

Lee County Board Of County Commissioners
Agenda Item Summary

Blue Sheet No.
20050218

1. REQUESTED MOTION:

ACTION REQUESTED: Board approve a two year Certificate of Public Convenience and Necessity (CON) for Lehigh Acres Fire Control and Rescue District.

WHY ACTION IS NECESSARY: CON is required by Florida Statute 401.25(d) for renewal of EMS provider license application.

WHAT ACTION ACCOMPLISHES: Allows Lehigh Acres Fire Control and Rescue District to be recertified by the Bureau of EMS as an ALS Transport Provider for two years.

2. DEPARTMENTAL CATEGORY:

07
COMMISSION DISTRICT #:

C7B

3. MEETING DATE:

03-01-2005

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
- C. DIVISION Public Safety
- BY: John D. Wilson, Director JW

7. BACKGROUND:

Every two years, Florida EMS providers are required to renew their Advanced Life Support (ALS) License with the Florida Department of Health. According to Florida Statute 401.25(d), "The applicant has obtained a certificate of public convenience and necessity from each county in which the applicant will operate." The re-licensing application requires a copy of the certificate of public convenience and necessity be include prior to the issuance of an ALS License by the Bureau of Emergency Medical Service.

Lehigh Acres Fire Control and Rescue District current ALS License expires on March 30, 2005. The application is to be submitted for process to the Bureau of EMS within 60 days of the provider's license expiration date.

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

8. MANAGEMENT RECOMMENDATIONS: Management 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	
JW 2/11/05	N/A CE	N/A			2/11/05	2/16/05	2/16/05	2/16/05	JW 2-16-05

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by [Signature]
2/15/05
Time 10:20
Forwarded [Signature]

RECEIVED BY [Signature]
COUNTY ADMIN.
2/15/05
1:30 pm
COUNTY ADMIN
FORWARDED TO: [Signature]
2/16/05
4pm

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:

LEHIGH ACRES FIRE CONTROL AND RESCUE DISTRICT

with the right to maintain, operate and control an ambulance service within the geographic district designated:

LEHIGH ACRES FIRE CONTROL AND RESCUE 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 ambulance 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.

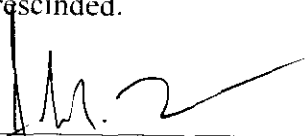
3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change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

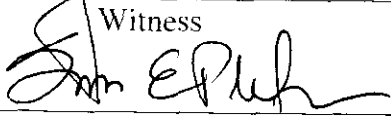
4. In no event shall Lee County be responsible in any way for the debts or obligations of the Fire District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of said District in carrying out the provisions of this 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 30, 2005 to March 30, 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	Voluntary	
TYPE:			
Transport <input checked="" type="checkbox"/>	ALS <input checked="" type="checkbox"/>	BLS	
Non-Transport	ALS	BLS	
Air-Medical	ALS	BLS	
GOVERNMENTAL/CORPORATION/OWNER			
Name: Lehigh Acres Fire Control and Rescue District			
Address: 1000 Joel Blvd. Street/PO Box	Lehigh Acres City	FL State	33972 Zip
DIRECTORS/OWNERS			
Name: Barry Ashman			
Address: 6600 Maytree Circle Street/PO Box	Ft. Myers City	FL State	33905 Zip
Name: Jeffery Berndt			
Address: 6311 Castlewood Cir. Street/PO Box	Ft. Myers City	FL State	33905 Zip
Name: D. Bruce Boyd, Jr.			
Address: 1802 7 th Street East Street/PO Box	Lehigh Acres City	FL State	33972 Zip
Name: Joel Guzman			
Address: 247 Bethany Home Dr. Street/PO Box	Lehigh Acres City	FL State	33936 Zip
Name: Steven P. Hass			
Address: 1403 W. 17 th Street Street/PO Box	Lehigh Acres City	FL State	33936 Zip
Name:			
Address:			
Street/PO Box	City	State	Zip

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

The Lehigh Acres Fire Control and Rescue District participates in a mutual aid agreement with other existing EMS services in the county. We are available 24 hours a day, 7 days a week for mutual aid responses when needed.

