EMERGENCY MEDICAL SERVICES FUNDS

2006 PROPOSED BUDGET FORM - BASIC LIFE SUPPORT SERVICES

Contract #5085

	ency Service Area(s) <u>City of Redmo</u>		()	
	ress 8450- IVI Ave NE	Redn	PP XW tha	
		_ Phone	<u> 425 - 55</u>	
	Budget Category		Amount Req in 200	
Α.	Personnel			
	1. Salaries & Benefits **		see attr	school
	 Per Shift Payments (list rate per shift) 			
	Per Call Payments (list rate per call)	·		
В.	Supplies (itemized on separate sheet)			
c.	Equipment (itemized on separate sheet)			
D.	<u>Support Service</u> (itemized on separate sheet	:)		
E.	<u>Total</u> EMS Funds Allocated by King County EM in 2006 (Please refer to the attached fundiallocation)		39,880	

An agency may request BLS funding for that portion of salaries and benefits that can be attributed to EMS (% aid calls out of total fire and aid calls) up to the BLS allocation for that agency. Show %'s and total salary/benefit budget used to derive BLS request.

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^{*}Please list only total amount of requested funds by category on this page. Attach itemized list of proposed expenditures if you are requesting funds for supplies, equipment, or support services.

^{**}Attach explanation of how requested funds for salary and benefits were calculated and how they will be used in accordance with the expenditure guidelines.

EXHIBIT 1

2006 PROGRAM PLAN AND PROPOSED BUDGET

Α.	Name and	number of	Fire Protection	District or Fire Dep	partment:	
		Ladnas	d Fire f	separtment		
В.	Name of C	nief:	Tim !	Euller		
	Mailing Ad	ddress:	8450-	16 1Ave N	£	
,			Ridma	d, WA 981	027	
c.	Name of EN	4S Coordina		ng Coordinator if di		
				lephone No. 42	•	<i>•</i> 03
				Tephone No.		_~
D.	department	of distri	ict: location of	of all fire station aid vehicles. Incl	s in your ude the	
	address of	each stat	cion (use other	side if necessary).		
	Address	<u>Defib</u> <u>Unit</u>	<u>Status</u>	<u>No. EMS Response</u> <u>Vehicles at Locati</u>	No. & Type F on Vehicles at	<u>ire</u> Locatio
1.	Station #		Part Time/			
	·	_	Vo1		- <u>lab</u>	
					attoco	
2.	Station #		Full Time	Sop		
			Vol			
						
3.	Station #					
			Part Time/ Vol			
						
4.	Station #		Full Time			
-		<u> </u>	Part Time/ Vol			
-						
nclu	de aid units	as well a	s fire apparatus	, command cars, resc	cue units, etc.	
			ruction in 2006	Address		
		-				. (15
				Status		. N/L

Exhibit 1 2006 Program Plan and Proposed Budget Page 2

E.	Agency Response Information	
	Number of fire suppression responses in 2005 _	1718
	Number of EMS aid responses in 2005	7272
	Total number of responses in 2005	37 93
	Percent aid responses of total responses	678
	·	As of 7-21-01

II. Relationships With other EMS Agencies

A. Specify location of transfer points with paramedic provider groups if applicable:

'E:	xhibi 006 P age 3	t 1 rogram Plan and Proposed Budget
I	II. <u>P</u>	<u>ersonnel</u>
	Α.	, or which
	В.	Number of volunteer fire fighters, of which are First Responders.*
	c. * c	Number of personnel currently trained in defibrillation
IV.		Defibrillation Program Number and type of defibrillator units FR2 Heart Aram Manual Location of defibrillation equipment (address)
	c.	Unit numbers of aid vehicle(s) usually carrying defibrillation equipment (use number(s) recorded when completing EMS Medical Incident Reporting Form).
٧.	The depa each orde majo	EMS Division is seeking to collect information that documents total fire artment expenditures for emergency medical services. We are also requesting a fire department to report its total operating budget for the year. In that the information be consistent, please exclude from these totals or capital expenditures including vehicles and buildings, and monies marked for bond payments, etc.
	Α.	Estimated total EMS budget for 2006 \$ <u>ネパの3.05.5</u> of which \$ 539.880 is provided by EMS funds.

