

**2024 EMERGENCY MEDICAL SERVICES  
ALS FIRST RESPONDER AGREEMENT  
AMENDMENT NO. 1**

**CITY OF ST. PETERSBURG**

**October 1, 2025**

**PINELLAS COUNTY  
EMERGENCY MEDICAL SERVICES AUTHORITY  
12490 Ulmerton Road  
Largo, Florida 33774**

**2024 EMERGENCY MEDICAL SERVICES  
ALS FIRST RESPONDER AGREEMENT  
AMENDMENT NO. 1**

**THIS FIRST AMENDMENT** amending the **2024** Emergency Medical Services ALS First Responder Agreement, made this 18th day of November 2025, between the CITY OF ST. PETERSBURG, a Florida municipal corporation ("Contractor"), and the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a special district ("Authority").

In consideration of the mutual benefits set forth below, the parties agree as follows:

1. Contractor currently contracts with the Authority to provide Advanced Life Support (ALS) First Responder Services. The Contractor and the Authority are currently parties to the Emergency Medical Services ALS First Responder Agreement, which contract is referred to herein as the "2024 Agreement".
2. Section 701(e) of the 2024 Agreement provides for an extraordinary budget increase which must be negotiated prior to the beginning of the next fiscal year in the event any proposed budget submitted by the Contractor should exceed three and one-half (3 1/2%) percent of the prior Fiscal Year's budget. The Contractor's funding for FY24-25 totaled \$23,238,134 and the FY25-26 budget submitted is \$25,344,108. The extraordinary cost increase is \$2,105,974 or 9.1%. The full budget increase of \$2,105,974 includes \$843,792 to fully implement the Staffing plan approved in the 2024 Agreement. In FY25-26, full-time equivalent Paramedics will increase from 120 to 128, an increase of eight (8) as an enhancement to the overall EMS system.
3. Appendix A of the 2024 Agreement is hereby deleted and replaced with Amended Appendix A, which is attached hereto and made a part

hereof by reference. All references in the 2024 Agreement to Appendix A shall mean Amended Appendix A. The Authority hereby agrees to and has funded and authorized the Contractor's budget submission of \$25,344,108 for FY25-26, which change is reflected on Amended Appendix A hereto.

4. Contractor will use their best efforts to implement Aladtec or successor County scheduling software for instructor reimbursement. Reimbursement shall include actual hours worked – up to 60 minutes for preparation / setup, breakdown, paperwork and travel for each class. Appendix F of the 2024 Agreement is hereby deleted and replaced with Amended Appendix F (Reimbursement Forms), which is attached hereto and made a part hereof by reference. All references in the 2024 Agreement to Appendix F shall mean Amended Appendix F.
5. Except as is otherwise set out herein, the Contractor and the Authority agree that upon approval by the respective Boards of the Contractor and the Authority and upon signing this Amendment, all terms of the 2024 Agreement will remain in full force and effect.
6. Contractor and Authority agree that the effective date is October 1, 2025.

**[Signature Page to Follow]**

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this First Amendment to be executed on this 18th day of November, 2025.

ATTEST:  
KENNETH BURKE, CLERK

By:   
Deputy Clerk

(seal)

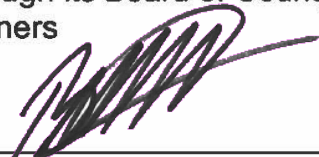
APPROVED AS TO FORM:  
APPROVED AS TO FORM

By: Patrick H. Allman IV  
Office of the County Attorney

Office of the County Attorney



PINELLAS COUNTY EMERGENCY  
MEDICAL SERVICES AUTHORITY  
By and through its Board of County  
Commissioners

By:   
Chairman

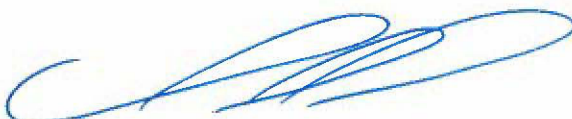
CITY OF ST. PETERSBURG, FLORIDA

By: 

