



WASCO COUNTY BOARD OF COMMISSIONERS  
SPECIAL SESSION  
June 27, 2012

PRESENT: Rod L. Runyon, Chair of County Commission  
Scott C. Hege, County Commissioner  
Sherry Holliday, County Commissioner  
Kathy White, Executive Assistant

At 9:00 a.m. Chair Runyon called to order the Special Session of the Board of Commissioners and asked for any additions or corrections to the agenda. There being none, he called for comments from department heads or the public. Dick Murray stepped forward to speak.

Mr. Murray stated that he had been to the Board previously requesting license plates be required for bicyclists using county roads. He complained that they park four-abreast on the corner of Seven Mile Hill Road. He went on to say that he doesn't want the blood on his bumper; it's cheaper to kill them and if he has to back up over them, he has to hit them. Furthermore, he expressed his opinion that if he does hit someone, having been to the Board twice, they would be culpable for his actions.

Mr. Murray continued by saying that he had written to Chair Runyon regarding Circuit Court Judge Janice Wilson. He wanted to know if they were going to impose sanctions on Judge Janice Wilson for violating County ordinance. He claimed that the written response from Chair Runyon was unresponsive. He then wrote a second letter to all three Commissioners asking if they were going to punish her and if not, why not.

He then warned the Board that he would be going on the radio at 10:20 a.m. saying, "You really ought to listen to it because after I get done with you, and you drew first blood, you're not going to like it. Your insurance rates are going up. Thank you for your time. My three minutes are up."

Mr. Runyon thanked Mr. Murray who then departed.

**Discussion List Item – Public Health School Nursing Contract**

Teri Thalhofer, Public Health Director, explained that each year they have school nursing contracts that renew with Columbia Gorge ESD, Dufur, Sherman County Schools and South Wasco County School District. There are no changes to the contracts.

Commissioner Hege asked what the approximate total amount of revenue from these contracts is. Ms. Thalhofer responded that last year it was \$6,256.00. He then wanted to know how that balances with the cost of the program. Ms. Thalhofer explained that the program is subsidized out of general fund dollars; it is difficult to know exactly how much it costs since the nurse stops by the schools while making her rounds throughout the County. Commissioner Hege asked what she thought would happen if they didn't provide the school nurse. Ms. Thalhofer replied that Wasco County has one of the highest rates of teen pregnancy in the state which she believes is related to the fact that Public Health does not provide the school nurse for North Wasco County School District #21.

Commissioner Holliday pointed out that in the more rural areas of Wasco County, the school nurse is an integral part of health care for the school-aged children.

**{{{Commissioner Holliday moved to approve for School Nursing contracts between NCPHD and Columbia Gorge ESD, Dufur School District, Sherman County School District and South Wasco County School District. Commissioner Hege seconded the motion which passed unanimously.}}}**

**Discussion List Item – Wasco County Commission on Children and Families Contracts**

Molly Rogers, Youth Services Director, appeared for Christa Rude, WCCCF Administrator. She explained that the contracts represent continuation of funding for CASA, Haven, and The Next Door, Inc. While WCCCF is no longer the fiscal agent for CASA's pass-through dollars, WCCCF has been providing supplemental funds to support CASA programs.

Commissioner Hege asked for an explanation of the language in the NDI contract outlining the receipt of up to \$15,000.00 in Medicaid earnings through Healthy Start. Ms. Rogers explained that NDI is the Healthy Start Provider for Wasco County. Medicaid matches eligible funds spent by Healthy Start. Since the amount of funds eligible for match fluctuates, predetermination is not possible. Therefore, the amount is up to \$15,000.00 rather than a specific amount.



{{{Commissioner Hege motioned to approve recommendation from the Wasco County Commission on Children and Families for the funding 2012-2013 allocations. Commissioner Holliday seconded the motion which passed unanimously.}}}

**Discussion List – Intergovernmental Office Space Lease Agreement  
Amendment**

Ms. Rogers explained that this is an ongoing lease with one notable change – previously the Oregon Youth Authority had provided some in-kind sharing of the space but will now lease it wholly. OYA has agreed to allow Youth Services to use their video conferencing system that connects with NORCOR. The OYA building is not staffed after 1:00 p.m. each day. Molly asked that her office be provided with keys which would allow Youth Services access to the video system when the OYA building is not staffed. In addition, Youth Services is able to provide access to the building when OYA transport staff cannot get in. Fred Davis, Facilities Manager volunteered that he does have a key and agreed to provide one to Youth Services.

Chair Runyon asked who pays the utilities for the property. Ms. Rogers was not sure. Mr. Davis interjected that he believes the County pays those bills, but he would have to confirm that with Sue Stephens who processes those bills.

{{{Commissioner Holliday moved to approve the Intergovernmental Lease Amendment with OYA. Commissioner Hege seconded the motion adding that for future amendments, he would like to see the original lease as well as have a recommendation from the County Administrator. The motion passed unanimously.}}}

**Discussion Item – Warm Springs Contract**

Marty Matherly, Public Works Director, explained that they had not expected this contract for noxious weed control. Previously, the Warm Springs Tribe had contracted with the county for weed control. However, a few years ago they discontinued the service. They are now returning to the County to contract for noxious weed control.

Commissioner Hege asked if this is a fixed price contract or fee for service contract. Mr. Matherly explained that they worked out what areas the Tribe wanted to control and provided them a breakdown of costs. The numbers in the contract reflect a maximum charge. The Tribe will be billed incrementally as service is provided.

Commissioner Hege noted that the contract was developed by the tribe and wanted to know if it has been approved by County Counsel. Ms. White produced the contract which included Mr. Nisely's approval stamp and signature.

**{{{Commissioner Holliday moved to approve the contract to provide noxious weed control to the Warm Springs Tribe. Commissioner Hege seconded the motion which passed unanimously.}}}**

**Discussion Item – Amendment #1 to Prevention Agreement between Wasco County and Mid-Columbia Center for Living**

Commissioner Hege explained that the contract came to the Center for Living Board for pass-through funding. Each county gets the same block of money, Wasco County's goes through Center for Living.

Commissioner Runyon requested that future contract approvals include a representative of the contracting agency to answer any questions the Board may have.

**{{{Commissioner Holliday moved to approve Amendment #1 to the Wasco County Prevention Agreement between Mid-Columbia Center for Living and Wasco County. Commissioner Hege seconded the motion which passed unanimously.}}}**

**Discussion Item – Library Board Appointment**

Sheila Dooley, Library Administrator, explained that they had one applicant to serve as the Dufur representative to the Library Advisory Board. Margaret Brewer's appointment is supported by the City of Dufur; she is a long-time patron of both The Dalles and Dufur libraries. She comes with ideas to reach the underserved as well as encouraging life-long learning.

**{{{Commissioner Hege moved to approve Order 12-031 appointing Margaret Brewer to the Wasco County Library Service District Board of Directors. Commissioner Holliday seconded the motion which passed unanimously.}}}**



**Discussion Item – Fee Schedule Ordinance**

Ms. White explained that when she originally created the amended Fee Schedule Ordinance, she was not aware that she needed to merge the new fees into the existing schedule. What she had created reflected only new fees and changes to existing fees. Everything in the new order is what had previously been approved and is now formatted as it should have been originally.

**{{{Commissioner Holliday moved to approve the reformatted Ordinance 12-013. Commissioner Hege seconded the motion which passed unanimously.}}}**

**Discussion Item – Amended Personal Property Tax Order**

Ms. White explained that in the original order the language should have been "Personal" Property Tax rather than "Real" Property Tax. The error was not detected until after the order had been signed. Counsel recommended writing this amended order that reflected the correct language. With the exception of the change from "Real" to "Personal" it is exactly the same order previously approved by the Board.

**{{{Commissioner Hege moved to approve Amended Order 12-030 Cancelling Personal Property Taxes. Commissioner Holliday seconded the motion which passed unanimously.}}}**

**Agenda Item – Wasco County Ambulance Service Area Applications**

Mike Davidson, Wasco County Emergency Manager, explained that he has received applications from everyone with the exception of Dufur. He has contacted Dufur – they have received the application packet but have not yet responded. He has reviewed all received applications and corrected any anomalies with the permission of the applying entity. Hood River did not provide a budget document, although they did reference the City of Hood River Budget which is available online.

Fossil marked that they are not familiar with the Wasco County Ordinance which is included in the application. Commissioner Runyon asked that Mr. Davidson contact them, encourage them to review the ordinance and answer any questions they may have.

Commissioner Holliday noted that Wamic had not provided the requested financial information. Commissioner Runyon pointed out that Wamic does not have a mutual aid agreement with any of the surrounding ASA's. Commissioner Holliday explained that they may not have the staffing to be able to cover other ASA's when that becomes necessary.

Some discussion followed regarding the terms of the agreements.

Commissioner Runyon asked if the lack of financial information would prevent them from going forward with the Wamic application. Mr. Davidson responded that we require the financial information for proof of stability. Commissioner Holliday volunteered that she has personal knowledge of Wamic's financial soundness. She recommended making the motion to approve their application contingent upon them providing the required financial data.

Some discussion ensued regarding the lack of application from Dufur. Mr. Davidson suggested that Dufur be granted a 30-day extension to allow Dufur time to get their application in while still providing service to their assigned area.

**{{{Commissioner Holliday moved to approve the ASA contracts that have been received with Pine Hollow's (Wamic) approval contingent upon their submission of financial data. Commissioner Hege seconded the motion which passed unanimously.}}}**

Commissioner Hege reminded the other Commissioners about a discussion that had occurred at a previous session regarding the relationship between Mid-Columbia Fire and Rescue and the Sheriff's Department. He reported that he was continuing to pursue that conversation and would keep them informed.

**{{{Commissioner Holliday moved to grant a 30-day extension, beginning July 1, 2012, as an ASA to the City of Dufur in order to allow them time to submit their ASA application. Commissioner Hege seconded the motion which passed unanimously.}}}**

Commissioner Holliday suggested that the Board send a letter of thanks to all the volunteers who serve as emergency responders in the ASA areas.