Total fire department or fire district \$ 11.2 million

budget for 2006.

٧.

VI. Fees for Services A. Does your department charge for providing emergency services? Yes _____ B. If yes, please provide a list of charges below. VII. Service Improvements/Changes Please describe how EMS funds will be used by your department in 2006 to improve services to the citizens of King County. Salaries + benefits. Eur intico coblacement car stretchers, replacement Defib. units. Rosemarie Iver

and Health Officer

Department of Public Health

Exhibit 1

2006 Program Plan and proposed Budget

EXHIBIT 3

Basic Life Support Services Invoice Form

Fire District/	Dept. or City <u>Radnord</u> Fire D	Contract #	Invoice Date				
Address	8450-161 Ave NE	City	Rednod	Zip Code	£208P		
Budget Category *	Item	Expenditures	Expenditures To Date	Budget for Period	Balance Unexpended		
	,						
	Grand Total	088,982					
I, the undersigned, do hereby certify that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against the County of King, and that I am authorized to authenticate and certify to said claim.							
	40		Deputy Chi	icf	7-20-05		
	Signature Title Date						

^{*} Indicate supplies, equipment, salaries and support services.

Year	Make/Model	Licence Plate #	Address of Vehicle	AND	Aid	Dofile	A	
			Basic Life Support (BLS)	- AMD	AKI	Denb	Apparatus #	Apparatus Name
2003	Braun E-450	~~~~	•					•
1996		38756D	8450 - 161 Ave. NE, Redmond 98052	Х		Υ	7023	Aid 11
1998	Chev Suburban	22141D	8450 - 161 Ave. NE, Redmond 98052		Х	Υ	8014	Engine 11
1987		23992D	8450 - 161 Ave. NE, Redmond 98052			Υ	1046	Battalion 11
2001	Braun Navistar 4700	01787D	8450 - 161 Ave. NE, Redmond 98052		Χ		8010	Engine 11A
2.001	Diadii Nayolai 4700	29617D	8450 - 161 Ave. NE, Redmond 98052	Х			7019	Aid 11A
2003	The second secon	37859D	4211 - 148 Ave. NE, Redmond 98052			Y	****	*
2002		29946 D	4211 - 148 Ave. NE, Redmond 98052		v	Υ.	7024	_Aid 12
1994	Emergency One Cyclone Pumper	16906D	4211 - 148 Ave. NE, Redmond 98052		X	Y	. 8016	Engine 12
	·						8013	Engine 12A
2001	Ford Braun E350	33039D	8701 - 208 Ave. NE, Redmond 98053	X		Υ.	7020	Aid do
2002	Pierce	29947 D	8701 - 208 Ave. NE, Redmond 98053	. ^	Χ	Ÿ.		Aid 13
1985	Seagrave	D35636	8701 - 208 Ave. NE, Redmond 98053		x		8017 8009	Engine 13
					. ^		0009	Engine 13A
2003	Braun E-350	37855D	5021 - 264 Ave. NE, Redmond 98053	X		Υ	7022	A * 4 #
1991	Seagrave	17189C	5021 - 264 Ave. NE, Redmond 98053	, ,	Х	Ÿ	8012	Aid 14
				•	^	•	6012	Engine 14
2001	Braun Navistar 4700	29617D	4200 - 228 Ave. NE, Redmond 98053	Х		Y.	7018	Aid 15
1996	Spartan Darley Gladiator	22142D	4200 - 228 Ave. NE, Redmond 98053		х	Ý	8015	
***					-,*	•	00.0	Engine 15
2003	Braun E-350	36789D	6502 - 185 Ave. NE, Redmond 98052	Х	•	Υ	7021	Aid 16
1991	Seagrave	01712D	6502 - 185 Ave. NE, Redmond 98052		Х	Ÿ	8011	Engine 16
1988	Seagrave Quint/Ladder	05751D	6502 - 185 Ave. NE, Redmond 98052	•	x	•	9002 -	Truck 16
1987	Ford L8000	02805D	6502 - 185 Ave. NE, Redmond 98052		X		6003	Rescue 16
	BLS Bike team (With defib/medical sa	upplies)	8450 - 161 Ave. NE, Redmond 98052			V		
	•	-PF/	5400 - 101 Ave. NE, Redmond 50052			Υ		•
			Advanced Life Support (ALS)		*		· · · · · · · · · · · · · · · · · · ·	
2002	Ford E450	63432C	8450 - 161 Ave. NE, Redmond 98052	х		Υ	7519	N. H. a. a. Million at A. A.
2002	Ford E450		12040 NE 128, Kirkland 98034	x		Ϋ.		Medic 19
2002	Ford E450		17825 Avondale Pl. NE, Woodinville 98072	-^x			7520 7524	Medic 23
1994	Chev Suburban		8450 - 161 Ave. NE, Redmond 98052	^	v	Υ	7521 4504	Medic 35
2001	Chev Suburban		8450 - 161 Ave. NE, Redmond 98052		X X	Υ	1501	Backup MSO
1999	Ford E450	•	12040 NE 128, Kirkland 98034	·Y	^	3	1503 7515	MSO-7
1999	Ford E450		8450 - 161 Ave. NE, Redmond 98052	X		v	7515 7517	Backup medic
	•		- 10 1 / 100 Itm, Houlifully 90002	^	, ,	, Y	7517	Backup medic
	ALS Bike team (With defib/medical so	ipplies)	8450 - 161 Ave. NE, Redmond 98052			Υ		•

