

**AMBULANCE SERVICES
AGREEMENT
REQUEST FOR PROPOSAL**

2005



**City of Grand Junction
Ambulance Service Request for Proposals (RFP)
Evaluation Process
October 7, 2005**

Instructions to Evaluators:

Thank you for assisting the City of Grand Junction in evaluate proposals for emergency ambulance service. Your recommendations, as well as the recommendations of others on the evaluation team will affect how emergency services are provided in the City of Grand Junction and Mesa County for many years.

That is why the City asks that you carefully review the following information prior to reviewing the documents from the proposers. This information and the scoring sheet and provided to assist each evaluator to score the proposals

Here are some tips to assist you in your evaluation.

1. Review the request for proposal. The RFP is available on the City of Grand Junction website at <http://www.gjcity.org/>. Use the drop-down list under "City Services" to go to the city's "Purchasing" page, or request a copy from the City Purchasing Department or the City Fire Chief.
2. Review each proposal and score that proposal on the enclosed scoring sheet. Scoring will be based on a point system with points allocated to each category in the required outline format of the proposal. Each proposal will be separately and independently scored by each Selection Committee member as follows:
 - *Compare.* Each committee member will individually compare submissions related to a single category.
 - *Identify the strongest submission and assign maximum points.* After comparing the proposals, each committee member will identify the strongest submission in each category. Each committee member will award the maximum number of points to the strongest submission in that category.
 - *Award relative points to other submissions.* Each individual committee member will then award points to the other proposals in that category. Points will be awarded consistent with the relative strengths of the competing proposals on that category only.
 - *Repeat the process for all criteria.* Each individual committee member will then repeat the steps above for all categories shown on the scoring sheets.
 - *Tabulate scores.* The EMS consultant and City legal staff members will tabulate the points and will Calculate the Average Points for the Quality Point Categories. The total number of quality points will be divided by the number of Selection Committee members to obtain the arithmetic average score for each proposer.
3. Award Points for Pricing for Ambulance Transport Services.

Scores for Pricing will be evaluated by the City staff, and will be presented to the Selection Committee. The proposer judged to have the lowest price will be awarded the maximum points. Higher priced bids will be scored based on the percent that their bid exceeds the lowest priced bid. That percent will be deducted from the maximum points available. However, evaluation committee members should review the pricing information in each proposal to ensure that the price is credible based on the financial information provided.

4. **Overall Compilation of Points for Ambulance Transport Services.**
The average number of quality points for proposals to provide ALS transport will be added to the pricing points. The proposal with the highest number of points will be recommended to the City Council as the best proposal.

Scoring Sheet for Individual Proposer

PROPOSER NAME: _____

I. Letter of Transmittal (0 points) Yes ___ No ___

II. Introduction (0 points) Yes ___ No ___

i. Description of Proposed Organization (0 points)

III. Credentials (100 points total) TOTAL _____

i. Analogous Experience
40 points max. Suggested Points _____

ii. Sound Financial Strength
40 points max. Suggested Points _____

iii. Documentation of Regulatory Compliance
20 points max. Suggested Points _____

IV. Clinical Performance (165 points total) TOTAL _____

i. Clinical Credentials of Field Personnel
50 points max. Suggested Points _____

ii. Quality Improvement Processes
50 points max. Suggested Points _____

iii. Preceptor Qualifications/Status
25 points max. Suggested Points _____

iv. Internal Staff Support for EMSMD and First Responders
40 points max. Suggested Points _____

V. Community Service and Education (75 points total) **TOTAL** _____
75 points max. Suggested Points _____

VI. Control Center Operations (100 points total) **TOTAL** _____

i. Commitment to GJRCC
50 points max. Suggested Points _____

ii. Methods for Fine Tuning Deployment Plans
25 points max. Suggested Points _____

iii. Proposed Support of EMD Training for GJRCC
25 points max. Suggested Points _____

VII. Human Resources (135 points total) **TOTAL** _____

i. Leadership, Supervision and Key Personnel
35 points max. Suggested Points _____

ii. Commitment to Incident Command Structure
30 points max. Suggested Points _____

iii. Health and Safety Programs
35 points max. Suggested Points _____

iv. Recruitment and Retention Strategies
35 points max. Suggested Points _____

VIII. First Responder Program Support (175 points total) **TOTAL** _____

i. First Responder Equipment and Supply Replenishment
50 points max. Suggested Points _____

ii. Training Support for First Responder Program
50 points max. Suggested Points _____

iii. Creative Proposals to Enhance First Responder Partnership
75 points max. Suggested Points _____

IX. Fleet and Equipment (100 points total)

TOTAL _____

- i. Proposed Vehicles and Safety Features
50 points max. Suggested Points _____
- ii. Ambulance Maintenance Practices
30 points max. Suggested Points _____
- iii. Equipment Maintenance Practice
20 points max. Suggested Points _____

X. Accounts Receivable Management (50 points total)

TOTAL _____

50 points max. Suggested Points _____

XI. Pricing (100 points total)

Pricing should be reviewed for credibility and consistency with the financial information provided by the proposer. The county purchasing manager will assign points for pricing. The questions and answer session of the public presentations will provide an opportunity for evaluation committee members to ask questions regarding financial information.

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*expenses total
how can they not do it:*



REQUEST FOR PROPOSALS

RFP-1307-05-RW

FOR

**EMERGENCY AND NON EMERGENCY AMBULANCE AND
ADVANCED LIFE SUPPORT SERVICES
FOR THE GRAND JUNCTION AMBULANCE SERVICE AREA
MESA COUNTY, COLORADO**

CITY OF GRAND JUNCTION CITY COUNCIL

Bruce Hill, Mayor

Jim Doody

Gregg Palmer

Bonnie Beckstein

Jim Spehar

Teresa Coons

Doug Thomason

Kelly Arnold, City Manager

John Shaver, City Attorney

CITY REQUEST FOR PROPOSALS DEADLINE

DATE: **October 7, 2005**

PLACE: **Grand Junction Purchasing Department**

**City of Grand Junction
Purchasing Department
2549 River Road
Grand Junction, CO 81501**

TIME: **4:00 PM**

SCHEDULE

RFP ADVERTISED August 5, 2005

LAST DATE TO SUBMIT QUESTIONS FOR CONFERENCE August 19, 2005

PRE-PROPOSAL CONFERENCE..... August 26, 2005

LAST DATE TO PROTEST SPECIFICATIONS..... September 16, 2005

RFP SUBMITTALS October 7, 2005

NOTICE OF INTENT TO AWARD CONTRACT November 2, 2005

LAST DATE TO PROTEST AWARD FOURTEEN DAYS FROM
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SERVICE START-UP DATE..... JULY 1, 2006

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SECTION 1
REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

Notice is hereby given that the City of Grand Junction will receive sealed proposals according to the attached specifications until 4:00 p.m., October 7, 2005 for:

EMERGENCY AND NON-EMERGENCY AMBULANCE AND ADVANCED LIFE SUPPORT SERVICES FOR THE GRAND JUNCTION AMBULANCE SERVICE AREA.

Proposals received after that time will be returned unopened to the proposer.

The City of Grand Junction announces an invitation to submit proposals for exclusive emergency and non-emergency ambulance services for the ambulance service area (ASA) described herein. Upon approval by the City Council, the successful proposer will be granted an exclusive right to provide ambulance service for five years beginning July 1, 2006. The Council may grant up to two, 2-year extensions based on successful performance during the initial contract term. The exclusive agreement under which these services are to be procured will be a term agreement, with the contractor responsible for the collection of patient revenues from appropriate sources other than the City. A **mandatory** pre-proposal conference has been scheduled for August 26, 2005, at the **City Hall Hearing Room, 250 N. 5th Street, Grand Junction, Colorado** from 9 a.m. until noon. Written questions and requests for clarifications to be addressed at the conference must be received at the office of the Purchasing Manager, no later than 3:00 p.m. August 19, 2005 to be considered by the City.

Proposal packets will be available at City of Grand Junction Purchasing Department, 2549 River Road, Grand Junction, CO 81501, (970) 244-1533. Sealed proposals are to be sent to the Purchasing Manager at the Grand Junction address. Proposals will be opened in the Purchasing Department.

The project **is not** a public work contract subject to Colorado Statute or the Davis-Bacon Act (40 U.S.C. 276a).

The Grand Junction City Council reserves the right to reject any and all proposals upon the finding that it is in the public interest to do so, and/or waive any and all informalities or irregularities in the proposal(s).

DATED this ____ day of _____ 2005

John Shaver, City Attorney

SECTION 2

INSTRUCTIONS AND CONDITIONS

INSTRUCTIONS AND CONDITIONS

2.1. GENERAL

Proposers must carefully conform to these "Instructions and Conditions" so that their proposals will be regular, complete, responsive and responsible.

2.2. PROPOSALS

All proposals shall be legibly written in ink or typed and comply in all regards with the requirements of this solicitation and as applicable the requirements of the City Purchasing Manual.

All proposals must be signed in ink in the blank spaces provided. If the proposal is made by a firm or partnership, the name and address of the firm or partnership shall be shown together with the names and addresses of the members. If the proposal is made by a corporation, it must be signed in the name of the corporation by an official who is authorized to bind the corporation with attestation of the signature.

2.3. ETHICAL STANDARDS

The City of Grand Junction mandates certain ethical requirements for participants in any procurement. Those statements are generally stated as follows:

A. No proposer, offeror, contractor or subcontractor shall confer upon any public employee having official responsibility for a procurement transaction any payment, loan subscription, advance, deposit of money, services, present or promised;

B. All proposers, offerors, contractors or subcontractors shall complete a disclosure of interest form to inform of any personal interest of any public official with respect to any city procurement;

C. Failure to make the required disclosure may result in disqualification, disbarment, suspension from bidding and rescission of contracts;

D. No contractor or subcontractor shall give, demand or receive from any suppliers, subcontractors or competitors any bribe or kickback or anything of value in return for participation in a procurement transaction or agreeing not to compete in a transaction; and

E. Architects or engineers employed by the City may not furnish building materials, supplies or equipment for any structure on which they are providing professional

services. The City also does not accept bids or proposals from consultants or proposers who have solely and directly prepared specifications for a specific requirement, regardless of whether the consultant/proposer was paid for the specification.

F. It is a breach of ethical standards for any person to offer, give or agree to give any employee or public official a gratuity or offer of employment or employment in connection with any decision or recommendation concerning a possible or actual purchase by and/or on behalf of the City.

G. It shall be unethical for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract and solicitation thereof.

2.4. SUBMISSION OF PROPOSALS:

Proposals must be submitted in a sealed package. The outside of the sealed proposal must bear the name and address of the proposer, the name of the project for which the proposal is submitted and the time and date of the proposal opening. If the proposal is submitted by mail, the proposal must be enclosed in a package addressed to the City of Grand Junction Purchasing Department, 2549 River Road, Grand Junction, CO 81501, (970) 244-1533

2.5. RECEIPT AND OPENING OF PROPOSALS:

Proposals shall be submitted prior to the time specified in the advertisement for proposals. Proposals received after the time so designated will be considered late proposals and will be returned unopened to the proposer.

A register of proposals shall be prepared and shall be open for public inspection after contract award. Once the opening time and date arrive, the names of the proposers will be read publicly.

2.6. WITHDRAWAL OF PROPOSALS:

Proposals may be withdrawn by written request received from the proposer prior to the time of bid opening. Negligence on the part of the proposer in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. The proposal will be irrevocable until such time as the City Council:

1. Specifically rejects the proposal, or
2. Awards a contract and said contract is properly executed.

Contractors' proposals must be valid for at least 120 days from the opening date.

2.7. MODIFICATIONS:

Any proposer may modify its proposal by registered communication at any time prior to the scheduled closing time for receipt of proposals, provided such communication is received prior to the closing time.

2.8. ACCEPTANCE OR REJECTION OF PROPOSALS:

In awarding the contract, the City Council will accept the proposal(s) that will best serve the interests of the City of Grand Junction and Mesa County and others that may incidentally derive benefit. The City reserves the right to award the contract to the proposer whose proposal shall be best for the public good. The City Council reserves the right to accept or reject any or all proposals. Any proposal that is incomplete, obscure or irregular may be rejected. Only one proposal will be accepted from any one firm, agency, or association. Where multiple options are requested in the proposal response, response to each/any option constitutes a single proposal. Any evidence of collusion between proposers may constitute a cause for rejection of any proposals so affected.

2.9. ADDENDA AND INTERPRETATIONS:

No oral interpretations shall be made to any proposer as to the meaning of any of the contract documents or be effective to modify any of the provisions of the contract documents. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this document and the resulting contract.

All requests for an interpretation after the pre-proposal conference shall be made in writing and addressed to the Purchasing Manager and, to be given consideration, must be received no later than September 16, 2005. Any and all such interpretations will be sent electronically and mailed to all prospective proposers (at the respective address furnished for such purposes) not later than seven (7) days prior to the date fixed for the opening of proposals. Failure of any proposer to receive any such addendum or interpretation shall not relieve such proposer from any obligation under this proposal as submitted. All addenda so issued shall become as much a part of the contract documents as if stated originally.

2.10. NONDISCRIMINATION:

The successful proposer agrees that, in performing the work called for by this proposal and in securing and supplying materials, the contractor will not discriminate against any person on the basis of race, color, religious creed, political ideas, sex, age, marital status, physical or mental handicap, national origin or ancestry unless the reasonable demands of employment are such that they cannot be met by a person with a particular physical or mental handicap.

2.11. FAILURE TO SUBMIT OFFER:

If no offer is to be submitted, do not return the RFP. Failure of the recipient to offer, or to notify the issuing office that future solicitations are desired, will not result in removal of the name of such recipient from the mailing list for the type of supplies or services covered by the solicitation.

2.12. PREPARATION OF OFFERS:

Proposers are expected to carefully examine and comply with the specifications, schedules and all instructions.

Each proposer shall furnish the information required by the solicitation. Proposers shall sign the solicitation and print or type their name on other submitted exhibits and each continuation sheet thereof on which an entry is made. Erasures or other changes must be initialed by the person signing the offer. Proposals signed by an agent are to be accompanied by evidence of his/her authority unless such evidence has been previously furnished.

Proposers shall state a definite time for delivery of supplies or for performance of services. Time, if stated as a number of days, will include Saturdays, Sundays and holidays.

2.13. SPECIFICATIONS LIMITING COMPETITION:

Proposers may comment on any specification or requirement contained within this RFP, which they feel limits competition in the selection of a proposer to perform the services proposed. Protests shall detail the reasons and any proposed changes to the specifications. Such comments shall be made in writing and addressed to:

**Grand Junction Purchasing Department
Attention: Purchasing Manager
Specification Protest: Ambulance Services
2549 River Road
Grand Junction, CO 81501**

Comments shall be submitted to the City of Grand Junction no later than September 16, 2005. No comments will be accepted after that time. Any substitutions for items specified will not be accepted without prior written approval of the Purchasing Manager.

2.14. EXCEPTIONS:

Responding proposers taking exception to any requirement of this RFP Document shall indicate such exception(s) on a separate page of their proposal it shall be assumed that any proposers failing to indicate any exceptions shall be interpreted so that the responding proposer intends to fully comply with all requirement(s) as written and subsequent agreement terms as stated. Explanation must be made to each item for which exception is taken, giving in detail the extent of the exception, and the reason(s) for which it is taken, in order for consideration to be given to the proposer.

2.15. CITY FURNISHED PROPERTY:

No material, labor or facilities will be furnished by the City unless otherwise clearly stated or provided for in the Request for Proposals.

2.16. RESPONSE MATERIAL OWNERSHIP:

All proposals become the property of the City of Grand Junction upon receipt and will only be returned to the proposer at the City's option. Selection or rejection of the proposal will not affect this right. The City shall have the right to use all ideas or adaptations of the ideas contained in any proposal received in response to this RFP, subject to limitations outlined in Section 3.1.5. Disqualification of a proposal does not eliminate this right.

2.17. PROTEST OF AWARD:

The notice of intent to award shall constitute a final decision of the City's intention to award the contract if no written protest of the award is filed with the City's Purchasing Manager within fourteen (14) calendar days of the notice of intent to award. If a protest is timely filed, the notice of award will become a final decision of the City's intent to

award only upon issuance of a written decision denying the protest and affirming the award. The award and any written decision denying protest shall be sent to every proposer.

Any proposer who is adversely affected or aggrieved by the City's award of the contract to another proposer may protest the award. The protest shall specify in writing the grounds upon which the protest is brought. In order to be an adversely affected or aggrieved proposer with a right to submit a written protest, a proposer must be "next in line" for award, i.e. the protester must claim that all higher rated proposers are ineligible for award because they are non-responsive and/or non-responsible. The City will not entertain protests submitted after the time period established in this rule.

2.18. PROPOSAL DEPOSIT REQUIRED

All proposals must be accompanied by a proposal deposit (not a bid bond) in the amount of \$10,000 in the form of a certified cashier's check or corporate check made payable to the City of Grand Junction. The proposal deposit will be returned to any unsuccessful proposer(s) within 30 business days after the award of the contract unless, upon investigation of credential and proposal submissions it is determined that the proposer has misrepresented itself or provided false or inaccurate information in the credentials and/or proposal. The successful proposer's deposit will be returned upon contract signing. No interest will be paid on proposal deposits.

SECTION 3
PROPOSAL CONTENTS AND RESPONSE

PROPOSAL CONTENTS AND RESPONSE

3.1 GENERAL:

The proposal must contain the required elements as stated in Section 3.2. Detailed Submittal Requirements.

- 3.1.1 Proposals shall be submitted by 4:00 p.m. local time, October 7, 2005, to Ron Watkins, Purchasing Manager, City of Grand Junction Purchasing Department, 2549 River Road, Grand Junction, CO 81501
- 3.1.2 One (1) signed original and eight (8) copies of the proposal shall be submitted. The original shall be marked as such.
- 3.1.3 The City of Grand Junction may solicit additional information and/or clarification from proposers, should the City in its sole and exclusive judgment deem such information necessary.
- 3.1.4 This Request for Proposals (RFP) and all supplemental information in response to this RFP will be a binding part of the contract entered into by the selected proposer and the City.
- 3.1.5 All materials submitted in response to this RFP will become public record and will be subject to inspection after contract award. "Proprietary or Confidential Information" is defined as any information that is not generally known to competitors and which provides a competitive advantage. Unrestricted disclosure of proprietary information places it in the public domain. Only submittal information clearly identified with the words "Proprietary" or "Confidential" will be treated as such. Proposals in their entirety can not be treated as proprietary or confidential.
- 3.1.6 The City reserves the right to reject any and all proposals, and to accept the proposal deemed most by the City in its sole and exclusive judgment to be advantageous to the City.
- 3.1.7 The City shall not be obligated or be liable for any cost incurred by proposer prior to the issuance of a contract. All costs to prepare and submit a response to this solicitation shall be borne by the proposer.
- 3.1.8 The proposer shall submit signed and notarized "investigative authorization forms" for the credentials of all owners, officers and key personnel. Publicly held proposer(s) shall submit a written and notarized Investigative Release form for

each of the managers and key personnel that will be involved in the fulfillment of the contract. Copies of the required release forms are provided as Appendix 1: Investigative Releases.

- 3.1.9** Each proposer shall use its own expertise and professional judgment in deciding upon the method(s) proposed to achieve and maintain the performance required under the contract. "Method(s)" in this context means compensation programs, shift schedules, personnel policies, supervisory structures, ambulance deployment techniques and other matters which, taken together, comprise each proposer's strategies and tactics for accomplishing the task. The City recognizes that different proposers may employ different method(s) each with the possibility of success. By allowing each proposer to select, and propose its own production methods, the City hopes to promote innovation, efficiency and superior levels of performance.
- 3.1.10** The City specifically makes no representations or warranties regarding the number of requests for ambulance service, ambulance transports, quantities or length (distance) of transports or the frequency of special events coverage that may be associated with this procurement. Any and all call data within the Mesa County EMS system is provided to illustrate the historical level of demand only. Inclusion of the data does not guarantee future business volume/volume of calls at the stated level(s).
- 3.1.11** All inquiries must be made to the City of Grand Junction Purchasing Manager at the following address:

Ron Watkins
City of Grand Junction Purchasing Department,
2549 River Road, Grand Junction, CO 81501
(970) 244-1533

Requests for clarification of the RFP specifications must be made in writing. Replies to questions, and/or clarification if any, will be sent in written form to every potential proposer who has properly registered with the City. Any information obtained by proposers from any source other than written communication from the City should be considered unofficial and therefore possibly in error.

3.2 DETAILED SUBMITTAL REQUIREMENTS AND PROPOSAL CONTENTS

In order to ensure consistent evaluation of proposals, all proposals must be submitted in the following format. Order and numbering conventions should be consistent within the required Table of Contents. The proposals will be scored in comparison with other proposers' offerings for each section as specified in SECTION 7, Evaluation and Selection Criteria.

- I. Letter of Transmittal
- II. Introduction
 - A. Description of proposed organization
- III. Credentials
 - A. Recent experience
 - B. Demonstration of sound financial position
 - C. Documentation of regulatory compliance and litigation
- IV. Clinical Performance
 - A. Clinical credentials of field personnel
 - B. Commitment to system-wide quality improvement processes
 - C. Preceptor qualifications/status
 - D. Internal staff support for medical director and fire department first responders.
- V. Community Service and Education
- VI. Control Center Operations
 - A. Integration of/with Grand Junction Regional Communications Center.
 - B. Methods for fine tuning deployment plans
 - C. Proposed Support of EMD Training for GJRCC
- VII. Human Resources
 - A. Leadership, supervision and key personnel
 - B. Commitment to incident command structure.
 - C. Health and safety programs
 - D. Recruitment and Retention Strategies
- VIII. First Responder Program Support
 - A. First responder equipment and supply replenishment

- B. Training support for first responder program
- C. Support to enhance first responder partnership

- IX. Fleet and Equipment Issues
 - A. Number and age of proposed vehicles and safety features
 - B. Ambulance maintenance practices
 - C. Equipment maintenance practice

- X. Performance Security

- XI. Billing and Accounts Receivable Program

- XII. Price

Proposers shall address each category. Each proposal will be compared to other proposals. Any proposer whose submittal fails in the sole and exclusive judgment of the City to respond to the foregoing categories shall be deemed non-responsive. The proposer, at its option, may offer higher levels of performance for any component addressed in this RFP. The Submission and Scoring Section of this RFP shall apply to each/every aspect of the proposal(s).

3.3 PAGE LIMIT ON PROPOSALS

Proposal(s) shall be no more than 100 pages (50 front and back), including table of contents, letter of transmittal, and all proposal components except required investigative authorizations and budget forms. Text must be no smaller than 12 point font, page margins shall be no less than 1 inch, and line spacing shall be no less than single spacing. No more than 10 pages of single-sided appendix material may be included. No video, audio, CD, DVD or other media will be accepted.

3.4 EQUAL OPPORTUNITY

The successful proposer must be and attest in writing to being an Equal Opportunity Employer and have a policy of nondiscrimination in employment because of race, age, color, sex, religion, national origin, mental or physical handicap, political affiliation, or marital status.

PROPOSAL RESPONSE

Proposer: _____

Address: _____

Date: _____

Phone number: _____

The undersigned, through the submittal of this Proposal Response, declares that he/she has examined the RFP documents and read the instruction(s) and condition(s), and hereby proposes to supply materials and services for **EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICES FOR THE GRAND JUNCTION AMBULANCE SERVICE AREA** as specified, in accordance with the proposal documents herein.

The Proposer, by his signature below, which is authorized and does bind the proposer hereby represents as follows:

- (a) That no City Councilor, officer, agent or employee of the City of Grand Junction is personally interested, directly or indirectly, in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the City, its Council, officers, agents, or employees had induced him to enter into this contract and the papers made a part hereof by its terms;
- (b) That this proposal is made without connection personal and/or financial with or to any person, firm or corporation making a bid/submitting a proposal for the same work, and that proposal is in all respects, fair and without collusion or fraud.
- (c) The proposer agrees to accept as full payment for the services specified herein, the amount as shown in his/her/its proposal.
- (d) Proposers shall use recyclable paper products to the maximum extent feasible in the performance of the contract work.

The names of the principals/persons holding/owning 10 percent or more of the entity submitting this proposal, or of the partnership, or of all persons interested in this proposal as principals are as follows:

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

(If Sole Proprietor or Partnership)

In witness hereto, the undersigned has set his (its) hand this ___ day of _____, 2005.

Name of Firm

Signature of Proposer

(If Corporation)

In witness whereof the undersigned corporation has caused this instrument to be executed by its duly authorized officers this ___ day of _____, 2005.

Name of Corporation

By

Title

SECTION 4

GENERAL INFORMATION

GENERAL INFORMATION

4.1 INTRODUCTION

The City of Grand Junction, Colorado, announces an invitation for qualified proposers to submit proposals for the provision of exclusive emergency and non-emergency ambulance services for the Grand Junction Ambulance Service Area. The successful proposer will be granted an exclusive contract subject to Grand Junction City Council approval for a period of five (5) years, beginning July 1, 2006 and will have the opportunity to earn up to two, 2-year extensions based on performance. The contractor is responsible for the billing and collection of patient services from appropriate payors.

A mandatory pre-proposal conference has been scheduled for August 26, 2005, at 250 N 5th Street, Grand Junction, Colorado, from 9 a.m. until noon. Proposers are required to attend; proposers that do not attend the proposal conference may not submit. Written questions and requests for clarifications to be addressed at the conference must be received at the office of the Purchasing Manager, no later than 3:00 p.m., August 19, 2005 to be considered by the City. Answers to written questions will be distributed to all registered proposers.

4.2 Schedule of Events

The following schedule is the City's best estimate of the timeline for this solicitation. The schedule is subject to change upon notice.

Advertise and Issue RFP	August 5, 2005
Pre- Proposal Conference	August 26, 2005
Credentials and Proposals Due	October 7, 2005
Proposal Evaluation	October 7 to 14, 2005
Oral Presentations	October 14, 2005
Proposal Evaluation & Scoring	October 14, 2005
Notice of Intent to Award	By November 1, 2005
14 Period to Protest Award	November 2, to November 15, 2005
Credentials Verification and Negotiation	November 2 to 30, 2005
Selection approved by County	December 8, 2005
Contract Finalized by	December 30, 2005 (est.)
Estimated Service Start-Up	July 1, 2006

Any adjustment or change in the schedule, after the release of this RFP, will be provided in writing and sent to all persons who have registered with the City Purchasing Manager. The City will not be responsible for making notifications to any company, person or entity other than those properly registered with the Purchasing Department through the registration (in the RFP) process provided.

4.3 Proposer Registration

Proposers shall register by submitting a letter, on company letterhead, requesting registration and identifying the name and address, phone number, facsimile number and email address of the company's contact for matters related to this procurement. Each proposer may register only one contact. The City will not be responsible for making notifications to proposers other than those which are properly registered with the Purchasing Department.

4.4 Overview of System Design

EMS providers in Mesa County include paid and volunteer fire agencies, two local hospitals, a for-profit ambulance service, the local medical community, an emergency dispatch center, and city and county officials. Calls for service are received at a single 9-1-1 communications center from which the appropriate responders, including 19 law enforcement and Fire/EMS agencies, are dispatched. Medical care, training and certification standards are determined by a single medical authority. Transport takes place from a number of paid or volunteer fire agencies or from a local for-profit ambulance company.

The county is largely rural with one urban center—Grand Junction, the largest city in the county. The county is comprised of about 120,000 residents and a land mass of more than 3,300 square miles. More than a third (about 42,000) of the county's population live within the City of Grand Junction and another 17,000 residents live within nearby Clifton. The two communities therefore make up about half of the county's population making the Grand Junction urban area central to the development of an EMS system structure.

Mesa County has adopted a resolution regulating ambulance service in the county. As part of that resolution, the County has established "ambulance service areas" ("ASA") that are served by a number of ambulance providers. Mesa County has partnered with the City of Grand Junction to allow the City to establish a provider selection process for the Grand Junction ASA that includes the City of Grand Junction, the Grand Junction Rural Fire Protection District and Glade Park Rural Fire Protection District. Completion of the City of Grand Junction provider selection process will ensure the availability of ambulances "wall-to-wall" throughout the county. The County has placed limits on the maximum amount that may be charged for ambulance service.

After the City completes its selection process, the proposed provider must be issued a license by the County. It is possible that the County could reject the City's selection.

The City Fire Department serves the City and the Grand Junction Rural Fire Protection District. The current population served is approximately 68,000. The Fire Department reports responding to more than 6,200 EMS calls in 2004 using advanced life support first response resources. The ambulance provider selected will be expected to serve all of the areas served by the City, as well as providing primary ALS response to the Glade Park Fire District and backup responses in several of the rural areas. The most recent data from the current ambulance provider shows approximately 6,275 ALS emergency responses in 2004. No data is available for non-emergency responses. The current provider uses four ambulances to serve the ASA.

The system is proposed to be an emergency and non-emergency exclusive agreement for service. Under the exclusive agreement, the City intends to contract for all recumbent ambulance transportation with a single exclusive provider of ambulance services for the Grand Junction ASA. Contract rights are conveyed through an exclusive high performance contract.

The exclusive agreement is designed to align the interests of the City, the County and the contractor with those of the medical community and healthcare providers. Through this procurement, the City intends to offer an exclusive contract in return for high performance, clinically excellent, professional, EMS services. The City expects that the selected provider will provide high levels of support to the first responders in the City. The division of functional responsibilities in this EMS system is designed to achieve the best possible combination of public interest and industry expertise.

4.4.1 Medical Director Responsibilities.

The EMS Medical Director (EMSMD) is established by the County's EMS resolution and oversees all pre-hospital medical care in Mesa County. The County's EMSMD is given broad authority to regulate clinical aspects of the emergency medical system that affect patient care of ambulance patients. The Medical Director is employed by the County and reports to the Director of Emergency Management. The Medical Director has the following responsibilities

- To recommend to the County medically appropriate response time standards.
- To serve as the physician supervisor to all ambulance services and first responders.
- To establish standards for patient care.
- To develop and revise protocols for ambulance services and first responders.

- Oversee and approve the development of EMS protocols for the communications center.
- To conduct medical audits and coordinate a Countywide Quality Improvement Program.
- To monitor response time performance.
- To develop standards and procedures for the investigation and resolution of disputes regarding medical care and response time performance.

4.4.2 Contractor's Responsibilities

The Contractor is responsible to furnish and manage EMS, field operations and accounts receivable services including but not limited to:

- Employ and manage contractor's field personnel;
- Comply with incident command structure decisions and other provisions of incident command system standards on the scene of emergencies;
- Provide and maintain vehicles and equipment necessary to provide the specified services;
- Provide training to Contractor's employees, dispatch EMD personnel and first responders;
- Develop, manage, and support both internal and system-wide quality improvement. Participate and cooperate with the Medical Director in medical audits and investigations, with timely responses and completion of assigned tasks;
- Provide support services necessary to operate the system;
- Submit approved clinical and billing related data and contract compliance reports as required;
- Meeting contractual response time and other performance requirements in compliance with all applicable law;
- Provide patient billing and collections service;
- Provide indemnification, insurance and other security provided in this document and the final contract;

The system design places the responsibility for operational performance, and all of the factors of production necessary to cost-effectively achieve that performance, under the contractor's control.

4.5 Service Area Summary, Demographics and Background

4.5.1 Service Area

The County is responsible for ensuring that ambulance services are available within the entire County. Under the terms of the Resolution, this obligation is discharged through the assignment of multiple ambulance service areas (ASAs) and through an agreement to authorize the City to oversee the provider selection process for the Grand Junction ASA. The County Resolution is attached as Appendix 2 to this RFP.

4.5.2 Demographics

Demographic data is provided in Appendix 3.

4.5.3 Historic Service Volumes

EMS response and patient transport data for 2004 is available to registered proposers. The City has no reliable data regarding the non-emergency market in the City. The City makes no representations about the accuracy of the data.

SECTION 5
SCOPE OF WORK

SCOPE OF WORK

5.1 General Contractor Relationship

Through this procurement, the City intends to hire a single contractor to provide all of the services specified within this RFP. Should a proposer intend to utilize one or more subcontractors to provide any of the contractor's primary responsibilities, including, but not limited to, ambulance response, medical transportation, staffing, training, accounts receivable management, collection activity, fleet or equipment maintenance, or any services, the proposer must include detailed information about the subcontractor and its relationship to the proposer to allow the City to evaluate the quality and effectiveness of the subcontractor's proposed role. Copies of all proposed subcontracts should also be included. The inability or failure of any subcontractor to perform any duty or deliver contracted results will not excuse the primary contractor from any responsibility under the contract with the City.