Mr. Davidson asserted that letters would need to go out notifying the ASA's of the approvals. Chair Runyon asked that he work with Ms. White to develop that letter.



**General Discussion – Fair Grounds Construction**

Mr. Davis reported that the work at the fairgrounds is substantially completed and looks good. Payment will be made for the current billing; however, there are some details being wrapped up and he will withhold final payment until all the work is complete. Some general discussion followed regarding the details of making payment as well as what obstacles were encountered during construction. Overall, the work went smoothly and the improvements will be of long-term benefit to the County.

Mr. Davis added that he is in agreement with Ms. Morris regarding the need to modify the contract process to align with modern practices. Marty Matherly - Public Works Director, Arthur Smith – Project Manager, Tyler Stone – County Administrator and Mr. Davis will be working on this project. Chair Runyon suggested that Ms. Morris be included in the discussion; Mr. Davis agreed and also mentioned that they would be submitting final documents to Eric Nisley, County Counsel for review. Ms. Morris suggested that Mr. Nisley be brought in earlier in the process to help build the framework. Mr. Davis agreed.

Commissioner Hege reported that there are some outstanding issues with the fairgrounds work one of which is the new configuration for traffic flow. He suggested that it needs to be addressed by the fair board to head off problems arising from people trying to enter as they have in years past.

Further discussion ensued regarding the processing of change orders adjusting costs. Ms. Morris and Mr. Davis are working to satisfy process requirements. Chair Runyon will approve the change order with a caveat: our facilities manager believes that the changes were based on discovery, for the most part, and felt that we were within the set goals of the project.

**General Discussion**

Commissioner Holliday announced that people at Portsmouth Park are going to appeal the forest land classification, but the appeal will be heard by Circuit Court.

There was further discussion regarding current events and articles in The Dalles Chronicle.

Ms. White asked what the Commissioners' preference would be regarding the opening of incoming correspondence. They agreed that, other than obviously personal mail, they would prefer that it be opened. In addition, Chair Runyon,

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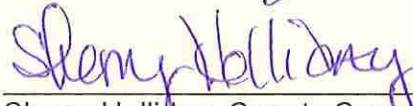
prompted by a conversation with administrative staff, asked Commissioners to notify staff when they entered or left the Court House in order to help them direct phone traffic.

Commission Chair Runyon adjourned the regular session at 10:19 a.m.

WASCO COUNTY BOARD  
OF COMMISSIONERS



Rod L. Runyon, Chair of Commission



Sherry Holliday, County Commissioner



Scott Hege, County Commissioner



**WASCO COUNTY BOARD OF COMMISSIONERS  
REGULAR SESSION  
June 27, 2012**

**ADDITIONAL DOCUMENTS**

1. [City of Dufur Letter of Support – Library Board Appointment](#)
2. [Margaret Brewer Application – Library Board Appoinment](#)

**WASCO COUNTY BOARD OF COMMISSIONERS**  
**SPECIAL SESSION / AGENDA WEDNESDAY, June 27, 2012**  
**LOCATION: Wasco County Courthouse, Deschutes Room (Basement Level)**  
**511 Washington Street, The Dalles, Oregon**

**Public Comment:** Individuals wishing to address the Commission on items not already listed on the Agenda may do so during the first half-hour. To speak at other times please wait for the current speaker to conclude. Raise your hand to be recognized by the Chair for direction. Speakers are required to give their name and address. Please limit comments to three minutes, unless extended by the Chair.

**Departments:** Are encouraged to have their issue added to the Agenda in advance. When that is not possible the Commission will attempt to make time to fit you in during the first half-hour or between listed Agenda items.

**NOTE:** This Agenda is subject to last minute changes. Meetings are ADA accessible. For special accommodations please contact the Commission Office in advance, (541) 506-2520. TDD 1-800-735-2900. Wasco County does not discriminate against individuals with disabilities.

9:00 a.m.

**CALL TO ORDER**

*Items without a designated appointment may be rearranged to make the best use of time.*

- Corrections or Additions to the Agenda
- Administrative Officer - Tyler Stone: Comments
- [Discussion Items](#) (Items of general Commission discussion, not otherwise listed on the Agenda)  
[Public Health/Schools Nursing Contracts](#), [WCCCF Contracts](#), [Intergovernmental Office Space Lease Amendment](#), [Warm Springs Contract](#), [MCCFL Agreement](#), [Library Board Appointment](#)
- [Consent Agenda](#) - [Fee Ordinance](#), [Amended Personal Property Tax Order](#) (Items of a routine nature: minutes, documents, items previously discussed.)

9:30 a.m.

[Wasco County ASA Applications](#) – Mike Davidson

**NEW / OLD BUSINESS**  
**COMMISSION CALL / REPORTS**  
**ADJOURN**



**WASCO COUNTY BOARD OF COMMISSIONERS  
SPECIAL SESSION  
June 27, 2012**

**DISCUSSION LIST**

**ACTION AND DISCUSSION ITEMS:**

1. [Public Health – School Nursing Contracts](#)
2. [WCCCF Contracts](#)
3. [OYA Lease](#)
4. [Warm Springs Contract](#)
5. [MCCFL Agreement](#)
6. [Library Board Appointment](#)

**ON HOLD:**

1. Wasco County website improvement
2. Admin move

**Discussion Item**  
**Public Health – School Nursing Contracts**

- [Columbia Gorge ESD](#)
- [Dufur School District #29](#)
- [Sherman County Schools](#)
- [South Wasco School District #1](#)

## **Business Associate Contract for Nursing Services**

Parties: This Agreement is entered into between Wasco County, Oregon, a political subdivision of the State of Oregon, represented by the North Central Public Health District, herein referred to as "NCPHD" and Columbia Gorge ESD, a municipal corporation of the State of Oregon, hereinafter referred to as the "SCHOOL."

WHEREAS, ORS 190.010 provides that a unit of local government may enter into a written agreement with any other unit or units of local government for the performance of any or all functions and activities that a party to the agreement, its officers or agencies, have authority to perform; and

WHEREAS, NCPHD and said SCHOOL have agreed that the NCPHD will provide special nursing services above and beyond the level of services offered to the balance of Wasco and Sherman Counties;

NOW, THEREFORE, in consideration of the terms, conditions and covenants herein stated, it is agreed as follows:

- I. The NCPHD assumes responsibility for and agrees to:
  - a) Provide skilled community nursing services for school age children and their families as outlined in Exhibit "A" attached hereto and by this reference incorporated herein.
  - b) Invoice SCHOOL annually for school nursing services.
- II. The SCHOOL agrees:
  - a) To pay NCPHD EIGHT DOLLARS (\$8.00) per year for each student enrolled in the school at the end of the first quarter of the school year, as determined by records maintained by the SCHOOL.
  - b) To provide NCPHD with student count, for invoicing purposes, at the end of the first quarter of the school year.
- III. It is mutually agreed that:
  - a) All personnel provide skilled community nursing services under this agreement shall be NCPHD employees. The NCPHD shall have full responsibility in connection with the direction of all employees assigned duties under the provisions under this agreement.
  - b) Personnel providing skilled community nursing services shall work for the SCHOOL on days which are listed as school days on a



school schedule as adopted by the school board of the school.

- c) This agreement shall commence on the first day of September, 2012 and terminate on the 30th day of June, 2013. However, either party may terminate this agreement upon thirty (30) days written notice to the other.
- d) The NCPHD will not provide insurance coverage or defend any action, suit or proceeding arising out of activities in connection with this agreement beyond covering Wasco and Sherman County and its own employees.
- e) The laws of the State of Oregon shall govern this Agreement. Both parties will comply with all federal, state, county, and local laws, ordinances, and regulations applicable to this agreement. They further agree to comply with Title VI of the Civil Rights Acts of 1964, and with Section V of the Rehabilitation Act of 1973.

#### **CONFIDENTIALITY:**

As a Business Associate of NCPHD, the SCHOOL agrees to not use or disclose any information concerning an NCPHD client for a purpose not directly connected with the administration of its responsibilities under this contract, except on written consent of the NCPHD client, his or her legally responsible parent or guardian, or if appropriate, his or her attorney.

**Use and Disclosure of Protected Health Information.** The SCHOOL may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement, as permitted herein, but shall not otherwise use or disclose any Protected Health Information. Protected Health Information includes information contained in a student's medical records and billing records. The SCHOOL shall ensure that it will not use or disclose Protected Health Information received from NCPHD in any manner that would constitute a violation of the Health Insurance Privacy and Accountability Act Standards. The SCHOOL acknowledges that, as between the SCHOOL and NCPHD, all Protected Health Information shall be and remain the sole property of the NCPHD. The SCHOOL further represents that, to the extent the SCHOOL requests that NCPHD disclose Protected Health Information, such a request is only for the minimum necessary Protected Health Information for the accomplishment of the contracted purpose.

**Safeguards Against Misuse of Information.** The SCHOOL shall use all appropriate safeguards to prevent the use or disclosure of Protected Health Information.

**Reporting of Disclosures of Protected Health Information.** The SCHOOL shall, as soon as practicable, but in no event later than within two (2) days of becoming aware of any use or disclosure of Protected Health Information in violation of the Agreement by the SCHOOL, report any such disclosure to NCPHD. In such event, the SCHOOL shall, in consultation with NCPHD, mitigate, to the extent practicable, any harmful effect that is known to the SCHOOL of such improper use or disclosure.

