

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

**CITY OF MADEIRA BEACH**

**2025**

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

**ALS FIRST RESPONDER AGREEMENT  
AMENDMENT NO. 1**

**THIS AMENDMENT NO. 1 amending the Emergency Medical Services ALS First Responder Agreement, made this \_\_\_\_\_ day of \_\_\_\_\_ 2025, between the CITY OF MADEIRA BEACH, a Florida municipal corporation ("Contractor"), and the PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY, a special district ("Authority"), hereinafter collectively referred to as "Parties."**

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, dated October 1, 2024, which contract is referred to herein as the "Agreement".
2. Section 701(h) of the Agreement provides for an extraordinary budget increase which must be negotiated and approved prior to the beginning of the next fiscal year in the event any proposed budget submitted by the Contractor should exceed three (3%) percent of the prior Fiscal Year's budget. The Contractor's funding for FY24-25 totaled \$732,432 and the FY25-26 budget request is \$807,785. The extraordinary cost increase is \$75,353 or 10.3%. The full budget increase of \$824,389 includes \$749,036 to fully implement the Redington Beach Medic Unit position approved in the 2024 ALS First Responder Agreement.
3. The Authority hereby agrees to and has funded and authorized the Contractor's budget request of \$1,556,821 for FY25-26, which change is reflected on Appendix A hereto.
4. Vehicle maintenance for Authority funded ALS Engines, Squads, and Ladder Trucks are allowable costs and may be included in budgets

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submitted in accordance with Section 701(b) less 20% for non-EMS activity. Vehicle maintenance for Authority funded Medic Units and Rescue Units are allowable costs and may be included in budgets submitted in accordance with Section 701(b) at 100%.

5. The Parties agree to the amended Appendix E attached hereto.
6. Except as is otherwise set out herein, the Parties agree that upon approval by the respective Boards of the Contractor and the Authority and upon signing this Amendment, all terms of the Agreement will remain in full force and effect.
7. Contractor and Authority agree that the effective date of this Amendment is October 1, 2025.

**[Signature Page to Follow]**

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

ATTEST:  
KENNETH BURKE, CLERK

by: \_\_\_\_\_  
Deputy Clerk

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

by: \_\_\_\_\_  
Chairman

APPROVED AS TO FORM  
By: Patrick H. Allman IV  
Office of the County Attorney

Countersigned:

by: Anne-Marie Brooks  
Anne-Marie Brooks, Mayor

CITY OF MADEIRA BEACH, FLORIDA

by: Clint Belk  
Clint Belk, Acting City Manager

Attest:

by: Clint Belk  
Clint Belk, City Clerk

Approved as to form:

by: Mark Flock  
Mark Flock, City Attorney

**Appendix A**

**ALS First Responder Profile**

**Fiscal Year 2025-2026**

<b>Contractor</b>	Madeira Beach
<b>EMS District(s)</b>	Madeira Beach EMS District Redington Beaches EMS District
<b>Authority Funded Units</b>	Truck 25 FY25-26 Redington Beach Medic (1 Position)
<b>Contractor Funded Units</b>	Medic 25
<b>EMS Coordination</b>	EMS Coordinator – 50% FTE Madeira Beach 500
<b>FY25-26 Annual Compensation</b>	\$1,556,821
<b>Projected Capital</b>	FY25-26 None FY26-27 None FY27-28 None FY28-29 None FY29-30 None
<b>Contractor Reviewed:</b> Initials <u>CS</u> Date <u>11/14/25</u>	<b>County Reviewed:</b> Initials _____ Date _____

**Appendix E**  
**Personnel Reimbursement Process and Forms**

**702(b) CME Instructors**

Follow the then current Authority provided process as outlined below.

Authority staff may update the process and/or forms.

**702(c) Public Education**

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

**702(d) Countywide Quality Improvement Committees**

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

**702(e) Advanced Practice Paramed Training**

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

### Processing CME Instructor Reimbursement Invoices

The following are the instructions for a Contractor to submit for Instructor reimbursement.

1. Open a new Excel "EMS Instructor Reimbursement Form."
  - a. Choose from one of the two tabs, 1-25 or 1-75 entries.
2. Open the Aladtec program.
  - a. In the "Reports" menu, select "Scheduled Time Report."
  - b. In the filter, choose your department.
  - c. Select the time frame you are seeking reimbursement
    - i. Make sure the start time is 00:00 and the end time is 23:45
  - d. Click the "Export CSV" button
  - e. Open the CSV file and copy the data from line 3 down (do not include the headers)
  - f. Paste this information into the open Excel file
3. Enter your information in the form.
  - a. The first entry is the type of reimbursement:
    - i. Straight Time (ST) is when the instructor is paid straight time.
    - ii. Overtime (OT) is when the instructor is paid overtime.
    - iii. Backfill (BF) is when someone other than the instructor is paid while the instructor is teaching.
    - iv. No Reimbursement (NR) is when the Contractor is not seeking reimbursement for the instructor's hours.
  - b. "Backfill Name" is the member providing the backfill for the instructor.
  - c. "Hourly Rate w/benefits" is the rate at which the contractor seeks reimbursable hours (\$75 per hour cap). If the time type is backfill, the rate is that of the member providing the backfill. If no reimbursement is being sought, then this is left blank.
  - d. The total cost is automatically calculated and totaled at the bottom.
4. Save the form as a PDF and sign at the bottom.
5. Return to the "Scheduled Time Report" in Aladtec and click the "print" button in the upper right corner. Save(Print) this report as a PDF.
6. Combine your invoice, the "EMS Instructor Reimbursement Form," and the Aladtec report into one PDF.
7. Send the signed PDF to [EMSInstructorlogistics@co.pinellas.fl.us](mailto:EMSInstructorlogistics@co.pinellas.fl.us) within 20 days following the last day of each month.