5.2 Scope of Service

Under the provisions of the Resolution the City of Grand Junction may contract with a single exclusive provider of ground ambulance services within the Grand Junction ASA. The contractor will provide all ground ambulance service for the population of the Grand Junction ASA. Should any other provider assigned to serve any other ASA or area of the County fail or otherwise abandon or discontinue ground ambulance service within its assigned ASA, the County's Grand Junction ASA provider may be asked to take over responsibility for other ASAs. The City will permit and encourage the contractor to use resources for non-emergency services that are also used to provide emergency care.

Helicopter and air ambulance services are provided by St. Mary's CareFlight, and will not be the responsibility of the contractor.

All emergency ground ambulance services will be provided at the Advanced Life Support (ALS) level as approved by the Mesa County EMSMD. The city may consider other staffing options if the bidder declares an exception to the bidding requirements and can demonstrate that ALS resources are available from other sources. The contractor may provide standby coverage for special events and will be expected to provide reasonable mutual aid services.

5.3 Compliance with County Ambulance Service Resolution Required.

Ambulance service in Mesa County is regulated by Mesa County. That regulation is the overriding authority for ensuring ambulance coverage throughout the county, including the Grand Junction ambulance service area. The City is authorized to regulate ambulance services and to conduct a provider selection process within the Grand Junction ASA. The exclusive contract therefore may include provisions that exceed the minimum requirements of the county and state.

At a minimum, the contractor must provide all services in compliance with the MESA COUNTY, COLORADO AMBULANCE AND EMERGENCY MEDICAL SERVICES RESOLUTION. A copy of the Resolution is attached as Appendix 2. A summary of those requirements includes:

- Compliance with county ambulance service licensing, ambulance permitting and standby permitting requirements.
- Compliance with county ambulance staffing and personnel requirements.
- Compliance with county ambulance equipment requirements.
- Compliance with county insurance requirements.
- Compliance with the ambulance boundary requirements. As described in the current County Ambulance Resolution the Grand Junction ASA is defined as, "That area included within the boundaries of the City of Grand Junction, the Grand Junction Rural Fire Protection District, and the Glade Park Volunteer Fire Department as well as those areas more particularly described on the ASA map..."
- The contractor must, at a minimum, comply with all other rules established by the County as established by the Resolution.

5.4 Response Time Performance

In this performance-based contract, the City does not limit the contractor's flexibility in providing and improving EMS services. Performance that meets or exceeds the response time requirements of the RFP is the result of the contractor's expertise and methods, and therefore is solely the contractor's responsibility. An error or failure in one portion of the contractor's operation does not excuse performance in other areas of operation.

5.4.1 Response Time Requirements

The contractor shall operate the ambulance service system so as to achieve compliance, as defined by this ambulance RFP and the subsequent contract, in each

response zone every month. Compliance is achieved when 90 percent or more of responses in each priority meet the specified response time requirements. For example, to be in compliance for emergency (Priority-1) responses in the urban zone, the contractor must place an ambulance on the scene of each emergency within eight minutes and zero seconds (8:00) on not less than 90 percent of all emergency responses.

The Contractor will be required to meet the response time requirements for Priority 1 and 2 calls in each zone in the City's ASA.

Maximum Response Times

Priority	Urban	Rural	Frontier
1 (all code three responses)	8:00	20:00	60:00
2 (code two responses)	12:00	25:00	60:00

Response priorities are defined according to a priority dispatch protocol approved by the EMSMD. The protocols currently in use at Grand Junction Regional Communication Center (GJRCC) are available for inspection at the GJRCC. For the purpose of response time calculations, responses are prioritized according to the following table:

Priority	Definition
1	Life Threatening Emergencies
2	Non-Life Threatening Emergencies

For each call in every category not meeting the specified response time criteria, the contractor shall submit a written report in a format approved by the City and EMSMD documenting the cause of the late response and the contractor's efforts to eliminate recurrence of late response(s).

5.4.2 Response Time Measurement

The response time measurement methodology employed can significantly influence operational requirements of the EMS system. The following method will be used throughout the contract to measure response times.

a. **Response Time Clock**

For purposes of measuring response intervals, the official "clock" will be the time displayed by the CAD system in use at GJRCC.

b. **Time Intervals for Priority 1, and 2**

Response intervals will be measured from the time the call is dispatched by GJRCC until the contractor's or an authorized paramedic-staffed first-response apparatus arrives at the incident location and stops the response time clock by notifying the GJRCC that it is on scene as defined herein. The city prefers mobile data or smart terminal technology to transmit response status data, however, voice transmission is allowed.

For all types of requests for ambulance service, the response clock shall be stopped when the ambulance or other authorized vehicle comes to a complete stop at the scene of the event. Arrival on the scene of a first responder unit shall not stop the response time clock unless the first responder is authorized to do so by the County Medical Director, the Mesa County EMS Director, and the City of Grand Junction Fire Chief.

Arrival on scene means the moment an ambulance crew notifies GJRCC that it is fully stopped at the location where the ambulance shall be parked while the crew exits to approach the patient. In situations where the ambulance has responded to a location other than the scene (e.g. staging areas for hazardous scenes), arrival "on scene" shall be the time the ambulance arrives at the designated staging location. The Medical Director may require the contractor to log time "at patient" for medical research purposes. "At patient" time intervals shall not be considered part of the contractually stipulated response time.

If the ambulance fails to report "on scene," the time of the next communication with the ambulance will be used as the "on scene" time; however, the contractor may appeal such instances when it can document the actual arrival time through other means, such as first responders or AVL position reporting.

5.4.3 Upgrades, Downgrades and Reassignments

a. Upgrades

If an assignment is upgraded, prior to the arrival on scene of the first ambulance, the contractor's compliance with contract standards and liquidated damages will be based on the response requirements of the priority of the initial dispatch.

b. Downgrades

Downgrades may be initiated by medically trained first responders as authorized by the Medical Director. If an assignment is downgraded prior to arrival on scene of the first ambulance, the contractor's compliance with contract standards and penalties will be calculated based on the lower priority response time requirement,

c. Reassignment Enroute

If an ambulance is reassigned enroute prior to arrival on scene (e.g. to respond to a higher priority request), the contractor's compliance and liquidated damages will be calculated based on the response time requirement applicable to the assigned priority of the initial response.

d. Cancelled Enroute

If an ambulance is cancelled by an authorized agency, after an assignment has been made but prior to the arrival of the first ambulance and no ambulance is required at the dispatch location, the response time clock will stop at the moment of cancellation. If the elapsed response time at the moment of cancellation exceeds the response time requirement for the assigned priority of the call, the unit will be determined to be "late."

e. Response Times Outside of Grand Junction Ambulance Service Area

The Contractor will not be held accountable for emergency response time compliance for any response dispatched to a location outside of its defined service area. Responses to requests for service outside of the service area will not be counted in the total number of responses used to determine compliance.

f. Each Incident A Single Response

Each incident will be counted as a single response regardless of the number of units that respond. The dispatch time of the 1st ambulance dispatched and

the on-scene time of the first arriving Contractor's ambulance will be used to compute the response time for the incident.

g. **Response Time Exceptions and Exemption Requests**

The contractor shall maintain mechanisms for reserve production capacity to increase production should temporary system overload occur; however, it is understood that from time to time unusual factors beyond the contractor's reasonable control may affect achievement of the specified response time requirement. These unusual factors are limited to unusually severe weather conditions, officially declared disasters, impassable roads, inaccurate addresses and dispatch errors.

Equipment failures, traffic congestion, ambulance failures and inability to staff units and other similar causes will not be grounds for granting an exception to compliance with the response time requirements.

If the contractor believes that any response or group of responses should be excluded from the compliance calculations due to "unusual factors beyond the contractor's reasonable control," the contractor may provide detailed documentation and request that those runs be excluded from response time calculations and late penalties. Any such request must be made to the City with a copy to the EMSMD, in writing within five (5) business days after the end of each month

5.4.4 Deviations From Response Time, Performance or Other Standards

The successful proposer understands and agrees as shown by submitting a response to this RFP that the failure to comply with any time, performance or other requirements in this RFP and/or the final contract will result in damage to the City and that it will be impracticable to determine the actual amount of damage whether in the event of delay, nonperformance, failure to meet standards, or any other deviation. Therefore, the proposer and City agree to the liquidated damages specified in the RFP and the final contract. It is expressly understood and agreed that the liquidated damages amounts are not to be considered a penalty, but shall be deemed, taken and treated as reasonable liquidated damages. It is also expressly understood and agreed that the City's remedies in the event of the successful proposer's breach or any noncompliance, are not limited to this RFP or the final contract liquidated damages provisions. All liquidated damage amounts will be withdrawn from the security deposit of cash or letter of credit. Chronic failure, as determined by the City, to comply with the response time requirements shall constitute breach of contract.

5.4.5 Non-performance Liquidated Damages

Liquidated damages will be assessed according to the following scale when response time compliance for Priority 1 or 2 responses falls below 90 percent for any zone in a given month:

Compliance	Month 1	Month 2	Month 3 or thereafter
89%	\$1,000	\$2,000	\$4,000
88%	2,000	4,000	8,000
87%	3,000	6,000	12,000
86%	4,000	8,000	16,000
85% or less	5,000	10,000	20,000

Failure to meet Priority 1 or 2 response time requirements for at least 90 percent of responses each month for three consecutive months or for four months in any contract year will be additionally defined as a major breach and may result in breach of the contract and forfeiture of performance security.

Failure to meet response time requirements for Priority 1, 2 or 3, response requirements in each zone for at least 90 percent of responses each month for three consecutive months or for four months in any contract year, will additionally be defined as a major breach and may result in suspension, revocation or cancellation of the contract and forfeiture of performance security.

5.4.6 Non-compliance with Other Standards - Liquidated Damages

The intent of the reporting requirements is to foster communication regarding situation(s) in which liquidated damages could be assessed. Liquidated damages may be waived if reporting requirements are met and the situation(s) does not represent a recurring pattern of poor performance.

In addition to all other liquidated damages herein, the following may apply:

1. \$250 – Failure to submit any monthly report required herein by either the seventh day of the month following the month for which the report pertains, or if the seventh day occurs on a Saturday or Sunday, the first Monday after the seventh day; and \$250 per day until the report is received.
2. \$250 per incident – Failure to timely submit responses to inquiries or tasks assigned by the Medical Director.
3. Up to \$500 per ambulance per incident – Failure to have equipment or supplies on board any ambulance as required by the Medical Director.
4. \$500 per incident – Reporting “unit arrived on scene” before the unit actually arrives at the specific address or location.
5. \$250 per incident – Failure to immediately report any failure to meet standards required herein which may place the health and well-being of the citizens of the City or Grand Junction ASA in jeopardy, or any significant clinical, contract or staffing event, including but not limited to:
 - Any ambulance being involved in a motor vehicle collision with damage or injury.
 - Chronic staffing shortages that cannot be relieved with routine levels of overtime hours.
 - Chronic failure to comply with incident command requirements.

5.4.7 Reporting Requirements

The contractor will provide, by the seventh day of each calendar month, reports detailing its performance during the preceding month as it relates to each of the performance requirements stipulated herein. For each day that the contractor fails to provide the reports, the City shall assess liquidated damages of \$250.

5.4.8 Equipment Furnished/Infrastructure Available

To provide an integrated response and improve cost effectiveness of the system the City will provide for the contractor’s use, access to the radio system owned by the City. The Contractor will be required to pay for its proportionate use of the system at the then prevailing rate. A description of radio infrastructure and required equipment is provided as Appendix 4 to this RFP.

The GJRCC currently operates a Computer Aided Dispatch (CAD) System, which is owned and maintained by the City. The Contractor will fund any modifications, additions

or custom programming to the existing CAD that may be required to meet the requirements of this RFP.

The City desires proposals that include Automated Vehicle Location (AVL) systems that are integrated with the contractor's or City's CAD system. Proposers should detail their experience and approach to utilizing an AVL system(s), and the relative advantages and disadvantages if any to the City and Contractor of employing such a system. If a proposal does not include AVL the proposer must understand that it may be required as a condition of a contract or contract renewal.

GJRCC uses the VHF frequency band for radio communication to User Agencies. The contractor will be required to report their units' status by radio or by other means as appropriate. The contractor shall use the GJRCC policy manual for referral to the latest policies governing dispatch protocol and the use of the radio system. The contractor shall use radio equipment capable of communicating with the GJRCC and other agencies on the frequencies listed in Appendix 4 to this RFP. Specifications for mobile and portable radios are also provided in Appendix 4a.

5.4.9 Contractor Provided Equipment

The City does not provide ambulances, clinical equipment or supplies to the contractor. Each proposer must specify in its proposal what vehicles and equipment it proposes.

5.4.10 Ambulance Fleet

Proposers must provide a detailed plan for the management of the ambulance fleet, support vehicles and equipment. At a minimum, this plan should provide detailed specifications that describe the vehicles and equipment to be used. Each proposer should clearly explain the advantages of its particular proposed fleet and plan for the maintenance and replacement of vehicles.

The City requires that ambulances meet the following minimum standards:

- Minimum fleet size of 125% of proposed peak deployment.
- No ambulance to have cumulative mileage of more than 200,000 miles.
- All ambulances to meet Federal Specification KKK-1822C and subsequent revisions, and be certified by the manufacturer to meet the specifications in effect at the date of manufacture.

- All ambulances must be specified and constructed to transport two (2) recumbent patients, and three (3) additional adults without exceeding the Original Equipment Manufacturer's specified Maximum Gross Vehicle Weight while fully equipped and fueled.
- All ambulances must display approved markings and the ambulance unit number, in at least 4-inch letters, on all four sides of the vehicle in compliance with City identification standards.

5.4.11 Fleet Safety

Proposers must describe vehicle specifications and modifications designed to enhance the patient's, first responder's and proposer's employees safety. At a minimum, the proposer's approach to the following should be addressed:

- Driver education and vehicle operations.
- Systems designed to improve safety, such as: "Low Forces" and other driving, training and monitoring systems.
- Patient and attendant restraint and injury prevention systems, including specific modifications designed to reduce injuries resulting from accidents.
- The Proposer's approach to providing appropriate child restraint systems for pediatric patients.
- Vehicle monitoring and record keeping systems
- Fleet maintenance procedures designed to promote and enhance safety.

5.4.12 Supplies for Basic and Advanced Life Support Services

The contractor will provide all supplies necessary and/or required to provide basic and advanced life support ambulance services. At a minimum, the contractor must provide the equipment and supplies required by the County EMS Resolution. Supply proposals that exceed the minimums required by the Resolution must first be approved by the City of Grand Junction Fire Chief and the EMSMD. Subject to that approval, the list may be modified from time to time to reflect changing practices within the EMS system.

5.4.13 Performance vs. Level of Effort

This RFP assumes a performance contract rather than a level of effort contract. In accepting a Proposer's offer the City neither accepts nor rejects the Proposer's level of effort estimates, rather the City accepts the Proposer's financially guaranteed commitment to employ whatever level of effort is necessary to achieve the clinical response time and other performance results required by the terms of the contract.

The proposals must include descriptions of initial ambulance coverage plans and deployment models estimated by the Proposer to be sufficient or even in excess of what may be necessary to meet the performance standards required herein. Acceptance by the City of the Proposer's contract shall not be construed as acceptance of the Proposer's proposed level of effort.

5.4.14 Integration of First Responders

Currently, advanced life support first response is available throughout the City's first response area. The City is interested in better utilizing advanced first response personnel and equipment to the extent that it will improve clinical patient care, overall system efficiency and the cost effectiveness of the EMS system.

The City desires a system of advanced life support first response that would, if implemented, extend the response time requirements of the contractor in exchange for a commitment by the Fire Department to meet paramedic response time requirements. The City is interested in further developing this proposal.

The Grand Junction Fire Department has the responsibility for overall scene safety and EMS management within the City and Grand Junction Rural Fire Protection District. The contractor is included in standard operating procedures within the command system and has command responsibilities prior to the arrival of the fire agency. Once the fire agency arrives on scene, the command responsibility will be transferred to the ranking fire officer. Authority and responsibility for patient care will initially be the responsibility of the senior paramedic, regardless of rank or agency, on the first arriving first response or ambulance vehicle. The ranking fire officer will make a determination for patient care authority and responsibility based on the specific conditions on the scene at the time of the decision. Medical control issues will be resolved through consultation with fire agency personnel, and if necessary, with on-line medical control and the EMSMD.

The contractor will be required to fully and actively participate in the Incident Command System (ICS) and Personnel Accountability System (PAS) as adopted by the City Fire Chief.

5.4.15 First Responder Equipment and Supply Replenishment

Contractor's support of the first responder program shall include the following:

The contractor shall develop mechanisms to exchange re-usable orthopedic appliances and re-stock or reimburse disposable and ALS medical supplies used by first responders when first responder personnel have provided treatment. Equipment and supplies will be exchanged on a one-for-one basis or reimbursed for actual usage. Whenever possible equipment exchange should be accomplished on scene. If patient care or circumstances at the scene prevent an on scene exchange the contractor will arrange to accomplish it as soon as reasonably possible.

Proposers are encouraged to detail their proposed support to the first responder program including access to proposer's group purchasing programs, management and delivery of material and funding for, or direct replacement of first responder equipment, including but not limited to AEDs, monitors, defibrillators, back boards, splints, respiratory equipment, pharmaceuticals and similar items.

The City is interested in developing standards for equipment in a system that will facilitate transfer of equipment between agencies. The proposers should specify in their proposals the mechanisms to improve equipment standardization.

5.4.16 Support of First Responder In-Service Training

The proposer will detail its offer to support in-service training for first responders, which will benefit the EMS system as a whole. This training should, at a minimum facilitate on-scene interactions with contractor's personnel by offering joint EMS training and provide access to the contractor's educational programs needed for the continued certification of first responders including but not limited to ACLS, BTLIS or PHTLS and PALS/PEP/PPPC courses. The Proposer shall provide a detailed description of its proposed support and funding for first responder training.

5.5 Data and Reporting Requirements

The long-term success of an EMS system is predicated upon its ability to both measure and improve performance. Therefore, the City will require its contractor to provide detailed operations, clinical and administrative data in a manner that facilitates its retrospective analysis.

5.5.1 Data Reporting Capabilities

The contractor's electronic data system must be capable of producing the following reports to be utilized in measuring response time compliance:

- a. Emergency life threatening and non-life threatening response times by response zone.
- b. Unscheduled non-emergency and scheduled non-emergency response times by jurisdiction.
- c. "Out of chute" intervals.
- d. On-scene intervals.
- e. Hospital drop intervals by crew members.
- f. Emergency and non-emergency responses by hour and day of week.
- g. Canceled run reports.
- h. Demand analysis reports.
- i. Problem hour assessment.

5.5.2 Data Capture

The contractor's electronic data system must be capable of capturing and reporting common data elements used within the EMS system.

5.5.3 Records

The contractor shall operate and manage the data collection system in accordance with the EMSMD and Fire Chief's standards. The data collection system shall include, but not be limited to, the following generally described sources. It is understood that the contractor shall make these records available upon request of the Fire Chief.

- a. A uniform patient care form.
- b. An inter-hospital patient care form.
- c. Equipment maintenance and inventory control schedules.
- d. Deployment planning reports.
- e. Continuing education and certification records documenting training and compliance with training requirements.

A patient care form is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported. Patient care records

should clearly identify those instances when two or more patients are transported in the same ambulance so that proper billing can be done.

Contractor shall propose a system that will provide all patient care records in an electronic format. It is the City's desire to develop a single patient record and CQI data system for use by the EMSMD, first responders and the Contractor. Each proposer will provide detailed information regarding the method proposed to accomplish this goal, including technical specifications, edit and audit capabilities, provisions for security and the advantages of the proposer's approach to electronic patient records.

The City requires patient care forms to be delivered to the Fire Chief or the Medical Director on demand. The City may assess liquidated damages of \$250 for every patient care form that is not accurately completed and turned over to the Fire Chief or Medical Director within the specified time.

5.5.4 Monthly Reports Required

Contractor shall provide, by the seventh day of each calendar month, reports detailing its performance during the preceding month as related to the clinical, operational and financial performance stipulated herein. The format of such reports shall be subject to the approval of the City Fire Chief, however, the Fire Chief will seek to ensure that reports required to meet City compliance requirements will also meet County requirements.

5.5.5 Financial Statements

Annual financial statements for the contractor's operation under the City contract shall be provided to the City within 90 days of the end of each calendar year. The financial statements shall be in a format specified by city, and shall be certified by a certified public accountant that has direct responsibility for financial aspects of the contractor's operations under the City contract. The City may make these financial statements available to other parties as deemed appropriate.

Contractor shall also comply with such other miscellaneous reporting requirements as may be specified by the City.

5.6 Internal Risk Management/Loss Control Program Required

The City believes that education and aggressive prevention of conditions in which accidents occur is the best mechanism to avoid injuries to patients and responders. Therefore, the City requires the contractor to develop and implement an aggressive loss control program including, at a minimum, physical pre-screening of potential employees (including drug

testing), initial and on-going driver training/monitoring of driving performance, safety restraints for patients and caregivers, infectious/communicable disease training, lifting technique training, hazard reduction training, as well as involvement of employees in planning and executing its safety program.

5.7 Stand-By and Special Events Coverage

Upon request by law enforcement or fire department dispatchers, the contractor shall furnish courtesy stand-by coverage at emergency incidents involving potential danger.

Community activities or service providers may request stand-by coverage from the contractor. The contractor is encouraged to provide such non-dedicated standby coverage to events if possible. If the contractor is requested to provide such services with a dedicated ambulance, then the contractor may charge an amount equal to the approved County rate for standby services. Contractor may also make a paramedic available for pre-scheduled stand-by and special events coverage at an hourly rate.

5.8 Community Education Requirements

The City desires that its contractor take significant steps to improve access to the 9-1-1 system and participate in community education programs emphasizing preventative health care. These programs are to be made available to schools and community groups. It is the City's expectation that the contractor will plan such programs with the Fire Department and other public safety and EMS-related groups, such as the American Heart Association, the American Red Cross and law enforcement agencies.

5.9 Mutual Aid

The contractor shall, at a minimum, provide mutual aid as required by the Resolution. Additionally, the provider may enter into mutual aid agreements with other agencies which will utilize the other provider's units to occasionally respond to calls within the Grand Junction ASA, provided that the level of service is substantially equal to that provided by the contractor and the agreement is approved by the Medical Director and the City. The contractor may enter into a mutual aid agreement with the City Fire Department. Mutual aid may be utilized to augment, but not replace, the services that the City requires from the contractor. In every case, the contractor will be held accountable for the performance, including response times, of any mutual aid provider used in the Grand Junction ASA.

The contractor shall keep records of mutual and regional aid received and given. Each month, the contractor will submit to the Fire Chief a report detailing all mutual and regional aid responses given and received in the same format as other responses but also including

the name of the county, city or other governing entity and EMS provider which provided or received aid. Should the number of responses received from any governing entity or provider exceed the number rendered by the contractor to that governing entity or provider by more than twenty (20 percent) percent, the contractor will provide a plan, to be approved by the Fire Chief, to reduce contractor's dependence on mutual aid.

5.10 Disaster Assistance and Response

The contractor shall be actively involved in planning for and responding to any declared disaster in the County. Both a mass casualty incident plan and an emergency disaster plan following incident command system guidelines have been developed.

1. In the event a disaster is declared within Mesa County or a neighboring county, normal operations shall be suspended and the contractor shall respond in accordance with the County's disaster plan. The contractor shall use best efforts to maintain primary emergency services and may suspend non-emergency service as required. During the period of declared disaster, the City will not impose performance requirements and penalties for response times.
2. The direct marginal costs resulting from the performance of disaster services that are non-recoverable from normal payers shall be submitted to the appropriate agencies for cost recovery. Such marginal costs shall not include cost for maintaining normal levels of service during the disaster, but shall be limited to the reasonable and verifiable direct marginal cost of these additional services. Mesa County and the City of Grand Junction may provide reasonable assistance to the contractor in recovering these costs; however, neither the City nor the County shall be contractually liable for payments to contractor.

5.11 Deployment Planning and Initial Plan

During the first two quarters of operation, the contractor shall adhere to or exceed the initial coverage plan submitted in its proposal. It is anticipated that the contractor's initial coverage plan may require more or less unit hours than may be necessary after the contractor has gained additional experience. Proposers must provide sufficiently detailed information in their submissions, including unit hours per day and shift schedules to allow evaluation of the thoroughness of the plan.

Subsequent coverage plan modifications, including any changes in post locations, priorities, and around-the-clock coverage levels, may be made at the contractor's sole discretion. The contractor shall immediately notify GJRCC each and every time that the contractor reaches "level zero" (*i.e.* no ambulances available).

5.12 Clinical and Employee Provisions

5.12.1 Medical Oversight

The County furnishes medical control services, including the services of a Medical Director, for the contractor and all participating first response agencies in accordance with the Resolution. The County may recover a fee from the contractor for providing EMSMD services. The Medical Director shall receive no compensation or remuneration directly from the contractor unless the contractor desires EMSMD services beyond those available to all other providers and both the City and County agree to the proposed scope of work and fee structure.

5.12.2 Medical Protocols

Contractor shall comply with EMS System medical protocols and policies and other requirements of the system standard of care as established by the EMSMD. Current medical protocols including trauma transport protocols are found in the System Clinical Protocols in Appendix 5.

5.12.3 Direct Interaction with Medical Control

The proposal will describe how it will ensure that the relationship between field personnel and physicians works to improve field medical care. In addition, the EMSMD requires a process of quality assurance in which a single liaison manages quality issues.

5.12.4 Medical Review/Audits

The goal of the medical audit process is to improve patient care by providing feedback on the system and individual performance. If the audit process is to be beneficial then it routinely must produce improvement in procedures, on-board equipment, and medical practices. It is the contractor's responsibility to implement feedback.

The Medical Director may require that any of the contractor's employees attend a medical audit when necessary as determined solely by the EMSMD.

The contractor shall ensure that quality-related procedures and processes, which are already in place in the contractor's organization, are not altered without the express permission of the EMSMD.

5.12.5 Duties of the Medical Director

The duties of the Medical Director are described in the County EMS Resolution.

5.12.6 Minimum Clinical Levels and Staffing Requirements

All ambulances rendering emergency medical services shall be staffed and equipped to render paramedic care. Initially, the minimum requirement for the second staff member shall be an EMT-B. Proposers are encouraged to submit proposals that exceed the

minimum staffing requirements, provided that such proposals include a description of how the proposed staffing model will improve patient care and/or system cost effectiveness.

5.12.7 Demonstrable Progressive Clinical Quality Improvement Required

The ambulance contractor shall develop and implement a comprehensive quality improvement process (QI) for the EMS system. That process should provide for integration of all responders and caregivers for each patient care situation. Ideally, the QI process should include all patient contacts and interventions, including: bystander action, AED or other first responders, including law enforcement, 9-1-1 call-taking and EMD, fire first responders, ambulance personnel, online medical advisors, off-line medical advisors and receiving facilities. Quality improvement processes shall be utilized to improve outcome oriented patient care and facilitate continuing education.

The contractor shall provide in-house or sub-contracted in-service training programs designed to meet employee certification requirements that will be offered at no cost to employees. While the specific compensation strategy utilized by each proposer to attract and retain quality employees is left to the expertise of the proposer, ideally employees should be compensated for time spent in required training. Such compensation, whether in the form of hourly pay, training bonuses, differential pay or other form should be specifically identified in the proposal.

5.13 Treatment of Incumbent Work Force

A number of dedicated, highly trained personnel are currently working in the City's EMS system. To ensure that all employees have a reasonable expectation of employment in the contractor's operation, the proposers are encouraged to recruit employees currently working in the system to assure a smooth transition and to encourage personnel longevity within the system. The City desires to see incumbent employees given consideration if they meet the proposer's employment standards. The proposer shall describe how it will treat incumbent workers.

5.14 Character, Competence, and Professionalism of Personnel

The City expects and requires professional and courteous conduct and appearance at all times from the contractor.

All persons employed by the contractor in the performance of work shall be competent and hold appropriate licenses and permits in their respective professions and shall be required to pass a criminal record check and background investigation. The contractor shall provide documentation to the City of compliance with this provision.

5.15 Key Personnel

The City will, in part, base the award of the contract upon the qualifications of the organization, and upon the qualifications of key personnel presented in the proposal. The contractor will be expected to furnish the personnel identified in the proposal throughout the term of the contract. The contractor is expected to furnish the same personnel or replacement personnel with equal or superior qualifications. It is the specific intent of this provision to prevent "bait and switch" bidding practices. It is the City's desire to have strong local control of the operation.

5.16 Compliance with Laws and Regulatory Requirements

The Contractor must comply with all Federal, State, County and local laws governing or covering the services requested herein. The contractor will adopt procedures that meet or exceed all rules for occupational safety and health (OSHA), HIPAA, bloodborne pathogen exposure, Americans with Disabilities Act, and all other regulatory requirements.

5.17 Discrimination Not Allowed

During the performance of this contract, Proposer agrees that it shall comply with all applicable provisions of federal, state and local laws and regulations that prohibit discrimination. Specifically, the proposer warrants that it shall:

Not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, national origin, handicapped status or disability. The contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, religion, sex, national origin, handicapped status or disability. This shall include, but not limited to the following: employment; upgrading; demotion; transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship;

Comply with Executive Order 11246, as amended, if applicable, and the rules, regulations and orders of the Secretary of Labor;

Be responsible for determining the applicability of and compliance with any federal or state regulation enacted pursuant to: Executive Orders; federal legislation or amendments to legislation; and state legislation or amendments to legislation.

5.18 Contractor Recruitment and Retention Strategies

The contractor shall propose proven strategies to recruit and retain employees that meet the goal of minimizing employee turnover.

5.19 Scoring Criteria

Scoring Criteria, Required Table of Contents

<u>Item</u>	<u>Points</u>	<u>TOTAL</u>
I. Letter of Transmittal	0	
II. Introduction		
I. Description of Proposed Organization	0	
III. Credentials		
i. Analogous Experience	40	
ii. Sound Financial Strength	40	
iii. Documentation of Regulatory Compliance	20	100
IV. Clinical Performance		
i. Clinical Credentials of Field Personnel	50	
ii. Quality Improvement Processes	50	
iii. Preceptor Qualifications/Status	25	
iv. Internal Staff Support for EMSMD and First Responders	40	165
V. Community Service and Education		75
VI. Control Center Operations		
i. Commitment to GJRCC	50	
ii. Methods for Fine Tuning Deployment Plans	25	
iii. Proposed Support of EMD Training for GJRCC	25	100
VII. Human Resources		
i. Leadership, Supervision and Key Personnel	35	
ii. Commitment to Incident Command Structure	30	
iii. Health and Safety Programs	35	
iv. Recruitment and Retention Strategies	35	135
VIII. First Responder Program Support		
i. First Responder Equipment and Supply Replenishment	50	
ii. Training Support for First Responder Program	50	
iii. Creative Proposals to Enhance First Responder Partnership	75	

			175
IX. Fleet and Equipment			
i. Proposed Vehicles and Safety Features	50		
ii. Ambulance Maintenance Practices	30		
iii. Equipment Maintenance Practice	20	100	
X. Accounts Receivable Management	50	50	
Total Quality Points			900
Credential Points			100
XI. Pricing			100
Total Points			1100

SECTION 6

QUALIFICATIONS REQUIREMENTS

QUALIFICATION REQUIREMENTS

6 Minimum Qualifications & Documentation of Credentials

6.1 Overview

This section describes the minimum qualifications that a proposer must meet to be eligible for contract award. The successful proposer will be required to deliver a high level of performance within Grand Junction. This process will require the proposer to submit a single proposal containing both the proposer's credentialing statement and its detailed service proposal.

Credentials statements will be evaluated to determine whether a proposer is qualified to provide emergency and non-emergency ambulance service in the city and the relative strength of each proposer in the areas of analogous experience, financial depth and stability, and documentation of regulatory compliance. Proposers are cautioned that incomplete or unresponsive credentials or proposals will not be considered.

