

**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 _____ day of _____ 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]

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ALS First Responder Agreement – Amendment 1
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IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this First Amendment to be executed on this _____ day of _____, 2025.

ATTEST:
KENNETH BURKE, CLERK

By: _____
Deputy Clerk
(seal)

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

By: _____
Chairman

APPROVED AS TO FORM:

APPROVED AS TO FORM

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

CITY OF ST. PETERSBURG, FLORIDA

By: Kenneth T. Welch
Print: Kenneth T. Welch
Title: Mayor

Attest:

City Clerk

(seal)



City Attorney (designee)

Approved as to Content and Form:

Amended Appendix A
ALS First Responder Profile

Contractor	St. Petersburg
EMS District(s)	St. Petersburg EMS District
Authority Funded Units	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
Contractor Funded Units	Engine 3 Engine 4 Engine 5 Engine 6 Engine 7 Engine 8 Engine 9 Engine 10 Engine 11 Engine 13
EMS Coordination	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
FY25-29 Annual Compensation	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.

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Projected Capital			
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

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

Print Name & Title**Submitted By - Authorized Signature****Date**

Approved for Reimbursement

Not Approved for Reimbursement

Pub Ed Tracking # _____

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)	

Agency Authorized Signature

Printed Name

Date

Approved for Reimbursement

Not Approved for Reimbursement

PCEMS Approval Code# _____

EMS & Fire Administration Signature

Printed Name

Date

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	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