**Accounting of Disclosures.** Within ten (10) days of notice by NCPHD to the SCHOOL that it has received a request for an accounting of disclosures of Protected Health Information (other than disclosures to which an exception to the accounting requirement applies, including, but not limited to, the exceptions for a disclosure that is related to the treatment of the student, the processing of payments related to such treatment, or the health care operations of a NCPHD or its business associate) the SCHOOL shall make available to the NCPHD such information as is in the SCHOOL's possession and is required for the NCPHD to make the accounting required by 45 C.F.R. §164.528. At a minimum, the SCHOOL shall provide NCPHD with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the SCHOOL, the SCHOOL shall within two (2) days forward such request to NCPHD. The SCHOOL shall implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

## **ACCESS TO RECORDS**

During the term of this contract and for the period of five (5) years after the termination of this contract, the SCHOOL shall make available to the Health Care Financing Administration, the Comptroller General of the United States and their duly authorized representatives, all documents and records necessary to certify the nature and extent of the costs of those services and records relating to the use and disclosure of Protected Health Information received from, or created and received by NCPHD on behalf of NCPHD.

**Notice of Request for Data.** The SCHOOL agrees to notify NCPHD within five (5) business days of the Contractor's receipt of any request or subpoena for Protected Health Information. To the extent that NCPHD decides to assume responsibility for challenging the validity of such request, the SCHOOL shall cooperate fully with NCPHD in such challenge.

## **TERMINATION**

**Termination Upon Breach of Provisions Applicable to Protected Health Information.** Any other provision of the Agreement notwithstanding, the Agreement may be terminated by NCPHD upon five (5) days written notice to the SCHOOL in the event that the SCHOOL breaches any provision contained in this contract and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of the contract is not feasible, in NCPHD's sole discretion, the SCHOOL acknowledges and agrees that NCPHD has the right to report the breach to the Secretary, notwithstanding any other provision of this Agreement to the contrary.


**Return or Destruction of Protected Health Information upon Termination.** Upon termination of the Contract, the SCHOOL shall either return or destroy all Protected Health Information received from NCPHD or created or received by the SCHOOL on behalf of NCPHD and which the SCHOOL still maintains in any form. The SCHOOL shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that NCPHD agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive termination of the Agreement and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.

**NCPHD Right of Cure.** At the expense of the SCHOOL, NCPHD shall have the right to cure any breach of the SCHOOL's obligations under this Addendum. NCPHD shall give the SCHOOL notice of its election to cure any such breach and the SCHOOL shall cooperate fully in the efforts by NCPHD to cure the SCHOOL's breach. All requests for payment for such services of NCPHD shall be paid within thirty (30) days.

#### **AMENDMENT**

NCPHD and the SCHOOL agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the "Standards") promulgated or to be promulgated by the Secretary or other regulations or statutes. The SCHOOL agrees that it will fully comply with all such Standards and that it will agree to amend this Addendum to incorporate any material required by the Standards.

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year set opposite their respective signatures.

  
\_\_\_\_\_  
School Representative

Date: 5/16/12

\_\_\_\_\_  
Wasco County Commissioner

Date: \_\_\_\_\_

\_\_\_\_\_  
North Central Public Health District Director

Date: \_\_\_\_\_

Approved as to form:

  
\_\_\_\_\_  
County Counsel

Date: 6-10-12



### Exhibit "A"

The school nurse is an employee of NCPHD and has a current license to practice as a RN in the State of Oregon. Responsibilities include, but are not limited to:

- a) Reviewing health records and teacher referrals to identify possible student health problems.
- b) Providing a nursing assessment for selected students; identifying goals for care, formulating a writing protocol; evaluating and revising the plan of care as necessary.
- c) Participating in case staffings with other school personnel when appropriate.
- d) Counseling individual students regarding health needs/problems and making appropriate referrals as necessary.
- e) Working as liaison among the school, community health and welfare agencies and the medical profession.
- f) Auditing and filing immunization information to assure compliance with the State statutes.
- g) Inspecting, referring, education, excluding those suspected of having a communicable disease.
- h) Providing scoliosis screening for grade 7.
- i) Continuing supervision of students who have positive PPD's, are on prenatal and family planning programs.

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- e) The laws of the State of Oregon shall govern this Agreement. Both parties will comply with all federal, state, county, and local laws, ordinances, and regulations applicable to this agreement. They further agree to comply with Title VI of the Civil Rights Acts of 1964, and with Section V of the Rehabilitation Act of 1973.

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## **TERMINATION**

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**Return or Destruction of Protected Health Information upon Termination.** Upon termination of the Contract, the SCHOOL shall either return or destroy all Protected Health Information received from NCPHD or created or received by the SCHOOL on behalf of NCPHD and which the SCHOOL still maintains in any form. The SCHOOL shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that NCPHD agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive termination of the Agreement and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.

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IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year set opposite their respective signatures.

  
\_\_\_\_\_  
School Representative

Date: May 16 - 2012


\_\_\_\_\_  
Wasco County Commissioner

Date: \_\_\_\_\_

\_\_\_\_\_  
North Central Public Health District Director

Date: \_\_\_\_\_

Approved as to form:

  
\_\_\_\_\_  
County Counsel

Date: 6-10-12

### Exhibit "A"

The school nurse is an employee of NCPHD and has a current license to practice as a RN in the State of Oregon. Responsibilities include, but are not limited to:

- a) Reviewing health records and teacher referrals to identify possible student health problems.
- b) Providing a nursing assessment for selected students; identifying goals for care, formulating a writing protocol; evaluating and revising the plan of care as necessary.
- c) Participating in case staffings with other school personnel when appropriate.
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- f) Auditing and filing immunization information to assure compliance with the State statutes.
- g) Inspecting, referring, education, excluding those suspected of having a communicable disease.
- h) Providing scoliosis screening for grade 7.
- i) Continuing supervision of students who have positive PPD's, are on prenatal and family planning programs.



## **Business Associate Contract for Nursing Services**

Parties: This Agreement is entered into between Wasco County, Oregon, a political subdivision of the State of Oregon, represented by the North Central Public Health District, herein referred to as "NCPHD" and Sherman County Schools, a municipal corporation of the State of Oregon, hereinafter referred to as the "SCHOOL."

WHEREAS, ORS 190.010 provides that a unit of local government may enter into a written agreement with any other unit or units of local government for the performance of any or all functions and activities that a party to the agreement, its officers or agencies, have authority to perform; and

WHEREAS, NCPHD and said SCHOOL have agreed that the NCPHD will provide special nursing services above and beyond the level of services offered to the balance of Wasco and Sherman Counties;

NOW, THEREFORE, in consideration of the terms, conditions and covenants herein stated, it is agreed as follows:

- I. The NCPHD assumes responsibility for and agrees to:
  - a) Provide skilled community nursing services for school age children and their families as outlined in Exhibit "A" attached hereto and by this reference incorporated herein.
  - b) Invoice SCHOOL annually for school nursing services.
- II. The SCHOOL agrees:
  - a) To pay NCPHD EIGHT DOLLARS (\$8.00) per year for each student enrolled in the school at the end of the first quarter of the school year, as determined by records maintained by the SCHOOL.
  - b) To provide NCPHD with student count, for invoicing purposes, at the end of the first quarter of the school year.
- III. It is mutually agreed that:
  - a) All personnel provide skilled community nursing services under this agreement shall be NCPHD employees. The NCPHD shall have full responsibility in connection with the direction of all employees assigned duties under the provisions under this agreement.
  - b) Personnel providing skilled community nursing services shall work for the SCHOOL on days which are listed as school days on a

school schedule as adopted by the school board of the school.

- c) This agreement shall commence on the first day of September, 2012 and terminate on the 30th day of June, 2013. However, either party may terminate this agreement upon thirty (30) days written notice to the other.
- d) The NCPHD will not provide insurance coverage or defend any action, suit or proceeding arising out of activities in connection with this agreement beyond covering Wasco and Sherman County and its own employees.
- e) The laws of the State of Oregon shall govern this Agreement. Both parties will comply with all federal, state, county, and local laws, ordinances, and regulations applicable to this agreement. They further agree to comply with Title VI of the Civil Rights Acts of 1964, and with Section V of the Rehabilitation Act of 1973.

**CONFIDENTIALITY:**

As a Business Associate of NCPHD, the SCHOOL agrees to not use or disclose any information concerning an NCPHD client for a purpose not directly connected with the administration of its responsibilities under this contract, except on written consent of the NCPHD client, his or her legally responsible parent or guardian, or if appropriate, his or her attorney.

**Use and Disclosure of Protected Health Information.** The SCHOOL may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement, as permitted herein, but shall not otherwise use or disclose any Protected Health Information. Protected Health Information includes information contained in a student's medical records and billing records. The SCHOOL shall ensure that it will not use or disclose Protected Health Information received from NCPHD in any manner that would constitute a violation of the Health Insurance Privacy and Accountability Act Standards. The SCHOOL acknowledges that, as between the SCHOOL and NCPHD, all Protected Health Information shall be and remain the sole property of the NCPHD. The SCHOOL further represents that, to the extent the SCHOOL requests that NCPHD disclose Protected Health Information, such a request is only for the minimum necessary Protected Health Information for the accomplishment of the contracted purpose.

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**Accounting of Disclosures.** Within ten (10) days of notice by NCPHD to the SCHOOL that it has received a request for an accounting of disclosures of Protected Health Information (other than disclosures to which an exception to the accounting requirement applies, including, but not limited to, the exceptions for a disclosure that is related to the treatment of the student, the processing of payments related to such treatment, or the health care operations of a NCPHD or its business associate) the SCHOOL shall make available to the NCPHD such information as is in the SCHOOL's possession and is required for the NCPHD to make the accounting required by 45 C.F.R. §164.528. At a minimum, the SCHOOL shall provide NCPHD with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to the SCHOOL, the SCHOOL shall within two (2) days forward such request to NCPHD. The SCHOOL shall implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

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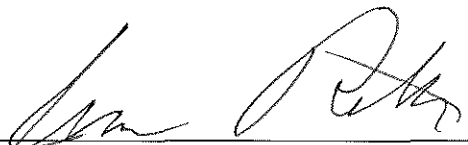
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IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year set opposite their respective signatures.