The City of Grand Junction will verify the credentials and qualifications of each proposer. If the City finds any misrepresentation of qualifications or is unable to verify a proposer's credentials, the proposer will be not be selected. Credentials scoring will be accomplished by assigning the maximum number of points in each category to the proposer documenting the strongest qualifications. Other proposers will receive fewer points based on the City's evaluation of the relative qualifications of each proposer. Submissions failing to demonstrate minimum qualifications in any category will receive a "0" score for that category.

The following table illustrates the credentials categories and their corresponding potential points:

Category	Maximum Points
Analogous Experience	40
Financial Strength	40
Regulatory Compliance	20
Maximum Credentials Points	100

6.2 Standard Method for Qualifications

Each proposer must provide detailed information and supporting materials to enable the City to fully evaluate its qualifications. Proposers serving multiple sites may use information from any site to establish qualifications. Information presented must reflect the experience of the operational site responsible for performance under this proposal.

Should a group of entities submit a proposal as a joint venture, or should any proposal refer to a subcontractor to fulfill obligations specified in this RFP, any information presented which does not reflect the experience of the operational unit submitting the proposal shall be so noted.

6.2.1 Analogous Experience

Each proposer shall provide the following:

a. Documentation clearly demonstrating that the proposer has experience operating or managing an emergency ambulance service in a community with a population of at least 60,000 persons. Information should include a list of communities in which the service is operated as well as name(s), address(es) and phone number(s) of the Medical Director(s), contract officer(s) and designated public official(s) with oversight responsibility. Documentation of fracture response time performance, the number of responses and transports in each of the last two years must be included.

or,

b. Documentation of existing internal EMS management systems and personnel that can facilitate its transition to operating an ambulance service. This information should include, but not be limited to, descriptions of operational methods:

1. Deployment methods;
2. Communications center management;
3. Field supervision;
4. Training and management of clinical personnel;
5. Retention of personnel;
6. Quality improvement process management;
7. Interactions with first responders;
8. Management of a supply chain management system for EMS supplies and equipment;
9. HIPAA Compliance; and
10. Accounts receivable management.

Proposer shall provide information and documentation of existing management bench strength, to demonstrate the organization's ability to manage such a program. The information provided should be in the form of names and resumes of existing management and supervisory personnel who will be directly responsible and accountable for providing services under this RFP.

6.2.2 Demonstration of Sound Financial Position

Proposer shall provide evidence that clearly documents the financial history of the organization. All financial information should be reported for the operational unit responsible for the proposal. If the organization is a multi-site operator or subsidiary operation, it may report consolidated financial information provided that a letter guaranteeing the proposer's performance with the full faith and credit of the parent organization is included with the financial data and is signed by an official with the authority to bind the parent organization. Each proposer will also provide and document the following:

- a. Access to sufficient capital to provide for implementation and start-up of the contract.
- b. Financial reserves or net worth sufficient to sustain the operation in case the proposer has incorrectly estimated expenses or profits from the operation.
- c. Any issue or potential issue that may have a material bearing on the financial condition, solvency or credit worthiness of the organization. These should include any material contingent liabilities or uninsured potential losses.
- d. Copies of audited financial statements for the last two years. If no audited financial statements are available, the company must provide other convincing evidence of financial capability and stability such as financial statements and personal or institutional guarantees of the company's obligations and performance. The burden of proof of financial stability is upon the proposer.
- e. Evidence of the ability to secure insurance coverage in the form of certificates of insurance or a letter from an appropriate insurance company documenting that coverage will be provided.
- f. A Medicare & Medicaid and third party payor billing and documentation compliance program. The City will compare documentation of compliance programs to the Final OIG Compliance Program Guidance for Ambulance Suppliers (Federal Register / Volume 68, No. 56 / Thursday, March 24, 2003).
- g. A plan for compliance with the Health Insurance Portability and Accountability Act (HIPAA).

6.2.3 Documentation of Regulatory Compliance and Litigation

a. The proposer shall detail any and all regulatory investigations, findings, actions, complaints and their respective resolutions. Proposer will specifically include details about any and all emergency (9-1-1) contract terminations within the last two years. Additionally, the proposer will detail the circumstances and resolution of any contract disputes or notices of non-compliance.

b. The proposer will provide a detailed list of all litigation in which the proposer is involved or has been involved during the last ten years. Litigation means claims made by or against it at any stage of the proceeding(s) including mediation, arbitration, or administrative action(s).

SECTION 7

EVALUATION AND SELECTION CRITERIA

7.1 Clinical Performance

125 points

The Proposer shall provide high levels of clinical performance. That performance shall include high levels of clinical credentials of field personnel and field preceptors, a continuous quality improvement (CQI) plan meeting the standards of the quality improvement movement in the health-care industry, and internal staff support for the EMSMD and first responders.

The personnel who make up every ALS ambulance crew shall meet the State of Colorado and Mesa County requirements for licensure and certification. One EMT-P and one EMT-B are the minimum requirement for each ALS ambulance. Written staff hiring and ongoing performance standards shall include physical and cognitive skills necessary for the successful ambulance performance on this Contract without excess reliance on outside agencies. The personnel who make up every BLS ambulance crew shall meet the State of Colorado and Mesa County requirements for certification. Two EMT-Bs are the minimum requirement for each BLS ambulance. Written staff hiring and ongoing performance standards shall include physical and cognitive skills.

Proposers should describe their proposed credentials of field personnel, including EMT certification levels, PHTLS, PALS, ACLS, instructor certifications and any other credentials that the Proposer believes will improve the performance of the EMS system.

The Proposer should include a plan that describes its internal QI mechanism such as: medical director, CQI manager, prospective training and education efforts, concurrent and retrospective review, personnel development, problem identification, needs assessment, education/compliance remediation, problem resolution, and the documentation and tracking of implementation strategies and outcomes.

The program should describe:

- (a) a management philosophy and approach focused on achieving an environment of continuous improvement and innovation;
- (b) continuous learning and development of staff and management;
- (c) commitment to participate in and contribute to the City and County CQI processes
- (d) a commitment to cooperate with system research.

The Proposer shall commit to interface with other EMS agencies, receiving hospitals, first responders, GJRCC, and the medical community. The Proposer shall describe its proposed

internal staff support for the County EMSMD and First Responders within and without the ASA.

7.2 Community Service and Education

75
~~50~~ points

Proposer shall specify the programs established to support public health. Those programs must be integrated with programs of the first response agencies, the county emergency management department, the county public health department, and other first response and ambulance providers. Programs such as public CPR, public access to defibrillation, accident prevention, childhood and senior safety programs, drowning prevention programs, appropriate use of 9-1-1 services, and other programs are specifically desired. The Proposer shall specify how it proposes to provide and to integrate community service programs with other agencies and providers.

7.3 Control Center Operations

100
~~75~~ points

Proposer shall stipulate the amount of annual support the Proposer will provide GJRCC and its commitment to each of the items listed below:

- Employing GJRCC as the regional dispatch center. Included in the support commitment is the recognition of the need to contribute to and share frequencies with GJRCC Dispatch;
- Contributions toward ongoing operational expenses, as well as maintenance and replacement costs of GJRCC capital investments in repeaters, CAD systems, base stations and other equipment; and
- Proposed support of EMD and other training for dispatchers and other employees of GJRCC Cost of and contributions toward adding ancillary communication options such as satellite phones and cell phones.

Proposer shall provide its initial coverage plan including its methods, processes, and justification for the initial deployment plan. It shall include methods proposed to upgrade its deployment plan including data used to update the plan.

7.4 Human Resources

135
~~100~~ points

Proposer shall include job descriptions and resumes of the on-site and off-site management team, operations managers, in-service training manager, maintenance manager, and manager of administrative services (e.g., data processing, billing and collections) involved in

the provision of services to this exclusive operating area. If applicable, Proposers shall specify which key personnel listed above will be stationed in the City vs. off-site, including proposed positions, locations and rotation of such staff. Proposer shall propose names and qualifications of field supervisory staff anticipated as part of this Proposal.

Proposer shall demonstrate how it will ensure that all ambulance and supervisory staff are trained and prepared to assume their respective roles and responsibilities under the City's Standard Operating Guidelines as well as the County Disaster Plan. At all incident scenes, Contractor's personnel shall perform as part of the Incident Command System (ICS) structure. The ICS shall be in compliance with NIMS. Proposers should describe their organization's mechanism for ensuring that all personnel are trained and prepared to assume responsibilities in accordance with ICS.

The City desires to ensure the safest work environment possible for ambulance personnel. Proposer shall describe its methods and programs to ensure the health and safety of its employees. The Proposer shall schedule so as to provide EMTs at least eight hours of rest between regularly scheduled shifts. Regularly scheduled shift shall be defined as not greater than any 48-hour period, unless approved by the city. Regularly scheduled shifts beyond 48 hours shall require specific justification in the Proposal on issues such as workload, staff-fatigue and costs.

The City encourages Proposers to demonstrate how their wages, benefits, shift schedules and expected productivity will attract and retain experienced personnel, especially existing employed Paramedics, and EMTs in Mesa County. The Contractor shall devise a wage and benefit package to encourage personnel to remain with the system to reduce the turnover rate and to meet all applicable state and federal laws (e.g. Fair Labor Standards Act). No shifts greater than 48 hour are permitted. The Contractor must have a policy and monitoring system in place to prohibit staff from working greater than 48 shifts when combining Contractor shifts with shifts from second employment. Proposers should describe how their wage package provides for ongoing training to meet State of Colorado, Mesa County, and EMSMD requirements for ongoing and in-service training. The number of hours per year of paid training should be described.

Employee costs and benefits including employer taxes, employee retirement, medical insurance, workman's compensation, and other proposed employee costs should be described in addition to wages of prehospital personnel. Proposer must submit turnover rates for the past three years for all categories of personnel and define how it is calculated. Proposer must submit the salary levels (current and proposed) for entry, middle and top levels for all personnel and define how it is calculated.

A preference to consideration of currently employed EMTs, EMT-Ps in Mesa County shall be given by proposers. Proposals shall provide specific plans to this effort in their Proposal. Proposer is urged to make and document its best efforts to afford job opportunities to members of the incumbent work force who meet personnel qualifications and who are interested in employment in the new ambulance system. As this subject is an important aspect of the analysis of Proposals, plans for a smooth transition of the work force must be detailed. Minimum: A written plan for integration of incumbents, including existing recruitment and selection requirements.

7.5 First Responder Program Support 175 points

In this section, Proposer shall detail its intentions regarding involvement in and support of the first-responder programs. Commitments to disposable item re-supply and any additional financial contributions should be explained here. The provider must develop a plan for the prompt return of first responders and support staff should they be used in transporting the patient to the hospital. Proposers should not assume that a firefighter will always be available to ride into the hospital to assist with critical patients, e.g. cardiac arrest patients or to assist with lifting heavy patients.

A commitment and process for establishing a methodology for assessing first-responder training needs and training schedules must also be described. These requirements would only go into effect if requested by first responders and approved by the first response agency. Proposer shall describe a methodology for integrating its services with first-responder agencies including fire departments and 9-1-1/PSAPs. Specific plans must be submitted with prioritized objectives. These commitments must include specific procedures for scene control and problem resolution. Commitments for ongoing liaison with these agencies must also be stated. Minimum: Proposer shall specify plans for integrating with the first responder agencies as defined as a minimum here and in Section II of this RFP. Contractor shall restock or pay for restocking first-responder medical supplies (including Advanced Life Support supplies) used in response to emergency medical calls, subject to applicable Federal and State laws.

7.6 Fleet and Equipment Issues ¹⁰⁰~~80~~ points

In this section, Proposer shall describe, in detail and with brand names, vehicles and the major equipment items to be furnished, and the scheduled replacement policies related to

each class of equipment. In addition, Proposer shall stipulate the minimum fleet size proposed for the ambulance service area.

Vehicles. Proposers shall describe the primary and back-up ambulance vehicles including the make, model, year, and mileage of each vehicle. Proposers must include a detailed plan for the maintenance and replacement of vehicles. Proposers shall include a detailed description of the safety features included in the vehicle equipment and maintenance program.

Medical Equipment. Proposers shall describe the make, model, and year of any medical equipment with a minimum purchase price of \$2,000. Such a list must include defibrillators, gurneys, and the plan for maintenance and replacement plans of all such equipment
Minimum: Proposers shall specify and initially furnish a minimum number of fully equipped units, and shall propose a policy of maintaining a fleet size not less than one fully stocked back-up unit. Proposers shall describe the make, model, year, and mileage of the ambulance vehicles to be included in Proposer's proposed fleet.

7.7 Accounts Receivable Management 50 points

In this section, Proposer shall describe its proposed data processing, billing, collection, and accounts receivable management system.

7.7.1 Minimum:

1. System shall generate and electronically bill Medicare and Medicaid statements.
2. System shall be HIPAA-compliant at the time of Contract execution.
3. System shall handle third-party payers, private-pay patients, special contracts, and other special arrangements.
4. System must be capable of responding to patient and third-party payer inquiries regarding submission of insurance claims, dates and types of payments made, itemized charges, and other inquiries.
5. System must provide daily, monthly, and annual reports that furnish clear audit trails, including details of payments and adjustments experience.
6. System shall provide for reconciling on a regular basis between "run" and other production data and patient data. An audit trail shall exist linking reported transports and calls to billed transports and calls, with exceptions noted.

7. System shall support monitoring of employee accuracy and completeness in gathering required information.
8. System shall facilitate updates of account type, addresses, and other pertinent patient and third party payer data.
9. System shall include procedures and policies regarding use of collection agents, policy regarding write-off of accounts receivable, policies for hardship cases and write-offs. These policies should provide a detailed explanation of the circumstances under which self-pay patients will be charged a reduced rate or written off, paying special attention to families that are at 100% or 200% of the poverty level. Financial-need guidelines should be designed to be uniformly applied and are best when based upon additional factors such as: a patient's income, assets and expenses relative to the cost of living; a patient's family size; and the scope and extent of a patient's medical bills.
10. System shall exclude on-scene collection. On-scene collections are prohibited.
11. Billing and collection data shall track to dispatch data by use of a record identifier.

7.8 Pricing

100 points

In this section, all costs and all revenue sources must be clearly listed and assumptions documented. Since cost and revenue projections will be compared among all Proposers, the City requires that information be provided in the format and with the level of completeness and detail specified herein. The City requires all Proposers to present detailed costs by budget category to demonstrate clearly the costs and costing assumptions (by line item) to determine charge and charge assumptions. Actual costs must be provided by line item and then broken down on a per-call basis so that the City may clearly determine the cost impact per call on all costing assumptions. Costs and proposed charges for alternative performance-standards and any other alternative plans shall be specified separately.

All revenue sources must be fully described. The City assumes that patient care fees will be a major component of the proposer's financial stability and flexibility. All patient fee revenue projections must be based on the assumptions provided herein, and must be consistent with volume-related cost projections. Proposers must identify all other revenue sources supporting their proposed budget, and must explain how these revenue sources will change as a result of this commitment.

The Proposal must describe and document all costs and cost estimates necessary to provide services required to serve the Grand Junction ASA, separating out costs and charges for alternatives. Proposers must describe the revenue amount assumed for calculating Proposer's budget, all revenue sources (direct and in kind), and document any sponsoring organization's commitment to service financing (if any) and the legal authority to continue this commitment throughout the term of the Contract.

Important: Proposers shall submit a spreadsheet that shows the stepping down of all costs to the proposed charges.

In addition to the budget, a complete set of financial statements for the current and proposed operation shall be provided for all Proposals. These statements shall be used to verify the pricing assumptions of the proposers and to verify that the proposer has the financial ability to provide services for up to six months until insurance and other revenues stabilize. Financial audits conducted by a licensed CPA will receive the most credibility, while financial statements that are "reviewed" will be deemed less credible. Least credible will be financial statements that are neither audited or reviewed. Three (most recent) consecutive years of financial statements shall be provided. All financial documents should include at least the following:

7.8.1 Current financial status:

- (a) Balance sheets;
- (b) Profit and loss statements, statements of revenues and expenditures;
- (c) Statement of changes in financial position;
- (d) Last completed year cash-flow analysis (shown monthly), for existing ambulance operations only;
- (e) Aged accounts receivable for ambulance revenues, and for other revenues expected to support ambulance services (if available);
- (f) Listing of any loans to officers (business, personal or both, etc.);
- (g) Any lines of credit over \$25,000, with maturity, interest, annual payments identifying source and contact address;
- (h) Briefly describe accounting, billing and payroll systems; and
- (i) Describe any tax liabilities other than current payroll obligations

All Proposers should be aware that the documents requested will serve to confirm the soundness of their current financial position. The City's intent is to award the exclusive agreement only to an organization demonstrating the financial capability to operate successfully. Failure to provide the items listed above will automatically cast doubt on the financial expertise and soundness of Proposers.

Proposer shall clearly demonstrate the source of capital to meet the initial investment and ongoing capital needs of the operations for each Proposal. It is the Proposer's responsibility to conclusively document the source, the availability of the capital and the firm commitment of the source or sponsoring agency, as appropriate.

During the term of the Agreement, the Contractor will be allowed opportunities for rate adjustments. The Contractor may propose rate changes to the City no more frequently than annually after the second complete year of service unless the Contractor can demonstrate to the satisfaction of the City that, due to extraordinary changes in reimbursement or the cost structure of the Contractor's operations which were beyond the control of the Contractor and which could not reasonable have been known prior to the submittal of the response to the RFP, an undue financial hardship would be placed on the Contractor in the absence of an immediate rate consideration. In such a circumstance, the Contractor may request a hearing before the City Council following a review by the City Manager. In no case may the rate exceed that described in the rules promulgated by Mesa County.

The Proposer may submit any other financial information that the Proposer considers relevant. All financial information contained in the Proposal shall not be considered confidential and proprietary unless specified by the Proposer. Proposers should submit all required financial information that they consider confidential in a separate, sealed manila envelope clearly marked with the RFP Section number(s) that the Proposer is responding to, and clearly mark the envelope "Confidential."

7.8.2 Performance Security Method

Proposer shall describe in detail its intended method of satisfying the performance security requirements as identified in Section 8.4 of the RFP.

7.9 General Submission Information

7.9.1 Procurement Time Frames

The schedule for the City of Grand Junction Ambulance Service procurement is outlined in the Schedule found on page 2.

7.9.2 Cost of Participation

All costs associated with participation in this procurement process shall be borne by the proposer. The City reserves the right to reject any or all proposals.

7.9.3 City will Investigate Credential and Proposal Submissions

The proposer shall submit executed notarized "investigative authorization forms" for the company(s) whose credentials are submitted for review and for all owners, officers and key personnel. Publicly held companies need only submit the company release and those for the managers and key personnel who would be involved in the fulfillment of the contract or in the preparation of the proposal. Copies of the required release forms are provided as Appendix 1: Investigative Releases.

7.9.4 Proposers must Comply with County Ambulance Service Resolution.

Each proposer must, at a minimum, comply with all requirements of the Mesa County Ambulance Resolution, including licensing and permitting standards, minimum response time requirements, personnel qualifications, maximum ambulance fees allowed, medical director requirements, and all other standards. The Mesa County Ambulance Service Resolution is provided as Appendix 2.

7.9.5 Professional Judgment Required

Each proposer is specifically advised to use its own expertise and professional judgment in deciding upon the methods to be employed to achieve and maintain the performance required under the contract. "Methods" in this context means deployment plans, employee management strategies, supervisory structures, and other internal matters which together comprise a proposer's strategies for accomplishing the task. The City recognizes that different proposers may employ different methods with equal success.

7.9.6 Estimated Business Volumes

The City makes no representations regarding the number of requests for ambulance service, ambulance transports, or frequency of special events coverage that may be associated with this procurement. All historical data within the City of Grand Junction is provided to illustrate the historical level of performance rather than guarantee future business volume.

7.10 Evaluation of Proposals

The City shall appoint a selection committee to evaluate proposals. The City's EMS consultant and the City Attorney will assist the committee by providing technical support but will not serve as members of the Selection Committee.

Investigations of proposers' submissions and services may be conducted as deemed necessary by the City. Such investigations may include a site visit.

Proposals will be evaluated according to the following methodology:

- **Compliance with the RFP**

Proposals determined to be non-compliant with the RFP will be eliminated. Compliance means that a proposal meets the minimum credentialing criteria, that the proposal was received prior to the deadline for submission, the proposal deposit in the amount and form specified was received, the mandatory table of contents was followed, ordering and numbering conventions are consistent with the required table of contents, programs and offerings described in the proposal meet the prescribed minimum standards, and format stipulated in the RFP.

- **Review of Credentials**

Credentials statements will be evaluated and scored, then each proposal will be evaluated and scored. Points accumulated as a result of the credentials review will be included in the final scoring of the proposals.

Credentials scoring will be accomplished by assigning the maximum number of points in each category to the proposer documenting the strongest qualifications. Other proposers will receive proportionately fewer points based on the Selection Committee's evaluation of the relative qualifications of each proposer. Submissions failing to demonstrate minimum qualifications in any category will receive a "0" score for that category.

Points awarded as a result of credentials review will be added to the proposal points. In the event that two or more proposals receive close scores, the more experienced or qualified firm will receive an advantage for demonstrating superior credentials.

- **Review of Proposals to Provide Ambulance Service**

Each qualified proposal will be reviewed and scored by the Selection Committee. Each proposer will have an opportunity to make a 30-minute verbal presentation to the Selection Committee, followed by a 30-minute question and answer period. Presentations will be conducted at a place and time to be determined by the City. The

order of the presentations will be randomly determined. All presentations will be videotaped. Any commitments, answers and clarifications made during the presentation or in answer to questions from the Selection Committee will become part of the proposal and may be required within any contract that may result from this process.

- **Award of Points for Proposals to Provide Ambulance Service**

Scoring will be based on a point system with points allocated to each category in the required outline format of the proposal. Each proposal will be separately and independently scored by each Selection Committee member as follows:

- ❖ *Compare.* Each committee member will individually compare submissions related to a single category.
 - ❖ *Identify the strongest submission and assign maximum points.* After comparing the proposals, each committee member will identify the strongest submission in each category. Each committee member will award the maximum number of points to the strongest submission in that category.
 - ❖ *Award relative points to other submissions.* Each individual committee member will then award points to the other proposals in that category. Points will be awarded consistent with the relative strengths of the competing proposals on that category only.
 - ❖ *Repeat the process for all criteria.* Each individual committee member will then repeat the steps above for all categories shown on the scoring sheets.
 - ❖ *Tabulate scores.* The EMS consultant and City legal staff members will tabulate the points.
- **Calculate the Average Points for the Quality Point Categories**

The total number of quality points for proposals to provide ambulance service will be divided by the number of Selection Committee members to obtain the arithmetic average score for each proposer.

- **Award Points for Pricing for Ambulance Transport Services.**

Scores for Pricing will be evaluated by the City staff, and will be presented to the Selection Committee. The proposer judged to have the lowest price will be awarded the maximum points. Higher priced bids will be scored based on the percent that their bid exceeds the lowest priced bid. That percent will be deducted from the maximum points available.

- Overall Compilation of Points for Ambulance Transport Services.

The average number of quality points for proposals to provide ALS transport will be added to the pricing points. The proposal with the highest number of points will be recommended to the City Council as the best proposal.

- Verification of Credentials of Highest Scoring Proposer.
- Selection

The results of the Selection Committee process and recommendation will be submitted to the City Council for approval and authorization to negotiate a contract with the prevailing proposer.

SECTION 8
GENERAL CONDITIONS

GENERAL CONDITIONS

8.1 Financial and Administrative Provisions

8.1.1 Terms and Renewal Provisions

The term of the contract ultimately executed by the successful proposer will be for a period of five (5) years beginning July 1, 2006. The contractor may earn up to two (2) extensions of two years each. Extensions must be applied for and approved at least one year prior to the end of the current contract term.

8.1.2 Criteria for Evaluating Extension Request

The contract will contain specific criteria that will be used to evaluate any request for contract extension. At a minimum, these will include:

- Contractor has met or exceeded the response time reliability requirements of the contract for each and every month. and,
- The Medical Director certifies that the contractor has met and exceeded all clinical provisions of the contract during the year being evaluated.

8.2 Pricing and Rates

Proposers are required to submit pricing and budget information on the forms enclosed in Appendix 6: Financial Statements and Budget. Proposers are required to submit annual charges for each year of the proposed contract. The charges proposed should include estimates of pass through charges for medical control and oversight fees for system management and oversight. These pass-through charges will be established annually by Mesa County. Other charges will be based on actual costs in the respective budgets and approved by the City. The proposed maximum charge will include the base rate for each type of ambulance service and will represent each of the categories of transport such as BLS, BLS-Emergency, ALS-1, ALS-1-Emergency, ALS-2, Specialty Care Transport and mileage for all ambulance calls resulting from market rights assigned through the exclusive agreement. Non-emergency calls, standby's, mutual aid to areas outside of the City and similar sources of revenue will be included in the calculation.

In preparing the price proposal, charge proposals may not increase by more than 5 percent per year. The contract will contain a provision providing that a situation, beyond the reasonable control of the contractor, that significantly causes increased cost to the contractor, may be cause for the contractor to petition for rate increases or changes in contract terms.

8.3 Insurance and Indemnity Provisions

Proposers will provide satisfactory evidence that if chosen as the city's contractor, the company will be able to provide, throughout the term of the contract insurance coverage meeting or exceeding the following requirements:

8.3.1 Commercial general liability insurance in the amount of not less than \$2,000,000 combined single limit per occurrence for personal injury and property damage, for the protection of the City, its officers, council and employees against liability for damages because of personal injury, bodily injury, death or damage to property, including loss of use thereof in any way related to the contract.

8.3.2 Business automobile liability insurance in the amount of not less than \$2,000,000 combined single limit per occurrence for bodily injury and property damage for the protection of the City, its officers, commissioners, and employees against liability for damages because of bodily injury, death or damage to property, including loss of use thereof in any way related to the contract.

8.3.3 Professional liability insurance in the amount of not less than \$2,000,000 combined single limit per occurrence for medical professional liability coverage for the protection of the City, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use thereof and damages because of negligent acts, or errors and omissions, in any way related to the contract.

8.3.4 The City, at its option, may require a copy(ies) of any of the required insurance policies obtained by the successful proposer. The commercial general liability and automobile liability insurance shall include the City as an additional insured and refer to and support the Contractor's obligation to hold harmless the City, and its officers, commissioners and employees. All of the above insurance shall provide sixty days written notice to the City in the event of a cancellation or material change and include a statement that no act on the part of the insured shall affect the coverage afforded to the City under the insurance.

8.3.5 5.If any required liability insurance is arranged on a "claims made" basis, "tail" coverage will be required at the completion of the contract for a duration of thirty-six (36) months or the maximum time period the CONTRACTOR'S insurer will provide "tail" coverage as subscribed, or continuous "claims made" liability coverage for thirty-six (36) months following the contract completion. Continuous "claims made" coverage will be acceptable in lieu of "tail" coverage, provided it's retroactive date is on or before the effective date of the contract.

Additionally, the successful proposer must agree to the following indemnity clause in the agreement: "Contractor shall defend, indemnify and save harmless the City of Grand Junction, State of Colorado, and all its officers, employees, insurers, and self-insurance pool, from and against all liability, suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the Contractor, or of any Contractor's agent, employee, sub-consultant or supplier in the execution of, or performance under, any contract which may result from proposal award. Contractor shall pay any judgment with cost which may be obtained against the City growing out of such injury or damages."

8.4 Performance Security

Due to the importance of the EMS System to the community it serves, the City must do everything possible to eliminate the potential for a system failure. Ambulance service is an essential service and a well-designed system incorporates a variety of performance security measures to minimize the potential for failure and to sustain uninterrupted service in the event of the failure of the contractor.

The City will use a combination of performance security provisions to safeguard the public. The contractor will execute a three way leasing agreement or standby lease agreement, which will assure the City immediate access to any and all equipment and supplies, and other assets that the City determines are necessary for the continued operations of the system. The City has the right to terminate the contract for major breach.

8.4.1 Continuous Service Delivery

The contractor expressly agrees that, in the event of breach of contract by the contractor, the contractor will work with the City and Mesa County to assure continuous delivery of services regardless of the underlying cause of the breach. The contractor agrees that there is a public health and safety obligation to assure that the City is able to provide uninterrupted service delivery in the event of breach even if the contractor disagrees with the determination of breach. Further the contractor agrees that if notified by the City of a determination of breach and intent to execute an immediate takeover of the system, that the contractor will cooperate fully with the takeover and challenge or appeal the matter only after the takeover has been completed.

The contractor also agrees that it will comply with all rules and regulations promulgated by Mesa County and the County's EMSMD. The County and City will cooperate to avoid multiple conflicting requirements on the contractor.

8.4.2 Performance Letter of Credit or Cash Escrow Account and Replenishment.

Contractor will provide performance security in the amount of one million dollars (\$1,000,000). This performance security may be provided using a combination of methods. Contractor will deposit with the City, an irrevocable performance letter of credit or cash escrow account, in a form acceptable to the City, of at least five hundred thousand dollars (\$500,000). The remaining balance of five hundred thousand dollars (\$500,000) may be provided in the same manner or as a performance bond, in a form acceptable to the City. The City believes that a cash deposit or irrevocable performance security letter of credit provides improved access to working capital in the event of a contractor failure and is therefore the preferred method of securing performance. Accordingly, the award of points for provision of performance security during the scoring process will favor this method.

Because it will be impracticable to determine the actual damages in the event of contractor's breach, the parties shall contract that this amount of one million dollars (\$1,000,000) is a reasonable amount for total liquidated damages and a source for any liquidated damages set out in this RFP or the contract. It is expressly understood and agreed by the proposer and City that this one million dollars (\$1,000,000) total or the lesser amounts of liquidated damages set out in this RFP and final contract are not considered a penalty, but shall be deemed, taken and treated as reasonable liquidated damages. If used, the Letter of Credit must be issued by a federally insured (FDIC) banking institution, acceptable to the City, with a debt rating of 1A or higher; A or higher by Standard and Poor's; A or higher by Moody's investors; or, have a comparable rating by another rating system acceptable to the City. In the event the letter of credit or cash account is used for minor or major breaches such that the total of the letter of credit, cash account and any performance bond is reduced to seven hundred fifty thousand dollars (\$750,000), or the amount of the letter of credit or cash deposit is reduced to two hundred fifty thousand dollars (\$250,000) then the letter of credit or cash deposit will be immediately replenished to five hundred thousand dollars (\$500,000). Withdrawals of liquidated damages shall be made by a letter signed by the City Attorney and no other action will be required for the immediate release of funds to the City.

Should a proposer initially prevail in this procurement and then fail to provide the required letter of credit or cash account specified herein, the City will not execute the contract, the proposer will be disqualified and forfeit the proposal deposit.

The letter of credit or cash account will be used to assure the operation of the ambulance service, as well as payment for any liquidated damages for delay or nonperformance or as otherwise set out in this RFP and the final contract, including, but

not limited to the conduct of a procurement process, negotiation or related administrative expenses, should the City terminate the contract because of breach.

If Mesa County terminates the provider's license because of breach, the City may consider the provider in major breach and take steps to implement performance security measures.

8.4.3 Notice of Change Required for Letter of Credit

Any performance letter of credit or performance bond shall contain the following endorsement: "at least 60 days prior to cancellation, replacement, failure to renew, or material alteration of this performance letter of credit, (or bond) written notice of such intent will be given to the City of Grand Junction, Colorado by the financial institution. Such notice will be given by certified mail to the City Attorney."

8.4.4 Forfeiture of Performance Security

In the event the City terminates the contract in accordance with its terms, the contractor will immediately forfeit the full amount of its performance security as liquidated damages.

8.4.5 Lockbox

A primary method of funding the City's EMS system and Ambulance Contract is through fees for service that are collected by the contractor. It is therefore essential that the City be able to accurately determine the contractor's revenue collections through accounts receivable activities.

The City will require that all monies collected from fees for ambulance service under this contract will flow through a lockbox at the City's depository bank. The lockbox will be established through a three-party agreement between the City, the bank, and the contractor. The contractor will fund the cost of maintaining the lockbox.

