

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** First Renewal to Non-Exclusive Ambulance Franchise Agreement for Rural/  
Metro Corporation of Florida d/b/a Rural Metro Ambulance Service

**DEPARTMENT:** Public Safety **DIVISION:** EMS Performance Management

**AUTHORIZED BY:** Kenneth M. Roberts **CONTACT:** Angel Nater **EXT** 5127

<b>Agenda Date</b> 11/15/05 <b>Regular</b> <input type="checkbox"/> <b>Consent</b> <input checked="" type="checkbox"/> <b>Work Session</b> <input type="checkbox"/> <b>Briefing</b> <input type="checkbox"/> <b>Public Hearing – 1:30</b> <input type="checkbox"/> <b>Public Hearing – 7:00</b> <input type="checkbox"/>
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**MOTION/RECOMMENDATION:**

Board authorization for Chairman to execute a First Renewal to Non-Exclusive Ambulance Franchise Agreement for Rural/Metro Corporation of Florida d/b/a Rural Metro Ambulance Service

**BACKGROUND:**

The Board of County Commissioners authorized the Department of Public Safety, EMS/Fire/Rescue Division to begin providing emergency medical transport services beginning July 15, 1997. One aspect of emergency medical services is the transport of patients who do not need immediate medical intervention but require non-emergency transportation. These patients are usually located at hospitals, nursing homes or other health care facilities. The intent was to allow other agencies, public or private, the opportunity to provide non-emergency transport.

**CURRENT STATUS:**

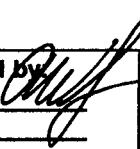


Rural Metro Ambulance has an active Certificate of Public Convenience and Necessity (COPCN) for non-emergency transportation within the geographic boundaries of Seminole County, which expires on June 30, 2006. The current Franchise Agreement will expire on November 14, 2005. A renewal to the Non-Exclusive Ambulance Franchise Agreement as allowed by Section 2 Part a has been requested by Rural Metro Corporation of Florida d/b/a Rural Metro Ambulance Service.

**FEE STRUCTURE:**

The fee for non-emergency transportation shall not exceed the amount as approved by the Seminole County Board of County Commissioners. (Attached)

**PERFORMANCE STANDARDS:**

Agency shall meet or exceed the requirements of Chapter 401 of the Florida Statutes and Chapter 64E-2 of Florida Administrative Code.

<b>Reviewed by:</b>  <b>Co Atty:</b> _____ <b>DFS:</b> _____ <b>Other:</b> _____ <b>DCM:</b>  <b>CM:</b>   <b>File No.</b> <u>CPS04</u>
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**FIRST RENEWAL OF NON-EXCLUSIVE AMBULANCE FRANCHISE AGREEMENT**

**THIS FIRST RENEWAL** is made and entered into this 17<sup>th</sup> day of October, 2005, and is to that certain Agreement made and entered into on the 14th day of November, 2002, between **RURAL/METRO CORPORATION OF FLORIDA, D/B/A RURAL METRO AMBULANCE SERVICE**, whose address is 4728 Old Winter Garden Road, Orlando, Florida 32811, hereinafter referred to as "PROVIDER," and **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY".

**W I T N E S S E T H:**

**WHEREAS**, the PROVIDER and COUNTY entered into the above-referenced Agreement on November 14, 2002, for non-exclusive ambulance services; and

**WHEREAS**, the parties desire to renew the Agreement so as to enable both parties to continue to enjoy the mutual benefits it provides,

**NOW, THEREFORE**, in consideration of the mutual understandings and agreements contained herein, the parties agree as follows:

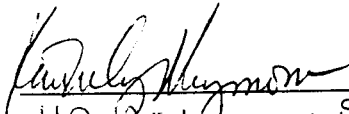
1. **RENEWAL.** The Agreement is hereby renewed for the term from November 15, 2005 through June 30, 2006, unless terminated sooner as provided for therein.


2. Except as herein modified, all terms and conditions of the Agreement shall remain in full force and effect for the term of this Renewal, as originally set forth in said Agreement.

**IN WITNESS WHEREOF**, the parties hereto have executed this instrument for the purpose herein expressed.

ATTEST:

RURAL/METRO CORPORATION  
OF FLORIDA, D/B/A  
RURAL METRO AMBULANCE SERVICE

  
\_\_\_\_\_  
HR Asst., Secretary

By:   
\_\_\_\_\_  
Roger Duryea  
Division General Manager



Date: 10/17/05

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

\_\_\_\_\_  
MARYANNE MORSE  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida

By: \_\_\_\_\_  
CARLTON HENLEY, Chairman

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only.

As authorized for execution  
by the Board of County Commissioners  
at their \_\_\_\_\_, 20\_\_\_\_  
regular meeting.

Approved as to form and  
legal sufficiency.

\_\_\_\_\_  
County Attorney

AC/lp/lpk  
10/6/05 10/12/05  
1stRenewal-Ambulance

**EMERGENCY MEDICAL SERVICES**

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**WHEREAS, RURAL/METRO CORPORATION OF FLORIDA d/b/a RURAL METRO AMBULANCE** desires to provide emergency medical services to the citizens of Seminole County; and

**WHEREAS,** there has been demonstrated that there is a need for ambulance service to be provided to the citizens of Seminole County; and

**WHEREAS,** the above ambulance service has indicated that it will comply with all requirements of *Chapter 401, Florida Statutes,* and *Chapter 17, Seminole County Code,* the Board of County Commissioners of Seminole County hereby issues a Certificate of Public Convenience And Necessity to this ambulance company from June 30, 2005 through June 30, 2006.