  
\_\_\_\_\_  
School Representative

Date: 5/7/12

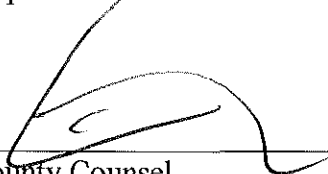
\_\_\_\_\_  
Wasco County Commissioner

Date: \_\_\_\_\_

\_\_\_\_\_  
North Central Public Health District Director

Date: \_\_\_\_\_

Approved as to form:

  
\_\_\_\_\_  
County Counsel

Date: 6-10-12



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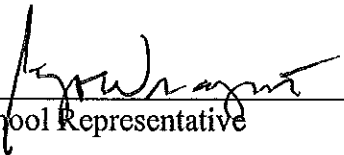


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IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year set opposite their respective signatures.

  
\_\_\_\_\_  
School Representative

Date: 5/22/12


\_\_\_\_\_  
Wasco County Commissioner

Date: \_\_\_\_\_

\_\_\_\_\_  
North Central Public Health District Director

Date: \_\_\_\_\_

Approved as to form:

  
\_\_\_\_\_  
County Counsel

Date: 6-10-12

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**Discussion Item**  
**WCCCF Contracts**

- [Memo of Explanation](#)
- [CASA 12-12](#)
- [DHS-Haven 12-13](#)
- [Next Door Inc 12-13](#)



# MEMORANDUM

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**To:** Wasco County Board of Commissioners  
Commissioner Runyon, Chair  
Commissioner Holliday  
Commissioner Hege

**CC:** Molly Rogers, Youth Services Director  
Monica Morris, Finance Manager

**From:** Christa Rude, WCCCF Administrator

**Date:** 6/15/2012

**Re:** Wasco County Commission on Children & Families 2012-2013 Funding Recommendation

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Greetings,

At the May 14, 2012 meeting, the Wasco County Commission on Children & Families moved unanimously to recommend the attached funding allocation for the fiscal year beginning July 1, 2012 and ending June 30 2013.

This allocation represents:

- The remaining 46% of biennial funding for flexible funding streams received from the state.
- Continuing contracts for all existing services in alignment with our prioritized focus to reduce abuse & neglect.

Along with this recommendation (in your board packet) will be the 12/13 contracts that fulfill the allocations to the existing service delivery providers. An addition to the Next Door incorporated Inc. contract is the Healthy Start funds which are designated "pass-thru" funds (not requiring WCCCF allocation procedures).

I regret that I am unable to be with you at the June 27<sup>th</sup> Meeting. Molly has suggested that I forward this request to you in advance in order to respond by email to any questions you might have. I would also be willing to join you at the July 11<sup>th</sup> meeting to respond to questions.

Your approval on the 27<sup>th</sup> will support our timely completion of the fiscal year. Thank you, as ever, for your consideration. I welcome your questions.

**ATTACHED**

- WCCCF Funding Allocation Recommendation

***Together we are building a healthy community for children and families.***

- Child abuse and neglect
- Homeless & Runaway Youth
- Readiness to Learn
- Youth substance use

2011-2013 Funding Allocation						
Programs	Description/Strategy	Funding Streams from OCCF- State Commission on Children & Families				Total Available
		Great Start	Children Youth & Families	Youth Investment	Family Preservation	
		2011-12	2011-12	2011-12	2011-12	
		\$ 11,974.00	\$ 11,974.00	\$ 21,252.24	\$ 6,221.00	\$ 51,421.24
		\$ 10,201.00	\$ 10,201.00	\$ 18,104.00	\$ 6,221.00	\$ 44,727.00
		\$ 22,175.00	\$ 22,175.00	\$ 39,356.24	\$ 12,442.00	\$ 96,148.24
WCCCF Proposed Recommendation for 2012-2013						
Strengthening Families: Provider to be decided	Extension of the Parenting Initiative for ages 10-18.			\$ 4,345.00		
Teen HAVEN: Haven & Local Mental Health Professional	In-classroom curriculum to educate teens to have healthy relationships starting at TDHS & later moving to TDMS. Ages are 14-18. Funding supports an in-school position. Haven would support supervisor for this coordinator/infrastructure. <b>EXPANSION TO MAUPIN &amp; DUFUR</b>		\$ 1,224.00	\$ 9,052.00		
On-site Domestic Violence Advocate: Haven/DHS	Haven and DHS collaborate to provide a bi-lingual advocate AT the DHS office to work with women and children referred to DHS (both through child welfare and self sufficiency). Clients experiencing domestic violence will be offered immediate services (at the point of referral). About 50% of TANF clients who come to DHS say that they either have or are in domestic violence situations. This strategy addresses people in the moment when they are. There was a pilot of this program and it was significantly beneficial to clients. A position already exists within Haven, it would be expanded to include time at DHS.		\$ 4,896.00		\$ 6,221.00	
CASA	Court Appointed Special Advocates- Maintains Historical Funding		\$ 2,347.00			
YouthThink	Challenge Day- Extension with Focus on Bullying			\$ 1,267.00		
Next Door INC: Families First /Healthy Start	Expansion of home visiting to highest risk families who do not qualify for Healthy Start. Families could be referred from any community partners. Program targets families most at risk and provides intensive services. Much of the services are about connecting to existing resources. Plugging families in need to what the community has to offer. Extends the range of services from the existing 0-5 to any family in need. At Full time status the home visitor could see about 20 families per year.	\$10,201		\$ 3,440.00		
CHILDREN's FAIR	Provide fiscal support for Annual Children's Fair that with targeted goals of: educating parents about developmental milestones and coordinating activities AND enrolling children in Preschool.		\$ 1,734.00			
subtotal		\$ 10,201.00	\$ 10,201.00	\$ 18,104.00	\$ 6,221.00	\$ 44,727.00
Balance		\$ -	\$ -	\$ -	\$ -	
Total Allocated						

#### APPROVAL

We approve these funding allocations for the 2011-12 fiscal year based on the recommendation from the Wasco County Commission on Children and Families.

Rod Runyon, Wasco County Commissioner, Chair

Date

Sherry Holliday, Wasco County Commissioner, Chair

Date

Scott Hege, Wasco County Commissioner

Date







## FUNDING AGREEMENT

### A. DESCRIPTION

This Agreement is entered into on behalf of Wasco County (designated in this document as “Grantor”) and the entity below (designated in this document as “grantee”). Wasco County is represented in the negotiation of this agreement through the Wasco County Commission on Children & Families. The contact person regarding this agreement is the WCCCF Administrator.

**Grantor Contact:** Christa Rude, Administrator (541) 506-2672

**Grantee:** CASA  
414 Washington Street, Suite 2  
The Dalles, OR. 97058

**Contact:** Susan Ericksen, Executive Director (541) 386-3468  
**Title:** Half Biennium Funding

**Total Amount:** \$2,347.00  
**Funding Period:** July 1, 2012 thru June 30, 2013

Amount	Funding Stream	OCCF Desired OUTCOME	Approved Program Description
\$2,347.00 Q=587(3) 586(1)	Children Youth & Families	2.04.05 Effective support for children during out of home placement	Court Appointed Special Advocate Program as outlined by the ORS

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## B. REQUIREMENTS

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1. This funding is made subject to the condition that the entire amount will be expended for the purposes of providing services as identified:
  - Under the approved program description
  - Designated funding stream
  - In accordance with state statute and administrative code.
2. The Grantor must be promptly notified about any of the following during the funding period:
  - Change in program contact personnel of the organization
  - Change in address or phone number
  - Change in name of the organization
  - Change in 501c3 non-profit status
  - Any development that significantly affects the operation of the program or organization.
3. The Grantee shall provide the Grantor with reporting documents as outlined in Section E of this agreement.
4. The Grantee shall abide by all provisions of this agreement and shall keep adequate supporting records to document expenditure of funds and the activities supported by these funds.
5. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, then Grantee may terminate the agreement with thirty (30) day written notice.
6. Grantee is solely responsible for the ethical, moral, and legal nature of its programs, including those segments purchased through these funds. All persons employed by the Grantee shall be employees of the Grantee and not the Grantor. Except for claims arising solely from the negligence of the Grantor, its officers, employees or agents, the Grantee agrees to indemnify and hold the Grantor harmless from and against all actions, suits, claims and demands for loss of damage, including property damage, personal injury, and wrongful death, arising out of or in connection with Grantees performance of this agreement.
7. The Grantee will perform services as an equal opportunity employer. Grantee shall not deny services or discriminate on the basis of race, color, creed, national origin or duration of residence, and there shall be no discrimination in selection, compensation, or other employment practices with respect to personnel coming under the auspices of the Grantee, and the Grantee will otherwise comply with the provision and requirements of Title IV of the Civil Rights Act of 1974, and all requirements issued by the Department of Justice.
8. Grantee acknowledges and agrees to comply with applicable provisions of the Americans with Disability Act 42 USC 12101 et seq.
9. Grantee acknowledges and agrees to comply with the provision of the Oregon Equal Access Law, ORS 417.270.
10. Grantee acknowledges and agrees to be culturally competent. Culturally competency means the development of behaviors, attitudes and policies that enable providers to deliver services in ways that meet the needs of a variety of diverse cultures.
11. Grantee acknowledges that any and all products provided by the Grantor for use or implementation of the approved program description are the sole property of the Grantor and must be returned upon completion of the program and/or funding period.

---

## C. PAYMENT

---

1. Upon receipt of the signed agreement, Grantor will forward payment for the third quarter. Subsequent payments will be made upon receipt of Quarterly Reports as outlined in Section D. Payments will be made based on the following schedule:

a. Quarter 1: July 1 to September 30 2012	\$587.00
b. Quarter 2: October 1 to December 31, 2012	\$587.00
c. Quarter 3: January 1 to March 31, 2013	\$587.00
d. Quarter 4: April 1, 2013 to July 31, 2013	\$586.00
<b>TOTAL: \$ 2,347.00</b>	
2. Payments are contingent upon the Grantee satisfactorily conducting the program substantially as reflected in timely reports required herein.
3. **Payments are subject to the availability of funds.** In the event that sufficient funds shall not be appropriated for the payment of consideration required under this agreement, then Grantor may terminate the agreement with written thirty (30) days notice.
4. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, or if Grantee materially breaches this agreement, all funds that may be deemed unearned, unjustified, or inappropriately expended must be returned to the Grantor.