8.4.6 Three Way Lease Agreement

The City will require that the ambulance provider enter into a three-way lease agreement to ensure that the City can maintain ambulance service in the event of a provider failure or breach. The three-way lease agreement will include all ambulances, ambulance equipment, communications equipment, ambulance billing equipment, and fuel necessary to continue ambulance service.

8.5 Contractor Breach and Provisions for Early Termination

Conditions and circumstances that constitute a breach of the contract include but are not limited to the following:

1. Failure of the contractor to operate the system in a manner which enables the City and the contractor to remain in compliance with federal or state laws, rules or regulations,

and with the requirements of the Mesa County Ambulance Service Resolution and/or related rules and regulations.

2. Falsification of information supplied by the contractor during or subsequent to this procurement process, including for example, altering the presumptive run code designations to enhance the contractor's apparent performance or falsifying any other reports required under the contract.
3. Creating patient responses or transports so as to artificially inflate run volumes.
4. Failure of the contractor to provide data generated in the course of operations including for example, dispatch data, patient report data, response time data or financial data.
5. Excessive and unauthorized scaling down of operations to the detriment of performance during a "lame duck" period.
6. Failure of the contractor's employees to conduct themselves in a professional and courteous manner and present a professional appearance, including failure of the contractor's employees to comply with incident command requirements implemented by the City.
7. Failure of the contractor to maintain equipment in accordance with manufacturer recommended maintenance procedures.
8. Failure of the contractor to cooperate with and assist the City after breach has been declared.
9. Acceptance by the contractor or contractor's employees of any bribe, kickback or consideration of any kind in exchange for any consideration whatsoever, when such consideration or action on the part of the contractor or contractor's employees could be reasonably construed as a violation of federal, state or local law.
10. Payment by the contractor or any of the contractor's employees of any bribe, kickback or consideration of any kind to any federal, state or local public official or consultant in exchange for any consideration whatsoever, when such consideration could be reasonably be construed as a violation of any federal, state or local law.
11. Failure of the contractor to meet the system standard of care as established by the Medical Director.
12. Failure of the contractor to maintain licenses, certifications, equipment standards and comply with the County EMS Resolution and other rules established by Mesa County.

13. Failure of the contractor to maintain insurance in accordance with the contract.
14. Failure of the contractor to meet response time requirements as set forth in the contract.
15. Failure to maintain a letter of credit or cash account meeting the terms and amount specified in the contract.
16. The unauthorized sale or transfer of the operating entity contracted to perform all services under the contract, provided that the City will not unreasonably withhold authorization if sufficient evidence of ability and commitment of the acquirer or transferee, to meet the performance criteria is provided to convince the City that the sale or transfer is in the public interest.
17. The unauthorized assignment of any assets, used in the performance of the City contract to any third party.
18. The filing of any bankruptcy or any other similar action, which, in the opinion of the City places the performance of the contract at risk.
19. Failure to submit reports and information under the terms and conditions outlined in this RFP and any subsequent contract.
20. Any other failure of performance, clinical or other, required in accordance with the contract and which is determined by the City Manager or Medical Director and confirmed by the City Council to constitute a breach or endangerment to public health and safety.
21. Failure to timely establish or replenish the letter of credit or cash escrow.

8.6 City Remedies

If conditions or circumstances constituting a breach as set forth above, are determined to exist, the City shall have all rights and remedies available at law or in equity under the contract, specifically including the right to terminate the contract.

8.7 Provisions for Termination of Contract

In the event of contract breach, the City will give the contractor written notice, return receipt requested, setting forth with reasonable specificity the nature of the breach. Within five (5) calendar days of receipt of such notice, the contractor will deliver to the City, in writing, a plan to cure such breach. The plan will be updated, in writing, every five (5) calendar days until the breach is cured. The contractor shall have the right to cure such breach within 30 calendar days of receipt of notice of breach. If the contractor fails to cure such breach within the period allowed for cure (such failure to be determined by the sole and absolute

discretion of the City), or the contractor fails to timely deliver the cure plan, or updates to the City, the City may immediately terminate the contract in accordance with the contract. The contractor will cooperate completely and immediately with the City to affect a prompt and orderly transfer of all responsibilities to the City.

The contractor will not be prohibited from disputing any findings of breach through litigation, provided, however, that such litigation will not have the effect of delaying, in any way, the immediate transfer of operations to the City. Such dispute by the contractor will not delay the City's access to funds made available by the letter of credit or cash account. These provisions will be specifically stipulated and agreed to by both parties as being reasonable and necessary for the protection of public health and safety. Any legal dispute concerning the finding that a breach has occurred will be initiated and shall take place only after the transfer of operations to the City has been completed, and will not, under any circumstances delay the process of transferring operations to the City or delay the City's access to performance security funds as needed by the City to finance such transfer of operations.

The contractor's cooperation with and full support of the City's termination of the contract, as well as the contractor's immediate release of performance security funds to the City will not be construed as acceptance by the contractor of the finding of breach. However, failure on the part of the contractor to cooperate fully with the City to affect a smooth and safe transition shall itself constitute a breach of contract.

8.8 "Lame Duck" Provisions

Should the contractor fail to prevail in a future procurement cycle, the contractor will agree to continue to provide all services required in and under the contract until a new contractor assumes service responsibilities. Under these circumstances, the contractor will, for a period of at least six months, serve as a lame duck contractor. To assure continued performance fully consistent with the requirements of the contract through any such period, the following provisions will apply:

1. The contractor will continue all operations and support services at the same level of effort and performance that were in effect prior to the award of the subsequent contract to a competing organization, including but not limited to compliance with the provisions related to the qualifications of key personnel.
2. The contractor will make no changes in methods of operation, which could reasonably be considered to be aimed at cutting contractor services, and operating cost to maximize profits during the final stages of the contract.
3. The City recognizes that if a competing organization should prevail in a future procurement cycle, the contractor may reasonably begin to prepare for transition of the

service to a new contractor. The City will not unreasonably withhold its approval of the contractor's request to begin an orderly transition process, including reasonable plans to relocate staff, scale down certain inventory items, etc. as long as such transition activity does not impair the contractor's performance during this period.

4. During the process of subsequent competition conducted by the City, the contractor will permit its non-management personnel reasonable opportunities to discuss with competing organizations, issues related to employment with such organizations in the event the contractor is not the successful proposer. The contractor may, however, require that its non-management personnel refrain from providing information to a competing organization regarding the contractor's current operations and the contractor may also prohibit its management personnel from communicating with representatives of competing organizations during the competition. However, once the City has made its decision regarding award, and in the event that the contractor is not the winner, the contractor will permit free discussion between City-based employees and the winning proposer without restriction, and without consequence to the employee.

8.9 General Provisions

8.9.1 Assignment

The contractor shall not assign any portion of the contract without first obtaining written consent from the City. Any assignment made contrary to the provisions of this section shall terminate the contract. Any change in the contractor's ownership shall, for the purposes of the contract, be considered a form of assignment. The City shall not unreasonably withhold its approval of the requested change in ownership, so long as the transferee is of known financial and business integrity. City may require credentials and financial information from the transferee and may base its approval or withholding of approval on the information provided.

8.9.2 Permits and Licenses

The contractor shall be responsible for and hold any and all required federal, state, county, and local licenses and permits required to perform the duties under the contract. In addition, the contractor will make all necessary payments for licenses and permits to conduct its business and duties under the contract. The contractor will assure that all necessary renewals are made on time. The contractor will be responsible for assuring that all of its personnel hold valid state and local certifications at all times.

8.9.3 Compliance with Laws and Regulations

All services furnished by the contractor under the contract shall be rendered in full compliance with all applicable federal, state, and local laws, ordinances, rules and

regulations. The contractor shall agree to perform in accordance with the provisions of any regulations or written guidelines established by Medical Director.

8.9.4 Product Endorsement / Advertising

The contractor shall not use the name or equipment of the City for the endorsement of any commercial product or service without the expressed written permission of the City.

8.9.5 Audits and Inspections

City, County, or Medical Direction representatives may at any time, and without notification, ride as an observer on any contractor ambulance, provided that in exercising this right to inspection and observation, City, County, and Medical Direction representatives shall conduct themselves professionally and shall not interfere with the duties of the contractor's employees. City, County, and Medical Direction representatives shall have the right to audit the reports and data that the contractor is required to provide under the contract.

8.9.6 Return of City Equipment

The contractor agrees to return any City issued equipment in good working order, normal wear and tear excepted, at the termination of the contract. For any City equipment not returned at the conclusion of the term, or, for any equipment returned damaged or unusable, the City shall repair or replace said equipment at the contractor's expense.

8.9.7 Relationship of the Parties

Nothing in the contract resulting from this RFP shall be construed to create a relationship of employer and employee or principal and agent, partnership, joint venture, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of the contract,

8.9.8 Rights and Remedies Not Waived

The acceptance of work under the contract shall not be held to prevent maintenance of an action for failure to perform work in accordance with the contract. The inaction of the City to enforce a minor or major breach of the contract shall not be construed as a waiver by the City of any breach or covenant by the contractor.

8.9.9 Consent to Jurisdiction

The contractor and its ultimate parent corporation shall consent to the exclusive jurisdiction of the courts of the state of Colorado, or a federal court in Colorado in any and all actions and proceedings between the parties hereto arising under or growing out of the Contract. Venue shall lie in the City of Grand Junction, Colorado.

8.9.10 End Term Provisions

The contractor shall have ninety (90) days after termination of the contract in which to supply the required audited financial statements and other such documentation necessary to facilitate the close out of the contract at the end of the term.

8.9.11 Failure to Enforce

Failure by the City at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the City to enforce any provision at any time in accordance with its terms.

8.9.12 Notice of Litigation

The contractor shall notify the City within twenty-four (24) hours of any litigation or significant potential for litigation of which the contractor becomes aware. The contractor will be required to warrant that it will disclose in writing to the City all litigation involving the contractor, the contractor's related organization, owners and key personnel.

INSTRUCTIONS FOR SUBMITTING PROPOSAL

SUMMARY OF REQUIREMENTS TO ENSURE PROPER SUBMISSION OF PROPOSAL DOCUMENT

- Ensure format of the document meets the requirements set forth in this RFP.
- Ensure that all required sections have been completed as required and tabbed for easy access to each major section.
- Ensure that all required forms have been completed and signed and notarized as necessary.
- Ensure that Proposal contains payment of the Proposal Submission Fee required by the RFP. Make check payable to the City of Grand Junction, put the words "ambulance proposal deposit" in the memo field.
- If submitting a proposal that includes a partnership, joint venture, or multiple owners, written documentation shall be included that describes the precise nature of the legal relationship of the partners, shareholders or constituent governmental agencies, including an opinion letter from legal counsel, admitted to the Colorado State Bar, confirming the legal validity and enforceability of the Agreement.
- Proposer must submit one (1) set of original signature documents, and be signed in blue ink. Original copies must be marked as such.
- Proposer must submit eight (8) copies of each Proposal.
- Ensure that the total number of pages submitted, excluding the table of contents and the signature forms, does not exceed 100 pages. All pages exceeding the 100 page limit will be removed from the submittal and will not be included in the review.
- Proposals must be received by 4:00 PM on October 7, 2005 at the City of Grand Junction, Purchasing Department, 2549 River Road Grand Junction, Colorado, 81501.

APPENDIX 1: INVESTIGATIVE RELEASES

FORM A - INVESTIGATIVE AUTHORIZATION – INDIVIDUAL

The undersigned, being (title) for _____ (entity), which is a prospective Contractor to provide ambulance service to the City of Grand Junction and Mesa County, Colorado recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance requires an inquiry into matters which are determined relevant by the City of Grand Junction or its agents, such as but not limited to the character, reputation, competence of the entity's owners and key employees. The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work and background/records, moral character, and financial stability, and specifically agrees that the City of Grand Junction, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

_____ Date _____ Individual Name

ACKNOWLEDGMENT

On this ____ day of _____, 2005, before me, the undersigned, a Notary Public in and for the County of _____ and State of _____, personally appears _____ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public

Notary Public Seal
Commission Expiration Date

FORM B - INVESTIGATIVE AUTHORIZATION - ENTITY

The undersigned entity, a prospective Contractor to provide advanced life support ambulance service for the City of Grand Junction and Mesa County Colorado recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by the City of Grand Junction or its agents. The entity specifically agrees that the City of Grand Junction or its agents may conduct an investigation for the purpose into, but not limited to the following matters:

1. The financial stability of the entity, including its owners and officers, any information regarding potential conflict of interests, past problems in dealing with other clients or cities where the entity has rendered service, or any other aspect of the entity operations or its structure, ownership, or key personnel which might reasonably be expected to influence the City of Grand Junction's selection decision.
2. The entity's current business practices, including employee compensation and benefits arrangements, pricing practices, billings and collections practices, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and general internal personnel relations.
3. The opinion of current and previous customers of the entity toward the entity's services and general business practices, including patients or families of patients served by the entity, physicians or other health care professionals knowledgeable of the entity's past work, as well as units of local government with which the entity has dealt in the past.
4. Other business in which entity owners and/or other key personnel in the entity currently have an interest.
5. The accuracy and truthfulness of any information submitted by the entity in connection with such evaluation.

This authorization shall expire six (6) months from the date of the signature.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE ENTITY:

Date Entity Name

Authorized Representative (Signature)

Authorized Representative (Printed)

Title (Printed)

ACKNOWLEDGMENT

On this ____ day of _____, 2005, before me, the undersigned, a Notary Public in and for the County of _____ and State of _____, personally appears _____ to me known to be the person described herein and who executed the foregoing Affirmation Statement, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and Notarial Seal subscribed and affixed in said County and State, the day and year above written.

Notary Public

Notary Public Seal
Commission Expiration Date

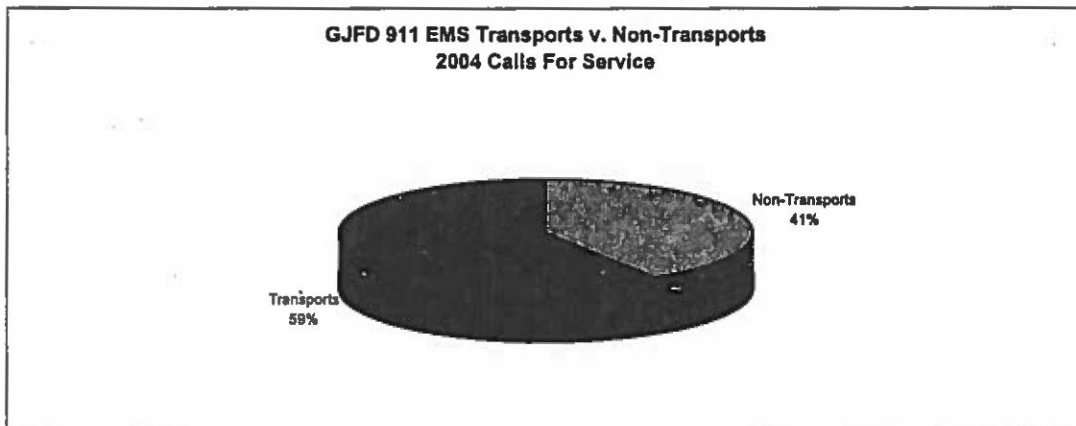
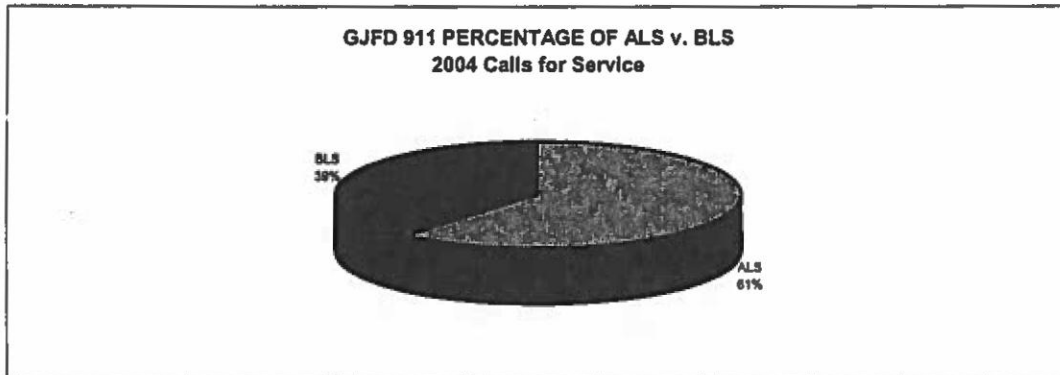
APPENDIX 2: MESA COUNTY EMS RESOLUTION

APPENDIX 3: DEMOGRAPHIC DATA

Grand Junction Service Area Demographic Data

Grand Junction Service Area Data—2004					
	City	Rural District	GJFD (Total)	Glade Park	TOTAL
Population	44,134	23,841	67,975	875	68,850
Assessed Value	\$507,715,470	\$158,450,300	\$666,165,770	\$11,885,380	\$678,051,150
Total Value	\$3,612,499,630	\$782,734,845	\$4,394,765,627	\$96,037,700	\$4,490,803,327
Square Miles	33	44	77	452	529
Total Calls for Service	6,183	1,520	7,703	78	7,781
Total EMS Calls - 911	5,088	1,154	6,242	33	6,275

EMS Response Statistics (2004):



APPENDIX 4: RADIO SYSTEM INFRASTRUCTURE REQUIREMENTS

GRAND JUNCTION REGIONAL COMMUNICATION CENTER MINIMUM SPECIFICATIONS FOR PUBLIC SAFETY RADIO EQUIPMENT

Issued October 2002 by the GJRCC Radio Advisory Committee

GENERAL SPECIFICATIONS – MOBILE AND PORTABLE

- WIDEBAND - CAPABLE OF COVERING THE FULL VHF-HIGH SPECTRUM (150-174 MHz)
- SOFTWARE PROGRAMMABLE, INCLUDING TWO-TONE SEQUENTIAL DECODE (PAGING).
- TONE SQUELCH CAPABLE AND PROGRAMMABLE ON TRANSMIT AND RECEIVE.
- MINIMUM CHANNEL CAPACITY OF 32 CHANNELS.
- REPEATER / TALKAROUND (DIRECT) CAPABILITY - VIA TOGGLE SWITCH IF POSSIBLE.
- CHANNEL SCAN – CAPABLE OF SELECTABLE CHANNEL SCAN WITH PRIORITY CAPABILITY.
- TIME OUT TIMER CAPABLE AND ENABLED AT 30 SECONDS MAXIMUM.
- "EMERGENCY BUTTON" – CAPABLE OF MDC-1200 SIGNALING WITH A DEDICATED BUTTON OR SWITCH TO SEND A VOICELESS SIGNAL INDICATING DISTRESS OR EMERGENCY.
- AN ANNUAL PREVENTIVE MAINTENANCE CHECK IS RECOMMENDED.

MOBILE SPECIFICATIONS

- MINIMUM POWER OUTPUT
 - GRAND VALLEY AREA – 40 WATTS
 - ALL OTHER OPERATIONAL AREAS – 100 WATTS
- ANTENNA – VHF QUARTERWAVE, HEAVY DUTY (THICKER GAUGE WIRE, SPRING LOADED BASE) ANTENNA SPECIALISTS MODEL ASPR7490 OR EQUIVALENT. (SEE ATTACHMENTS)
- ANTENNA CUT TO CENTER FREQUENCY OF 155 MHz. AGENCIES USING HIGHER FEDERAL
- FREQUENCIES (BLM, NPS) MAY WISH TO CUT TO A CENTER FREQUENCY OF 157 MHz.
- RURAL AREAS MAY WANT TO CONSIDER A 5/8 WAVE GAIN ANTENNA,
- ANTENNA SPECIALISTS MODEL ASPS177 OR EQUIVALENT. (SEE ATTACHMENTS)

PORTABLE RADIO SPECIFICATIONS

- POWER OUTPUT – MINIMUM 5 WATTS.
- ANTENNA – QUARTERWAVE, TUNED FOR OPERATION BETWEEN 150-162 MHz.

- AGENCIES USING HIGHER FEDERAL FREQUENCIES (BLM, NPS) MAY WISH TO USE
- ANTENNAS TUNED FOR 155-164 MHz.
- DON'T CARRY A PORTABLE RADIO BY THE ANTENNA. DOING SO CAN DAMAGE THE
- INSULATOR OR WIRE INSIDE THE ANTENNA, RESULTING IN POOR PERFORMANCE.
- PAGING – TWO-TONE SEQUENTIAL DECODE CAPABLE ON ONE OR MORE CHANNELS.
- BATTERIES – NICKEL METAL HYDRIDE (NiMH) or LITHIUM ION (L-Ion) RECHARGEABLE.
- NICKEL CADMIUM (NiCd) BATTERIES ARE NOT RECOMMENDED.
- FIRE DEPARTMENTS SHOULD USE BATTERIES THAT ARE RATED AS INTRINSICALLY SAFE
- FOR USE IN HAZARDOUS ENVIRONMENTS.
- CHARGERS: CONDITIONING CHARGERS ARE RECOMMENDED. IF NOT USED, BATTERIES
- SHOULD UNDERGO A CONDITIONING CYCLE AT REGULAR INTERVALS. BATTERIES LEFT IN
- A CHARGER FOR LONG PERIODS OF TIME SHOULD BE CONDITIONED MORE FREQUENTLY.

TONE-AND-VOICE PAGERS

- AGENCIES CHOOSING TO UTILIZE TONE AND VOICE PAGERS, I.E. MOTOROLA MINITOR, SHOULD ASSURE THAT THE PAGERS ARE PROGRAMMABLE FOR BOTH FREQUENCY AND TONE SEQUENCE, AND ARE CAPABLE OF BOTH INDIVIDUAL AND GROUP CALL USING MOTOROLA CODEPLANS.
- VOICE STORAGE CAPABILITY, WHICH ALLOWS REPLAY OF PAGES, IS ALSO RECOMMENDED.

AGENCY NAME OR SERVICE	RX FREQ	TONE	TX FREQ	TONE
SO - Grand Mesa	155.490	141.3	154.950	141.3
SO - TAC	154.650	88.5	155.910	88.5
Search & rescue	155.220	CSQ	155.220	CSQ
MCSO Primary**	155.490	141.3	154.950	141.3
MCSO Tactical "SO TAC"***	154.650	88.5	155.910	88.5
GJPD Primary**	155.595	131.8	159.210	131.8
GJPD Tac 1**	154.800	131.8	158.925	131.8
GJPD Tac 2 "Data Channel"***	155.010	131.8	155.370	131.8
Fire A**	154.445	146.2	154.010	146.2
Fire B**	154.400	173.8	153.950	151.4
NLEEC**	155.475	none	155.475	none
FERN**	154.280	none	154.280	none
EMS VHF**	155.340	none	155.340	none
Fire C	151.108	146.2	155.933	146.2
Lower Valley FD Tactical	154.370	146.2	153.770	146.2
Clifton FD Tactical	154.160	162.2	150.775	162.2
Palisade FD Tactical	151.025	167.9	156.105	167.9
Lands End FD Tactical	155.550	114.8	259.285	114.8
Plateau Valley FD Tactical	154.415	131.8	153.890	131.8
Fruita PD "Town Channel"	158.835	141.3	158.835	141.3
Palisade PD "Town Channel"	155.100	???	155.100	???
CSP Troop 4A Ch. 1**	155.565	156.7	155.565	156.7
CSP Troop 4A Ch. 2	154.695	156.7	154.695	156.7
CSP Statewide Ch. 3	154.905	156.7	154.905	156.7
CSP "Gateway Rptr"***	154.740	127.3	159.150	127.3
CSP "Debeque Rptr"	154.740	103.5	159.150	103.5
Mesa County EMS "Med 6"	463.125	141.3	468.125	141.3
Mesa County EMS "Med 7"	463.150	141.3	468.150	141.3
Mesa County EMS "Med 8"	463.175	141.3	468.175	141.3

APPENDIX 5: MESA COUNTY CLINICAL PROTOCOLS

APPENDIX 6: FINANCIAL STATEMENT AND BUDGET FORMS

Form C—Proposed Operating Budget, Page 1

Proposer: _____

EXPENSES	Year 1	Year 2	Year 3	Year 4	Year 5
<i>Personal Services</i>					
Paramedic Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Paramedic Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EMT Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EMT Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>Vehicle Costs</i>					
Fuel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Veh. Repair & Maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Veh. Lease/Depreciation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>Medical Equipment/Supplies</i>					
Medical supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Med. Equip. lease/depreciation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance and Repair	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>Other</i>					
Rents and leases	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities and telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Office supplies and postage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Professional services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Form C—Proposed Operating Budget, Page 2

Proposer: _____

Revenues	Year 1	Year 2	Year 3	Year 4	Year 5
<i>Patient Charges</i>					
Private	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medicare	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Welfare	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other 3rd party payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>Other Revenue, Specify</i>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>(Less) Uncollectable Accounts</i>					
Private	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)
Insurance	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)
Medicare	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)
Welfare	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)
Other 3rd party payments	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)	\$ (_____)
TOTAL REVENUE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NET REVENUE (Total Revenue less Expenses)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Form C—Proposed Operating Budget, Page 3

Proposer: _____

Part 1: Source of Revenue as Basis for Revenue Projections

Source of Payments	Annual Transports	Percent	Avg. Payment / Transport	Annual Gross Revenue
Private Pay				
Insurance Pay				
Medicare				
Welfare				
Other 3rd Party payments				
No Payment			\$0	\$0
TOTAL		100%		

Part 2: Estimated Call Volume as a Basis for Revenue Projections

Source of Payments	Annual Number Billed	Percent	Billing Rate	Annual Gross Revenue
A0425 – Ground mileage		N/A		
A0426 - ALS1 (non-emergency)				
A0427 - ALS1-(emergency)				
A0428 – BLS				
A0433 - ALS2				
A0434 - Specialty Care (SCT)				
TOTAL		100%		



Form E—Paramedic Compensation Package

Proposer: _____

WAGES

	New Employee		After Two Years		After Five Years	
Hourly Wage (straight time)	Lowest	\$/hr. _____	Lowest	\$/hr. _____	Lowest	\$/hr. _____
	Median	\$/hr. _____	Median	\$/hr. _____	Median	\$/hr. _____
	Highest	\$/hr. _____	Highest	\$/hr. _____	Highest	\$/hr. _____
Average hours per week for full time employee:						_____
Average gross earnings/year for full-time employee:						_____

BENEFITS

	New Employee	After Two Years	After Five Years
Paid Vacation	_____ days/yr	_____ days/yr	_____ days/yr
Paid Holidays	_____ days/yr	_____ days/yr	_____ days/yr
Sick Leave	_____ days/yr	_____ days/yr	_____ days/yr
Paid Continuing Ed.	_____ days/yr	_____ days/yr	_____ days/yr
Uniform Allowance	_____ days/yr	_____ days/yr	_____ days/yr
Tuition Reimb.	_____ days/yr	_____ days/yr	_____ days/yr

HEALTH INSURANCE

Medical	_____ % covered	_____ % covered	_____ % covered
	_____ deductible	_____ deductible	_____ deductible
Dental	_____ % covered	_____ % covered	_____ % covered
Optical	_____ % covered	_____ % covered	_____ % covered

OTHER BENEFITS

Stock Options:

Profit Sharing:

Day Care Services:

Career Development:

Pension Plan:



MESA COUNTY COLORADO
RESOLUTION NO MCM 2004-220-2

Mesa County Emergency Medical Services Resolution

A RESOLUTION PROVIDING FOR REGULATING AMBULANCES, AMBULANCE SERVICES, AND MEDICAL STANDBY PROVIDERS; ESTABLISHING MINIMUM REQUIREMENTS; CREATING PROCEDURES FOR LICENSING; ADOPTING PROVISIONS FOR MEDICAL OVERSIGHT OF THE EMS SYSTEM; CREATING AMBULANCE SERVICE AREAS; AND APPOINTING A DEPARTMENT TO COORDINATE AND OVERSEE THE EMS SYSTEM.

WHEREAS, the General Assembly of the State of the Colorado has enacted the Colorado Emergency Medical Services and Trauma Act, Title 25, Article 3.5, of the Colorado Revised Statutes, as amended from time to time; and

WHEREAS, the Emergency Medical Services and Trauma Act declares that the provision of adequate emergency medical and trauma services is a matter of statewide concern, and

WHEREAS the Colorado Emergency Medical and Trauma Services Act requires that the Board of County Commissioners enact standards, requirements, and procedures for providing emergency medical services within Mesa County, and

WHEREAS, said Act further authorizes the Board of County Commissioners to license ambulances and to impose regulations on ambulance services, and to regulate ambulances and emergency medical services personnel, and

WHEREAS, the Board of County Commissioners, with the input and advice of local city officials, emergency response agencies, and the medical community, have addressed and considered those factors that will have the best chance of improving outcomes for individuals who are sick, injured, or otherwise incapacitated or helpless, and

WHEREAS, the Board of County Commissioners believes that ongoing coordination and collaboration with local emergency response agencies and others will lead to improvements in medical care, response times, quality, and oversight, and

WHEREAS, the Board of County Commissioners believes that establishing ambulance service areas (ASAs) will benefit the public; and

WHEREAS, the intent of the ASAs are to provide citizens throughout Mesa County Countyline-to-Countyline coverage of Emergency Medical Services; and

WHEREAS, Mesa County, in conjunction with the City of Grand Junction-Grand Junction Fire Department, the City of Fruita, the Town of Palisade-Palisade Fire Department, Town of DeBeque-DeBeque Fire Department; Plateau Valley Fire Protection District, Palisade Rural Fire Protection District, East Orchard Mesa Fire Protection District, Central Orchard Mesa Fire Protection District, Lands End Fire Protection District, Clifton Fire Protection District, Glade Park Volunteer Fire Department, and Lower Valley Fire Protection District (collectively "the entities") hired Emergency Services Consulting, Inc. (the "Consultant") to evaluate the state of the Emergency Medical System and make recommendations for improvement of the Emergency Medical System.

WHEREAS, the Consultant discussed with every entity the Emergency Medical System and, based upon the discussions with the entities and the evaluation of the Emergency Medical System generally, drafted a document on March, 2004, titled, Fire and EMS Cooperative Effort Feasibility (the "Study"); and

WHEREAS, based upon the Study, this Resolution was drafted; and

WHEREAS, the Board of County Commissioners finds it to be in the best interest of citizens of and visitors to Mesa County to adopt the following resolution; and

WHEREAS, the Board has determined that a coordinated emergency medical services system is critical to the ensuring the health and welfare of those who live, work, attend school, worship, and visit Mesa County and the adoption of Mesa County Emergency Medical Services regulations is intended to improve patient outcomes and as such the Board has addressed and considered each of the subjects below in adopting this resolution; and

WHEREAS, in the Board's judgment, the emergency medical services system established in the regulations will facilitate the efficient and effective provision of emergency medical services; and

WHEREAS, to the extent they are applicable; Mesa County has complied with Colorado Statutes, Title 25 Article 3.5, and with existing local ordinances and rules.

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of the County of Mesa, State of Colorado, that in order to preserve the public health, safety, and welfare, and in accordance with the law:

The Mesa County EMS Regulations, a copy of which are attached hereto, and incorporated herein as if fully set forth, is adopted. On, or before, June 15, 2005, Ambulance Service Area boundaries shall be reviewed by the Board of County Commissioners.

Resolution No. MCM 91-121 is hereby repealed, as well as prior resolutions appointing ambulance service directors or inspectors.

The Director of the Department of Emergency Management is hereby appointed Director of Emergency Medical Services, ambulance regulation and ambulance inspector. Such
Mesa County Ambulance and Emergency Medical Services

appointment shall continue until the earlier of revocation of appointment by the Board, or until the appointee no longer serves as the Mesa County Emergency Management Director.

DULY MOVED, SECONDED, AND ADOPTED THIS 6TH DAY OF DECEMBER, 2004.

BOARD OF MESA COUNTY
COMMISSIONERS, MESA COUNTY, CO

Doralyn B. Genova
Chairman

ATTEST:

Clerk & Recorder

S:\DRFT-AGN\RESO\Ambulance and EMS Dec 2004.doc

**MESA COUNTY, COLORADO
AMBULANCE AND
EMERGENCY MEDICAL SERVICES
RESOLUTION**

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ARTICLE I: DEFINITIONS.

