE (One Per) \$ 5,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	VFIS-TR-0018418-4	2/15/04	2/15/05	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	VFIS-CU-5006197-4	2/15/04	2/15/05	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 2,000,000 <input checked="" type="checkbox"/> AGGREGATE \$ 4,000,000 STATUTORY LIMITS \$
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE-EACH EMP. \$
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Lee County Board of County Commissioners is named an additional insured.

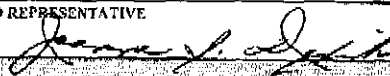
**CERTIFICATE HOLDER**

Lee County Board of County Commissioners  
 P. O. Box 398  
 Fort Myers, FL 33902-0398

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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**INSURED**

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**19591 Ben Hill Griffin Parkway**  
  
**Fort Myers, FL 33913**

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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	<b>VFIS-TR-0018418-4</b>	<b>2/15/04</b>	<b>2/15/05</b>	COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per Person) \$  BODILY INJURY (Per Accident) \$  PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<b>VFIS-CU-5006197-4</b>	<b>2/15/04</b>	<b>2/15/05</b>	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 2,000,000 <input checked="" type="checkbox"/> AGGREGATE \$ 4,000,000 STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE-EACH EMP. \$
	<b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</b>				
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

**Florida Department of Health**  
**Bureau of Emergency Medical Services**  
**4052 Bald Cypress Way**  
**Tallahassee, FL 32399-1738**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

*James A. [Signature]*

ACCORD 25-S(7/20)