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## D. UNEXPENDED FUNDS

---

If the funds have not been completely expended at the end of the funding period, June 30, 2012 then Grantee agrees to immediately notify the Grantor's designated contact person. All funds determined to be under-expended, unexpended, or unencumbered for authorized expenditures shall be returned to the Grantor or deducted by the Grantor from payment.

---

## E. REPORTS AND EVALUATIONS

---

1. **Within 2 weeks of receiving the signed copy of the agreement**, the following reporting forms are due:
  - a. Project Cover Sheet
  - b. Work Plan identifying
    - i. Strategic activities, Target Population, Output Target, Outcome, Measurement Tool, and Outcome Target Statement.
2. The Oregon Commission on Children and Families and the Wasco County Commission on Children and Families require Quarterly Reports to track progress made in accomplishing the purposes of the agreement. Reports are due to the Grantor no later than the 30<sup>th</sup> of the month following the quarter end:

	Reporting Due Date
Quarter 1	October 30, 2012
Quarter 2	January 30, 2013 (Outcomes Due)
Quarter 3	April 30, 2013
Quarter 4	July 30, 2013 (Outcomes Due)

- a. The reporting forms required **each quarter** are (also in Appendix A):
  - i. Budget worksheet
  - ii. Participant Monitoring and/or Group Activities and Services.
  - iii. Comments & Signatures
- b. The reporting forms required **every other quarter** (starting with the 2<sup>nd</sup> quarter) are:
  - i. Work Plan (High Level Outcomes Measurements)
3. At any time, the Grantor may request a representative of the program to appear at a regularly scheduled meeting to provide updates.
4. At any time, the contact person or their designee may conduct site visits of the program.
5. A final report and/or presentation may be requested by the Grantor. This report/presentation may include program challenges and successes, a detailed summary of progress on the approved programs, as well as a dialog with the Commission regarding future program goals and targets.

---

## F. IRS STATUS

---

It is the understanding of the Grantor that the Grantee organization has obtained a determination from the Internal Revenue Service that it qualifies as a section 501(c)(3) organization.

If there is any change in the Grantee's status or classification, the Grantee must promptly notify the Grantor's designated contact person.

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**G. SIGNATURES**

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Grantee:

---

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Date

Grantor:

---

Rod Runyon, Wasco County Commissioner, Chair

---

Date

---

Sherry Holliday, Wasco County Commissioner

---

Date

---

Scott Hege, Wasco County Commissioner

---

Date

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Christa Rude, Administrator  
Wasco County Commission on Children & Families

---

Date

☐ Approved to Form

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Eric Nisley, Wasco County District Attorney

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Date



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## **Appendix A: Reporting**

### **Table of Contents**

Page 1:	Project Cover Sheet
Page 2:	Work Plan
Page 3:	Budget
Page 4:	Participant Monitoring
Page 5:	Group Activities
Page 6:	Comments & Signature
Page 7:	Funding Guidelines



## FUNDING AGREEMENT

### A. DESCRIPTION

This Agreement is entered into on behalf of Wasco County (designated in this document as "Grantor") and the entity below (designated in this document as "grantee"). Wasco County is represented in the negotiation of this agreement through the Wasco County Commission on Children & Families. The contact person regarding this agreement is the WCCCF Administrator.

**Grantor Contact:** Christa Rude, Administrator (541) 506-2672

**Grantee:** HAVEN  
P.O. Box 576  
The Dalles, OR 97058

**Contact:** Tara Koch, Executive Director (541) 296.2065

**Title:** Remaining Half Biennium Funding

**Total Amount:** \$21,294.00

**Funding Period:** July 1, 2012 thru June 30, 2013

Amount	Funding Stream	OCCF Desired OUTCOME	Approved Program Description
\$6,120.00 Q=1530	Children Youth & Families	2.04.07	Co-located domestic violence advocate at the DHS office in the Dalles.
\$6,221.00 Q=1555(3)1556(1)	Family Support Services	Safe Permanent Homes	
\$9,052.00= Q=4526(4)	Youth Investment	2.03.01 Pro Social Skills & Behaviors	Teen Haven for NWCSD#21, Dufur, and Maupin

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## B. REQUIREMENTS

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1. This funding is made subject to the condition that the entire amount will be expended for the purposes of providing services as identified:
  - Under the approved program description
  - Designated funding stream
  - In accordance with state statute and administrative code.
2. The Grantor must be promptly notified about any of the following during the funding period:
  - Change in program contact personnel of the organization
  - Change in address or phone number
  - Change in name of the organization
  - Change in 501c3 non-profit status
  - Any development that significantly affects the operation of the program or organization.
3. The Grantee shall provide the Grantor with reporting documents as outlined in Section E of this agreement.
4. The Grantee shall abide by all provisions of this agreement and shall keep adequate supporting records to document expenditure of funds and the activities supported by these funds.
5. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, then Grantee may terminate the agreement with thirty (30) day written notice.
6. Grantee is solely responsible for the ethical, moral, and legal nature of its programs, including those segments purchased through these funds. All persons employed by the Grantee shall be employees of the Grantee and not the Grantor. Except for claims arising solely from the negligence of the Grantor, its officers, employees or agents, the Grantee agrees to indemnify and hold the Grantor harmless from and against all actions, suits, claims and demands for loss of damage, including property damage, personal injury, and wrongful death, arising out of or in connection with Grantees performance of this agreement.
7. The Grantee will perform services as an equal opportunity employer. Grantee shall not deny services or discriminate on the basis of race, color, creed, national origin or duration of residence, and there shall be no discrimination in selection, compensation, or other employment practices with respect to personnel coming under the auspices of the Grantee, and the Grantee will otherwise comply with the provision and requirements of Title IV of the Civil Rights Act of 1974, and all requirements issued by the Department of Justice.
8. Grantee acknowledges and agrees to comply with applicable provisions of the Americans with Disability Act 42 USC 12101 et seq.
9. Grantee acknowledges and agrees to comply with the provision of the Oregon Equal Access Law, ORS 417.270.
10. Grantee acknowledges and agrees to be culturally competent. Culturally competency means the development of behaviors, attitudes and policies that enable providers to deliver services in ways that meet the needs of a variety of diverse cultures.
11. Grantee acknowledges that any and all products provided by the Grantor for use or implementation of the approved program description are the sole property of the Grantor and must be returned upon completion of the program and/or funding period.

---

## C. PAYMENT

---

1. Upon receipt of the signed agreement, Grantor will forward payment for the third quarter. Subsequent payments will be made upon receipt of Quarterly Reports as outlined in Section D. Payments will be made based on the following schedule:

a. Quarter 1: July 1 to September 30 2012	\$5,348.00
b. Quarter 2: October 1 to December 31, 2012	\$5,348.00
c. Quarter 3: January 1 to March 31, 2013	\$5,348.00
d. Quarter 4: April 1, 2013 to June 30, 2013	\$5,349.00
- TOTAL:           \$ 21,294.00**
2. Payments are contingent upon the Grantee satisfactorily conducting the program substantially as reflected in timely reports required herein.
3. **Payments are subject to the availability of funds.** In the event that sufficient funds shall not be appropriated for the payment of consideration required under this agreement, then Grantor may terminate the agreement with written thirty (30) days notice.
4. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, or if Grantee materially breaches this agreement, all funds that may be deemed unearned, unjustified, or inappropriately expended must be returned to the Grantor.

---

## D. UNEXPENDED FUNDS

---

If the funds have not been completely expended at the end of the funding period, June 30, 2013 then Grantee agrees to immediately notify the Grantor's designated contact person. All funds determined to be under-expended, unexpended, or unencumbered for authorized expenditures shall be returned to the Grantor or deducted by the Grantor from payment.

---

## E. REPORTS AND EVALUATIONS

---

1. **Within 2 weeks of receiving the signed copy of the agreement**, the following reporting forms are due:
  - a. Project Cover Sheet
  - b. Work Plan identifying
    - i. Strategic activities, Target Population, Output Target, Outcome, Measurement Tool, and Outcome Target Statement.
2. The Oregon Commission on Children and Families and the Wasco County Commission on Children and Families require Quarterly Reports to track progress made in accomplishing the purposes of the agreement. Reports are due to the Grantor no later than the 30<sup>th</sup> of the month following the quarter end:

	Reporting Due Date
Quarter 1	October 30, 2012
Quarter 2	January 30, 2013 (Outcomes Due)
Quarter 3	April 30, 2013
Quarter 4	July 30, 2013 (Outcomes Due)

- a. The reporting forms required **each quarter** are (also in Appendix A):
  - i. Budget worksheet
  - ii. Participant Monitoring and/or Group Activities and Services.
  - iii. Comments & Signatures
- b. The reporting forms required **every other quarter** (starting with the 2<sup>nd</sup> quarter) are:
  - i. Work Plan (High Level Outcomes Measurements)
3. At any time, the Grantor may request a representative of the program to appear at a regularly scheduled meeting to provide updates.
4. At any time, the contact person or their designee may conduct site visits of the program.
5. A final report and/or presentation may be requested by the Grantor. This report/presentation may include program challenges and successes, a detailed summary of progress on the approved programs, as well as a dialog with the Commission regarding future program goals and targets.

---

## F. IRS STATUS

---

It is the understanding of the Grantor that the Grantee organization has obtained a determination from the Internal Revenue Service that it qualifies as a section 501(c)(3) organization.

If there is any change in the Grantee's status or classification, the Grantee must promptly notify the Grantor's designated contact person.