1. "AMBULANCE" means any privately or publicly owned motor vehicle that is regularly provided or offered to be provided for the ground transportation of persons suffering from illness, injury or disability including any unit registered with the State of Colorado as an ambulance.
2. "AMBULANCE PERMIT" means a certificate issued for an Advanced Life Support Ground Ambulance unit or Basic Life Support Ground Ambulance in accordance with these regulations.
3. "AMBULANCE PROVIDER" or "AMBULANCE SERVICE PROVIDER" means any individual, partnership, corporation, association, political subdivision, governmental agency, special district, municipality, home rule municipality, public improvement district, general improvement district or other entity that either holds a Mesa County Ambulance Service License to provide emergency and non-emergency care and transportation to sick, injured or disabled persons or provides stationary, medical standby services using EMTs
4. "AMBULANCE SERVICE AREA" and/or "ASA" means a specific geographic area of Mesa County which is served by one ambulance service provider.
5. "BOARD" means the Mesa County Board of County Commissioners, Mesa County, Colorado.
6. "COUNCIL" or "EMS COUNCIL" means the Mesa County Emergency Medical Services Council, a committee appointed by the Board to advise the Board on matters related to EMS.
7. "COUNTY" means Mesa County, Colorado.
8. "COUNTY EMS MEDICAL DIRECTOR" ("EMSMD") means a licensed physician employed by or contracted to the County to serve as the Supervising Physician to Mesa County EMS providers.
9. "DIRECTOR" means the Director of the Mesa County Department of Emergency Management, or designee.
10. "DEPARTMENT" means the Mesa County Department of Emergency Management.
11. "DIVISION" means the Colorado Department of Public Health and Environment (CDPH&E), prehospital division.

12. "EMERGENCY AMBULANCE SERVICE" means the provision of advanced life support (ALS) or basic life support (BLS), and transportation by ground ambulance if appropriate, in response to medical or traumatic emergencies.
13. "EMERGENCY MEDICAL SERVICES" and/or "EMS" means those prehospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, medical standby at public events, prehospital patient care, communications and evaluation.
14. "EMERGENCY MEDICAL SERVICES (EMS) PROVIDER" means a first response agency or licensed ambulance service.
15. "EMERGENCY MEDICAL TECHNICIAN" (EMT) An individual who holds a current and valid Emergency Medical Technician certificate at either the Basic, Intermediate, or Paramedic level, issued by the Colorado Department of Department Of Public Health And Environment
16. "EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B)" - An individual who holds a current and valid Emergency Medical Technician-Basic certificate issued by the Colorado Department of Department of Public Health and Environment
17. "EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I)" - An individual who holds a current and valid Emergency Medical Technician-Intermediate certificate issued by the Colorado Department of Department of Public Health and Environment.
18. "EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMT-P)" - An individual who holds a current and valid Emergency Medical Technician-Paramedic certificate issued by the Colorado Department of Department of Public Health and Environment.
19. "EMS SYSTEM" means a comprehensive, coordinated arrangement of resources and functions which are organized to respond in a timely, staged manner to medical emergencies regardless of their cause.
20. "FIRST RESPONDER" means a person who provides emergency medical care to a sick, disabled or injured individual prior to the arrival of an ambulance and is authorized by the EMSMD to provide emergency medical care.
21. "FIRST RESPONSE AGENCY" means a person, firm, corporation, association or local government that employs paid or volunteer first responders to provide emergency medical care not including transport.

22. "FIRST RESPONSE AREA" means the geographic area served by a medical responder intended to arrive first and provide immediate medical care and or rescue.
23. "FRONTIER AREA" means all areas of Mesa County that are neither Urban or Rural, as more particularly described on the ASA map attached as Appendix A.
24. "GROUND AMBULANCE" means any publicly- or privately-owned ground vehicle used for, or intended to be used for, the transportation of sick or injured persons who are expected to require skilled treatment or care while in the vehicle.
25. "GROUND AMBULANCE-ADVANCED LIFE SUPPORT" means a type of permit issued by Mesa County to a vehicle operated by a Ground Ambulance Service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic as defined in the Colorado Board of Medical Examiners rules.
26. "GROUND AMBULANCE-BASIC LIFE SUPPORT" means a type of permit issued by Mesa County to a vehicle operated by a Ground Ambulance Service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Basic as defined in the Colorado Board of Medical Examiners rules.
27. "INCIDENT MANAGEMENT GROUP" A group of representatives from public safety agencies and other community partners throughout Mesa County that work together to provide incident management and coordination capabilities, designed to support agency(ies) having jurisdiction during a large scale event.
28. "LICENSE" means the authorization issued by the Board to operate an ambulance service in Mesa County.
29. "LICENSEE" means the person or entity that has been issued a License by the Board or its designee to provide ambulance service in Mesa County.
30. "MEDICAL STANDBY PROVIDER" means any public, private or volunteer entity providing on-site, out-of-hospital medical care at events or mass gatherings that are open to the public.
31. "MEDICAL STANDBY SERVICES" means the provision of on-site, out of hospital medical care at events or mass gatherings that are open to the public.
32. "NOTIFICATION INTERVAL" means the length of time between the initial receipt of the request for emergency medical service by either a provider or the Grand Junction Regional Communications Center (GJRCC), and the notification of responding emergency medical service providers.

33. "RESPONSE INTERVAL" or "RESPONSE TIME" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene. For the purposes of measurement, arrival at the scene means that the response vehicle has come to a complete stop at the location to which it was dispatched.
34. "RURAL AREA" means those areas of Mesa County that are 1) outside the Urban area, 2) are within the Lower Valley Fire Protection District, the Central Orchard Mesa Fire Protection District, the East Orchard Mesa Fire Protection District, or the Palisade Fire Department, or 3) are within 7 miles by road from the fire stations in the Land's End Fire Protection District or the Plateau Valley Fire Protection District. The Rural areas are more particularly described on the ASA map attached as Appendix A.
35. "STANDBY PERMIT" means a certificate issued to a qualified EMS provider allowing standby medical services in accordance with this Resolution.
36. "URBAN AREA" means those areas of Mesa County that are within the City of Grand Junction, the Grand Junction Rural Fire District and the Clifton Fire Protection District, as more particularly described on the ASA map attached as Appendix A.
37. Other terms shall be given plain meaning.

ARTICLE II: REGULATIONS

1. License Required. No person, firm, corporation, association or local government shall provide or operate an Ambulance Service, publicly or privately, in the County using any ambulance based in or outside Mesa County, unless that person, partnership, agency, or corporation holds a valid license to do so issued by the Board.
2. Ambulance Permit Required. No ambulance shall transport patients when transport originates in Mesa County unless the Ambulance Provider has been issued a license by Mesa County and possesses a current County Ambulance Permit.
3. Standby Permit Required. No person, firm, corporation, association or local government shall provide out-of-hospital medical standby services at mass gatherings unless that person, firm, corporation, association or local government possesses a valid permit to do so issued by the Board. A valid Ambulance Service License shall include the provision of standby services; however, the Director may establish rules for either annual or individual event standby permits for Medical Standby Providers who do not hold an Ambulance Service License in Mesa County.
~~(Mesa County EMS Resolution 2004-220, Mesa County EMS Resolution 2004-220)~~

4. Exceptions to Licensing and Permits Required. The provisions of paragraphs 1, 2, and 3 above shall not apply to the following:

- a. A rotor- or fixed-wing aircraft providing patient transportation.
- b. The exceptional, emergency use of a privately or publicly owned vehicle, including search and rescue vehicles of whatever type, not ordinarily used to transport patients.
- c. An ambulance that is owned and operated by an agency of the Federal Government.
- d. An ambulance that is not permitted, when used in case of a major catastrophe or emergency;
- e. An ambulance based outside Mesa County which is transporting a patient into or through Mesa County;
- f. An ambulance based outside Mesa County which is returning a patient home from a medical facility within Mesa County.
- g. Vehicles used solely for the transportation of intoxicated persons incapacitated by alcohol as defined in 25-1-301, C.R.S., as amended, but who would not be expected to require skilled treatment or care while in the vehicle.
- h. Vehicles used solely for the transportation of mentally ill persons who would not be expected to require skilled treatment or care while in the vehicle.

5. Ambulance Crew Members. No patient shall be transported in an ambulance permitted by the Board unless there are two or more authorized persons in the ambulance, except under extraordinary conditions when only one authorized person is available. Extraordinary conditions are defined as those times when personnel on the scene determine that the patient requires immediate transport and only one authorized person is available on the scene. The EMSMD will be notified within 24 hours of each event during which a patient is transported in an ambulance with less than two authorized persons aboard. Authorized person(s) must be certified according to standards established herein.

6. Standby Personnel. Standby Permittees shall be authorized to provide medical services as determined or directed by the EMSMD.

7. Insurance. Unless excepted in ARTICLE II: paragraph 4, above, no Ambulance Licensee shall operate in the County without insurance in the limits and with the coverages as set forth in this paragraph. Each Licensee shall maintain

insurance coverage for each and every ambulance owned, operated or leased by the ambulance service, providing coverage for injury to or death of persons in accidents resulting from any cause for which the Licensee or operator may be liable on account of any liability imposed by law, regardless of who was operating the ambulance. Coverage against damage claims to the property of another, including personal property, shall be insured in the following amounts.

a. Motor vehicle insurance:

- i) Bodily injury \$1,000,000 per occurrence.
- ii) Property damage \$1,000,000 per occurrence.

b. Statutory Workers' Compensation Insurance:

c. General Liability and Property Damage Bodily Injury:

- i) Each person \$1,000,000
- ii) Each accident \$1,000,000
- iii) Policy must be \$1,000,000 per occurrence and \$1,000,000 aggregate including bodily injury and property damage.

d. Professional liability Coverage:

- i) Per occurrence \$1,000,000
- ii) Aggregate \$3,000,000

Proof of complying insurance shall be filed along with the application for an ambulance service license. Every insurance policy required shall contain a provision for continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon; that the liability of the insured shall not be affected by the insolvency or bankruptcy of the insured and that until a policy is revoked, the insurance company will not be relieved from liability on account of nonpayment of premiums, failure to renew license, or any act or omission of the named insured. At any time the insurance is required to be renewed, proof of renewal shall be provided to the Board, or its designee.

Any change(s) in the vehicles listed on the certificate of insurance (during the licensing cycle) shall be noted on a new certificate of insurance and forwarded to the Board or its designee within thirty days of the change(s).

The Licensee shall provide written notification of any changes in insurance to the Board or its designee within thirty days of such change(s) becoming effective. The Licensee shall provide an amended or changed certificate of insurance for each change.

EXCEPTION: The provisions of this paragraph 7a-d shall not apply to any ambulance operated directly by any political subdivision, governmental agency, special district, municipality, home rule municipality, public improvement district, or general improvement district, which has otherwise complied with the requirements of law, except that any subcontract of the public entity shall include and comply with the provisions of paragraph 7a-d.

8. Ambulance Equipment. The Director shall prepare and make available an ambulance equipment list that specifies the equipment and supplies that shall be carried on each ambulance. At a minimum, each ambulance shall contain the following equipment which shall be operational and shall be maintained in good working order:

a. Emergency lighting and audible warning equipment which complies with Colorado law for emergency vehicles.

b. Safe tires and adequate snow tires or chains for use in adverse weather conditions.

c. Capability of two-way radio communication with GJRCC; with one or more emergency facilities; and with law enforcement, ambulance, and first response agencies through "car-to-car" communications.

d. Safety belts and other restraining devices for each patient and all personnel.

e. A functioning fire extinguisher of the all-purpose-dry-chemical type, "ABC", size as specified on the County ambulance equipment list available from the Department.

Comment [KRG1]: This list should be available as part of the application packet.

f. Additional equipment as established by the most recent listing of the State Advisory Council on Emergency Medical Services and approved by the State Board of Health, and available from the Director.

g. In addition to the above, ambulances shall carry the minimum equipment, supplies and medications specified in the Mesa County Prehospital Medical Protocols according to the permitted level of service, and available from the Director.

ARTICLE III: AMBULANCE SERVICE AREAS DEFINED

1. Ambulance Service Areas Established. Establishing ASAs is based on the following criteria:

a. The overall advantage to the EMS system in terms of ensuring quality and cost performance.

- b. The economic impact and economic viability of the countywide EMS system.
- c. The ability to coordinate services between ASAs.
- d. The probable effect of changing ASA boundaries on municipal and governmental responders.
- e. The ability to gain economies of both scale and scope for agencies providing services in the county.
- f. The incremental cost and complexity of providing medical and regulatory oversight.

2. ASA Described. ASAs for optimal service in incorporated and unincorporated areas of the County are as follows:

a. Central Orchard Mesa ASA. The area included within the boundaries of the Central Orchard Mesa Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A. Mesa County EMS Resolution 2004-220-4, Mesa County EMS Resolution 2004-220-2, 04-25-05

b. Clifton ASA. The area included within the boundaries of the Clifton Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

c. Debeque ASA. The area included within the boundaries of the Debeque Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

d. Grand Junction ASA. That area included within the boundaries of the City of Grand Junction, the Grand Junction Rural Fire Protection District, and the Glade Park Volunteer Fire Department as well as those areas more particularly described on the ASA map in Appendix A.

e. Land's End ASA. That area included within the boundaries of the Land's End Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

f. Lower Valley ASA. That area included within the boundaries of the Lower Valley Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

g. Palisade ASA. That area included within the boundaries of the Palisade Fire Department as well as those areas more particularly described on the ASA map in Appendix A.

h. Plateau Valley ASA. That area included within the boundaries of the Plateau Valley Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

i. Gateway ASA. That area included within the boundaries of the Gateway Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

3. Ambulance Service Area Boundary Changes. At any time, the Board may change the boundaries of these ASAs, or create other ASAs, or incorporate or remove non-emergency services in one or more ASAs in order to provide for the effective and efficient provision of Emergency Medical Services.

a. Prior to making changes to ASA boundaries, the Board shall receive advice and comment from the agency(ies) affected or claimed to be affected by the change, the EMS Council, the Department, and the EMSMD.

b. If local city or special district boundaries change through annexation or exclusion, the Board may authorize a change to the ASA boundary.

c. The Board shall consider impacts on other service providers and on the public prior to making boundary changes.

d. A provider serving an ASA may request a boundary change from the Board if serving the ASA within the existing boundary creates an economic or operational hardship on the provider.

4. Other Areas. Areas outside of Mesa County may be served as part of the Mesa County Ambulance System:

a. The Board may enter into joint services agreements with neighboring Counties to regulate areas that may be better served by Mesa County providers.

b. If the Board enters into an agreement with a neighboring county it may establish regulation for Mesa County Ambulance Licensees serving the neighboring County.

c. Licensees may request to serve areas outside the county, with which the county has established joint services agreements.

5. First Response Area Boundaries. To assist with the coordination of Emergency Medical Services, the Board has established attached map of first response area boundaries, attached as Appendix B.

ARTICLE IV: EMS SYSTEM ELEMENTS

1. *9-1-1 Dispatched Calls*

a. Dispatch Services Included in Reporting Process. 9-1-1 calls for emergency medical assistance are received at one Primary Public Safety Answering Point (PSAP), the Grand Junction's Regional Communications Center (GJRCC). Beginning in January 2005, the Director will work with GJRCC to employ methods to capture specific verifiable and auditable data elements, required for dispatch and performance evaluation. Specific data and reporting requirements shall be established through a contract between the Board and GJRCC.

b. Compliance with Dispatch Protocols Required. GJRCC participates in 9-1-1 emergency and non-emergency dispatch of EMS resources within the County. All EMS providers, including BLS Ground ambulance licensees, shall use and comply with methods for emergency medical dispatch or Priority Dispatch that have been approved by the County EMSMD and implemented by GJRCC. All ambulance services that receive seven-digit calls classified as emergency calls by the EMSMD priority dispatch protocols will be immediately forwarded, transferred or otherwise communicated, in accordance with protocols established by the EMSMD to GJRCC.

2. *Pre-arranged, Non-emergency Transfers and Inter-facility Transfers*

a. Regulation of Non-Emergency Ambulance Service Established. Through this EMS resolution, the Board establishes that all ambulance transportation is subject to regulation to ensure that appropriate clinical and operational performance is provided to the community. Regulation of ALS and BLS Ground Ambulance services, whether used for emergency or non-emergency services will occur on the effective date of this Resolution.

b. Non-dedicated ambulance allowed. County-licensed Ambulance Providers may specifically provide non-emergency and inter-facility ambulance transport and may use ambulances and personnel deployed to meet the Licensee's emergency responsibilities in non-emergency service.

c. Rules to be established. The Director of the County Department of Emergency Management shall adopt regulations for non-emergency services and for issuing non-emergency ambulance permits.

3. *Standby Services at High Risk Events or at Mass Gatherings.*

a. Standby Services Regulated. Through these regulations, the Board regulates Medical Standby Providers at high risk events and at mass gatherings within the County. The Regulations are to ensure the safety and availability of emergency medical services at mass gatherings and other events. Regulation of Medical Standby Permits will occur on the effective date of these regulations.

b. Ambulance Licensees and EMS Providers Authorized to Provide Standby Services. County-licensed Ambulance Services and EMS Providers may specifically provide standby services and may utilize ambulances and personnel deployed to meet other responsibilities. EMS and Ambulance Providers must comply with these regulations.

c. Rules to be Established. The Director shall adopt requirements for issuing standby Medical Standby Permits.

d. Standby Permits Required. Generally, a Medical Standby Permit is required if an entity provides on-site, out-of-hospital medical care at events or mass gatherings, either for hire or on a volunteer basis. The Board may require that an event organizer obtain services from Medical Standby Permittee if the Director determines that conditions exist that could lead to or magnify injuries or illnesses at the event, and the attendance at the event is sufficient to require separate medical considerations.

4. *Dispatch, Notification and Response Times*

a. Primary Public Safety Answering Point (PSAP). Ambulance Licensees in Mesa County shall use GJRCC for dispatching emergency calls in the County.

b. PSAP Reporting. The EMSMD shall, in concert with GJRCC, establish protocols for prioritizing emergency events, establish response guidelines to those events, create or approve pre-arrival instructions to callers, and reviewing the center's adherence to dispatch guidelines. Ambulance Licensees may use their own dispatch center to receive requests for non-emergency ambulance service; however, any center receiving seven-digit calls for ambulance service, shall

i) employ identical emergency medical dispatch protocols as those used in GJRCC,

- ii) record all incoming telephone calls,
- iii) maintain copies of those recordings for a minimum of 90 days, and
- iv) provide a copy of any voice recording to the EMSMD upon request.

c. GJRCC Reporting. The Director shall work closely with GJRCC to develop methods of reporting responses to emergency events. Each month, or on another schedule agreed upon by the EMSMD and GJRCC, GJRCC will provide data that allows the Department to evaluate the response performance of the County's EMS system. ~~(Mesa County EMS Resolution 2004-220, Mesa County EMS Resolution 2004-220-3)~~ Those methods may include GJRCC developing a reporting process in concert with the Director and the EMSMD, or it may provide data so that the Director can determine response performance as follows:

- i) A Response Performance Report that describes, at a minimum, the following:
 - (a) The name of the agency.
 - (b) The number of emergency events to which the agency responded in each of the response zones.
 - (c) The performance of the agency in each of the response zones using a fractal reporting method.
 - (d) An exception report that describes each event that exceeded the response time requirements for each zone.

d. Licensee review of response performance report. Each Licensee shall review its Response Performance Report by the 15th day of the month following its release. Any reply to the Response Performance Report will be submitted to the Department by the 20th of each month. Licensees may request exemptions to response requirements based on specific reasons described in ARTICLE IV: Paragraph 5 below.

e. Dispatch Performance Reporting. The Director shall review data, if available, that measures the performance of ambulance dispatch services, such as: call-answer intervals, notification intervals, total call processing intervals and compliance with emergency medical dispatch protocols. The Director will evaluate performance at the 90th percentile of reliability.

f. Referral required for all emergency events. A Licensee receiving a call for emergency ambulance service on a non-emergency telephone line shall immediately notify GJRCC and provide the telephone number of the caller, the nature of the event, and the address of the event. No more than 30 seconds may elapse before the Licensee notifies GJRCC.

g. Review of long response times. Each Ambulance Licensee will review its response times and will participate in a County-wide plan to reduce response times in the County.

5. *Response Times*

a. Framework for Reviewing Response Times Established. There are many barriers to timely EMS response. Those include distance, rural population density, and transportation infrastructure. By creating maximum response times based on Urban, Rural and Frontier categories, establishing a procedure that monitors response time performance, and developing a system of reporting methods, the Board has established the framework from which EMS providers can operate to provide appropriate response time performance in the community.

b. Providers Encouraged to Improve Response Performance. EMS Providers shall use their best expert and professional judgment in determining various methods of achieving and maintaining the level of service performance required. Methods may include, but are not limited to, compensation programs, shift schedules, personnel policies, supervisory structure, vehicle deployment techniques and other internal matters which, taken together, comprise strategies for responding in the most effective and efficient manner possible.

c. Integrated Services Authorized. A well-designed, effective partnership between First Response agencies and Ambulance Licensees may allow a reduction in ambulance response times in the county. Ambulance Licensees shall work closely with advanced life support and other first response agencies to develop programs that will deliver medical care as rapidly as possible while enhancing countywide service or reducing response times.

d. Maximum emergency response times established. Response times for emergency calls must be within the response time limits established herein.

e. Monthly response time compliance required. Ambulance Licensees shall meet the aggregate response time requirements listed below for emergency calls in each response zone, see Appendix C.

i) Urban Areas: Maximum response time of 8 minutes for 90 percent of all emergency calls.

ii) Rural Areas: Maximum response time of 20 minutes for 90 percent of all emergency calls.

iii) Frontier Areas: Maximum response time of 1 hour for 90 percent of all emergency calls.

f. Limits established for individual calls. Each Urban, Rural, and Frontier zone shall have, in addition to the 90-percent standard, a maximum response time limit for every call. The following maximum response intervals will apply to all emergency calls.

i) Urban area individual responses. No single response shall exceed 12 minutes in the urban response zone.

ii) Rural area individual responses. No single response shall exceed 40 minutes in the rural response zone.

iii) Frontier area individual responses. No single response shall exceed two hours in the frontier response zone.

iv) Plan established to reduce response times. For every emergency call where the licensee fails to arrive within the maximum time, the Licensee will review the reasons for that extended response interval and shall establish methods to reduce response intervals through changes in deployment, adding resources, mutual aid, a quality assurance program or other methods.

g. Response time monitoring. The Director will review response interval reports monthly. If the Director finds that more than 10 percent of emergency calls in any type of response zone do not meet required maximum response intervals during any calendar month, the Director may take steps to ensure that improvements are made in the EMS system including; enhancing response intervals through county assistance programs, grant solicitation, recommending deployment changes, mutual or automatic aid, or other methods to make improvements.

h. Exceptions for areas with low call volume. If an Ambulance Licensee responds to less than 100 events per month, the response time reporting requirements shall be waived for that month. Instead, when the Licensee has accumulated 100 consecutive events, or when a calendar year has passed, the Licensee will report its response performance.

i. Response interval modification. The Board may modify the response time requirements detailed above, to ensure efficient and appropriate responses to emergency and non-emergency calls. The Director and EMSMD will

recommend all modified requirements, after considering issues including, but not limited to, the following:

- i) The level of acuity of each call, using modern emergency medical dispatch and priority dispatch capabilities,
- ii) Clinical evidence that another standard is more effective,
- iii) More efficient use of system resources,
- iv) Alternative delivery systems including approved advanced life support first response,
- v) The projected economic impact of any proposed change,
- vi) Requests from local cities or special districts.

j. Method of response interval calculation. Emergency response time will be calculated from the time that a call is received by the EMS Licensee until the time that the Licensee's first appropriately staffed vehicle comes to a complete stop on the scene.

k. Response interval exemptions allowed. Unusual circumstances beyond an EMS Provider's reasonable control can cause response intervals to exceed County's standards. The following responses will be exempted from response time performance.

i) Downgraded calls. If GJRCC or a First Responder Agency downgrades a call from emergency status, the maximum response times will not apply, so long as the downgrade takes place within the maximum response interval for that zone. EMS Providers shall be responsible for responding to each downgraded call within the specified response interval, if any, for the downgraded priority. Specific rules may be adopted to govern calculation of response interval performance in cases of upgrades and downgrades of response priorities.

ii) Calls originating outside the county. Responses to emergency calls outside the County will not be counted in the number of total calls dispatched used to determine compliance.

iii) Multiple responses to the same event. Multiple responses to an incident, such as a multiple patient scene or mass casualty incident, will be counted as only one call dispatched, no matter how many units respond to the incident. Calls that require multiple unit responses because of vehicle failure or breakdown will not be exempted under this Resolution.

iv) Mass casualty incidents. The Director may exempt response interval requirements during mass casualty incidents.

v) Severe weather. The Director may exempt response-time requirements during periods of inclement weather during which meeting response times will place public safety at risk.

vi) Inaccessible areas. The Director may exempt response time requirements in areas that are inaccessible by road or during periods during which roads, bridges or other transportation routes are impassable.

vii) Factors outside the Licensee's reasonable control. Other factors not now known may limit a Licensee's ability to respond within the maximum response intervals established herein. The Licensee may request an exemption and the Director may, at its sole option, grant that exemption; however, equipment failure, traffic accidents, dispatcher error, labor disputes, or lack of a nearby response unit shall not be grounds for release from general response interval standards.

6. *Response Time Reporting*

a. Reporting required. Each month, Ambulance Licensees shall document in writing, in a manner established by the Director and approved by the Board, each dispatched call to which the Licensee did not respond within the maximum allowable response interval for the response zone of the call.

i) If, during the previous month, more than 10 percent of the emergency calls in any response zone are not responded to within the required maximum response times, the Ambulance Licensee shall document its efforts to eliminate repetitions of the causes of the failed response-time performance.

ii) When an Ambulance Licensee uses mutual aid from outside the County to respond to a call, the Licensee shall report that event and the response time of the event, however, the response shall not be counted as a late response.

b. Exemptions requested. An Ambulance Licensee may request that certain calls be exempted from response interval performance calculations and any penalties for substandard performance. If the Director concurs, the Director will allow such exemptions in calculating overall response time performance.

c. Failure to Meet Response Time/Performance Criteria. For those months that the Licensee fails to respond to 90 percent of all emergency calls within a time period specified under the specified Response Times, the Licensee shall conduct a quality management review of the response interval failures. As

part of the review, the Licensee shall articulate reasons that the response time performance fell below standards and shall take steps to improve performance.

i) The Director shall report to the Board a Licensee's continual failure to meet response performance.

(a) Continual failure to meet response performance criteria means that a Licensee fails to meet four consecutive months of response performance or fails to meet response performance in six months in a single calendar year, or

(b) Failure to take adequate steps to improve performance.

ii) The Board may direct the Licensee to make performance improvements in order to maintain eligibility for a future ground ambulance license.

d. For monitoring purposes, each zone (Urban, Rural and Frontier) shall have, in addition to the 90-percent standard, a maximum response time limit for every call. For each emergency call where the Licensee fails to arrive within the maximum time limit specified under Response Times above, the Licensee shall articulate reasons that the response time performance fell below standards and take steps to make improvements in the time performance.

e. Calls referred to another Licensee will be included as part of the response-time requirements.

f. Failure to report "on-scene" times for calls will be considered a response that exceeds the response standards, but such on-scene times may be established from appropriate data, including radio transmissions identifying the scene time, or from First Responder reports.

g. Implementation Date. Licensees shall begin reporting on response performance no later than September 1, 2005.

7. *Levels of Care*

a. All Ambulance Licensees shall provide services according to these regulations and the requirements of the ground ambulance license and permit.

b. Ambulances permitted at the advanced life support (ALS) level shall:

i) Be staffed by paramedics or EMT-Is as described in ARTICLE IV:, Paragraph 8 below, and provide ALS services when necessary.

ii) ALS ambulances staffed with one or more volunteers and responding in the rural or frontier areas shall be staffed to meet or exceed minimum State standards.

iii) The County encourages all Licensees to be available for 24 hours at the level of service authorized by the license. However, Licensees serving rural areas may not be able to provide ALS services 100 percent of the time. The EMSMD may authorize BLS response under conditions authorized by the EMSMD. Licensees offering these combined services must report to the county the times that they are not available to respond to the highest level required.

c. Ambulances permitted at the "basic life support" (BLS) level shall:

i) Be staffed by Emergency Medical Technicians as described in ARTICLE IV: Paragraph 8 below, and provide BLS services when necessary.

ii) BLS Ambulances staffed with one or more volunteers and responding in the rural frontier areas shall be staffed to meet or exceed minimum State standards.

d. Providers permitted as Medical Standby Providers shall,

i) Be staffed by at least one Emergency Medical Technician authorized by the County EMS Medical Director.

e. All Licensees shall:

i) Ensure that vehicles and equipment conform with the standards, requirements, and maintenance provisions of the Department. The Department shall develop rules which, at a minimum, conform to the minimum requirements of the State of Colorado;

ii) Maintain and make available, upon request of the EMSMD, patient care records for quality assurance purposes, in a form approved by the EMSMD;

iii) Prohibit the performance of EMT activities by any paramedic, EMT, or EMT trainee that is suspended, revoked, or has had his or her EMT certificate cancelled or denied by the State of Colorado; and

iv) Prohibit the performance of EMT activities by any paramedic, EMT, or EMT trainee whose EMT scope of practice is limited, suspended, or revoked by the EMSMD.

8. Personnel

a. Unless otherwise authorized, advanced life support (ALS) ambulances, when in service, must have a minimum staff of two persons.

i) One of the persons must be certified as an Emergency Medical Technician Intermediate or higher.

ii) The second person must be certified as an EMT Basic or as a First Responder.

iii) Medical equipment, supplies and pharmaceuticals must be provided to ambulance personnel to perform to their levels of certification.

iv) Volunteer EMTs, with the minimum certifications required by this paragraph may be utilized when available.

b. Unless otherwise authorized, basic life support (BLS) ambulances in service must have a minimum staff of two attendants.

i) One of the attendants must be certified as an Emergency Medical Technician.

ii) The second attendant must be certified at least as an EMT Basic or as a First Responder.

iii) Proper medical equipment supplies and pharmaceuticals must be provided to ambulance personnel to perform to their levels of certification.

iv) Volunteer EMTs, with the minimum certifications required by this paragraph may be utilized when available.

c. All Emergency Medical Technicians responding to emergency or non-emergency calls in Mesa County, or participating at standby events, must be certified by the State of Colorado.

d. Emergency Medical Technicians used to staff ambulances or participate at standby events in Mesa County must be properly credentialed, certified and authorized to provide Basic or Advanced Life Support by the EMSMD.

e. The County EMS Medical Director is authorized to review the staffing requirements of EMS providers in the County and make recommendations to the Director concerning staffing of ambulance services and coordination for other EMS services.

9. Medical Oversight

a. The Board shall appoint a County EMS Medical Director (EMSMD) to serve as the medical advisor to the County on EMS matters. The EMSMD will also serve as the supervising physician for First Responders, ALS and BLS Ground Ambulance Licensees, Medical Standby Providers, emergency medical dispatch programs, and County-provided Automated External Defibrillator (AED) programs.

b. Clinical performance of all EMS Providers must be consistent with EMSMD approved medical standards and protocols.

c. The County EMSMD shall advise the Board and the Director about matters of clinical significance.

d. Prior to the Board appointing an EMSMD, the EMS council may recommend to the Board the desired knowledge, skills and abilities of an EMSMD.

e. The EMSMD may suspend or limit the scope of practice of any EMT or paramedic, or may refuse to authorize the practice of any EMT or paramedic.

f. The County EMSMD may suspend or limit the provision of services by a Licensee if the EMSMD believes that the Licensee's services may constitute a risk to the public.

g. Ground Ambulance Licensees and Medical Standby Providers may be assessed a prorated fee for services, as established herein, based on the cost of the EMSMD's activities and annual transport volume. Additional fees may be assessed if an agency requests additional EMSMD services.

