

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

CITY OF ST. PETE BEACH

2025

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

ALS FIRST RESPONDER AGREEMENT AMENDMENT NO. 1

THIS FIRST AMENDMENT amending the Emergency Medical Services ALS First Responder Agreement, made this _____ day of _____ 2025, between the CITY OF ST. PETE BEACH, 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. 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 \$3,312,030 and the FY25-26 budget request is \$3,748,208. The extraordinary cost increase is \$436,178 or 13.2%. The full budget increase of \$436,178 includes \$270,336 to fully implement the Rescue Captain 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 \$3,748,208 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

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ALS First Responder Agreement
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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 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]

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

by: Adrian Petrila
Adrian Petrila (Sep 24, 2025 10:12:57 EDT)
Mayor

by: Frances Robustelli
Frances Robustelli (Sep 24, 2025 10:07:38 EDT)
City Manager

Approved as to Form:

Attest:

by: Ralf Brookes
Ralf Brookes (Sep 24, 2025 11:00:15 EDT)
City Attorney

by: g
City Clerk

Appendix A

ALS First Responder Profile

Fiscal Year 2025-2026

Contractor	St. Pete Beach
EMS District(s)	St. Pete Beach EMS District
Authority Funded Units	Rescue 22 Rescue 23
Contractor Funded Units	Squad 22 and Truck 23
EMS Coordination	EMS Coordinator – 1 FTE (St. Pete Beach 200) Rescue Captain – 1 Position (24/7) (St. Pete Beach 501)
FY25-26 Annual Compensation	\$3,748,208
Projected Capital	FY25-26 Rescue 22, Rescue 23 FY26-27 None FY27-28 None FY28-29 None FY29-30 None
Contractor Reviewed: Initials <u>AS</u> Date <u>9/3/25</u>	County Reviewed: 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 within 20 days following the last day of each month.

EXTENSION OF FIRE PROTECTION SERVICES AGREEMENT

Final Audit Report

2025-09-24

Created:	2025-09-23
By:	Ariana Wilson-Romo (awilson@stpetebeach.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAJQAuNt3uwfojTcRaLsYkHtPqgFrI44tC

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2025-09-23 - 1:12:38 PM GMT
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2025-09-23 - 1:12:42 PM GMT
- 📄 Email viewed by Frances Robustelli (frobustelli@stpetebeach.org)
2025-09-23 - 1:12:47 PM GMT
- ✍️ Document e-signed by Frances Robustelli (frobustelli@stpetebeach.org)
Signature Date: 2025-09-24 - 2:07:38 PM GMT - Time Source: server
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2025-09-24 - 2:07:39 PM GMT
- 📄 Email viewed by Adrian Petrina (apetrina@stpetebeach.org)
2025-09-24 - 2:07:48 PM GMT
- ✍️ Document e-signed by Adrian Petrina (apetrina@stpetebeach.org)
Signature Date: 2025-09-24 - 2:12:57 PM GMT - Time Source: server
- ✉️ Document emailed to Ralf Brookes (rbrookes@gmail.com) for signature
2025-09-24 - 2:12:58 PM GMT
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-  Ariana Wilson-Romo (awilson@stpetebeach.org) replaced signer Ralf Brookes (rbrookes@gmail.com) with Ralf Brookes (ralfbrookes@gmail.com)
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-  Document emailed to Ralf Brookes (ralfbrookes@gmail.com) for signature
2025-09-24 - 2:48:54 PM GMT
-  Email sent to Ralf Brookes (rbrookes@gmail.com) bounced and could not be delivered
2025-09-24 - 2:49:00 PM GMT
-  Email viewed by Ralf Brookes (ralfbrookes@gmail.com)
2025-09-24 - 3:00:05 PM GMT
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Signature Date: 2025-09-24 - 3:00:15 PM GMT - Time Source: server
-  Document emailed to Renee Rose (rrose@stpetebeach.org) for signature
2025-09-24 - 3:00:16 PM GMT
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2025-09-24 - 3:00:23 PM GMT
-  Document e-signed by Renee Rose (rrose@stpetebeach.org)
Signature Date: 2025-09-24 - 3:02:09 PM GMT - Time Source: server
-  Agreement completed.
2025-09-24 - 3:02:09 PM GMT