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**G. SIGNATURES**

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Grantee:

\_\_\_\_\_  
Tara Koch, Haven Executive Director

\_\_\_\_\_  
Date

Grantor:

\_\_\_\_\_  
Rod Runyon, Wasco County Commissioner, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sherry Holliday, Wasco County Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scott Hege, Wasco County Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christa Rude, Administrator  
Wasco County Commission on Children & Families

\_\_\_\_\_  
Date

☐ Approved to Form

\_\_\_\_\_  
Eric Nisley, Wasco County District Attorney

\_\_\_\_\_  
Date





## FUNDING AGREEMENT

### A. DESCRIPTION

This Agreement is entered into on behalf of Wasco County (designated in this document as “funder”) and the entity below (designated in this document as “Grantee”). Wasco County is represented in the negotiation of this agreement through the Wasco County Commission on Children & Families. The contact person regarding this agreement is the WCCCF Administrator.

**Funder Contact:** Christa Rude, Administrator (541) 506-2672  
**Grantee:** The Next Door Incorporated  
**Contact:** Janet Hamada, Executive Director (541) 436-0301  
**Title:** Half Biennium Funding  
**Total Amount:** \$135,134.00 and  
                           Up to \$ 15,000 Net\* Medicaid earnings through Healthy Start  
**Funding Period:** July 1, 2012 thru June 30, 2013

Amount	Funding Stream	OCCF Desired OUTCOME	Approved Program Description
\$10,201 Q=2550(3)2551(1)	Great Start (GS)	1.03.07 Stability of Family Life 1.04.02 Quality of parent-child/youth interactions	Expanded Home Visiting Program-modeled after the Healthy Start program and geared toward non-first birth families.
\$3,440.00 Q=860	Youth Investment (YI)		
\$121,493 Q=30,373(3)30,374	Healthy Start (State General Fund)	See attachment A-Statement of Work	REGIONAL Healthy Start Home Visiting: Hood River & Wasco Counties representing a total of 26.1 Family Support Units as outlined by OCCF
UP TO \$15,000 Net*	* Net balance of Medicaid Match and Earnings (see Attachment A)	N/A	N/A

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## B. RECITALS

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This agreement is made and entered into by the parties identified in "A. Description", and in consideration of the mutual premises set forth in this document and in accordance with or because of the following:

- The Oregon State Legislature has established the Commission on Children and Families (ORS 417.730). The purpose of which is to promote the wellness of children and families; and
- The Wasco County Court has appointed a local commission on children and families (ORS 417.760), and
- The Wasco County Commission on Children and Families has identified improving health and wellness outcomes for children and their families including a reduced rate of child abuse and neglect and an increase in the percentage of children who enter school ready to learn through the Wasco County Comprehensive Planning Process (ORS 417.735); and
- The Wasco County Commission on Children and Families has supported the development of the Healthy Start program through Families First of the Next Door Inc., and the development of the Wasco County Home Visitation Network; and
- The County has entered into an intergovernmental agreement with the Oregon Commission on Children and Families to provide a regional (Wasco & Hood River Counties) Healthy Start Program authorized in ORS 417.795; and;
- The allocation for the regional Healthy Start general funds is decided based on an average of 2009 and 2010 first birth data in each county:
  - 2010: 108 for Hood River and 110 for Wasco
  - 2011: (preliminary) 109 Hood River , 100 Wasco
  - Midpoint averages for fiscal distribution are 51% -Hood River County and 49%- Wasco County. The total Family Support Unit expectation is 26.1 and the ratio is 13.3-Hood River and 12.8- Wasco

*(Note: if 2011 final data indicates significant changes, allocations will be adjusted using the same midpoint average process)*

- The allocation for Medicaid funds is determined based on the salary input on a quarterly basis.
- The County desires to obtain the services of the Grantee to carry out services as outlined in Attachment A, and in accordance with the Wasco County Comprehensive Plan, a copy of which is on file with the Wasco County Court and by this reference is incorporated herein.

---

## C. REQUIREMENTS

---

1. This funding is made subject to the condition that the entire amount will be expended for the purposes of providing services as identified:
  - Under the approved program description
  - Designated funding stream
  - In accordance with state statute and administrative code.
2. Grantee is engaged hereby as an independent contractor, and will be so deemed for purposes of the following:
  - Grantee will be solely responsible for payment of any Federal or State taxes required as a result of this Agreement.
  - This Agreement is not intended to entitle Grantee to any benefits generally granted to County employees. Without limitation, but by way of illustration, the benefits which are not intended to be extended by this Agreement to the Grantee are vacation, holiday, and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Worker's Compensation, unemployment compensation, or retirement benefits, insofar as benefits are otherwise required by law.
  - The Grantee is an independent contractor for the purposes of the Oregon Worker's Compensation coverage under this Agreement. If the Grantee has the assistance of other persons in the

performance of this Agreement, the Grantee shall qualify and remain qualified for the term of this Agreement as a direct responsibility employer under ORS 656.407.

- Carry out the Project as an independent contractor and not as an agent of the County in accordance with the terms and conditions of the Grant. To assign resources under this Agreement only to services coming within approved programs in accordance with the approved Statement of Work (Attachment A).
3. The Funder must be promptly notified about any of the following during the funding period:
    - Change in program contact personnel of the organization
    - Change in address or phone number
    - Change in name of the organization
    - Change in 501c3 non-profit status
    - Any development that significantly affects the operation of the program or organization.
  4. The Grantee shall abide by all provisions of this agreement and shall keep adequate supporting records to document expenditure of funds and the activities supported by these funds.
  5. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, then Grantee may terminate the agreement with thirty (30) day written notice.
  6. Grantee is solely responsible for the ethical, moral, and legal nature of its programs, including those segments purchased through these funds. All persons employed by the Grantee shall be employees of the Grantee and not the Funder. Except for claims arising solely from the negligence of the Funder, its officers, employees or agents, the Grantee agrees to indemnify and hold the Funder harmless from and against all actions, suits, claims and demands for loss of damage, including property damage, personal injury, and wrongful death, arising out of or in connection with Grantees performance of this agreement.

Grantee further agrees to defend the County, its agents and employees against all suits, action or proceedings brought by any third party against them in connection with the Grantee's performance of this Agreement.

7. The Grantee will perform services as an equal opportunity employer. Grantee shall not deny services or discriminate on the basis of race, color, creed, national origin or duration of residence, and there shall be no discrimination in selection, compensation, or other employment practices with respect to personnel coming under the auspices of the Grantee, and the Grantee will otherwise comply with the provision and requirements of Title IV of the Civil Rights Act of 1974, and all requirements issued by the Department of Justice.
8. Grantee acknowledges and agrees to comply with applicable provisions of the Americans with Disability Act 42 USC 12101 et seq.
9. Grantee acknowledges and agrees for the purposes of this Agreement that they shall comply with all provisions of ORS 419B.005 through ORS 419B.045.
10. Grantee acknowledges and agrees to comply with the provision of the Oregon Equal Access Law, ORS 417.270.
11. Grantee acknowledges and agrees to be culturally competent. Culturally competency means the development of behaviors, attitudes and policies that enable providers to deliver services in ways that meet the needs of a variety of diverse cultures.
12. Grantee acknowledges that any and all products provided by the Funder for use or implementation of the approved program description are the sole property of the Funder and must be returned upon completion of the program and/or funding period.
13. Permit authorized representatives of the County, Oregon Commission on Children & Families, and the State of Oregon Division of Audits to make such a review of the records of the Grantee as the County, State or auditor may deem necessary to satisfy audit and program evaluation purposes.
14. Maintain confidentiality of all records and information pursuant to this agreement and all applicable Oregon Revised Statutes.

15. Use funds awarded pursuant to this Contact to supplement and not supplant funds otherwise made available for projects.

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## C. PAYMENT

---

1. Upon receipt of the signed agreement, Funder will forward payment for the first quarter. Subsequent payments will be made upon receipt of Quarterly Reports as outlined in Section D. Payments will be made based on the following schedule:

	<b>Healthy Start (General Fund) Payment</b>	<b>Flexible Funding Payment</b>	<b>Medicaid Match</b>
Quarter 1: July 1 to September 30, 2012	\$30,373.00	\$3,410.00	Will be paid (from HS general funds) upon invoicing from the state and re- distributed upon receipt of matching funds from state.
Quarter 2: October 1 to December 31, 2012	\$30,373.00	\$3,410.00	
Quarter 3: January 1 to March 31, 2013	\$30,373.00	\$3,410.00	
Quarter 4: April 1, 2013 to June 30, 2013	\$30,374.00	\$3,411.00	
<b>TOTAL:</b>	<b>\$ 121,493.00</b>	<b>\$13,641.00</b>	<b>Up to: \$15,000 *net</b>

2. Payments are contingent upon the Grantee satisfactorily conducting the program substantially as reflected in timely reports required herein.
3. **Payments are subject to the availability of funds.** In the event that sufficient funds shall not be appropriated for the payment of consideration required under this agreement, then Funder may terminate the agreement with written thirty (30) days notice.
4. If the Grantee fails or becomes unable to perform the specific functions of program implementation, or if conditions arise that make the program untenable, or if Grantee materially breaches this agreement, all funds that may be deemed unearned, unjustified, or inappropriately expended must be returned to the Funder.

---

## D. UNEXPENDED FUNDS

---

If the funds have not been completely expended at the end of the funding period, June 30, 2013 then Grantee agrees to immediately notify the Funder's designated contact person. All funds determined to be under-expended, unexpended, or unencumbered for authorized expenditures shall be returned to the Funder or deducted by the Funder from payment.

---

## E. REPORTS AND EVALUATIONS

---

1. At any time, the Funder may request a representative of the program to appear at a regularly scheduled meeting to provide updates.
2. At any time, the contact person of the funder or their designee may conduct site visits of the program.
3. A final report and/or presentation may be requested by the Funder. This report/presentation may include program challenges and successes, a detailed summary of progress on the approved programs, as well as a dialog with the Commission regarding future program goals and targets.