10. Vehicles and Equipment

a. Patient Care Equipment is addressed in ARTICLE IV:, Paragraph 7, and ARTICLE II: of this Resolution.

b. All Ambulance Licensees shall meet the minimum standards for ambulance equipment and maintenance as established by this Resolution and by the Colorado Law.

i) Ambulance Licensees shall supply a sufficient number of vehicles outfitted with necessary equipment and supplies as required by Colorado statutes and rules.

ii) Ambulance Licensees shall report annually to the Department the type, age and mileage of each ambulance.

iii) Ambulance Licensees shall report all financial details regarding ownership, lien holders or other obligations relating to ambulances.

iv) Ambulance Licensees shall report within three business days of the change, any change in ownership, lien holder or other obligations relating to any of the provider's vehicles.

v) Ambulance Licensees shall report to the Department within three business days of the change any additions, deletions or any status, including repairs that will remove a vehicle from service for longer than one week.

c. Each Ambulance Licensee shall provide to the Department a written description of its program of vehicle and equipment maintenance and inventory control. Licensees may modify such maintenance and inventory control programs, from time to time, as necessary to improve performance or contain costs.

11. Training

a. Licensees shall ensure that EMS personnel meet Colorado certification standards, are certified or licensed by the appropriate State agency to participate in medical audit processes, and receive special training and support as needed to ensure medical standards adopted by the EMSMD.

b. EMS Licensees shall ensure that the Emergency Medical Technicians employed by it and utilized in EMS responses, meet the initial, recurrent and competency based training standards established by the County EMSMD.

c. As part of its continuing role to assist the County and EMS Providers in improving services, the EMSMD may, as part of his or her regular duties, review and evaluate the continuing training needs of EMS providers and personnel, and establish requirements concerning EMS services training.

12. Quality Improvement

a. The EMSMD shall establish standards for each Licensee's Quality Improvement Programs and for a Countywide Quality Improvement Program.

b. The EMSMD shall ensure that each Licensee participates in the Quality Improvement Programs individually and countywide.

c. Each Licensee shall designate a person to manage the Licensee's Quality Improvement program. That person shall be the Licensee's primary contact in matters related to clinical quality.

d. The County shall provide coordination and resources to assist Licensees in making improvements in their local Quality Improvement programs.

e. The County Quality Improvement Program shall be integrated to include Emergency Medical and Priority Dispatch, first response agencies, Ground Ambulance Licensees, Medical Standby Providers, and other related agencies and programs.

f. EMS Providers shall:

vi) Supervise the services provided by them;

vii) Participate actively in the medical audit process, provide special training and support to personnel in specific skills or knowledge areas, and provide additional clinical leadership by maintaining a current and extensive knowledge of developments in EMS equipment and procedures;

viii) Attend monthly quality improvement meetings;

ix) Maintain State and local vehicle permits and personnel certifications;

x) Cause all official EMS policies and protocols to be properly implemented. EMS providers shall ensure that knowledge gained during the medical audit process is routinely translated into improved field performance by way of training, amendments to the operating procedures, bulletins, and any other method necessary to ensure it becomes standard practice.

xi) Utilize the services of the EMSMD, to review the quality of care provided.

13. Medical Monitoring.

a. EMS Providers shall participate in a medical reporting system to improve patient safety by reducing the risk of serious adverse events occurring in the County's Emergency Medical Services System and by encouraging a culture of patient safety in Mesa County. The EMS Providers shall:

i) Establish quality improvement techniques to reduce errors contributing to serious adverse events;

ii) Disseminate evidence-based prevention practices to improve patient outcomes, and

iii) Report incidents based on the list of reportable events established by the EMSMD.

b. Nothing in this section shall reduce or eliminate the EMS Provider's responsibility to protect patient privacy as established by federal and state law.

14. Problem Resolution

a. The County EMSMD shall produce and implement procedures for addressing and resolving quality assurance problems.

b. Sanctions: The EMSMD may at any time in its sole discretion institute sanctions for noncompliant personnel and make reports of noncompliant providers. The Board may establish sanctions to be applied in the event of a major breach by an Ambulance Licensee.

ARTICLE V: RATES AND FEES

1. County Regulation of Maximum Rates. The Director shall recommend a schedule of maximum ambulance rates that can be charged for ambulance transports that originate in Mesa County. The maximum rates shall be set by resolution of the Board. The Director may recommend changes to the initial maximum rates, or may recommend temporary variances. Rates set by resolution of the Board shall apply throughout the County, except as otherwise provided by the Board in its resolution establishing those rates.

a. Maximum rates that are set by resolution or by variance may be increased annually by notice given by the Director to the ambulance providers pursuant to this Resolution.

b. The Board may set maximum rates for ambulance categories used by the U.S. Center for Medicare and Medicaid Services (CMS), or it may set rates according to a maximum average patient charge (APC).

2. Rate Established for Non-Transport. For those services that do not require a transport, the Board may authorize a "first aid" fee. A "first aid" fee may be applied only when

a. An ambulance remains on the scene for at least 30 minutes, or

b. Ambulance personnel use advanced life support interventions, or

c. An ambulance provider uses an extraordinary amount of supplies and equipment.

3. Annual Increases. Each year, the Director may adjust for inflation the maximum ambulance rates established under this Resolution, for Ambulance Licensees. The inflation adjustment shall become effective on the date specified in a notice given by the Director to such Ambulance Licensees. The Director shall endeavor to give such notice not later than March 1 of each year. The Director shall consider a percentage increase for the inflation adjustment based on the following National Consumer Price Index (CPI) factors, and according to the following ratios, over the most recent 12-month period for which published figures are then available.

a. The CPI-Transportation Index (40 percent); and

b. The CPI-Health Care Index (40 percent); and

c. The CPI All Components (20 percent).

4. Rate Adjustment in Extraordinary Circumstances. In the event of circumstances beyond an Ambulance Licensee's control which cause substantial and unforeseen increases in costs (not including increased personnel and labor costs), the Licensee may ask the Board to adjust the maximum rates set pursuant to this section. The request shall be set forth in writing, shall be filed with the clerk of the Board, and shall include a written explanation of and justification for the proposed adjustment(s).

a. The Board may require that the Licensee furnish a financial audit to verify its request for an increase in the ambulance rates.

b. The Director shall recommend that the Board grant, modify, or deny the requested adjustments.

c. The Board shall determine, by resolution, any rate adjustments under this section. Rate adjustments granted pursuant to this section will apply County-wide and may be given for a limited period of time.

5. Discounts. Discounts based on volume of business or group membership for ambulance transports are prohibited, unless specifically authorized by the Board for service to a group at least 50 percent of whose members have incomes below the Federal Labor Market Index (LMI) level. The Board may approve other payment arrangements, so long as unacceptable "cost shifting" does not result.

a. Discounts based on residential status are allowed so long as they comply with CMS rules for discounting by municipal agencies and special districts.

b. Subscription programs for ambulance services are allowed so long as those programs comply with state and federal law.

6. Medical Standby Services. Rates, if any, for standby services shall be determined by the Licensee providing the service.

7. Regulatory Fee Required. A regulatory fee of five dollars (\$5) for each ambulance transport that originates in Mesa County, and a fee of five percent for each dedicated EMS Medical Standby is hereby established.

a. The regulatory fee shall apply to both emergency and non-emergency transports, and to "first-aid" events.

b. Licensees shall not include the regulatory fee as an additional line item on ambulance invoices.

c. Fees shall be paid semi-annually by licensees, no more than 30 days following the end of the second and fourth calendar quarter.

d. If requested by a Licensee, the Board may waive Medical Standby Service fees for events conducted by public agencies and schools.

e. If requested by Licensee, the Board may, at its option, waive regulatory fees for municipal and special district providers of ambulance service that use volunteers to provide services.

f. Revenues from regulatory fees shall be used to fund regulatory oversight and to enhance the Mesa County EMS system.

ARTICLE VI: COORDINATION

1. Oversight. The Board hereby establishes that the Department will oversee EMS, ambulance service licensing, ambulance permits, EMS regulation, and rules promulgated under this Resolution.

a. EMS Oversight Established. The Director of the Mesa County Department of Emergency Management or his/her designee shall be responsible for administering this Resolution. The Director shall develop rules consistent with this plan to enforce and oversee services regulated hereunder, for approval by the Board.

i) Prior to adopting rules pursuant to this section, the Director shall accept comments on the proposed rules for no less than 30 days.

ii) Within 30 days after rules are adopted, a person may object to the rules by petitioning the Board to review the adopted rules. The Board shall hold a public hearing and issue a decision within 30 days.

b. EMS Resolution and Policy Changes. The Board shall revise this Resolution from time to time as required to further the public interest. The EMS Council shall provide input and advice to the Board for the purposes of amending this Resolution and for the purposes of determining the qualifications of the EMSMD.

2. Process for Input and Complaint Review Established.

a. Service, price and other complaints shall be reported to the Director or his/her designee for investigation.

b. Complaints arising out of patient care and those that may have clinical component(s) shall be referred to the EMSMD for investigation. The EMSMD may require immediate investigations and interventions for urgent issues and complaints of an egregious clinical nature.

3. EMS Council Established. The Board shall appoint an Emergency Medical Services Council ("Council") to advise the Board on matters related to EMS. The Council shall be composed of eleven members as follows:

a. One representative of a commercial ambulance service that is licensed as an Ambulance Services Provider, if there is such a provider;

b. One representative from a governmental agency that is licensed as an Ambulance Services Provider, if there is such an agency;

- c. One representative from a fire agency serving, primarily a rural area;
- d. One person with patient care privileges from a hospital within Mesa County.
- e. The EMSMD;
- f. One representative from Mesa County government;
- g. One Advanced Life Support Emergency Medical Technician providing prehospital emergency medical care in Mesa County at the time of his/her appointment;
- h. One Basic Life Support Emergency Medical Technician providing prehospital emergency medical care in Mesa County at the time of his/her appointment;
- i. One representative of a city/town in Mesa County.
- j. One citizen representative.
- k. One representative of GJRCC.
- l. Selection. At least one Council member shall represent the city of Grand Junction. No more than three of the Council members shall be from one agency. The Board will attempt, when possible, to select representatives from all of the ASAs.
- m. Term. Except for the first appointments to the Council, the Board shall appoint representatives to a term of three years. Terms will be staggered to ensure that the terms of no more than four representatives expire in the same year. The Board may revoke an appointment at any time.
- n. Rules of Procedure. The Council shall adopt bylaws to govern the operations of the Council.
- o. Coordination with RETAC (Regional Emergency Medical and Trauma Advisory Council). The Council and the Director shall coordinate with the RETAC. The Council shall, at a minimum, prioritize potential grant requests, assist with planning and reporting requirements, and participate in other coordinating activities to most appropriately meet the needs of the County.
- p. The Council shall advise the Board and the Director in all matters relating to this resolution, to matters relating to pre-hospital emergency medical

services, and will provide consultation or make recommendations as may be requested by the Board or the Director.

4. Mutual Aid and Assistance.

a. The Director and Council shall develop and implement a mutual aid plan to ensure the availability of ambulance service throughout the County.

b. EMS Providers and Ambulance Licensees shall use their best efforts to respond to all requests for mutual aid from neighboring jurisdictions.

c. If an Ambulance Licensee believes that mutual aid services to a neighboring jurisdiction are excessive, the Licensee providing that assistance shall so inform the Director. The Director may seek changes such as adjustments of the ASA boundaries, or may develop other alternatives to ensure adequate EMS services throughout the County.

d. Mutual aid responses shall be reviewed by the Director at least annually, or sooner if problems or deficiencies occur. If the Director determines that an Ambulance Licensee is relying on mutual aid to mask coverage deficiencies, the Ambulance Licensee may be required to take steps to cure deficiencies.

e. Ambulance Licensee shall not be held responsible for response-time performance on any emergency call originating outside its primary ASA.

5. Disaster Response.

a. Mass-Casualty Incident Plan. The Director shall establish, in consultation with the Department of Emergency Management, the local Incident Management Group, law enforcement agencies, the medical community, neighboring jurisdictions, and other agencies as may be appropriate, a Mass Casualty Plan to be used in any mass casualty incident. Provisions for mass casualty response shall be included in ambulance service mutual aid agreements.

b. County Inventory of Resources Other than Ambulances. The Director shall establish, in consultation with the Incident Management Group, the EMSMD, law enforcement agencies the medical community, and other agencies as may be appropriate, an inventory of County resources which may be available to assist in any disaster response.

c. Response to Terrorism. The Director will establish, in consultation with the Incident Management Group, law enforcement agencies the medical community, neighboring jurisdictions, and other agencies as may be appropriate, a plan for responding to terrorism incidents including weapons of mass destruction, chemical, and bio-terrorism incidents. The County Public Health

Department shall be the lead health agency in determining the appropriate health agency(ies) response. The Public Health Director shall be the lead physician at the agency and the County Emergency Manager shall coordinate EMS resources.

d. All Ambulance Licensees shall cooperate in rendering emergency assistance to its citizens and to other communities during disasters and other extraordinary events.

e. During a disaster or mass casualty incident, and upon authorization from the Director, Ambulance Providers shall be exempted from responsibilities for response-time performance until notified that the assistance within the County or to other communities is no longer required.

f. At the scene of a disaster or other emergency, the Ambulance Licensee's personnel shall perform in accordance with local emergency management procedures and protocols established by the affected County or municipality.

g. When an Ambulance Licensee is notified that disaster assistance is no longer required, it shall return all of its resources to the primary area of responsibility, and shall resume all operations in a timely manner.

h. Ambulance Licensees shall participate in Department-authorized disaster planning and training exercises.

6. Command and Control at Emergency Scenes

a. The Department of Emergency Management, in consultation with local fire chiefs, local law enforcement agencies, and the Incident Management Group, shall adopt and formalize an Incident Management System for use at all emergency medical incidents.

b. All Ambulance Licensees shall be trained in the incident management system adopted by the Department.

c. Ambulance Licensees shall use the adopted countywide incident management and personnel accountability systems.

i) A unified command system may be used on large, multi-agency events.

ii) Ambulance Licensees shall comply with the established command structure.

iii) Post incident reviews of the command system in large-scale events may be conducted by the Department.

iv) Ambulance Licensees shall provide specialized training to their employees regarding the Incident Management System.

7. Personnel and Equipment Resources

a. Non-Transporting EMS Providers. The EMSMD may recommend standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures for non-transporting EMS providers.

b. Hazardous Materials Training. All EMS Providers shall train their personnel to the hazardous materials first responder (awareness) level as defined by the Occupational Safety and Health Administration.

c. Search and Rescue. The Mesa County Sheriff's Office shall be the lead agency for Search and Rescue.

d. Specialized Rescue. Specialized rescue services may vary with location. The lead specialized rescue agency shall be identified through the incident command system.

8. Emergency Communication and System Access.

a. Telephone. 9-1-1 shall be the recognized telephone method for accessing the Emergency Medical System. No Ambulance Licensee shall advertise for ambulance transportation unless the words, "In an Emergency, Dial 9-1-1", are included in the Licensee's advertisement.

i) "In an Emergency, Dial 9-1-1" shall be in bold letters, a larger font, colored red or otherwise made to stand out more than the advertised non-emergency number.

ii) This paragraph shall apply to all forms of advertising, print and electronic, including telephone stickers, notepads, and novelty items distributed by a Licensee.

b. Dispatch Procedures. EMS and Ambulance Licensees shall comply with the emergency medical dispatch protocols established by the EMSMD and GJRCC. A fire or police officer or other public official may upgrade or downgrade the response if deemed necessary to protect the public health or welfare or to protect the safety of responders.

c. Radio System. Ambulance Licensees shall report their unit's status by radio or by other means as appropriate. GJRCC will keep the official record and timestamps of all status changes for emergency events. Licensees may use proprietary dispatch centers to keep status of non-emergency events.

i) The geography of the County creates challenges to emergency radio communications. In the absence of radio or telephone, responding personnel shall make every attempt to record the times of their unit's change in status.

ii) Ambulance Licensees shall provide radio equipment capable of communicating with GJRCC; with one or more emergency facilities; and with law enforcement, ambulance, and first response agencies through "car-to-car" communications.

iii) Ambulance Licensees shall meet requirements for communicating with on-line medical control and receiving hospitals established by the County EMSMD.

d. Emergency Medical Services Dispatcher Training. All Communication Centers handling emergency and non-emergency EMS calls shall operate under Emergency Medical Dispatch (EMD) and Priority Dispatch procedures approved by the County EMSMD and GJRCC.

9. Additional Collaborative Activities Encouraged. The County has determined that reducing fragmentation in the Emergency Medical Services system will benefit the public health and welfare. The Director shall therefore investigate the feasibility of establishing methods to reduce fragmentation in the EMS system.

a. The Director will evaluate the feasibility of aggregating ambulance service billing, either by contract or by other means, in order to improve efficiency, increase cash flows for providers, and legally comply with health-care billing requirements.

b. The Director shall evaluate the feasibility of standardizing emergency medical supply selection, purchasing, and distribution.

c. The Director, in concert with the EMS council and the EMSMD, shall establish methods to standardize training and competence of personnel, either through a unified training program or through other methods.

d. The Director, in concert with the EMS council and the EMSMD shall establish methods to improve EMS public information, education, and relations throughout the County.

ARTICLE VII: LICENSES, PERMITS AND INSPECTIONS

1. Application for Ambulance Service Licenses and Permits. An application for an Ambulance Service License and for Ambulance Permits shall be submitted through the Director to the Board.

2. An Ambulance License shall authorize a Licensee to provide emergency services, non-emergency services, and Medical Standby Services using advanced or basic life support protocols as authorized by the EMSMD.

3. An applicant may apply for either an ALS or BLS Ground Ambulance Permit for each ambulance.

4. An applicant for an ALS Ambulance Permit may provide ALS services less than 24 hours per day, providing that it meets the equipment and all other ALS standards.

5. The EMSMD shall establish standards and authorize emergency ambulance service personnel to provide ALS or BLS services.

6. An applicant for a Ground Ambulance Service License shall submit to the Department a complete application form and the required application fee, if any. The Director shall provide an application form that shall, at a minimum, contain the following information and necessary supporting documents.

a. The name, address, and owner of the ambulance service, and of each ambulance.

b. The name and address of the person applying for the license, hereinafter referred to as "applicant".

c. The name and address of the person who will be in charge of the operation of the ambulances.

d. The training and experience of the person who will be in charge of the ambulance service.

e. The trade or other name, if any, under which the applicant does business or proposes to do business.

f. The Ambulance Service Area (ASA) which the applicant proposes to serve.

g. A description of each ambulance, including make, model, year of manufacture, vehicle identification number, Colorado State License number for the current year, mileage, and the color scheme, insignia, name, monogram, and other distinguishing characteristics used to designate the ambulance. A photograph or other visual depiction may be required.

- h. The location and description of the place(s) from which the Applicant intends to operate the ambulance service.
- i. An attestation by the Applicant that the Applicant will:
 - i) Comply with quality assurance methods, medical protocols, and other rules established by the County EMSMD;
 - ii) Comply with reporting requirements, dispatch protocols, and performance standards established by the County;
 - iii) Comply with incident command policies, procedures, and protocols established by the Department of Emergency Management. (Emergency Management Department); and
 - iv) Provide copies of the ground ambulance service's written policy and procedure manual, operational or medical protocols, or other documentation the County may deem necessary.
- j. Evidence of the Applicant's performance and compliance with requirements during the previous year, if any.
- k. A current roster of personnel, in a form approved by the EMSMD, who may provide service, including documentation of Colorado Department of Health EMT certificates or First Responder Course completion certificates, and documentation each person's Colorado driver's license.
- l. A current list of the radio frequencies on which the licensee proposes to operate.
- m. Original certificate of insurance evidencing insurance coverage required in ARTICLE II:.
- n. A statement by the Director that the physical inspection of the ambulance, equipment, and location of the ambulance(s) were found to be in compliance with the provisions of this resolution.
- o. Payment of a fee in the amount of \$100 for the Ambulance Service License, and \$20 for each ambulance, by check or money order, made payable to the County shall be attached to the application.
- p. Changes to information submitted in the application shall be submitted to the director within thirty days of such change(s), unless otherwise provided herein.

7. Additional Ambulance Service Requirements within Each ASA. The Board shall consider licensing an applicant for an ASA based on the applicant's likely ability to serve that ASA as required by this Resolution and other applicable law. The Board shall consider the following prior to issuing any Ambulance Service License

a. An applicant wishing to serve an ASA, other than the Grand Junction ASA, must first demonstrate that the Applicant will house one or more dedicated ambulances within the boundaries of the ASA. A non-governmental Applicant must demonstrate how it will coordinate with First Responders, law enforcement, and the Department.

b. An applicant wishing to serve an ASA, other than the Grand Junction ASA, must demonstrate that it will not use the resources dedicated to that ASA for regular services within another ASA.

c. In the event that no applicant requests a license to serve a particular ASA, the Director may:

i) Authorize one or more Licensees to provide Emergency Ambulance Services to that area.

ii) Request that the Board adjust boundaries on the ASA map so that all areas of the County have at least one designated Licensee.

8. City of Grand Junction Authorized to Develop a Provider Selection Process in Grand Junction ASA. The City of Grand Junction (City) may, at its option, develop a process to recommend one or more Licensees to serve the Grand Junction ASA, provided that;

a. The City's process does not conflict with this Resolution.

b. The Licensee in the Grand Junction ASA must maintain Licenses and Permits required herein.

c. The selected provider(s) agree to serve entire ASAs or other areas outside the Grand Junction ASA if the Board determines that those ASAs or areas are underserved.

d. The Board shall accept, amend, or reject the recommendation by the City of Grand Junction based upon the criteria in this Resolution, and make findings regarding the decision. If the City's recommendations are not approved, the City will be granted a hearing, if requested.

9. Application for Standby Medical Services Permit. The Director shall develop an application process for a Medical Standby Services permit. The application

shall be submitted by applying to the Director and shall contain appropriate information and necessary supporting documents as required by the Board.

a. A Medical Standby Permit is required for all events at which trained First Responders, state-certified EMTs, or licensed nurses, physician's assistants, or physicians are used to provide service.

i) The Director may waive the permit requirements for events conducted by public agencies or schools.

ii) A Medical Standby Permit may be issued by the Director for each event, or may be issued on an annual basis.

iii) Medical Standby Permits are not required for a Licensed Ambulance Provider in Mesa County.

b. The application for a Medical Standby Permit shall include:

i) The name and address of the applicant.

ii) The name and address of the person who will oversee the service.

iii) A description of the event(s), and the date(s) for which the permit is requested, including the location and description of the place or places from which the Applicant intends to operate the standby service.

iv) A certification by the Applicant that the Applicant will comply with medical protocols, and other rules established by the County EMSMD, and that personnel have been authorized to provide Emergency Medical Services by the EMSMD. Application will include an attestation signed by the EMSMD of the above requirements.

v) A certification by the Applicant that Applicant's personnel are trained in and will comply with mass-casualty and disaster management reporting requirements, dispatch protocols, and performance standards.

vi) A certification by the Applicant that the Applicant will comply with established incident command policies, procedures, and protocols.

vii) A list of radio call-numbers and radio frequencies used by the Applicant in the performance of the standby event(s).

c. Payment of a standby fee shall be paid to the County in the amount of five percent of the fee charged by the provider for the event, or \$50, whichever is greater, for each event. The fee shall be paid by check or money order, made payable to the County and be attached to the application. The Director may waive payment of fees for Medical Standby for events of municipalities or special districts. Request for waiver will be processed in the same manner as a new or renewal application. Those wishing to appeal decisions made by the Director may do so by following the appeal process set forth in this Resolution at Article X in Paragraph 5. ~~Mesa County EMS Resolution 2004-220, Mesa County EMS Resolution 2004-220-1~~

10. Issuance of Ambulance Service License, Ambulance Permits, and Medical Standby Permits. Upon receipt of an application for an Ambulance License, Ambulance Permit(s), or Medical Standby Permit(s), the Director shall review the application(s) and the Applicant's record. The Director shall advise the Board on issuing the Applicant a license to operate an Ambulance Service, or a Permit to provide Medical Standby Services. Based upon the recommendations of the Director and any evidence presented in the public hearing, the Board shall approve or deny the issuance of a license. If the application is approved by the Board, the Ambulance Service License or Standby Permit shall be issued. Following the issuance of an Ambulance Service License, the Director shall issue Ambulance Service Permits to the ambulance(s) which have met the inspection requirements. Ambulance Licenses and Permits shall be valid for a period of twelve months following the date of issue, providing that:

a. The provision of Emergency Ambulance Service shall be an express condition of the license. Unreasonable or unjustified refusal of such calls may be grounds for revocation.

b. The Ambulance or Medical Standby Service staff, vehicle, equipment, and location comply with the requirements of this resolution.

c. The Ambulance or Medical Standby Service personnel are certified or possess at least the minimum qualifications set forth in this resolution.

d. The Ambulance or Medical Standby Service's record is consistent with the requirements described in this Resolution.

11. Inspections. The Board shall appoint and direct inspectors to inspect each ambulance in the County once a year or more often if deemed appropriate by the Director. Such inspection shall determine that each permitted ambulance is being properly maintained and contains the equipment specified in these regulations. Maintenance records shall be made immediately available upon the inspector's request. Such inspections shall be in addition to other safety or motor vehicle inspections required to be made under Colorado law and shall not excuse compliance with any requirements of any other applicable Colorado laws. Following issuance of an Ambulance Service License and meeting the inspection requirements, a Permit may be issued for that ambulance. Such permit shall be carried in the ambulance at all times.

a. The Director may conduct or cause to be conducted unannounced inspections to ensure compliance with equipment, maintenance, personnel, or other requirements.

b. Ambulance Licensees shall not assert that unannounced inspections create an extraordinary burden.

12. Ambulance Service License and Ambulance Permit Renewal. Any such license or permit, unless revoked by the Board, may be renewed by filing an application for renewal. Application for renewal shall be filed annually, but not less than thirty days before the date the License or Permit expires. Renewal notices shall be sent by the Director, to all Licensees and Permittees, sixty days prior to expiration; however, failure to receive such notice shall not release the Licensee or Permittee from its responsibility for renewal of its License or Permit(s). If any renewal application is not received at least thirty days prior to expiration, and applicant's License expires, applicant shall cease operation until a License is re-issued.

The procedure for approval or disapproval of applications for renewal of License and Permits, requirements and fees shall be the same as for new applications.

13. Transfer of License or Permits. No License or Permit issued by the Board shall be sold, assigned, or otherwise transferred. Change of ownership shall require a new fee, application and approval for any License or Permit. Any sale or exchange of an ownership interest of more than twenty-five percent of the total ownership shall be deemed a change of ownership for the purposes of this Resolution. An "ownership interest" includes, but is not limited to stock, partnership interests, or real and personal property ownership or interests therein, used in the business. Any change of ownership or any transfer of stock ownership of ten percent or more shall be reported in writing to the Director within thirty days of such change or transfer.

ARTICLE VIII: REVOCATION & SUSPENSION PROCEDURES

1. On its own motion or on complaint, the Board may temporarily suspend any License or Permit issued pursuant to this Resolution. Such temporary suspension shall not exceed thirty days. If such temporary suspension is invoked, the Licensee shall receive a written notice of such temporary suspension. A hearing shall be held not later than ten business days after such temporary suspension order is issued. Such hearing may be continued at any time for good cause shown to the Board.

2. The Board, upon its own motion or upon complaint, may commence investigation of any violation of this Resolution. A hearing date shall be set within thirty days of the commencement of the action. Such hearing date may be continued for good cause shown to the Board.

3. The Licensee shall be issued a notice of the alleged violations or charges for which the temporary suspension has issued or of which the investigation is being conducted. Service of Notice of Violation or suspension and of hearing dates shall be by certified mail, return receipt requested, or personal delivery to the Licensee or Permit holder at the address contained in such License or Permit application.

4. At the hearing, the Licensee shall be afforded an opportunity to be heard. The hearing shall be open to the public and every vote and official act of the Board shall be public.

a. Upon determining that the Licensee, its employees, agents, representatives or contractors failed to comply with any provision of Part 3 of Article 3.5, Title 25.5, Volume 11A of the Colorado Revised Statutes, as amended from time to time, or of this Resolution, the Board may suspend, cancel, or revoke any License or Permit, for any portion of or for the remainder of its life. At the end of such period, the Licensee whose License or Permit was suspended may apply for a new License or Permit as an original application

b. Upon a second violation or failure to comply with any provision of Part 3 of Article 3.5, Title 25.5, Volume 11A of the Colorado Revised Statutes, as amended from time to time, or of this Resolution, the Board may permanently revoke such license or permit.

5. Hearings pursuant to this Article shall follow rules established pursuant to this resolution.

6. As a condition of the License or Permit issued, the holder thereof shall provide any records necessary to the determination of any issue at any hearing conducted by the Board pursuant to this ARTICLE VIII.

7. Temporary revocation of a Permit for the operation of any individual ambulance may be made in writing at any time upon inspection by the individual appointed to perform such inspection. Written notice shall be given by the Director to correct the deficiency(ies) within a reasonable amount of time before a hearing to revoke the permit. The Board shall conduct the hearing within ten business days of the temporary revocation. A reinstatement inspection must be conducted prior to resuming operations. The reinstatement inspection may be made by the Director prior to such hearing. Upon a finding by the Director that the ambulance fully complies with the provisions of this Resolution, the Director may reinstate the Permit. Upon issuance of a reinstated Permit, no hearing is necessary.

8. Upon revocation of an Ambulance Service License, all Ambulance Permits issued to the Ambulance Service will be revoked. The License and all Permits must be returned to the Director within forty-eight hours of revocation.

9. The Director shall notify local law enforcement authorities, fire departments, hospitals, and the EMSMD of revocation or suspension.

ARTICLE IX: IMPLEMENTATION

1. Implementation Date. This Resolution is effective, January 1, 2005, except as specified herein.

2. EMS Council. The Board shall make initial appointments to the EMS Council on or before March 1, 2005.

3. Applications. The Director will make application forms for Licenses and Permits available to prospective Licensees by April 30 of each year.

4. Ambulance Licenses and Permits. The initial deadline for Ambulance License and Permit applications will be May 31, 2005.

a. ASA assignments will be made on or before June 15, 2005.

b. Licenses and Permits will be effective on July 1, 2005.

5. Reporting. Performance reporting will be effective on September 1, 2005.

6. Grand Junction Provider Selection Process. Grand Junction, if it elects to conduct a provider selection process, will conduct a selection process and submit a recommendation and application on or before May 31, 2005.

a. The Director may extend the deadline for the application process in the Grand Junction ASA to November 30, 2005.

b. If the Director extends the deadline, initial License and Permits will expire on June 30, 2007.

ARTICLE X: MISCELLANEOUS

1. Alleged Negligence.

a. In any action against a Licensee or Permittee in which it is alleged that injury, illness or incapacity was aggravated by or was otherwise caused by the negligence of the Licensee or Permittee, no negligence shall be presumed because of such allegations.

b. If a judgment is entered against a Licensee or Permittee, it shall, within thirty days, file a copy of such findings and Order of the Court with the

Board.. The Board shall take appropriate action if there appears to be any violation of this Resolution, or of any Colorado law or ordinance or regulation of any municipality in the County.

c. The Licensee shall notify the Director in writing of any pending claims against the Licensee in reference to the above Sections a and b.

2. Remedies. This Resolution creates no private remedy for the breach of any provision of this Resolution. The penalties set forth herein are the sole and exclusive penalties set forth for the breach of any provision of this Resolution.

3. Severability. If any of the provisions of this Resolution are determined to be invalid, such determination shall not affect the remaining provisions of this Resolution.

4. No Liability. The activities taken by the County pursuant to this Resolution, and promulgation of regulations authorized hereby are intended to provide services to protect the public health and safety; however, undertaking such duties and activities shall not be deemed to be an assumption of duty of care by performance of a service or act of assistance for the benefit of any person. The enforcement of or failure to enforce any law, policy or regulation, and the mere fact of inspection in the course of enforcing this Resolution and regulations shall not give rise to a duty of care. By enactment of this Resolution and regulations thereunder, Mesa County or any of the benefited or burdened governments do not waive sovereign immunity.

5. Appeals. Any determination made by the Director charged with administering any part of this Resolution may be appealed to the Board within 30 days from the date of the decision to be appealed.

6. Falsifying Information. Furnishing false information on any matter relating to the administration of this Resolution shall be a violation of this Resolution and may result in suspension or revocation of the Ambulance License or Permit.



