

**Lee County Board Of County Commissioners
Agenda Item Summary**

**Blue Sheet No.
20070161**

1. ACTION REQUESTED/PURPOSE: Board approve a two year Certificate of Public Convenience and Necessity (CON) for Lehigh Acres Fire Control and Rescue District. CON is required by Florida Statute 401.25(d) for renewal of EMS provider license application.

2. FUNDING SOURCE: None required

3. 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.

4. MANAGEMENT RECOMMENDATION: Approve

5. Departmental Category:

C7D

6. Meeting Date: 02/13/07

7. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

8. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

9. Request Initiated:

Commissioner _____
Department _____
Division Public Safety
By: John D. Wilson, Director

Chris Hansen for

10. 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 included 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 (4)

Attachment 2: Certificate of Public Convenience and Necessity (4)

11. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P. W. Director
					Analyst	Risk	Grants	Mgr.	
<i>11/29/2007</i>	<i>[Signature]</i>			<i>[Signature]</i>	<i>CA 2/31/07</i>	<i>M 2/1/07</i>	<i>G 1/31/07</i>	<i>M 2/1/07</i>	<i>2-1-07</i>

12. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY
COUNTY ADMIN:
1:40 MP
31 to
COUNTY ADMIN
FORWARDED TO:
8:15
2 to PR

Rec. by CoAtty
Date: *1/31/07*
Time: *10:50 AM*
Forwarded To:
Am, p 1-31-07

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 Ambulance 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.

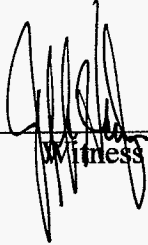
7. This permit is valid for the period March 30, 2007 to March 30, 2009, unless sooner forfeited or rescinded.



Witness

By: 

Chairman



Witness

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

APPROVED AS TO FORM:

By: _____
County Attorney's Office

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

1/25/07

Governmental <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Voluntary <input type="checkbox"/>
TYPE:		
Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> BLS <input type="checkbox"/>
Non-Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> BLS <input type="checkbox"/>
Air-Medical	<input type="checkbox"/> ALS	<input type="checkbox"/> BLS <input type="checkbox"/>

GOVERNMENTAL/CORPORATION/OWNER

Name: Lehigh Acres Fire Control and Rescue District

Address: <u>1000 Joel Blvd.</u>	<u>Lehigh Acres</u>	<u>FL</u>	<u>33972</u>
Street/PO Box	City	State	Zip

DIRECTORS/OWNERS

Name: Jeff Berndt

Address: <u>6311 Castlewood Circle</u>	<u>Ft. Myers</u>	<u>FL</u>	<u>33905</u>
Street/PO Box	City	State	Zip

Name: Julie Barrett

Address: <u>710 Cleveland Avenue</u>	<u>Lehigh Acres</u>	<u>FL</u>	<u>33972</u>
Street/PO Box	City	State	Zip

Name: D. Bruce Boyd, Jr.

Address: <u>1802 7th Street East</u>	<u>Lehigh Acres</u>	<u>FL</u>	<u>33972</u>
Street/PO Box	City	State	Zip

Name: Joel Guzman

Address: <u>247 Bethany Home Drive</u>	<u>Lehigh Acres</u>	<u>FL</u>	<u>33936</u>
Street/PO Box	City	State	Zip

Name: Ralph B. Hemingway, Jr.

Address: <u>622 Morningmist Lane</u>	<u>Lehigh Acres</u>	<u>FL</u>	<u>33936</u>
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

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 60,000 – 70,000 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 of 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 30 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 (6) ALS Transport Units & (5) ALS Non-Transport Units.

- RESCUE 101
- RESCUE 102
- RESCUE 103
- RESCUE 104
- RESCUE 170
- RESCUE 180
- ENGINE 101
- ENGINE 102
- ENGINE 103
- ENGINE 1031
- AERIAL 102

ADDRESS OF HEADQUARTERS

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

ADDRESS OF POSTING-STATIONS

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

SCHEDULE OF RATES FOR SERVICE

Current rate schedule effective October 1, 2002:

- **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: Joseph Lemmons

AUDIT CONTROL #: 19017

FILE #: N/A

BOARD CERTIFICATION #: AOBEM #181

LICENSE#: 05 5632

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See Attached

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BK
LEHIG-4

DATE (MM/DD/YYYY)
01/24/07

PRODUCER
Bouchard-Clearwater
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.

INSURERS AFFORDING COVERAGE

NAIC #

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

INSURER A: **PREFERRED GOVERNMENTAL INS**
INSURER B:
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Mgt Liab \$1000000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	VFIS-TR-040071102	10/01/06	10/01/07	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 3000000
			10 DAY CANC NOTICE NONPAY			
B		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	VFIS-TR-040071102	10/01/06	10/01/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	CU500911702	10/01/06	10/01/07	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 4000000 10 DAY NOTICE \$ CANC \$ NONPAY
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				W/C STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

LEECOUN

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: 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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: 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**