CITY OF REDMOND **BUDGET NARRATIVE**

ENERAL FUND

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Acct. No.	<u>Description</u>	2003- 2004 Budget	2003- 2004 Estimate	2005 Budget	2006 Budget	2005-2006 Budget
1032.5xxxx.225	910 MAINTENANCE FACILITY					
	General cleaning, maintenance, and day-to-day operating supplies (light bulbs, compactor bags, paper towels, etc.) for the apparatus maintenance shop; additional emergency preparedness supplies					
537000	Repair and Maintenance Supplies Parts and supplies for general repair needs for the maintenance shop facilities and equipment (heating, ventilation, generator, lighting, plumbing, etc.)	1,500	1,500	750	750	1,500
541000	<u>Professional Services</u> Maintenance contracts for apparatus bay doors, heating/ventilation/air conditioning, and fuel delivery systems	2,314	2,300	1,157	1,157	2,314
547200	Electricity Puget Sound Energy electricity expenses	11,181	11,098	5,590	5,591	11,181
547300	Gas Puget Sound Energy expenses for natural gas supplies	3,258	3,000	1,629	1,629	3,258
548000	Repairs and Maintenance-External Repairs of mechanical equipment (heating, ventilation, garage doors, plumbing); pest control if necessary; outside preventative maintenance contracts; carpet cleaning; window blind cleaning; window washing; computer maintenance; storm water drain cleanout agreements	3,400	5,745	1,700	1,700	3,400
549000	Other Expenses	400	400	200	200	400
	MAINTENANCE FACILITY TOTAL	26,653	28,043	13,326	13,327	26,653
	BUSINESS UNIT: 1032 TOTAL	\$513,685	\$518,055	\$270,633	\$270,644	\$541,277
1033.5xxxx.2610	00 AMBULANCE					
511000	Salaries and Wages 20% of one Fire Chief; 15% of one Deputy Chief-Operations; 25% of one Administrative Supervisor	78,658	88,231	60,600	60,690	121,290