{Continued on page 5}

## FOR FLEXIBLE FUNDS (GS & YI):

1. **Within 2 weeks of receiving the signed copy of the agreement**, the following reporting forms are due:
  - a. Project Cover Sheet
  - b. Work Plan identifying
    - i. Strategic activities, Target Population, Output Target, Outcome, Measurement Tool, and Outcome Target Statement.
2. The Oregon Commission on Children and Families and the Wasco County Commission on Children and Families require Quarterly Reports to track progress made in accomplishing the purposes of the agreement. Reports are due to the Funder no later than the 30<sup>th</sup> of the month following the quarter end:

	Reporting Due Date
Quarter 1	October 30, 2012
Quarter 2	January 30, 2012 (Outcomes Due)
Quarter 3	April 30, 2013
Quarter 4	July 30, 2013 (Outcomes Due)

- a. The reporting forms required **each quarter** are (forms are available through funder):
    - i. Budget worksheet
    - ii. Participant Monitoring and/or Group Activities and Services.
    - iii. Comments & Signatures
  - b. The reporting forms required **every other quarter** (starting with the 2<sup>nd</sup> quarter) are:
    - i. Work Plan (High Level Outcomes Measurements)
3. Reporting Forms are standardized and provided to the grantee by the Commission on Children & Families.

## FOR HEALTHY START FUNDS:

4. Prepare and furnish such plans, data, descriptive information and reports as are outlined by OCCF, statute and Attachment A – Statement of Work. Provide requested info to the Wasco County Commission on Children and Families and County as requested. The Contractor agrees to, and does hereby grant the Wasco County Commission on Children and Families, County, and Oregon Commission on Children and Families the right to reproduce, use, and disclose all or any part of the reports, data, and technical information furnished under this Agreement.

---

## F. IRS STATUS

It is the understanding of the Funder that the Grantee organization has obtained a determination from the Internal Revenue Service that it qualifies as a section 501(c) (3) organization.

If there is any change in the Grantee's status or classification, the Grantee must promptly notify the Funder's designated contact person.

{Continued on page 6}

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**G. SIGNATURES**

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Grantee:

\_\_\_\_\_  
Janet Hamada, Executive Director

\_\_\_\_\_  
Date

Funder:

\_\_\_\_\_  
Rod Runyon, Wasco County Commissioner, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sherry Holliday, Wasco County Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scott Hege, Wasco County Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christa Rude, Administrator  
Wasco County Commission on Children & Families

\_\_\_\_\_  
Date

☐ Approved to Form

\_\_\_\_\_  
Eric Nisley, Wasco County District Attorney

\_\_\_\_\_  
Date



## Statement of Work- Attachment “A”

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### HEALTHY START

#### 1.0 OBJECTIVE.

- 1.1 Increase school readiness;
- 1.2 Improve health outcomes for children and their families;
- 1.3 Reduce the incidence of child abuse and neglect.

#### 2.0 BACKGROUND.

- 2.1 Healthy Start was created by the Oregon Legislature in 1993 and is a statewide program in Oregon’s system of supports and services for families with young children. Healthy Start promotes wellness for Oregon families with first-born newborns by offering universal, accessible and non-stigmatizing services tailored to the family’s unique situation.

Healthy Start offers consenting first-birth families, universal access to screening and personalized referral to community services. Families may also receive a Welcome Baby gift packet filled with information about parenting and child development. Families determined to be at higher risk for adverse childhood outcomes (through the use of a standardized research-based screening tool) are offered on-going home visiting services.

Home visiting services continue for as long as the family wants to remain engaged, for up to three years, with some exceptions for longer services. Visits assist families in achieving goals around parenting and improved family functioning. Healthy Start services build upon family strengths.

#### 3.0 REQUIREMENTS.

- 3.1. Abide by Oregon Revised Statutes and Oregon Administrative Rules pertaining to Healthy Start (ORS 417.795)(OAR Division 45 423-045-0005-ff).
- 3.2. Participate in federal Medicaid (Title XIX) Administrative Claiming as outlined by Oregon Commission on Children & Families.
- 3.3. Maintain accurate and up to date records of all employees who are eligible to participate in federal Medicaid (Title XIX) Administrative Claiming. Information to include: Employee name, title, job description, education level, salary, and other personnel expenses, time study records, records to indicate the nature and extent of services provided, and other resources that have been applied to offset costs.
- 3.4. Ensure that all services including those that are Medicaid eligible are offered to clients strictly on a volunteer basis.
- 3.5. Abide by the policies and procedures as outlined in the *Healthy Start Program Policies & Procedures Manual* published by the Oregon Commission on Children & Families and by this reference incorporated herein.

- 3.6. Abide by the guidelines outlined in the Request for Applications that was approved by OCCF. See Attachment B.

#### **4.0     REPORTING REQUIREMENTS**

- 4.1     Submit all information as required and/or requested by NPC Research, Wasco Co. Commission on Children & Families, Hood River Commission on Children & Families or Oregon Commission on Children & Families.
- 4.2     Submit accurate financial statements including Wasco County Program Expenditures, Program Donations, Volunteer Hours, and In-Kind Donations on a Quarterly Basis.
- 4.3     Participate in Wasco County Early Childhood Advisory Council by providing reports and/or information as requested by the Chair and/or Staff of the Wasco Co. Commission on Children & Families.
- 4.4     Present an annual report to the Wasco County Commission on Children & Families at a regularly scheduled Commission meeting.

#### **5.0     PERIOD OF PERFORMANCE.**

- 7.1     Project Initiation Date:                 July 1, 2012
- 7.2     Project Completion Date:                June 30, 2013

#### **6.0     ESTIMATE OF COST:**

Healthy Start General Fund	<b>Regional Total:</b>	<b>\$121,493.00</b>
First birth equation-Hood River (51%)		\$61,961.00
First birth equation-Wasco (49%)		\$59,532.00
<b>Estimated</b> Federal Medicaid Match Earned (gross):		\$30,000.00
Hood River		\$15,300.00
Wasco		\$14,700.00
<b>Estimated</b> General Fund Match Requirement:		-\$15,000.00
Hood River		-\$7,650.00 of Medicaid Earnings
Wasco		-\$7,350.00 of Medicaid Earnings
<hr/>		
Total Estimated Grant Allocation:		\$136,493.00

---

**Discussion Item**  
**Intergovernmental Office Space Lease Amendment**

- [Letter of Introduction](#)
- [Expiring Lease](#)
- [OYA Lease](#)



# Oregon

John A. Kitzhaber, MD, Governor

## Department of Administrative Services

Facilities Division

1225 Ferry Street SE U100

Salem, OR 97301-4281

PHONE: 503-378-2865

FAX: 503-373-7210

June 15, 2012

Wasco County  
511 Washington Street, Suite #101  
The Dalles, Oregon 97058  
Attn: Tyler Stone, or successor

SUBJECT: Lease with the Oregon Youth Authority for office space located at 606 Court Street,  
The Dalles, Wasco County, Oregon 97058.

Enclosed are three (3) original lease documents for the above referenced facility. Please sign the documents, initial the bottom of each page and return all three (3) sets of documents to the undersigned. I will return a completed copy to you for your records. Let me know if you have questions.

With the Best Regards,

Liz Beaty, Leasing Agent  
Department of Administrative Services  
Facilities Division  
1225 Ferry Street SE, U100, Salem, OR 97301  
Phone: (503) 378-6751  
Fax: (503) 373-7210  
Email: [liz.beaty@state.or.us](mailto:liz.beaty@state.or.us)

LB/Enclosure

**STATE OF OREGON  
INTERGOVERNMENTAL OFFICE SPACE LEASE AMENDMENT**

FILED  
WASCO COUNTY

THIS LEASE AMENDMENT, dated May 10, 2010, is made by and between WASCO COUNTY, a political subdivision of the STATE OF OREGON (Lessor) and the STATE OF OREGON, acting by and through its Oregon Youth Authority (Lessee). 2010 MAY 25 11:08:02

KAREN LEBRETON COATS  
COUNTY CLERK

Lessor and Lessee are parties to a Lease dated July 1, 2004, as amended or supplemented by Lease Amendments dated May 1, 2007, and January 9, 2009, (herein referred to as the Lease), covering Premises described as approximately 1,032 square feet of space (more or less) located at 606 Court Street, The Dalles, Wasco County, Oregon 97058.

Lessor and Lessee desire to amend or supplement the Lease.

In consideration of the mutual agreements contained herein, Lessor and Lessee agree that the Lease shall be amended or supplemented as follows:

1. **Term.** Lessee hereby elects to exercise its Option to Extend the Lease per Paragraph 3 of the Lease Amendment dated January 9, 2009. In addition Lessee shall extend the term an additional one (1) year term for a total term of two (2) years commencing July 1, 2010 and continuing through June 30, 2012.
2. **Rent.** The monthly Base Rent for the extension period shall be per the following Rent Schedule:

<u>LEASE PERIOD</u>	<u>BASE RENT</u>
07/01/10 - 06/30/11	\$931.44
07/01/11 - 06/30/12	\$959.38

Except as expressly amended or supplemented hereby, all other terms and conditions of the Lease shall remain in full force and effect.

**State Workers' Compensation Act.**

(1). Should Lessor employ any "subject worker," as defined in ORS 656.005(28), to perform any work required under this Lease, the Lessor shall comply with the Workers' Compensation Law, ORS 656.001, et seq. Lessor, to the extent it employs such "subject worker(s)," and Lessor's contractors or subcontractors, if any, and any employers providing work, labor or materials under this Lease are "subject employers" under the Workers' Compensation Law and shall comply with ORS 656.017, which requires "subject employers" to provide Oregon workers' compensation coverage that conforms to Oregon law for all of their "subject workers", or are exempt under ORS 656.126.


(2). As provided in ORS 279.312, Lessor understands and agrees that Lessor shall: (1) Make payment promptly, as due, to all persons supplying to Lessor labor or material for the prosecution of the work provided for in the Lease; (2) Pay all contributions or amounts due the Industrial Accident Fund from Lessor or its contractor incurred in the performance of the Lease; (3) Not permit any lien or claim to be filed or prosecuted against the state, county, school district, municipality, municipal corporation or subdivision thereof, on account of any labor or material furnished; and (4) Pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.

