

## ALS FIRST RESPONDER AGREEMENT AMENDMENT NO. 1

**THIS FIRST AMENDMENT** amending the Emergency Medical Services ALS First Responder Agreement, made this 16 day of September 2025, 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 October 1, 2024, which contract is referred to herein as the "Agreement".
2. The Contractor's funding for FY24-25 totaled \$1,336,236 and a budget request of \$1,254,622 for FY25-26 has been submitted, resulting in a decrease of 6.1% or \$81,614.
3. The Authority hereby agrees to and has funded and authorized the Contractor's budget request of \$1,254,622 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 may be included in budgets 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 may be included in budgets submitted in accordance with Section 701(b) at 100%.
5. Authority and Contractor agree to update Appendix E as amended.
6. 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.

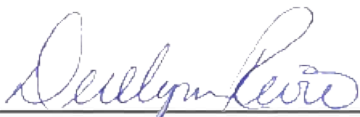
7. Contractor and Authority agree that the effective date is October 1, 2025.

**[Signature Page to Follow]**

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

ATTEST:  
KENNETH BURKE, CLERK

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

by:   
Deputy Clerk

by:   
Chairman

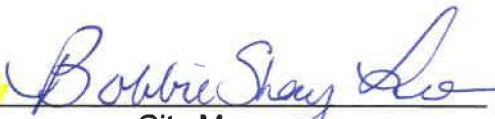
APPROVED AS TO FORM

By: Patrick H. Allman IV  
Office of the 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**

**Fiscal Year 2025-2026**

|                                       |                                                                                                   |
|---------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Contractor</b>                     | Treasure Island                                                                                   |
| <b>EMS District</b>                   | Treasure Island                                                                                   |
| <b>Authority Funded Units</b>         | Rescue 24                                                                                         |
| <b>Contractor Funded Units</b>        | Engine 24                                                                                         |
| <b>EMS Coordination</b>               | EMS Administrative Coordinator – 50%<br>FTE (Treasure Island 100)                                 |
| <b>FY25-26 Annual Compensation</b>    | \$1,254,622                                                                                       |
| <b>Projected Capital</b>              | FY25-26 None<br>FY26-27 None<br>FY27-28 None<br>FY28-29 Treasure Island 100 (50%)<br>FY29-30 None |
| <b>Contractor Reviewed:</b>           | <b>County Reviewed:</b>                                                                           |
| Initials <u>M</u> Date <u>9-18-25</u> | 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.