APPENDIX A

(FIRST REVISION)

AMBULANCE SERVICE AREAS (ASA'S)

Appendix A-1: Map of ASA's

Appendix A-2: Legal Descriptions of ASA's

Revised April 25, 2005

APPENDIX A-1: MAP OF AMBULANCE SERVICE AREAS (ASAs)

APPENDIX A-2: LEGAL DESCRIPTIONS OF AMBULANCE SERVICE AREAS (ASAs)

Central Orchard Mesa ASA: ~~(MCM#2004-220, MCM#2004-220-2, 04-25-05)~~

THE LANDS SITUATED IN CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE CENTRAL ORCHARD MESA AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SECTION 3, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SAID SECTION 3 AND SECTIONS 2 AND 1, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHWEST CORNER OF TOWNSHIP 2 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY TOWNSHIP LINE OF SAID TOWNSHIP 2 SOUTH, RANGE 2 EAST, UTE P.M. TO A POINT ON THE WESTERLY TOWNSHIP LINE OF TOWNSHIP 12 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID WESTERLY TOWNSHIP LINE OF TOWNSHIP 12 SOUTH, RANGE 98 WEST, 6TH P.M. TO A POINT ON A MEANDER LINE COMMON WITH THE LANDS END AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE NORTHWESTERLY ALONG SAID MEANDER LINE ON THE WESTERLY SLOPE OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" TO A POINT ON THE CENTERLINE OF A HIGH VOLTAGE ELECTRIC TRANSMISSION LINE RUNNING SOUTHWEST TO NORTHEAST; THENCE SOUTHWEST ALONG SAID CENTERLINE OF A HIGH VOLTAGE ELECTRIC TRANSMISSION LINE TO AN

ANGLE POINT OF SAID CENTERLINE OF A HIGH VOLTAGE ELECTRIC TRANSMISSION LINE; THENCE NORTHWESTERLY ALONG A MEANDER LINE COMMON WITH PALISADE AMBULANCE SERVICE AREAS (SEE OFFICIAL AMBULANCE SERVICE AREA MAP) TO A POINT ON THE EASTERLY RIGHT-OF-WAY LINE OF THE ORCHARD MESA CANAL NO.2; THENCE NORTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE OF THE ORCHARD MESA CANAL NO.2 TO A POINT ON THE EAST-WEST CENTERLINE OF THE SOUTH HALF OF SECTION 17, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE WESTERLY ALONG SAID EAST-WEST CENTERLINE OF THE SOUTH HALF OF SECTION 17, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. AND THE EAST-WEST CENTERLINE OF THE SOUTH HALF OF SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE NORTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHEAST CORNER OF NORTHEAST QUARTER OF SAID SOUTHWEST QUARTER OF SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE WESTERLY ALONG THE EAST-WEST CENTERLINE OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE SOUTHEASTERLY BANK OF THE COLORADO RIVER; THENCE SOUTHWESTERLY ALONG SAID SOUTHEASTERLY BANK OF THE COLORADO RIVER TO THE NORTH-SOUTH CENTERLINE OF THE WEST HALF OF SAID SECTION 21, TOWNSHIP 1 SOUTH,

RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE SAID NORTH-SOUTH CENTERLINE OF THE WEST HALF OF SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. AND THE NORTH-SOUTH CENTERLINE OF THE WEST HALF OF SECTIONS 28 AND 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE SOUTHEAST CORNER OF SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE EAST-WEST CENTERLINE OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE POINT OF BEGINNING. SAID LANDS CONTAIN 26 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:
BERNARD F. KOICHEVAR, JR. PLS 20141
**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**
750 Main St., Grand Junction, Colorado 81502
(970) 244-1826 FAX (970) 255-7171

City of Grand Junction ASA:

THE LANDS SITUATED IN WEST CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE CITY OF GRAND JUNCTION AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SECTION 3, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SAID SECTION 3, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M. TO A POINT ON THE CENTERLINE OF COLORADO HIGHWAY 141; THENCE SOUTHWESTERLY ALONG SAID CENTERLINE OF COLORADO HIGHWAY 141 AND PROJECTING SAID CENTERLINE SOUTHWESTERLY TO A POINT ON THE WESTERLY BOUNDARY LINE OF SAID SECTION 3, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG SAID THE WESTERLY BOUNDARY LINE OF SAID SECTION 3, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF SECTION 9 TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE WESTERLY ALONG THE NORTHERLY BOUNDARY OF SAID SECTION 9, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M. AND SECTION 8, TOWNSHIP 2 SOUTH, RANGE 1 EAST, UTE P.M. TO THE WESTERLY RANGE LINE OF TOWNSHIP 12 SOUTH, RANGE 99 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG SAID WESTERLY RANGE LINE OF TOWNSHIP 12 SOUTH, RANGE 99 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF TOWNSHIP 12 SOUTH, RANGE 99 WEST, 6TH P.M. ALSO BEING THE

NORTHEAST CORNER OF TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.;
THENCE WESTERLY ALONG THE NORTHERLY TOWNSHIP LINE OF SAID
TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO A POINT ON THE
FLOWLINE OF WEST BANGS CANYON A MEANDER LINE COMMON WITH
THE LANDS END AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE
SERVICE AREA MAP); THENCE SOUTHWESTERLY ALONG SAID MEANDER
LINE TO A POINT ON THE RANGE LINE IN TOWNSHIP 13 SOUTH, BETWEEN
RANGES 100 AND 101 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG SAID
RANGE LINE IN TOWNSHIP 13 SOUTH, BETWEEN RANGES 100 AND 101
WEST, 6TH P.M. TO THE NORTHWEST CORNER OF TOWNSHIP 14 SOUTH,
RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE RANGE LINE
IN TOWNSHIP 14 SOUTH, BETWEEN RANGES 100 AND 101 WEST, 6TH P.M. TO
THE SOUTHWEST CORNER OF SAID SECTION 19, TOWNSHIP 14 SOUTH,
RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE NORTHERLY
BOUNDARY LINE OF SECTION 25, TOWNSHIP 14 SOUTH, RANGE 101 WEST,
6TH P.M. TO A POINT ON THE NORTHERLY RIM OF A GEOLOGIC FORMATION
KNOWN AS THE "UNAWEEP CANYON"; THENCE WESTERLY ALONG SAID
NORTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "UNAWEEP
CANYON" TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SECTION
25, TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M.; THENCE WESTERLY
ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 25, TOWNSHIP 14
SOUTH, RANGE 103 WEST, 6TH P.M. AND SECTIONS 26, 27, 28, 29, AND 30,
TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M. TO THE NORTHWEST

CORNER OF SAID SECTION 30, TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SECTIONS 25, 26, 27, 28, 29 AND 30, TOWNSHIP 14 SOUTH, RANGE 104 WEST, 6TH P.M. TO A POINT OF INTERSECTION ON THE MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH COUNTY LINES AND THE COLORADO-UTAH STATE LINE; THENCE NORTHERLY ALONG SAID MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH COUNTY LINES AND THE COLORADO-UTAH STATE LINE TO A POINT ON A MEANDER LINE COMMON WITH THE LOWER VALLEY AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE EASTERLY ALONG SAID MEANDER LINE TO A POINT ON THE NORTH-SOUTH CENTERLINE OF SECTION 36, 1 NORTH, 2 WEST, UTE P.M.; THENCE NORTHERLY ALONG SAID NORTH-SOUTH CENTERLINE OF SECTION 36, 1 NORTH, 2 WEST, UTE P.M. AND THE NORTH-SOUTH CENTERLINE OF SECTION 25, 1 NORTH, 2 WEST, UTE P.M. TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SAID SECTION 25, 1 NORTH, 2 WEST, UTE P.M.; THENCE EASTERLY ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 25, 1 NORTH, 2 WEST, UTE P.M. AND THE NORTHERLY BOUNDARY LINE OF SECTION 30, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SAID SECTION 30, 1 NORTH, 1 WEST, UTE P.M.; THENCE NORTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF SECTION 19, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M.; THENCE EASTERLY ALONG THE

EAST-WEST CENTERLINE OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M.
TO THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE
NORTHEAST QUARTER OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M.;
THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF THE
EAST HALF OF SAID NORTHEAST QUARTER OF SAID SECTION 19, 1 NORTH,
1 WEST, UTE P.M. AND THE NORTH-SOUTH CENTERLINE OF THE
NORTHEAST AND SOUTHEAST QUARTER OF SECTION 18, 1 NORTH, 1 WEST,
UTE P.M. TO THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF
THE NORTHEAST QUARTER OF SAID SECTION 18, 1 NORTH, 1 WEST, UTE
P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY OF SAID
SECTION 18, 1 NORTH, 1 WEST, UTE P.M. AND SECTION 17, 1 NORTH, 1 WEST,
UTE P.M. TO THE NORTHEAST CORNER OF SAID SECTION 17, 1 NORTH, 1
WEST, UTE P.M.; THENCE NORTHERLY ALONG THE CENTERLINE OF 24
ROAD TO THE EASTERLY BANK OF THE HIGHLINE CANAL; THENCE
NORTHERLY ALONG SAID EASTERLY BANK OF THE HIGHLINE CANAL TO
POINT ON A MEANDER LINE COMMON WITH THE LOWER VALLEY
AMBULANCE SERVICE AREA BOUNDARY (SEE OFFICIAL AMBULANCE
SERVICE AREA MAP); THENCE NORTHEASTERLY ALONG SAID MEANDER
LINE COMMON WITH THE LOWER VALLEY AMBULANCE SERVICE AREA
BOUNDARY TO A POINT ON THE NORTHEASTERLY RIM OF A GEOLOGIC
FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY;
THENCE SOUTHEASTERLY ALONG SAID NORTHEASTERLY RIM OF A
GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND

VALLEY TO A POINT ON SAID NORTHEASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY AND A COMMON POINT FOR THE CLIFTON, DEBEQUE, AND PALISADE AMBULANCE SERVICE AREA BOUNDARY; THENCE SOUTHERLY ALONG A MEANDER LINE COMMON WITH THE CLIFTON AMBULANCE SERVICE AREA BOUNDARY (SEE OFFICIAL AMBULANCE SERVICE AREA MAP) LOCATED IN THE LEWIS WASH DRAINAGE BASIN TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE OF INTERSTATE 70; THENCE ALONG SAID NORTHERLY RIGHT-OF-WAY LINE OF INTERSTATE 70 TO A POINT ON THE EASTERLY BOUNDARY LINE OF SECTION 32, TOWNSHIP 1 NORTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY TO THE NORTHEAST CORNER OF SECTION 5, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 5, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. AND SECTIONS 8 AND 17, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 17, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF THE WEST HALF OF SAID SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. AND THE WEST HALF OF SECTION 28 AND 33, TOWNSHIP 1 SOUTH,

RANGE 1 EAST, UTE P.M. TO THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE EAST-WEST CENTERLINE OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 33, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE TO THE POINT OF BEGINNING.

SAID LANDS CONTAIN 652 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOCHVAR, JR. PLS 20141

**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**

750 Main St., Grand Junction, Colorado 81502
(970) 244-1826 FAX (970) 255-7171

Clifton ASA: ~~MCM#2004-220, MCM#2004-220-2, 04-25-05~~

THE LANDS SITUATED IN CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE CLIFTON AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SAID SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID OF SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF THE WEST HALF OF SAID SECTION 21, TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M. TO THE SOUTHEASTERLY BANK OF THE COLORADO RIVER; THENCE NORTHEASTERLY ALONG SAID SOUTHEASTERLY BANK OF THE COLORADO RIVER TO THE EASTERLY BOUNDARY LINE OF SECTION 7, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE NORTHERLY ALONG SAID EASTERLY BOUNDARY LINE OF SECTION 7, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. AND THE EASTERLY BOUNDARY LINE OF SECTION 6, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHEAST CORNER OF SAID SECTION 6, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. ALSO BEING A POINT ON THE SOUTHERLY BOUNDARY LINE OF SECTION 12, TOWNSHIP 11 SOUTH, RANGE 99 WEST 6TH P.M.; THENCE EASTERLY ALONG SAID SOUTHERLY

BOUNDARY LINE OF SECTION 12, TOWNSHIP 11 SOUTH, RANGE 99 WEST 6TH
P.M. TO A POINT ON THE RANGE LINE BETWEEN RANGES 98 AND 99 WEST
IN TOWNSHIP 11 SOUTH, 6TH P.M.; THENCE NORTHERLY ALONG SAID
RANGE LINE BETWEEN RANGES 98 AND 99 WEST IN TOWNSHIP 11 SOUTH,
6TH P.M. TO THE NORTHEASTERLY RIM OF A GEOLOGIC FORMATION
KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY; THENCE
NORTHWESTERLY ALONG SAID NORTHEASTERLY RIM OF A GEOLOGIC
FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY TO A
COMMON POINT FOR THE CITY OF GRAND JUNCTION, DEBEQUE, AND
PALISADE AMBULANCE SERVICE AREA BOUNDARIES; THENCE
SOUTHERLY ALONG A MEANDER LINE COMMON WITH SAID CITY OF
GRAND JUNCTION AMBULANCE SERVICE AREA BOUNDARY (SEE OFFICIAL
AMBULANCE SERVICE AREA MAP) LOCATED IN THE LEWIS WASH
DRAINAGE BASIN TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE
OF INTERSTATE 70; THENCE NORTHWESTERLY ALONG SAID NORTHERLY
RIGHT-OF-WAY LINE OF INTERSTATE 70 TO A POINT ON THE EASTERLY
BOUNDARY LINE OF SECTION 32, TOWNSHIP 1 NORTH, RANGE 1 EAST, UTE
P.M.; THENCE SOUTHERLY TO THE NORTHEAST CORNER OF SECTION 5,
TOWNSHIP 1 SOUTH, RANGE 1 EAST, UTE P.M.; THENCE SOUTHERLY ALONG
THE EASTERLY BOUNDARY LINE OF SAID SECTION 5, TOWNSHIP 1 SOUTH,
RANGE 1 EAST, UTE P.M. AND SECTIONS 8 AND 17, TOWNSHIP 1 SOUTH,
RANGE 1 EAST, UTE P.M. TO THE TO THE POINT OF BEGINNING.
SAID LANDS CONTAIN 26 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOCHAVAR, JR. PLS 20141
MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION
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DeBeque ASA: ~~MCM#2004-220, MCM#2004-220-2, 04-25-05~~

THE LANDS SITUATED IN NORTH CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE DEBEQUE AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE MESA AND GARFIELD COUNTY LINE AND THE WESTERLY BOUNDARY LINE OF SECTION 16, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID MESA AND GARFIELD COUNTY LINE TO A POINT ON THE EASTERLY BOUNDARY LINE OF SECTION 9, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG SAID EASTERLY BOUNDARY LINE OF SAID SECTION 9 AND THE EASTERLY BOUNDARY LINE OF SECTION 16, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 16, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M., ALSO BEING A POINT ON THE WHITE RIVER NATIONAL FOREST BOUNDARY AND BEING A COMMON CORNER BETWEEN SAID SECTION 16 AND SECTIONS 15 AND 21, ALL OF TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M.; THENCE CONTINUING ALONG SAID WHITE RIVER NATIONAL FOREST BOUNDARY THE FOLLOWING 5 COURSES:

(1)SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTIONS 21 AND SECTIONS 28, AND 33 ALL OF TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 33, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M.; (2)THENCE WESTERLY ALONG THE

SOUTHERLY BOUNDARY LINE OF SAID SECTION 33 AND SECTION 32,
TOWNSHIP 8 SOUTH, RANGE 96 WEST 6TH P.M. TO THE NORTHEAST CORNER
OF SECTION 6, TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M.; (3)THENCE
SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 6,
TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M. TO THE SOUTHEAST CORNER
OF SAID SECTION 6, TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M. ;
(4)THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID
SECTION 6, TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M. TO THE
SOUTHWEST CORNER OF SAID SECTION 6, TOWNSHIP 9 SOUTH, RANGE 96
WEST, 6TH P.M., ALSO BEING A POINT ON THE RANGE LINE COMMON
BETWEEN RANGES 96 AND 97 WEST, TOWNSHIP 9 SOUTH, 6TH P.M.;
(5)THENCE SOUTHERLY ALONG SAID RANGE LINE COMMON BETWEEN
RANGES 96 AND 97 WEST, TOWNSHIP 9 SOUTH, 6TH P.M. TO THE SOUTHEAST
CORNER OF SECTION 13, TOWNSHIP 9 SOUTH, RANGE 97 WEST, 6TH P.M.;
THENCE SOUTHERLY LEAVING SAID WHITE RIVER NATIONAL FOREST
BOUNDARY ALONG SAID RANGE LINE COMMON BETWEEN RANGES 96
AND 97 WEST, TOWNSHIP 9 SOUTH, 6TH P.M. TO THE SOUTHEAST CORNER
OF SECTION 24, TOWNSHIP 9 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE
WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 24
AND SECTIONS 23, 22, 21, 20, AND 19 ALL IN TOWNSHIP 9 SOUTH, RANGE 97
WEST, 6TH P.M. TO A POINT ON THE NORTHEASTERLY RIM OF A GEOLOGIC
FORMATION KNOWN AS THE "DEBEQUE CANYON"; THENCE SOUTHERLY
ALONG SAID NORTHEASTERLY RIM OF A GEOLOGIC FORMATION KNOWN

AS THE "DEBEQUE CANYON" TO THE SOUTHERLY BOUNDARY LINE OF SECTION 7, TOWNSHIP 10 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY LINE OF SAID SECTION 7, TOWNSHIP 10 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE EASTERLY CORRIDOR BOUNDARY LINE FOR U.S. HIGHWAY 6 AND INTERSTATE 70; THENCE SOUTHWESTERLY ALONG SAID EASTERLY CORRIDOR BOUNDARY LINE FOR U.S. HIGHWAY 6 AND INTERSTATE 70 TO THE EASTERLY BOUNDARY LINE OF SECTION 23, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID EASTERLY BOUNDARY LINE OF SECTION 23, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M. TO THE EASTERLY BANK OF THE COLORADO RIVER; THENCE SOUTHWESTERLY ALONG SAID EASTERLY BANK OF THE COLORADO RIVER TO A POINT ON THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 23 TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY LINE OF SECTION 23, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 22, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 22 AND SECTIONS 21, 20, 19, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M. AND SECTIONS 24, 23 AND 22 TOWNSHIP 10 SOUTH, RANGE 99 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID SECTION 22, TOWNSHIP 10 SOUTH, RANGE 99 WEST, 6TH P.M., ALSO BEING A POINT ON THE BOUNDARY LINE COMMON BETWEEN RANGE 99 WEST, TOWNSHIP 10 SOUTH, 6TH P.M.

AND RANGE 1 EAST, TOWNSHIP 1 NORTH, UTE P.M.; THENCE SOUTHERLY
ALONG SAID BOUNDARY LINE COMMON BETWEEN RANGE 99 WEST,
TOWNSHIP 10 SOUTH, 6TH P.M. AND RANGE 1 EAST, TOWNSHIP 1 NORTH,
UTE P.M. TO THE SOUTHEAST CORNER OF SECTION 12, TOWNSHIP 1 NORTH,
RANGE 1 EAST, UTE P.M.; THENCE WESTERLY ALONG THE SOUTHERLY
BOUNDARY LINE OF SAID SECTION 12 AND SECTION 11, TOWNSHIP 1
NORTH, RANGE 1 EAST, UTE P.M TO THE NORTHEASTERLY RIM OF A
GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND
VALLEY; THENCE NORTHWESTERLY ALONG SAID NORTHEASTERLY RIM
OF A GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE
GRAND VALLEY TO THE SOUTHERLY BOUNDARY LINE OF SECTION 8,
TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY
ALONG SAID SOUTHERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 9
SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID
SECTION 8, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE
NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 8,
TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE FLOWLINE OF THE
"LITTLE SALT WASH" DRAINAGE; THENCE NORTHEASTERLY ALONG SAID
FLOWLINE OF THE "LITTLE SALT WASH" DRAINAGE TO THE NORTHERLY
BOUNDARY LINE OF SECTION 5, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH
P.M., ALSO BEING A POINT ON THE COMMON BOUNDARY LINE BETWEEN
TOWNSHIPS 9 AND 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE EASTERLY
ALONG SAID COMMON BOUNDARY LINE BETWEEN TOWNSHIPS 9 AND 8

SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SECTION 34, OF SAID TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 34 AND SECTION 27, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE COMMON CORNER BETWEEN SECTIONS 21, 22 AND SAID SECTION 27, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 21, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID SECTION 21, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 21 AND AFORESAID SECTION 16, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE POINT OF BEGINNING.

SAID LANDS CONTAIN 252 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOICHEVAR, JR. PLS 20141

**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**

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Gateway-UnawEEP ASA: (MCM#2004-220, MCM#2004-220-2, 04-25-05)

THE LANDS SITUATED IN SOUTH MESA COUNTY, COLORADO
ENCOMPASSING THE GATEWAY-UNAWEEP AMBULANCE SERVICE AREA,
THE BOUNDARY OF SAID AREA BEING MORE PARTICULARLY DESCRIBED
AS FOLLOWS:

BEGINNING AT THE CORNER BETWEEN MESA AND DELTA COUNTIES ALSO
KNOWN AS STATION NO.1 DESCRIBED AS THE JUNCTION OF DOMINGUEZ
CREEK AND THE LEFT BANK OF THE GUNNISON RIVER IN AN OFFICIAL
SURVEY RECEPTION NO.926351 RECORDED IN THE OFFICE OF THE CLERK
AND RECORDER OF MESA COUNTY, COLORADO; THENCE
NORTHWESTERLY ALONG SAID LEFT BANK OF THE GUNNISON RIVER TO
THE SOUTHERLY BOUNDARY LINE OF SECTION 26, TOWNSHIP 13 SOUTH,
RANGE 99 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY
BOUNDARY LINE OF SECTION 26, OF SAID TOWNSHIP 13 SOUTH, RANGE 99
WEST, 6TH P.M. TO THE COMMON CORNER BETWEEN SECTION 27 AND SAID
SECTION 26 TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M.; THENCE
WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 27
AND SECTIONS 28, 29, AND 30 ALL IN TOWNSHIP 13 SOUTH, RANGE 99
WEST, 6TH P.M TO THE SOUTHWEST CORNER OF SAID SECTION 30,
TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M. ALSO BEING A POINT ON
THE RANGE LINE BETWEEN SAID TOWNSHIP 13 SOUTH AND RANGES 99
AND 100 WEST, 6TH P.M. AND THE SOUTHEAST CORNER OF SECTION 25 OF
SAID TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY

ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 25,
TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE COMMON
CORNER BETWEEN SECTIONS 26 AND 35 AND SAID SECTION 25, TOWNSHIP
13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE
EASTERLY BOUNDARY LINE OF SAID SECTION 35, TOWNSHIP 13 SOUTH,
RANGE 100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION
35, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY
ALONG THE SOUTHERLY BOUNDARY OF SAID SECTION 35 AND SECTIONS
34 AND 33 ALL IN TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE
COMMON CORNER FOR SECTION 32 AND SAID 33, TOWNSHIP 13 SOUTH,
RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY
BOUNDARY OF SAID SECTION 32, TOWNSHIP 13 SOUTH, RANGE 100 WEST,
6TH P.M. TO THE NORTHEAST CORNER OF SECTION 5, TOWNSHIP 14 SOUTH,
RANGE 100 WEST, 6TH P.M.; THENCE ALONG THE EASTERLY BOUNDARY
LINE OF SAID OF SECTION 5 AND SECTION 8, TOWNSHIP 14 SOUTH, RANGE
100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 8,
TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY
ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 8, TOWNSHIP
14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE NORTHEAST CORNER OF THE
NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 17,
TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY TO
THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF SOUTHEAST
QUARTER OF SAID SECTION 17, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH

P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY OF SAID SECTION 17 AND SECTION 18, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF SOUTHEAST QUARTER OF SAID SECTION 18, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY TO THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY TO THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. ALSO BEING A POINT ON THE RANGE LINE IN TOWNSHIP 14 SOUTH BETWEEN RANGES 100 WEST AND 101 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SECTION 25, TOWNSHIP 14 SOUTH, RANGE 101 WEST, 6TH P.M. TO A POINT ON THE NORTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "UNAWEEP CANYON"; THENCE WESTERLY ALONG SAID NORTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "UNAWEEP CANYON" TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SECTION 25, TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 25, TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M. AND SECTIONS 26, 27, 28, 29, AND 30, TOWNSHIP

14 SOUTH, RANGE 103 WEST, 6TH P.M. TO THE NORTHWEST CORNER OF SAID SECTION 30, TOWNSHIP 14 SOUTH, RANGE 103 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SECTIONS 25, 26, 27, 28, 29 AND 30, TOWNSHIP 14 SOUTH, RANGE 104 WEST, 6TH P.M. TO A POINT OF INTERSECTION ON THE MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH COUNTY LINES AND THE COLORADO-UTAH STATE LINE; THENCE SOUTHERLY ALONG SAID MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH COUNTY LINES AND THE COLORADO-UTAH STATE LINE TO THE CORNER COMMON TO SAID MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH AND MONTROSE COUNTY, COLORADO; THENCE EASTERLY ALONG SAID MESA COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO COUNTY LINES TO THE COMMON CORNER OF SAID MESA COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO; THENCE NORTHERLY ALONG SAID MESA COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO COUNTY LINE TO THE CORNER COMMON WITH DELTA COUNTY, COLORADO, SAID MESA COUNTY, COLORADO AND MONTROSE COUNTY, COLORADO; THENCE NORTHERLY ALONG SAID MESA COUNTY, COLORADO AND DELTA COUNTY, COLORADO COUNTY LINE TO THE POINT OF BEGINNING.

SAID LANDS CONTAIN 838 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOICHEVAR, JR. PLS 20141

**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**

750 Main St., Grand Junction, Colorado 81502

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Lands End ASA: ~~MC M#2004-220, MC M#2004-220-2, 04-25-05~~

THE LANDS SITUATED IN SOUTH CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE LANDS END AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF TOWNSHIP 2 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY TOWNSHIP LINE OF SAID TOWNSHIP 2 SOUTH, RANGE 2 EAST, UTE P.M. TO A POINT ON THE WESTERLY TOWNSHIP LINE OF TOWNSHIP 12 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID TOWNSHIP LINE OF TOWNSHIP 12 SOUTH, RANGE 98 WEST, 6TH P.M. TO A POINT ON A MEANDER LINE COMMON WITH THE CENTRAL ORCHARD MESA AND PALISADE AMBULANCE SERVICE AREAS (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE NORTHERLY AND NORTHEASTERLY ALONG SAID MEANDER LINE ON THE WESTERLY SLOPE OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" TO THE SOUTHERLY BOUNDARY LINE OF SECTION 16, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID SOUTHERLY BOUNDARY LINE OF SECTION 16, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. AND THE SOUTHERLY BOUNDARY LINE OF SECTION 15, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE SOUTHWESTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" IN SAID TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. AND TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH

P.M.; THENCE SOUTHEASTERLY ALONG SAID SOUTHWESTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" IN TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE EASTERLY BOUNDARY LINE OF SECTION 13 OF SAID TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH P.M. ALSO BEING THE RANGE LINE BETWEEN SAID TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH P.M. AND TOWNSHIP 12 SOUTH, RANGE 96 WEST, 6TH P. M.; THENCE SOUTHERLY ALONG SAID RANGE LINE BETWEEN TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH P.M. AND TOWNSHIP 12 SOUTH, RANGE 96 WEST, 6TH P. M TO THE SOUTHEAST CORNER OF SECTION 36, OF SAID TOWNSHIP 12 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE RANGE LINE BETWEEN TOWNSHIP 13 SOUTH, RANGE 97 WEST, 6TH P.M. AND TOWNSHIP 13 SOUTH, RANGE 96 WEST, 6TH P. M TO THE MESA AND DELTA COUNTY LINE IN SAID TOWNSHIP 13 SOUTH, RANGE 97 WEST, 6TH P.M. AND TOWNSHIP 13 SOUTH, RANGE 96 WEST, 6TH P. M; THENCE SOUTHWESTERLY ALONG SAID MESA AND DELTA COUNTY LINE TO THE CORNER BETWEEN MESA AND DELTA COUNTIES ALSO KNOWN AS STATION NO.1 DESCRIBED AS THE JUNCTION OF DOMINGUEZ CREEK AND THE LEFT BANK OF THE GUNNISON RIVER IN AN OFFICIAL SURVEY RECEPTION NO.926351 RECORDED IN THE OFFICE OF THE CLERK AND RECORDER OF MESA COUNTY, COLORADO; THENCE NORTHWESTERLY ALONG SAID LEFT BANK OF THE GUNNISON RIVER TO THE SOUTHERLY BOUNDARY LINE OF SECTION 26, TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY LINE

OF SECTION 26, OF SAID TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M. TO THE COMMON CORNER BETWEEN SECTION 27 AND SAID SECTION 26 TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 27 AND SECTIONS 28, 29, AND 30 ALL IN TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M TO THE SOUTHWEST CORNER OF SAID SECTION 30, TOWNSHIP 13 SOUTH, RANGE 99 WEST, 6TH P.M.ALSO BEING A POINT ON THE RANGE LINE BETWEEN SAID TOWNSHIP 13 SOUTH AND RANGES 99 AND 100 WEST, 6TH P.M. AND THE SOUTHEAST CORNER OF SECTION 25 OF SAID TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 25, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE COMMON CORNER BETWEEN SECTIONS 26 AND 35 AND SAID SECTION 25, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 35, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 35, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY OF SAID SECTION 35 AND SECTIONS 34 AND 33 ALL IN TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE COMMON CORNER FOR SECTION 32 AND SAID 33, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY OF SAID SECTION 32, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE NORTHEAST CORNER OF SECTION 5, TOWNSHIP 14 SOUTH, RANGE 100

WEST, 6TH P.M.; THENCE ALONG THE EASTERLY BOUNDARY LINE OF SAID OF SECTION 5 AND SECTION 8, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 8, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 8, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY TO THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF SOUTHEAST QUARTER OF SAID SECTION 17, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY OF SAID SECTION 17 AND SECTION 18, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF SOUTHEAST QUARTER OF SAID SECTION 18, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE SOUTHERLY TO THE SOUTHEAST CORNER OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY TO THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 19, TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M. ALSO BEING A POINT ON THE RANGE LINE IN TOWNSHIP 14 SOUTH BETWEEN RANGES 100 AND 101 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE RANGE LINE IN TOWNSHIP 14 SOUTH, BETWEEN RANGES 100 AND 101 WEST, 6TH P.M. TO THE NORTHWEST CORNER OF SAID

TOWNSHIP 14 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE RANGE LINE IN TOWNSHIP 13 SOUTH, BETWEEN RANGES 100 AND 101 WEST, 6TH P.M. TO THE NORTHWEST CORNER OF SECTION 18, TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID RANGE LINE IN TOWNSHIP 13 SOUTH, BETWEEN RANGES 100 AND 101 WEST, 6TH P.M. TO A POINT ON THE FLOWLINE OF WEST BANGS CANYON A MEANDER LINE COMMON WITH THE CITY OF GRAND JUNCTION AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE NORTHEASTERLY ALONG SAID MEANDER LINE TO A POINT ON THE NORTHERLY TOWNSHIP LINE OF TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID NORTHERLY TOWNSHIP LINE OF TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE NORTHEAST CORNER OF SAID TOWNSHIP 13 SOUTH, RANGE 100 WEST, 6TH P.M. ALSO BEING THE SOUTHWEST CORNER OF TOWNSHIP 12 SOUTH, RANGE 99 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE WESTERLY RANGE LINE OF SAID TOWNSHIP 12 SOUTH, RANGE 99 WEST, 6TH P.M. TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M.; THENCE EASTERLY ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF SAID SECTION 8, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY LINE OF SECTION 9, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M. TO THE NORTHEAST CORNER OF SAID SECTION 9, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M.;

THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SECTION 3, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M. TO A POINT OF INTERSECTION PROJECTING THE CENTERLINE OF COLORADO HIGHWAY 141 SOUTHWESTERLY TO SAID WESTERLY BOUNDARY LINE OF SECTION 3, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M.; THENCE NORTHEASTERLY ALONG SAID PROJECTED CENTERLINE OF COLORADO HIGHWAY 141 AND ALONG SAID CENTERLINE OF COLORADO HIGHWAY 141 TO THE NORTHERLY BOUNDARY LINE OF SAID SECTION 3, TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M. AND THE NORTHERLY TOWNSHIP LINE OF SAID TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M.; THENCE EASTERLY ALONG SAID NORTHERLY TOWNSHIP LINE OF SAID TOWNSHIP 2 SOUTH, 1 EAST, UTE P.M. TO AFORESAID NORTHWEST CORNER OF TOWNSHIP 2 SOUTH, RANGE 2 EAST, UTE P.M. AND THE POINT OF BEGINNING.

