

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

CITY OF TREASURE ISLAND

2020

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

ALS FIRST RESPONDER AGREEMENT AMENDMENT NO. 1

AMENDMENT made this _____ day of _____ 2020 between, the CITY OF TREASURE ISLAND, 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, dated September 24, 2019, which contract is referred to herein as the “Agreement.”
2. Section 701(f) 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 FY19-20 totaled \$691,851 and the FY20-21 budget request is \$1,013,312. The extraordinary cost increase is \$110,143 or 15.92%. The full budget increase of \$321,461 includes \$211,318 to fully implement the second position for Rescue 24 that was approved in the 2019 ALS First Responder Agreement.
3. The Authority hereby agrees to and has funded and authorized the Contractor’s budget request of \$1,013,312 for FY20-21, which change is reflected on Appendix A hereto.

4. 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 Agreement will remain in full force and effect.

5. Contractor and Authority agree that the effective date is October 1, 2020.

[Signature Page to Follow]

IN WITNESS WHEREOF the parties hereto, by and through their undersigned authorized officers have caused this Agreement to be executed on this _____ day of _____, 2020.

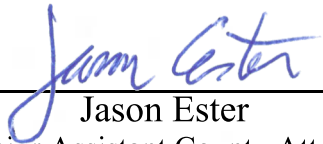
ATTEST:
KENNETH BURKE, CLERK

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

by: _____
Deputy Clerk

by: _____
Chairman

APPROVED AS TO FORM

By: 

Jason Ester
Senior Assistant County Attorney

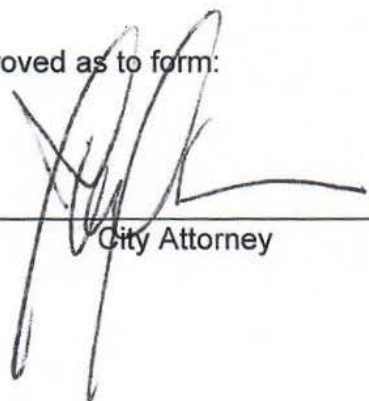
Countersigned:

CITY OF TREASURE ISLAND, FLORIDA

by: 

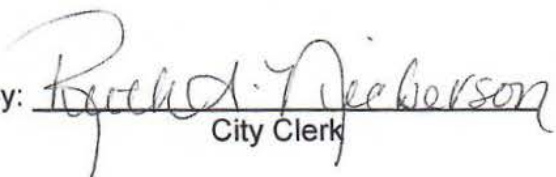
City Manager

Approved as to form:

by: 

City Attorney

Attest:

by: 

City Clerk

Appendix A

ALS First Responder Profile

Contractor	Treasure Island
EMS District(s)	Treasure Island
Authority Funded Units	Rescue 24
Contactored Funded Units	Engine 24
EMS Coordination	EMS Coordinator – 50% FTE
FY20-21 Annual Compensation	\$1,013,312 which includes 100% staffing for Rescue 24. FY21-22 and Future Years = Per submitted budget including 100% of 2 positions staffing for Rescue 24.
Projected Capital	FY20-21 – None FY21-22 – None FY22-23 – None FY23-24 – None