CITY OF REDMOND BUDGET NARRATIVE

ENERAL FUND

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-	_		

Acct. N	<u>lo.</u>	Description	2003- 2004 Budget	2003- 2004 Estimate	2005 Budget	2006 Budget	2005-2006
1033.5	xxxx.261	000 AMBULANCE			Dauget	Budget	Budget
	522000	<u>City Retirement - MEBT</u> Municipal Employees Benefit Trust	5,519	5,941	3,635	3,635	7,270
	523000	State Retirement - PERS Public Employees Retirement System	480	441	1,213	1,216	2,429
	523100	State Retirement - LEOFF	1,234	0	546	546	1,092
	525000	Other Insurance Life insurance	124	180	83	83	166
	596100	InterFund Medical Premiums Medical self-insurance charges	8,524	5,974	4,693	5,256	9,949
	596500	Total InterFund Work Co	300	429	297	297	594
)		AMBULANCE TOTAL	94,839	101,196	71,067	71,723	142,790
1033.5	xxxx.2621	00 REGULAR AMBULANCE					
	511000	Salaries and Wages 10% of two Battalion Chiefs; 20% of one Battalion Chief; 35% of six Captains, twelve Lieutenants, eighteen Driver/Operators, and forty-five Firefighters; 50% of one part-time Fire Support Office Technician-Records	4,051,868	4,051,868	2,000,586	2,013,345	4,013,931
	512000	Overtime Contingency monies for activities performed in excess of the regular workweek to cover daily staffing shortages and call-backs for emergency medical events; allocation of monies for staffing of EMS standby units at special events	57,078	48,644	16,122	16,122	32,244
	522000	<u>City Retirement - MEBT</u> Municipal Employees Benefit Trust	311,672	322,259	152,975	154,023	306,998
	523000	State Retirement - PERS Public Employees Retirement System	375	406	202	202	404
	523100	State Retirement - LEOFF Allocation of LEOFF retirement expenses for above identified positions and percentages	110,871	128,051	64,949	66,321	131,270
)	525000	Other Insurance Life insurance	6,744	6,912	4,253	4,253	8,506

CITY OF REDMOND BUDGET NARRATIVE

ENERAL FUND

00001

Acct. No.	Description	2003- 2004 Budget	2003- 2004 Estimate	2005 Budget	2006 Budget	2005-2006 Budget
1033.5xxxx.2	52100 REGULAR AMBULANCE					Daget
5350	O Small Tools and Minor Equipment Miscellaneous medical supply equipment for aid cars, reserve equipment cache, and bike team (aid supply carrying cases, suction units, splints, oxygen regulators, stethoscopes, blood pressure cuffs, etc.)	1,600	0	800	800	1,600
5361	Medical Aid Supplies-Regular Ambulance Expendable first aid supplies for aid cars/aid kits	47,000	45,449	23,500	23,500	47,000
5370	Repair and Maintenance Supplies Supplies for repair of aid vehicles, medical aid equipment, and tools	14,000	10,121	7,000	7,000	14,000
5410	Professional Services Consulting, engineering, and professional services	20,400	20,400	10,200	10,200	20,400
5422	Wireless Communications Wireless communications	0	0	1,000	1,000	2,000
54800	Repairs and Maintenance-External Contingency for outside repair of medical aid vehicles and medical aid equipment, including defibrillator maintenance agreement	22,000	22,000	11,000	11,000	22,000
54900	Other Expenses	200	200	100	100	200
55100	Intergovernmental Professional Services 60% of dispatch contract costs-City of Bellevue Added: \$4,985 each year for increased dispatch contract costs	228,802	228,802	119,386	119,386	238,772
59610	InterFund Medical Premiums Medical self-insurance charges	448,982	448,982	331,164	371,750	702,914
59650	Total InterFund Work Co	32,192	32,192	33,882	32,330	66,212
1033.5xxxx.26	REGULAR AMBULANCE TOTAL	5,353,784	5,366,286	2,777,119	2,831,332	5,608,451
53600		58,163	58,163	29,081	29,082	58,163

CITIES INSURANCE ASSOCIATION OF WASHINGTON

CERTIFICATE OF INSURANCE

REVISED

ISSUE DATE 7/19/2005

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.

PRODUCER COMPANIES AFFORDING COVERAGE **Public Risk Underwriters GENERAL LIABILITY** 18106 140th AVENUE N.E. ST PAUL FIRE & MARINE INSURANCE COMPANY WOODINVILLE, WASHINGTON 98072-6874 AUTOMOBILE LIABILITY PHONE (425) 482-6767 ST PAUL FIRE & MARINE INSURANCE COMPANY FAX (425) 482-2777 PROPERTY INSURED ST PAUL FIRE & MARINE INSURANCE COMPANY CITY OF REDMOND CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND A MEMBER OF CITIES INSURANCE ASSOCIATION OF WASHINGTON ST PAUL FIRE & MARINE INSURANCE COMPANY 15670 NE 85TH STREET PO BOX 97010; CA-FIN REDMOND, WA 98073-9710