SAID LANDS CONTAIN 234 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:
BERNARD F. KOCHER, JR. PLS 20141
**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
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Lower Valley ASA: ~~(MCM#2004-220, MCM#2004-220-1, 04-25-05)~~

THE LANDS SITUATED IN NORTHWEST MESA COUNTY, COLORADO ENCOMPASSING THE LOWER VALLEY AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF MESA COUNTY, COLORADO ALSO BEING A POINT ON THE COUNTY LINE FOR GRAND COUNTY, UTAH AND THE COLORADO-UTAH STATE LINE; THENCE SOUTHERLY ALONG SAID MESA COUNTY, COLORADO AND GRAND COUNTY, UTAH COUNTY LINES AND THE COLORADO-UTAH STATE LINE TO A POINT ON A MEANDER LINE COMMON WITH THE CITY OF GRAND JUNCTION AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE EASTERLY ALONG SAID MEANDER LINE TO A POINT ON THE NORTH-SOUTH CENTERLINE OF SECTION 36, 1 NORTH, 2 WEST, UTE P.M.; THENCE NORTHERLY ALONG SAID NORTH-SOUTH CENTERLINE OF SECTION 36, 1 NORTH, 2 WEST, UTE P.M. AND THE NORTH-SOUTH CENTERLINE OF SECTION 25, 1 NORTH, 2 WEST, UTE P.M. TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SAID SECTION 25, 1 NORTH, 2 WEST, UTE P.M.; THENCE EASTERLY ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 25, 1 NORTH, 2 WEST, UTE P.M. AND THE NORTHERLY BOUNDARY LINE OF SECTION 30, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SAID SECTION 30, 1 NORTH, 1 WEST, UTE P.M.; THENCE NORTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF

SECTION 19, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M.; THENCE EASTERLY ALONG THE EAST-WEST CENTERLINE OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M. TO THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M.; THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF THE EAST ½ OF SAID NORTHEAST QUARTER OF SAID SECTION 19, 1 NORTH, 1 WEST, UTE P.M. AND THE NORTH-SOUTH CENTERLINE OF THE NORTHEAST AND SOUTHEAST QUARTER OF SECTION 18, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 18, 1 NORTH, 1 WEST, UTE P.M.; THENCE EASTERLY ALONG THE NORTHERLY BOUNDARY OF SAID SECTION 18, 1 NORTH, 1 WEST, UTE P.M. AND SECTION 17, 1 NORTH, 1 WEST, UTE P.M. TO THE NORTHEAST CORNER OF SAID SECTION 17, 1 NORTH, 1 WEST, UTE P.M.; THENCE NORTHERLY ALONG THE CENTERLINE OF 24 ROAD TO THE EASTERLY BANK OF THE HIGHLINE CANAL; THENCE NORTHERLY ALONG SAID EASTERLY BANK OF THE HIGHLINE CANAL TO POINT ON A MEANDER LINE COMMON WITH THE CITY OF GRAND JUNCTION AMBULANCE SERVICE AREA BOUNDARY (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE NORTHEASTERLY ALONG SAID MEANDER LINE COMMON WITH THE CITY OF GRAND JUNCTION AMBULANCE SERVICE AREA BOUNDARY TO A POINT ON THE NORTHEASTERLY RIM OF A GEOLOGIC FORMATION

KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY ALSO BEING A COMMON POINT FOR THE CITY OF GRAND JUNCTION AND DEBEQUE AMBULANCE SERVICE AREA BOUNDARY ; THENCE NORTHWESTERLY ALONG SAID NORTHEASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY TO THE SOUTHERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID SECTION 8, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 8, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE FLOWLINE OF THE "LITTLE SALT WASH" DRAINAGE; THENCE NORTHEASTERLY ALONG SAID FLOWLINE OF THE "LITTLE SALT WASH" DRAINAGE TO THE NORTHERLY BOUNDARY LINE OF SECTION 5, TOWNSHIP 9 SOUTH, RANGE 100 WEST, 6TH P.M., ALSO BEING A POINT ON THE COMMON BOUNDARY LINE BETWEEN TOWNSHIPS 9 AND 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID COMMON BOUNDARY LINE BETWEEN TOWNSHIPS 9 AND 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SECTION 34, OF SAID TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 34 AND SECTION 27, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO THE COMMON CORNER BETWEEN SECTIONS 21, 22 AND SAID SECTION 27, TOWNSHIP 8 SOUTH,

RANGE 100 WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY
BOUNDARY LINE OF SAID SECTION 21, TOWNSHIP 8 SOUTH, RANGE 100
WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID SECTION 21,
TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.; THENCE NORTHERLY
ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 21 AND
SECTION 16, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M. TO A POINT ON
THE MESA AND GARFIELD COUNTY LINE AND THE WESTERLY BOUNDARY
LINE OF SAID SECTION 16, TOWNSHIP 8 SOUTH, RANGE 100 WEST, 6TH P.M.;
THENCE WESTERLY ALONG SAID MESA AND GARFIELD COUNTY LINE TO
THE POINT OF BEGINNING.

SAID LANDS CONTAIN 418 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOCHVAR, JR. PLS 20141

**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**

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Palisade ASA: ~~MCM #2004-220, MCM #2004-220-2, 04-25-05~~

THE LANDS SITUATED IN NORTH CENTRAL MESA COUNTY, COLORADO ENCOMPASSING THE PALISADE AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SECTION 7, TOWNSHIP 11 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE SOUTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 7, TOWNSHIP 11 SOUTH, RANGE 98 WEST, 6TH P.M. TO A POINT ON THE NORTHERLY BOUNDARY LINE OF SECTION 5, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE WESTERLY ALONG SAID NORTHERLY BOUNDARY LINE OF SECTION 5, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHWEST CORNER OF SAID SECTION 5, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE WESTERLY BOUNDARY LINE OF SAID SECTION 5, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. AND THE WESTERLY BOUNDARY LINE OF SECTION 8, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE SOUTHEASTERLY BANK OF THE COLORADO RIVER; THENCE SOUTHWESTERLY ALONG SAID SOUTHEASTERLY BANK OF THE COLORADO RIVER TO THE EAST-WEST CENTERLINE OF SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE EASTERLY ALONG SAID EAST-WEST CENTERLINE OF SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHEAST CORNER OF NORTHEAST QUARTER OF SOUTHWEST QUARTER OF SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2

EAST, UTE P.M.; THENCE SOUTHERLY ALONG THE NORTH-SOUTH CENTERLINE OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M.; THENCE EASTERLY ALONG THE EAST-WEST CENTERLINE OF THE SOUTH HALF OF SAID SECTION 18, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. AND THE EAST-WEST CENTERLINE OF THE SOUTH HALF OF SECTION 17, TOWNSHIP 1 SOUTH, RANGE 2 EAST, UTE P.M. TO A POINT ON THE EASTERLY RIGHT-OF-WAY LINE OF THE ORCHARD MESA CANAL NO.2; THENCE SOUTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE OF THE ORCHARD MESA CANAL NO.2 TO A POINT ON A MEANDER LINE COMMON WITH THE CENTRAL ORCHARD MESA AMBULANCE SERVICE AREA (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE SOUTHEASTERLY ALONG SAID MEANDER LINE TO AN ANGLE POINT ON THE CENTERLINE OF A HIGH VOLTAGE ELECTRIC TRANSMISSION LINE RUNNING SOUTHWEST TO NORTHEAST; THENCE NORTHEASTERLY ALONG SAID CENTERLINE OF A HIGH VOLTAGE ELECTRIC TRANSMISSION LINE TO A POINT ON A MEANDER LINE COMMON WITH THE CENTRAL ORCHARD MESA, LANDS END AND PLATEAU VALLEY AMBULANCE SERVICE AREAS (SEE OFFICIAL AMBULANCE SERVICE AREA MAP); THENCE NORTHERLY AND NORTHEASTERLY ALONG SAID MEANDER LINE ON THE WESTERLY SLOPE OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" TO THE SOUTHERLY BOUNDARY LINE OF

SECTION 16, TOWNSHIP 11 SOUTH, RANGE 98 WEST, 6TH P.M. AND A POINT ON THE RAPID CREEK DRAINAGE BASIN; THENCE NORTHWESTERLY ALONG THE NORTHEASTERLY BOUNDARY LINE OF SAID RAPID CREEK DRAINAGE BASIN TO A POINT ON THE EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON"; THENCE NORTHERLY ALONG SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON" TO A INTERSECTION POINT BETWEEN SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON" AND THE SOUTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON"; THENCE NORTHEASTERLY ALONG SAID SOUTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" TO THE CENTERLINE OF SECTION 17, TOWNSHIP 10 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID CENTERLINE OF SECTION 17, TOWNSHIP 10 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE NORTHERLY RIM OF SAID GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON"; THENCE SOUTHWESTERLY ALONG SAID NORTHERLY RIM OF GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" TO A INTERSECTION POINT BETWEEN SAID NORTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" AND SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON"; THENCE NORTHERLY ALONG SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON TO A POINT ON THE SOUTHERLY BOUNDARY LINE OF SECTION 7, TOWNSHIP 10 SOUTH, RANGE

97 WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY
BOUNDARY LINE OF SAID SECTION 7, TOWNSHIP 10 SOUTH, RANGE 97
WEST, 6TH P.M. TO A POINT ON THE EASTERLY CORRIDOR BOUNDARY LINE
FOR U.S. HIGHWAY 6 AND INTERSTATE 70; THENCE SOUTHWESTERLY
ALONG SAID EASTERLY CORRIDOR BOUNDARY LINE FOR U.S. HIGHWAY 6
AND INTERSTATE 70 TO THE EASTERLY BOUNDARY LINE OF SECTION 23,
TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M.; THENCE NORTHERLY
ALONG SAID EASTERLY BOUNDARY LINE OF SECTION 23, TOWNSHIP 10
SOUTH, RANGE 98 WEST, 6TH P.M. TO THE EASTERLY BANK OF THE
COLORADO RIVER; THENCE SOUTHWESTERLY ALONG SAID EASTERLY
BANK OF THE COLORADO RIVER TO A POINT ON THE SOUTHERLY
BOUNDARY LINE OF SAID SECTION 23 TOWNSHIP 10 SOUTH, RANGE 98
WEST, 6TH P.M.; THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY
LINE OF SECTION 23, TOWNSHIP 10 SOUTH, RANGE 98 WEST, 6TH P.M. TO
THE SOUTHEAST CORNER OF SECTION 22, TOWNSHIP 10 SOUTH, RANGE 98
WEST, 6TH P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY
LINE OF SAID SECTION 22 AND SECTIONS 21, 20, 19, TOWNSHIP 10 SOUTH,
RANGE 98 WEST, 6TH P.M. AND SECTIONS 24, 23 AND 22 TOWNSHIP 10
SOUTH, RANGE 99 WEST, 6TH P.M. TO THE SOUTHWEST CORNER OF SAID
SECTION 22, TOWNSHIP 10 SOUTH, RANGE 99 WEST, 6TH P.M., ALSO BEING A
POINT ON THE BOUNDARY LINE COMMON BETWEEN RANGE 99 WEST,
TOWNSHIP 10 SOUTH, 6TH P.M. AND RANGE 1 EAST, TOWNSHIP 1 NORTH,
UTE P.M.; THENCE SOUTHERLY ALONG SAID BOUNDARY LINE COMMON

BETWEEN RANGE 99 WEST, TOWNSHIP 10 SOUTH, 6TH P.M. AND RANGE 1 EAST, TOWNSHIP 1 NORTH, UTE P.M. TO THE SOUTHEAST CORNER OF SECTION 12, TOWNSHIP 1 NORTH, RANGE 1 EAST, UTE P.M.; THENCE WESTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SAID SECTION 12 AND SECTION 11, TOWNSHIP 1 NORTH, RANGE 1 EAST, UTE P.M TO THE NORTHEASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY; THENCE SOUTHEASTERLY ALONG SAID NORTHEASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "BOOK CLIFFS" OF THE GRAND VALLEY TO A POINT ON THE WESTERLY BOUNDARY LINE OF SECTION 6, TOWNSHIP 11 SOUTH, RANGE 98 WEST, 6TH P.M., THENCE ALONG SAID WESTERLY BOUNDARY LINE OF SECTION 6, TOWNSHIP 11 SOUTH, RANGE 98 WEST, 6TH P.M. TO THE POINT OF BEGINNING.

SAID LANDS CONTAIN 59 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:
BERNARD F. KOCHVAR, JR. PLS 20141
**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**
750 Main St., Grand Junction, Colorado 81502
(970) 244-1826 FAX (970) 255-7171

Plateau Valley ASA: ~~MCM#2004-220, MCM#2004-220-2, 04-25-05~~

THE LANDS SITUATED IN NORTHEASTERN MESA COUNTY, COLORADO ENCOMPASSING THE PLATEAU VALLEY AMBULANCE SERVICE AREA, THE BOUNDARY OF SAID SERVICE AREA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE MESA AND GARFIELD COUNTY LINE AND THE EASTERLY BOUNDARY LINE OF SECTION 9, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID MESA AND GARFIELD COUNTY LINE TO THE NORTHEASTERLY CORNER OF MESA COUNTY, ALSO BEING A COMMON CORNER WITH SAID GARFIELD COUNTY AND PITKIN COUNTY; THENCE SOUTHERLY ALONG THE MESA AND PITKIN COUNTY LINE TO A CORNER COMMON WITH MESA, PITKIN AND GUNNISON COUNTIES; THENCE SOUTHWESTERLY ALONG THE MESA AND GUNNISON COUNTY LINE TO A CORNER COMMON WITH MESA, GUNNISON AND DELTA COUNTIES; THENCE SOUTHWESTERLY ALONG THE MESA AND DELTA COUNTY LINE TO A POINT ON THE TOWNSHIP LINE BETWEEN TOWNSHIP 13 SOUTH, RANGE 96 WEST, 6TH P.M. AND TOWNSHIP 13 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID TOWNSHIP LINE BETWEEN TOWNSHIP 13 SOUTH, RANGE 96 WEST, 6TH P.M. AND TOWNSHIP 13 SOUTH, RANGE 97 WEST, 6TH P.M TO A POINT ON THE SOUTHWESTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA"; THENCE NORTHWESTERLY ALONG SAID SOUTHWESTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "GRAND MESA" TO A POINT ON THE

SOUTHERLY BOUNDARY LINE OF SECTION 15, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. THENCE WESTERLY ALONG SAID SOUTHERLY BOUNDARY LINE OF SECTION 15, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. AND THE SOUTHERLY BOUNDARY LINE OF SECTION 16, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE RAPID CREEK DRAINAGE BASIN; THENCE NORTHWESTERLY ALONG THE NORTHEASTERLY BOUNDARY LINE OF SAID RAPID CREEK DRAINAGE BASIN TO A POINT ON THE EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON"; THENCE NORTHERLY ALONG SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON" TO A INTERSECTION POINT BETWEEN SAID EASTERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON" AND THE SOUTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON"; THENCE NORTHEASTERLY ALONG SAID SOUTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" TO THE CENTERLINE OF SECTION 17, TOWNSHIP 10 SOUTH, RANGE 97 WEST, 6TH P.M.; THENCE NORTHERLY ALONG SAID CENTERLINE OF SECTION 17, TOWNSHIP 11 SOUTH, RANGE 97 WEST, 6TH P.M. TO A POINT ON THE NORTHERLY RIM OF SAID GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON"; THENCE SOUTHWESTERLY ALONG SAID NORTHERLY RIM OF GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" TO A INTERSECTION POINT BETWEEN SAID NORTHERLY RIM OF A GEOLOGIC FORMATION KNOWN AS THE "PLATEAU CANYON" AND SAID EASTERLY

RIM OF A GEOLOGIC FORMATION KNOWN AS THE "DEBEQUE CANYON;
THENCE NORTHERLY ALONG SAID EASTERLY RIM OF A GEOLOGIC
FORMATION KNOWN AS THE "DEBEQUE CANYON" TO A POINT ON THE
SOUTHERLY BOUNDARY LINE OF SECTION 19, TOWNSHIP 9 SOUTH, RANGE
97 WEST, 6TH P.M.; THENCE EASTERLY ALONG SAID SOUTHERLY
BOUNDARY LINE OF SECTION 19 AND SECTIONS 20, 21, 22, 23 AND 24 ALL IN
TOWNSHIP 9 SOUTH, RANGE 97 WEST, 6TH P.M. TO THE SOUTHEAST CORNER
OF SAID SECTION 24, TOWNSHIP 9 SOUTH, RANGE 97 WEST, 6TH P.M. ALSO
BEING A POINT ON THE RANGE LINE COMMON BETWEEN RANGES 96 AND
97 WEST, TOWNSHIP 9 SOUTH, 6TH P.M.; THENCE NORTHERLY ALONG SAID
RANGE LINE COMMON BETWEEN RANGES 96 AND 97 WEST, TOWNSHIP 9
SOUTH, 6TH P.M. TO THE SOUTHWEST CORNER OF SECTION 6, TOWNSHIP 9
SOUTH, RANGE 96 WEST, 6TH P.M., THENCE EASTERLY ALONG THE
SOUTHERLY BOUNDARY LINE OF SAID SECTION 6, TOWNSHIP 9 SOUTH,
RANGE 96 WEST, 6TH P.M. TO THE SOUTHEAST CORNER OF SAID SECTION 6,
TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M. ; THENCE NORTHERLY
ALONG THE EASTERLY BOUNDARY LINE OF SAID SECTION 6, TOWNSHIP 9
SOUTH, RANGE 96 WEST, 6TH P.M. TO THE NORTHEAST CORNER OF SAID
SECTION 6, TOWNSHIP 9 SOUTH, RANGE 96 WEST, 6TH P.M.; THENCE
EASTERLY ALONG THE SOUTHERLY BOUNDARY LINE OF SECTIONS 33
AND 32, TOWNSHIP 8 SOUTH, RANGE 96 WEST 6TH P.M TO THE SOUTHEAST
CORNER OF SECTION 33, TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M.;
THENCE NORTHERLY ALONG THE EASTERLY BOUNDARY LINE OF

SECTIONS 16, 21, 28, AFORESAID SECTION 9 AND SAID SECTION 33, ALL IN
TOWNSHIP 8 SOUTH, RANGE 96 WEST, 6TH P.M. TO THE POINT OF
BEGINNING.

SAID LANDS CONTAIN 836 SQUARE MILES MORE OR LESS.

DESCRIPTION WRITTEN BY:

BERNARD F. KOCHVAR, JR. PLS 20141

**MESA COUNTY DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION / SURVEY SECTION**

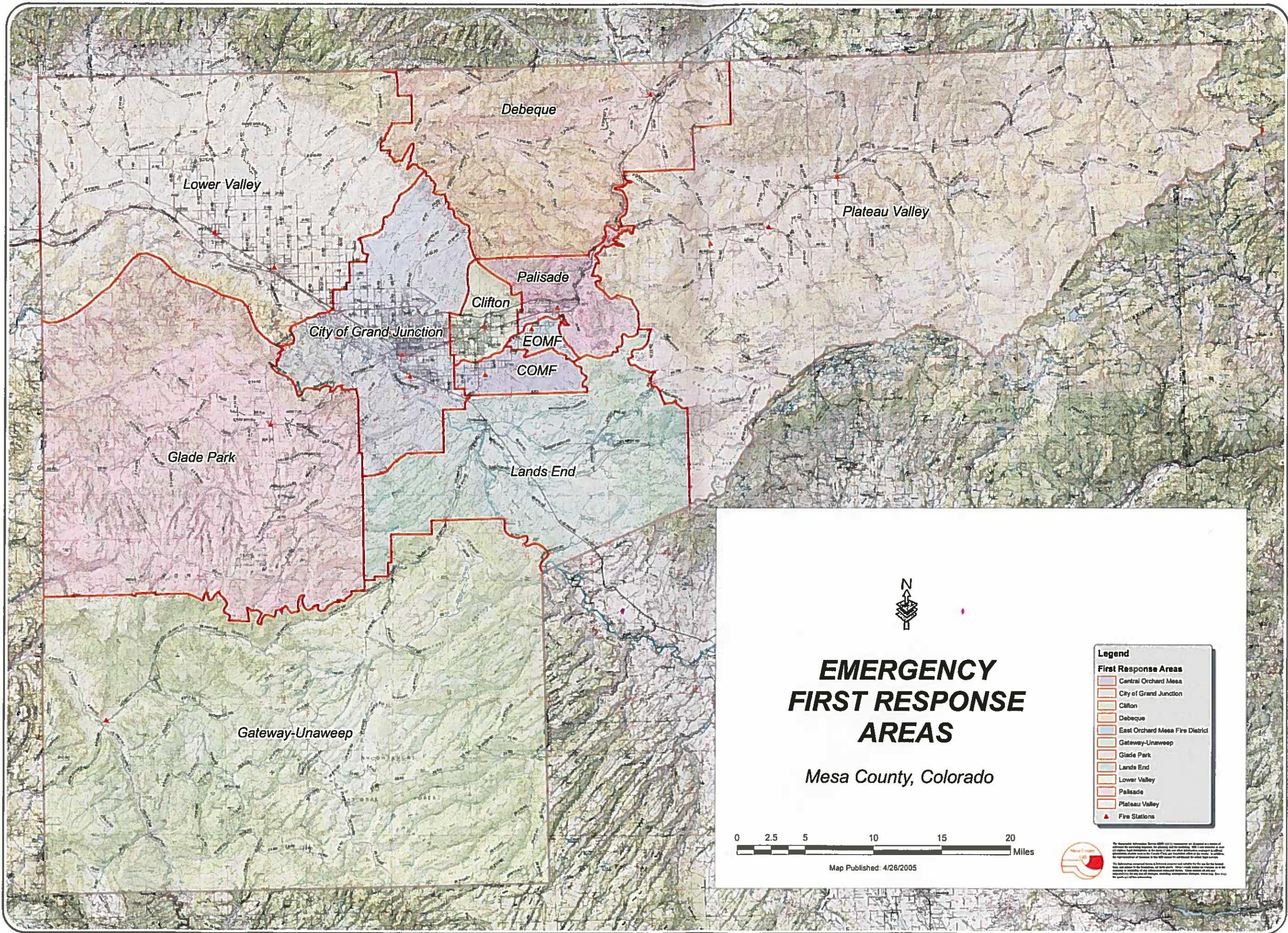
750 Main St., Grand Junction, Colorado 81502
(970) 244-1826 FAX (970) 255-7171



APPENDIX B: EMERGENCY FIRST RESPONSE AREA BOUNDARIES.



APPENDIX C: AMBULANCE PERFORMANCE ZONES



EMERGENCY FIRST RESPONSE AREAS

Mesa County, Colorado



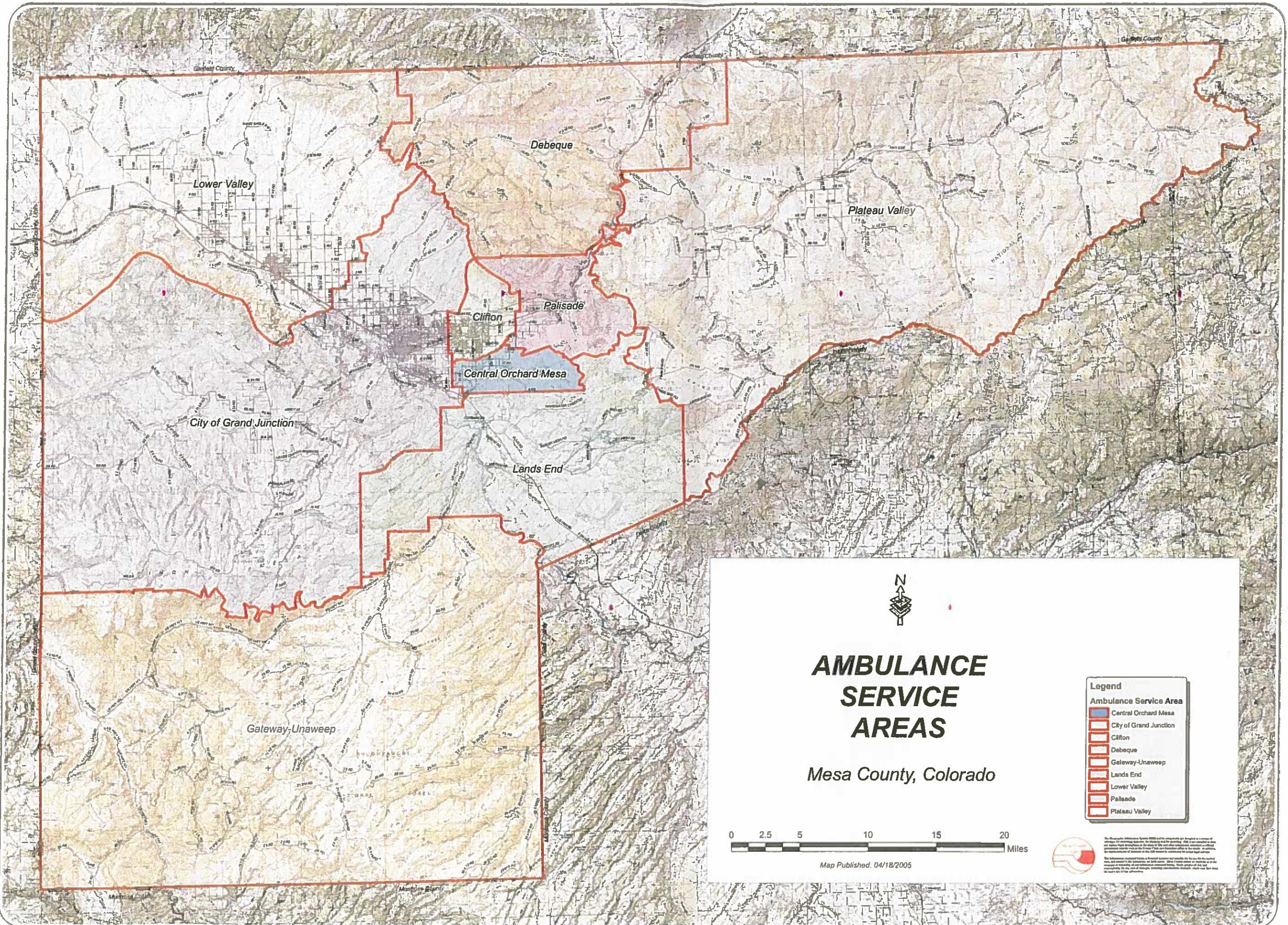
Legend	
First Response Areas	
	Central Orchard Mesa
	City of Grand Junction
	Clifton
	Debeque
	East Orchard Mesa Fire District
	Gateway-Unaweeep
	Glade Park
	Lands End
	Lower Valley
	Palisade
	Plateau Valley
	Fire Stations



Map Published: 4/26/2005



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AMBULANCE SERVICE AREAS

Mesa County, Colorado

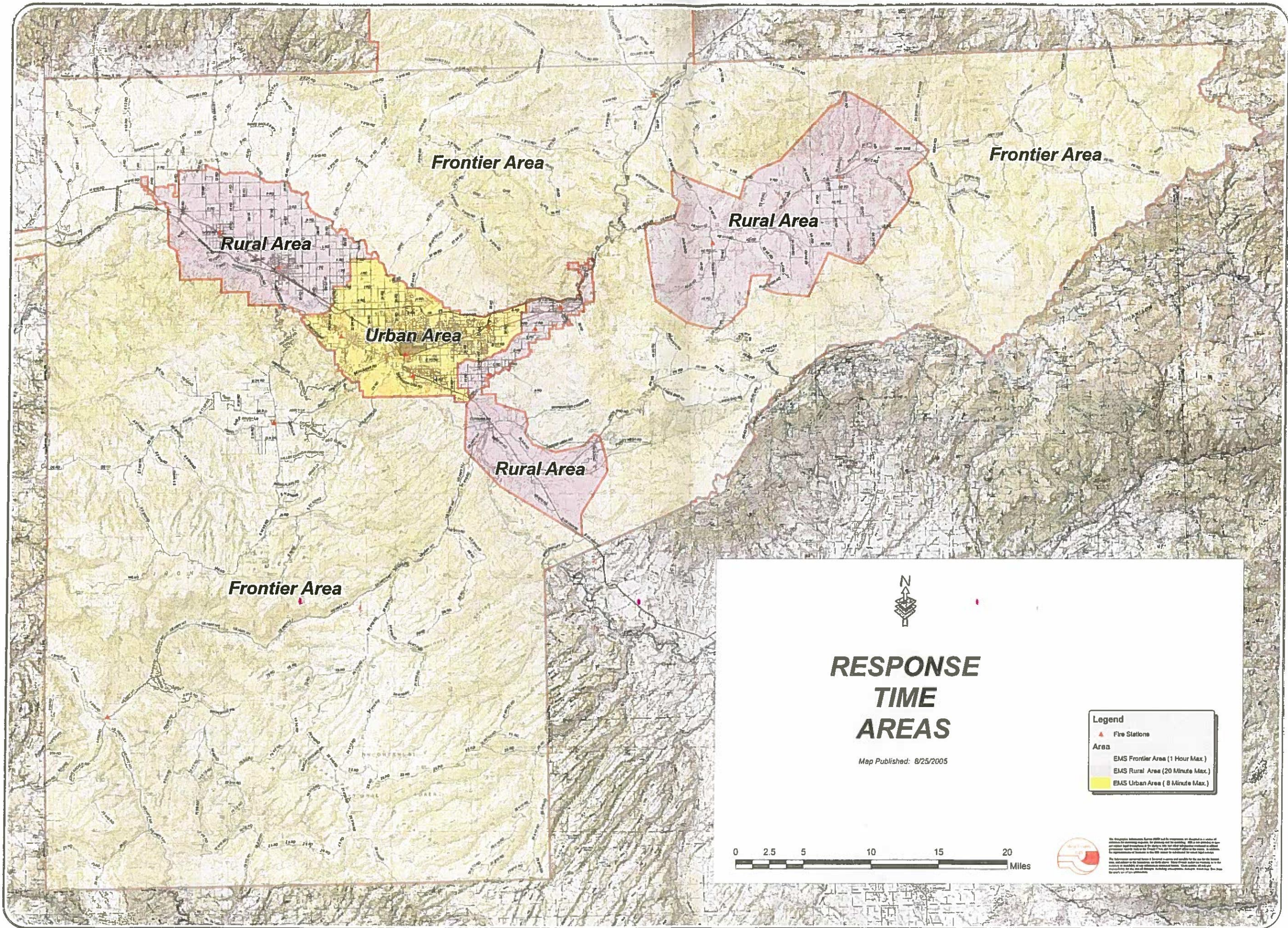
- Legend**
- Ambulance Service Area**
- Central Orchard Mesa
 - City of Grand Junction
 - Clifton
 - Debeque
 - Gateway-UnawEEP
 - Lands End
 - Lower Valley
 - Palisade
 - Plateau Valley



Map Published: 04/18/2005



The Geographic Information System (GIS) data for this map was developed by a contractor for the Mesa County Emergency Medical Services (EMS) department. The data was derived from a variety of sources, including aerial photography, ground surveys, and other data. The data is provided as a service to the public and is not intended to be used for any other purpose. The information is provided as a service to the public and is not intended to be used for any other purpose. The information is provided as a service to the public and is not intended to be used for any other purpose.



Frontier Area

Frontier Area

Rural Area

Rural Area

Urban Area

Rural Area

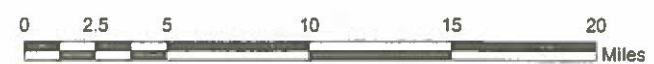
Frontier Area

RESPONSE TIME AREAS

Map Published: 8/25/2005

Legend

- ▲ Fire Stations
- Area
- EMS Frontier Area (1 Hour Max.)
- EMS Rural Area (20 Minute Max.)
- EMS Urban Area (8 Minute Max.)



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