Print: Kenneth T. Welch

Title: Mayor

Attest:

  
City Clerk

(seal)



Approved as to Content and Form: 

City Attorney (designee)



**Amended Appendix A**  
**ALS First Responder Profile**

<b>Contractor</b>	St. Petersburg
<b>EMS District(s)</b>	St. Petersburg EMS District
<b>Authority Funded Units</b>	Medic 1 (12/7) Medic 3 (12/7) Medic 7 (12/7) Rescue 1 Rescue 3 Rescue 4 Rescue 5 Rescue 6 Rescue 7 Rescue 8 Rescue 9 Rescue 10 Rescue 11 Rescue 13 Engine 2 Engine 12 Engine 14
<b>Contractor Funded Units</b>	Engine 3 Engine 4 Engine 5 Engine 6 Engine 7 Engine 8 Engine 9 Engine 10 Engine 11 Engine 13
<b>EMS Coordination</b>	EMS Coordinator (Rescue Chief) – 1 FTE (SP500) EMS Admin. DC (Rescue District Chief) – 1 FTE (SP501) EMS Admin. Captain – 1 FTE (SP503) Rescue Lieutenant (LR1) – 1 Position 24/7 Rescue Lieutenant (LR13) – 1 Position 24/7 Rescue Captain (SP502) – 1 Position 24/7 EMS QA/QI Manager – 1 FTE EMS Administrative Support – 1 FTE
<b>FY25-29 Annual Compensation</b>	FY25-29 = \$25,344,108, which includes \$843,792 for 8 additional 24/7 Paramedic positions for a total of 22 24/7 Paramedic positions added since FY24. FY26-29 shall include the added 22 24/7 Paramedic positions.

<b>Projected Capital</b>	Unit #	Order	Expected FY	Type
	R13	FY22	FY26	Rescue
	R7	FY22	FY26	Rescue
	R4	FY22	FY26	Rescue
	SP502	FY25	FY26	Staff
	SP503	FY25	FY26	Staff
	LR1	FY25	FY26	Staff
	R3*	FY23	FY26	Rescue
	R6*	FY23	FY26	Rescue
	R5*	FY24	FY26	Rescue
	R10*	FY24	FY26	Rescue
	ME1	FY27	FY28	Medic
	ME3	FY27	FY28	Medic
	ME7	FY27	FY28	Medic
	R9	FY28	FY29	Rescue
	SP500	FY28	FY29	Staff
	SP501	FY28	FY29	Staff
	LR13	FY28	FY29	Staff
	R1	FY29	FY30	Rescue
	R8	FY29	FY30	Rescue
	R11	FY29	FY30	Rescue
	* prepaid by County			

**AMENDED APPENDIX F  
Reimbursement Forms**



## EMS INSTRUCTOR REIMBURSEMENT FORM

Agency: St. Petersburg Fire Rescue  
Month: January

	CME Instructor Name	Class Start Date	Start Time	Class End Date	Stop Time	Class Location	Instructor Position	Class Type	Hours Worked	Straight Time(ST) Overtime(OT) Backfill(BF) No Reimbursement(NR)	Backfill Name	Hourly Rate w/ benefits	Total Cost
1													\$
2													\$
3													\$
4													\$
5													\$
6													\$
7													\$
8													\$
9													\$
10													\$
11													\$
12													\$
13													\$
14													\$
15													\$
16													\$
17													\$
18													\$
19													\$
20													\$
21													\$
22													\$
23													\$
24													\$
25													\$
									Total Hours:	0	TOTAL Reimbursement Amount:		\$ -