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 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OCCURANCE FORM INCLUDES STOP GAP (LIABILITY IS SUBJECT TO A \$100,0	GP06301648	(C)	9/1/2005	GENERAL AGGREGATE \$20,000,000. PERSONAL & ADV INJURY \$10,000,000. EACH OCCURRENCE \$10,000,000.
AUTOMOBILE LIABILITY	ov. o.m. r strended stre	SWI GOLL GIEDO) (
ANY AUTO (LIABILITY IS SUBJECT TO A \$100,0	GP06301648 00. S.I.R. PAYABLE FRO		9/1/2005	COMBINED SINGLE LIMIT \$10,000,0000.
PROPERTY				
	GP06301648	2/15/2005	9/1/2005	\$15,000,000. LIMIT
CRIME / PUBLIC EMPLOYEE DI	SHONESTY / BOND			
	GP06301648	2/15/2005	9/1/2005	\$500,000. EACH OCCURRENCE
DESCRIPTION OF OPERATIONS ADVANCED LIFE SERVICES. C NAMED AS ADDITIONAL INSUF ENDORSEMENT IS ATTACHED	CONTRACT #D-3296 REDS SUBJECT TO	8D. KING COUNT	Y, ITS OFFICERS, O	FFICIALS, EMPLOYEES AND AGENTS ARE LUSIONS. BLANKET ADDITIONAL INSURED

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL4S DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTITIVES.

CERTIFICATE HOLDER

KING COUNTY DEPT OF PUBLIC HEALTH EMERGENCY MEDICAL
SERVICES DIVISION

999 3RD AVE, SUITE 700
SEATTLE, WA 98104-4039

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

SUSAN J. Alderin

PUBLIC ENTITY LIABILITY PROTECTION POOLING GROUPS ADDITIONAL PROTECTED PERSONS ENDORSEMENT – PERSONS OR ORGANIZATIONS REQUIRED BY WRITTEN CONTRACT FOR INSURANCE.

This endorsement changes your Public Entity Liability Protection Pooling Groups – Excess of Self-Insured Retention.

How Coverage is Changed

The following is added to the Who Is Protected Under This Agreement section. This change adds certain protected persons and limits their protection.

Additional protected person when required by a written contract for insurance. Any person or organization that you agree in a written contract for insurance to add as an additional protected person under this agreement is a protected person. But only for covered injury or damage arising out of:

- · premises you own, lease or borrow; or
- your work for that person or organization.

Any person or organization that you agree in a written contract of insurance to add as an additional protected person under this agreement is also a protected person for covered injury or damage arising out of your completed work for that person or organization. But only if the written contract for insurance specifically requires such completed work coverage for that person or organization and only for the period of time such completed work is required in the written contract for insurance

However, no person or organization that you agree in a written contract for insurance to add as an additional protected person under this agreement is a protected person for injury or damage arising out of its sole negligence.

In addition, any person or organization that you agree in a written contract for insurance to add as an additional protected person under this agreement is a protected person only for the lessor of:

- the limits of coverage required by the written contract for insurance; or
- · the limits of coverage available for this agreement.

Written contract for insurance means that part of any written contract or agreement in which you agree to add a person or organization as an additional protected person under this agreement that:

- was made before; and
- is in effect when:

NAME OF INSURED
Cities Insurance Association of Washington
CITY OF REDMOND

™StPaul

PUBLIC ENTITY LIABILITY PROTECTION POOLING GROUPS ADDITIONAL PROTECTED PERSONS ENDORSEMENT - PERSONS OR ORGANIZATIONS REQUIRED BY WRITTEN CONTRACT FOR INSURANCE.

This endorsement changes your Public Entity Liability Protection Pooling Groups - Excess of Self-Insured Retention.

the bodily injury or property damage happens, or the personal injury or advertising injury offense in committed.

Additional protected person may also be called an additional insured in the written contract for insurance.

We explain the term your work and your completed work in the Products and completed work total limit section.

Other Terms

All other terms of your policy remain the same.

ADDITIONAL INSUREDS:

KING COUNTY, ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS KING COUNTY DEPT OF PUBLIC HEALTH 999 3RD AVE, SUITE 700 SEATTLE, WA 98104-4039