**IN ISSUING THIS CERTIFICATE,** it is understood that the above named ambulance service will meet the requirements of State law, County ordinances and all other legal requirements and provide emergency services on a twenty-four hour basis for the following areas: non-emergency transportation within the geographical boundaries of Seminole County.

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

By: \_\_\_\_\_  
CARLTON D. HENLEY, Chairman

Date: \_\_\_\_\_



**Rural/Metro<sup>®</sup>  
Ambulance**  
50 Years of Serving Others

May 25, 2005

Mr. Angel Nater, BS, EMT-P  
Program Manager  
Medical Quality Assurance and Education Bureau  
Seminole County Department of Public Safety  
150 Bush Boulevard  
Sanford, Florida 32773-6179

Dear Angel:

Please accept this letter as our request to renew our COPCN and the Seminole Franchise Agreement permitting Rural Metro to provide non-emergency medical services to the citizens of Seminole County.

The completed application and our "Fee For Service Schedule" are enclosed. In addition, at the bottom of this letter is a sworn affidavit regarding our licensure. Should you require further information or if you have questions, please call me at 407-578-3656.

Thank you in advance for your assistance in processing this renewal.

Sincerely,

Roger Duryea  
Division General Manager  
Rural Metro Ambulance

**Sworn Affidavit Verifying Certification Information**

I hereby swear that the certification information provided on our COPCN renewal application dated May 26, 2005 to be accurate and that Rural Metro is currently licensed to operate as and ALS/BLS ambulance transportation provider in the State of Florida and currently holds COPCNs in Orange, Osceola and Seminole counties.

Roger Duryea  
Division General Manager  
Date 5/26/05

Veronica Segura  
Notary  
Date 5/26/05



Veronica Segura  
My Commission DD338596  
Expires July 18, 2008

**SEMINOLE COUNTY  
APPLICATION  
FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**SECTION 1: APPLICANT INFORMATION**

Name of Service: Rural Metro Ambulance Date of Application: May 26, 2005  
 Business Address: 4728 Old Winter Garden Road  
 City: Orlando State: FL Zip: 32811  
 Name of Service Owner: Rural Metro Corporation d/b/a Rural Metro Ambulance  
 Business Address: 4728 Old Winter Garden Road  
 City: Orlando State: FL Zip: 32811  
 Business Telephone: 407-298-6700 Emergency Telephone: 407-298-6700  
 Contact Person: Roger Durvea, DGM  
 Telephone: 407-578-3656

**SECTION 2: OPERATIONAL INFORMATION**

**LEVEL OF SERVICE**

Emergency Transport \_\_\_\_\_  
 ALS First Response \_\_\_\_\_  
 BLS First Response \_\_\_\_\_  
 Interfacility Transport X  
 Non-emergency Transport X  
 Other \_\_\_\_\_

**CLASSIFICATION**

Municipality \_\_\_\_\_  
 County \_\_\_\_\_  
 Private X  
 Hospital \_\_\_\_\_  
 Other \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED COVERAGE AREA**

The geographical boundaries of Seminole County Florida

**SECTION 4: IDENTIFY THE NUMBER AND TYPES OF VEHICLES TO BE OPERATED:**

Type I \_\_\_\_\_ Specialty \_\_\_\_\_  
 Type II \_\_\_\_\_ Other \_\_\_\_\_  
 Type III 39

**SECTION 5: FEE FOR SERVICE SCHEDULE:**

Loading Fee \*\* Mileage Fee \*\*  
 \*\* - See Attached Fee Schedule

**SECTION 6: CURRENT FLORIDA LICENSURE INFORMATION:**

Service currently licensed in State of Florida X Yes \_\_\_\_\_ No  
 Service currently possess COPCN's X Yes \_\_\_\_\_ No

Name Counties where applicant currently holds COPCNs Orange and Osceola

Applicant must provide sworn affidavit verifying certification information.

  
 \_\_\_\_\_  
 Signature of Applicant

FLRatesCOPCN



# Rural/Metro<sup>®</sup> Ambulance

50 Years of Serving Others

<b>Rural Metro Ambulance Schedule of Fees</b>	
<b>Loading Fees:</b>	
BLS TRANSPORT	\$360.50
ALS 2 TRANSPORT	\$437.75
ALS 1 TRANSPORT	\$437.75
ALS SPECIALTY CARE	\$437.75
<b>Mileage Fees:</b>	
(MILEAGE)TEAM ONLY	\$7.85
MILEAGE/MULTIPLE PATIENT	\$7.31
OUT OF AREA MILEAGE	\$7.31
MILEAGE BLS/ALS	\$7.96
<b>Supplies:</b>	
IV SUPPLIES & PROCEDURES	\$33.99
CARDIAC ARREST SUPPLIES	\$145.75
END TIDAL CO2	\$34.51
IV FLUIDS	\$39.66
SPINAL IMMOBILIZATION	\$39.66
TRACTION/SPLINT	\$30.19
OXYGEN	\$56.65
OB SUPPLIES & PROCEDURES	\$30.19
BURN SUPPLIES	\$30.19
GENERAL SUPPLIES 1ST AID	\$39.66
ALS DRUGS	\$61.80
CARDIAC MONITOR	\$101.97
ACCU CHECK	\$11.33
PULSE OX, B/P OR IV PUMP	\$52.02
OSHA/INFECTION CONTROL	\$29.87

*Roger Senger*  
5/26/05