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

The Lehigh Acres Fire Control and Rescue District provides pre-hospital advanced life support care and ambulance transport services to the residents of Lehigh Acres, Florida. Our district covers approximately 143 square miles and services 35,000 – 40,000 full-time residents.

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

Since Lehigh Acres, Florida is an unincorporated area at the eastern end of Lee County, the Lehigh Acres Fire Control and Rescue District has been providing emergency ambulance service to its residents for approximately 27 years. We have been providing this service in coordination with Lee County EMS. We provide the initial response to this area.

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

We currently have (4) ALS transport and (2) ALS non-transport units.

- **Rescue 110 = Type I ALS transport unit**
- **Rescue 160 = Type I ALS transport unit**
- **Rescue 170 = Type I ALS transport unit**
- **Rescue 180 = Type I ALS transport unit**
- **Engine 210 = Class-A pumper with ALS non-transport capability**
- **Engine 250 = Class-A pumper with ALS non-transport capability**

ADDRESS OF HEADQUARTERS

**1000 Joel Blvd.
Lehigh Acres, FL 33972**

ADDRESS OF POSTING-STATIONS

Address of Posting:

- **11 S. Homestead Rd.
Lehigh Acres, FL 33936**

Station Locations:

- 1. 1000 Joel Blvd.
Lehigh Acres, FL 33972**
- 2. 11 S. Homestead Rd.
Lehigh Acres, FL 33936**
- 3. 308 Gunnery Rd.
Lehigh Acres, FL 33971**

SCHEDULE OF RATES FOR SERVICE

Current rate schedule effective October 1, 2002: (remains unchanged)

- **Advanced Life Support, Level 1 (ALS 1) = \$350.00**
- **Advanced Life Support, Level 1 Emergency (ALS 1-Emergency) = \$375.00**
- **Advanced Life Support, Level 2 (ALS 2) = \$550.00**

- **Treatment/non-transport = \$80.00**

- **Mileage = \$7.00/mile**

MEDICAL DIRECTOR' S NAME AND LICENSE NUMBER(S)

NAME: William Runyon Bess, Jr.

AUDIT CONTROL #: 1284457

FILE #: N/A

BOARD CERTIFICATION #: 800015

LICENSE #: ME 33756

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See attached.

AGORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BK DATE (MM/DD/YYYY)
LEHIGH-4 02/01/05

PRODUCER
Bouchard-Starcrest
101 Starcrest Drive
P O Box 6090
Clearwater FL 33758-6090
Phone: 727-447-6481 Fax: 727-449-1267

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.

INSURED
Lehigh Acres Fire Control and Rescue District
Ms Susan Platas
1000 Joel Boulevard
Lehigh Acres FL 33972

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: PREFERRED GOVERNMENTAL INS	
INSURER B: AMERICAN ALTERNATIVE INS CO	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADJ/LTR INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	VFIS-TR-0400711	10/01/04	10/01/05	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Mgt Liab \$1,000,000				PERSONAL & ADV INJURY \$ 1,000,000
	10 DAY CANCE NOTICE NONPAY				GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPOP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ/JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	VFIS-TR-0400711	10/01/04	10/01/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	10 DAY NOTICE CANCE NONPAY				
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	VFIS-CU-50091	10/01/04	10/01/05	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE				10 DAY \$ CANCE
	<input checked="" type="checkbox"/> RETENTION \$ 0				NOTICE \$ NONPAY
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001000000063103	10/01/04	10/01/05	WC STATE-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
FAX 239-369-2436

CERTIFICATE HOLDER

LEE COUN

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
P O BOX 398
FT MYERS FL 33902

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

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

I N V O I C E

APPLICATION FEE: \$250.00

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

NAME: Lehigh Acres Fire Control and Rescue District

**ADDRESS: 1000 Joel Blvd. Lehigh Acres FL 33972
STREET/PO BOX CITY STATE ZIP**

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