Print Name & Title

Submitted By - Authorized Signature

Date



## EMS PUBLIC EDUCATION GRANT REQUEST FORM

<b>Fire/EMS Agency Name</b>	
<b>Agency Contact Name</b>	
<b>Event Date/Time</b>	
<b>Event Name</b>	
<b>Event Sponsor</b>	
<b>Event Address</b>	
<b>EMS Public Education Topic/Course</b>	
<b>Anticipated Number of Attendees</b>	
<b>Age Group Children/Adult/Senior Citizen</b>	
<b>Number of Instructors</b>	
<b>Number of Instructor Hours</b>	
<b>Total Number of Instructor Hours</b>	

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*Print Name & Title*

*Submitted By - Authorized Signature*

*Date*

☐ Approved for Reimbursement

☐ Not Approved for Reimbursement

Pub Ed Tracking # \_\_\_\_\_

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*EMS & Fire Administration Signature*

*Date*

**Note:** The request form **MUST** be submitted to EMS & Fire Administration prior to the event to ensure grant funds are appropriate and available. EMS Grant funds cannot be used to supplant full-time Public Educators that are funded through another source (i.e. City, District, or Ambulance Contractor).



**PUBLIC EDUCATION / PREVENTION / COMMUNITY PARAMEDIC REIMBURSEMENT FORM**

Agency

Instructor Name


	Course Name(s)	Date	Start Time	Stop Time	Location	PCEMS Authorized Class Code (b)	Straight Time (ST) Overtime (OT) Backfill (BF)	Backfill Name (B)	Hours Worked (c)	Hourly Rate w. Benefits	Total Cost
1											\$
2											\$
3											\$
4											\$
5											\$
6											\$
7											\$
8											\$
9											\$
10											\$
11											\$
12											\$
13											\$
14											\$
15											\$

*Print Name & Title*

*Submitted By - Authorized Signature*

*Date*



**EMS Committee / Meeting Participation  
Reimbursement Request Form**

Fire/EMS Agency Name	
Participant Name	
Committee Name	
Date/Time	
Location of Meeting	
Total Number of Hours (anticipated)	

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Agency Authorized Signature	Printed Name	Date
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☐ Approved for Reimbursement

☐ Not Approved for Reimbursement

PCEMS Approval Code# \_\_\_\_\_

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EMS & Fire Administration Signature	Printed Name	Date
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**Note: The request form MUST be submitted to EMS & Fire Administration prior to the meeting to ensure funds are appropriate and available**



PARTICIPATION IN COUNTYWIDE QUALITY IMPROVEMENT COMMITTEES REIMBURSEMENT FORM

Agency  
Name

	Committee/Meeting	Date	Start Time	Stop Time	Location	PCEMS Authorized Event Code (b)	Straight Time (ST) Overtime (OT) Backfill (BF)	Backfill Name (c)	Hours Worked (d)	Hourly Rate w/ benefits	Total Cost
1											\$ -
2											\$ -
3											\$ -
4											\$ -
5											\$ -
6											\$ -
7											\$ -
8											\$ -
9											\$ -
10											\$ -
11											\$ -
12											\$ -
13											\$ -
14											\$ -
15											\$ -
TOTAL Reimbursement Amount:											\$ -

Print Name & Title

Submitted By - Authorized Signature

Date



**ADVANCED PRACTICE PARAMEDIC REIMBURSEMENT FORM**Agency 

	Student Name	Class Name	Class Name	Class Name	Class Name	Class Name	Total Hours	Hourly Rate w/ benefits	Total Cost
1							0.00		\$ -
2							0.00		\$ -
3							0.00		\$ -
4							0.00		\$ -
5							0.00		\$ -
6							0.00		\$ -
7							0.00		\$ -
8							0.00		\$ -
9							0.00		\$ -
10							0.00		\$ -
11							0.00		\$ -
12							0.00		\$ -
13							0.00		\$ -
14							0.00		\$ -
Total Class Hours:							0.00		
Reimbursement Cap:									\$ -

Note: The contractor will not be reimbursed for expenses exceeding the Reimbursement Cap or for personnel training hours not authorized in advance.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	Title	Submitted By - Authorized Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name	Director of EMS & Fire Admin	Submitted By - Authorized Signature	Date