



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>=====</b>	<b>=====</b>	<b>=====</b>	<b>=====</b>	<b>=====</b>
<b># ADDITIONAL FTE POSITIONS (cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org. \_\_\_\_\_ Object \_\_\_\_\_  
 Reporting Category \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

No fiscal impact.

**C. Departmental Fiscal Review:** \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Dev. And Control Comments:**

The Deputy Chief of Operations has advised that this agenda item does not affect PBCFR at this time.

<p><i>[Signature]</i> 8-29-07                  8/29/07  <b>OFMB</b>                  8/29/07</p>	<p><i>[Signature]</i> 8/30/07                  8/30/07  <b>Contract Administration</b>                  8/30/07</p>
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**B. Legal Sufficiency:**

*[Signature]* 8/30/07  
 \_\_\_\_\_  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

## ATTACHMENT 1



### **MEDICS** Ambulance Service

July 3, 2007

Palm Springs Public Safety  
Attn John A DeMarco  
230 Cypress Lane  
Palm Springs Fl 33461

Dear Mr. DeMarco;

In January 2002; when the present COPCN cycle began and through December 31, 2007, Medics Ambulance in agreement with Palm Beach County contracted with AMR all rights and privileges of the COPCN as it relates to emergency transports. Furthermore, AMR has been providing that same service in Palm Springs.

Therefore, to issue a letter allowing Palm Springs Public Safety to obtain transport COPCN for Palm Springs, while Medics has no problems with it, would be a contract violation.

In conclusion, our legal council advises that the letter you are seeking needs to be obtained from AMR directly.

I hope this helps you out with your application.

If you have any more questions please do not hesitate to contact me.

Sincerely;

Andrew Cohen  
General Manager

## ATTACHMENT 2



Palm Springs Public Safety  
230 Cypress Lane  
Palm Springs, Florida -33461-

Lt. DeMarco,

Please consider this letter as written authorization from American Medical Response and Medics Ambulance (via written agreement) to allow The Palm Springs Public Safety Department to obtain the transport COPCN within the geographical limits of Palm Springs, Florida -33461- as required by the Palm Beach County Office of Emergency Medical Services.

Thank You,

William J. Hall, Director of Operations  
American Medical Response  
1105 Barnett Drive Suite D  
Lake Worth, Florida -33461-  
(561) 533-5633

## ATTACHMENT 3



**Department of Public Safety  
Division of Emergency Management**

20 South Military Trail  
West Palm Beach, FL 33415  
(561) 712-6400  
FAX: (561) 712-6468  
www.pbcgov.com



**Palm Beach County  
Board of County  
Commissioners**

Addie L. Greene, Chairperson  
Jeff Koons, Vice Chair  
Karen T. Marcus  
Mary McCarty  
Burt Aaronson  
Jess R. Santamaria

**County Administrator**

Robert Weisman

**August 7, 2007  
07-DIR-81-L**

**Addie L. Greene, Chairperson  
and members of the Board of County Commissioners  
Palm Beach County, Florida  
301 North Olive Avenue  
West Palm Beach, FL 33401**

**Dear Commissioners:**

**The Division of Emergency Management recommends that the Board of County Commissioners approve an amended COPCN be issued to the Village of Palm Springs Public Safety to allow them to provide Primary ALS first response, ALS transport service to the Village of Palm Springs.**

**The EMS Advisory Council did not have a quorum at its July 27, 2007 meeting and will not be meeting again until September 20, 2007. The Village of Palm Springs Public Safety, in order to comply with the Level of Service standard must be able to provide transport by October 1, 2007. We, therefore, recommend that they be issued an amended COPCN.**

**Respectfully,**

A handwritten signature in black ink, appearing to read "Charles E. Tear".

**Charles E. Tear, Director  
Division of Emergency Management**

# Certificate of Public Convenience and Necessity Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Palm Springs Public Safety to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2001-025), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from October 1, 2007 to December 31, 2010.


In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): Village of Palm Springs

Service Endorsed: Primary ALS Provider - ALS Transport



  
\_\_\_\_\_  
Director, Division of Emergency Management

\_\_\_\_\_  
Chairperson, Board of County Commissioners