(3). As provided in ORS 279.314, Lessor understands and agrees: (1) That in case Lessor fails, neglects or refuses to make prompt payment of any claim for labor or services furnished to the Lessor or its contractor by any person in connection with this Lease as such claim becomes due, the proper officer or officers representing the state as Lessee hereunder may pay such claim to the person furnishing the labor or

services and charge the amount of the payment against funds due or to become due the Lessor by reason of this Lease; and (2) That payment of a claim in the manner provided herein shall not relieve the Lessor or the Lessor's surety from obligation with respect to any unpaid claims.

This Lease Amendment shall not become effective nor be binding on the State of Oregon or the Lessee agency until it has been executed, in the signature spaces provided below, by all parties to the Amendment.

LESSOR: WASCO COUNTY, a political subdivision  
of the STATE OF OREGON

By 

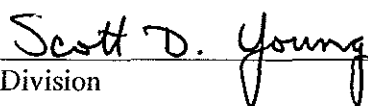
Date 4/29/10

LESSEE: STATE OF OREGON acting by and through its  
Oregon Youth Authority

By 

Date 4-21-2010

APPROVAL: STATE OF OREGON acting by and through its  
Department of Administrative Services

By   
Facilities Division

Date 17 MAY 10

Renewal OYA  
606 Court, The Dalles  
02/25/10 pj

TO: Manager, Property Management Section  
Facilities Division  
Department of Administrative Services  
1225 Ferry Street SE U100  
Salem, Oregon 97302-4281

RE: Lessee: Oregon Youth Authority

Premises: 606 Court Street, The Dalles, Wasco County, Oregon 97058

Pursuant to the Lease provisions on "CERTIFICATE OF COMPLIANCE WITH OREGON TAX LAWS" and as required by the Oregon Department of Revenue's Administrative Rule, OAR 150 305.385(6) (B), the following Certificate is submitted on the annual basis on or about the anniversary date of this Lease. This Certificate is for the lease year beginning July 1, 2010, to June 30, 2012.

#### CERTIFICATE OF COMPLIANCE WITH OREGON TAX LAWS

I, the undersigned, hereby certify under penalty of perjury: (Check one)

☒ that I am, to the best of my knowledge, not in violation of any Oregon tax laws.  
☐ that I am authorized to act in behalf of the Lessor, as named below, that I have authority and knowledge regarding the payment of taxes, and that Lessor is, to the best of my knowledge, not in violation of any Oregon tax laws.

For the purposes of this certificate, "Oregon tax laws" means the state inheritance tax, gift tax, personal income tax, withholding tax, corporation income and excise taxes, amusement device tax, timber taxes, cigarette tax, other tobacco tax, 9 1 1 emergency communications tax, Elderly Rental Assistance Program and local taxes administered by the Department of Revenue (Lane Transit District Tax, Tri Metropolitan Transit District Employer Payroll Tax, and Tri Metropolitan Transit District Self Employment Tax).

Lessor:

Wasco County

Signature:

Dan Erickson

Printed Name:

Dan Erickson

Title:

Chair of Commission

Date:

4/29/10



**STATE OF OREGON  
INTERGOVERNMENTAL OFFICE SPACE LEASE AMENDMENT**

THIS LEASE AMENDMENT, dated June 14, 2012, is made by and between WASCO COUNTY, a political subdivision of the STATE OF OREGON (Lessor) and the STATE OF OREGON, acting by and through its Oregon Youth Authority (Lessee).

Lessor and Lessee are parties to a Lease dated July 1, 2004, as amended or supplemented by lease amendments dated May 1, 2007, January 9, 2009 and May 10, 2010, (herein referred to as the Lease), covering Premises described as approximately 1,032 square feet of space (more or less) located at 606 Court Street, The Dalles, Wasco County, Oregon 97058.

Lessor and Lessee desire to amend or supplement the Lease.

In consideration of the mutual agreements contained herein, Lessor and Lessee agree that the Lease shall be amended or supplemented as follows:

1. **Term.** The term of this Lease is hereby extended for a period of **two (2) years** commencing on **July 1, 2012**, and continuing through **June 30, 2014**.
2. **Rent.** The monthly Base Rent for the extension period shall be per the following Rent Schedule:

<u>LEASE PERIOD</u>	<u>BASE RENT</u>
07/01/12 -- 06/30/13	\$988.16
07/01/13 -- 06/30/14	\$1,017.80

3. **Option to Extend.** If Lessee is not in default, Lessee shall have the option to extend this Lease for two (2) additional extension terms of two (2) years each. Each extension term shall commence on the day following the expiration of the immediately preceding term. Notice exercising the extension option shall be delivered to Lessor in writing not less than ninety (90) days prior to the expiration of the preceding term. If such notice is given, all terms and conditions of this Lease, except as expressly amended, shall apply during the extension term. Accordingly, the monthly rent for the extension terms shall be per the following schedule:

<b>FIRST EXTENSION TERM</b>	
<u>LEASE PERIOD</u>	<u>BASE RENT</u>
07/01/14 -- 06/30/15	\$1,048.33
07/01/15 -- 06/30/16	\$1,079.78

<b>SECOND EXTENSION TERM</b>	
<u>LEASE PERIOD</u>	<u>BASE RENT</u>
07/01/16 -- 06/30/17	\$1,112.17
07/01/17 -- 06/30/18	\$1,145.54

4. **Insurance.** Effective **July 1, 2012**, Section 16.1 of the Lease is hereby deleted in its entirety and replaced with the following:

**16.1. Insurance.** Lessee shall provide for its own personal property damage coverage and liability insurance, within the limits as provided under ORS 30.260 to 30.300, and as limited by Oregon Constitution, Article XI, Section 7. Lessor shall provide for its own liability coverage and real

property damage coverage for the building structure and the building systems, subject to the same limitations as provided under the law.

5. **Default.** Effective July 1, 2012, Section 22 of the Lease is hereby deleted in its entirety and replaced with the following:

22. **Default.** Neither party shall be in default under this Lease until written notice of the unperformed obligation has been given and that obligation remains unperformed after notice for fifteen (15) days in the case of a payment or for thirty (30) days in the case of other obligations. If the obligation cannot be performed within the thirty day period, there shall be no default if the responsible party commences a good faith effort to perform the obligation within such period and continues diligently to complete the performance. In case of a default the nondefaulting party may terminate this Lease with thirty (30) days prior written notice to the defaulting party, and it shall be entitled to recover damages or any other remedy provided by applicable law, or it may elect to perform the defaulting party's obligation and recover from the defaulting party the costs plus interest at the legal rate of eight percent (8%) per annum for judgment. If Lessee makes such expenditures as the nondefaulting party, those expenditures plus reasonable administrative costs shall be deducted from the rent.

6. **Counterparts.** Effective July 1, 2012, The following language is added as Section 37 of the Lease:

37. **Counterparts.** This Lease, including any amendments to the Lease, may be executed in two or more counterparts, by facsimile or otherwise, each of which is an original, and all of which together are deemed one and the same Lease, notwithstanding that all parties are not signatories to the same counterpart.

Except as expressly amended or supplemented hereby, all other terms and conditions of the Lease shall remain in full force and effect.

**State Workers' Compensation Act.**

(1). Should Lessor employ any "subject worker," as defined in ORS 656.005(28), to perform any work required under this Lease, the Lessor shall comply with the Workers' Compensation Law, ORS 656.001, et seq. Lessor, to the extent it employs such "subject worker(s)," and Lessor's contractors or subcontractors, if any, and any employers providing work, labor or materials under this Lease are "subject employers" under the Workers' Compensation Law and shall comply with ORS 656.017, which requires "subject employers" to provide Oregon workers' compensation coverage that conforms to Oregon law for all of their "subject workers", or are exempt under ORS 656.126.

This Lease Amendment shall not become effective nor be binding on the State of Oregon or the Lessee agency until it has been executed, in the signature spaces provided below, by all parties to the Amendment.

LESSOR: WASCO COUNTY, a political subdivision of the  
STATE OF OREGON

By \_\_\_\_\_

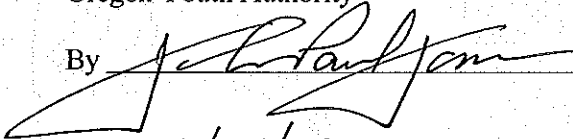
Date \_\_\_\_\_

APPROVED AS TO FORM

By \_\_\_\_\_  
County Counsel

Date \_\_\_\_\_

LESSEE: STATE OF OREGON acting by and through its  
Oregon Youth Authority

By  \_\_\_\_\_

Date 6/14/12 \_\_\_\_\_

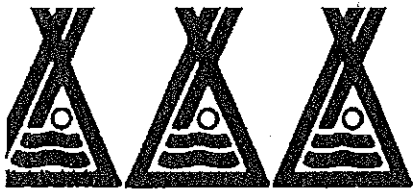
APPROVAL: STATE OF OREGON acting by and through its  
Department of Administrative Services

By \_\_\_\_\_  
Facilities Division

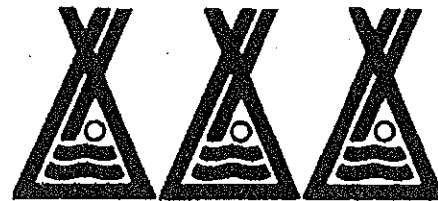
Date \_\_\_\_\_

**Discussion Item**  
**Warm Springs Contract**

- [Contract](#)



THE CONFEDERATED TRIBES OF THE WARM SPRINGS  
RESERVATION OF OREGON



P.O. Box 1169, Warm Springs, OR 97761  
(541) 553-3254

**CONTRACT AGREEMENT**

**CONTRACT #** \_\_\_\_\_

The Confederated Tribes of the Warm Springs Reservation of Oregon (the TRIBES) and  
\_\_\_\_\_  
Wasco Co Weed & Pest Control (CONTRACTOR) agree as follows:

1. Term of Contract.

The Term of this contract shall be from July 23, 2012 to July 1, 2013.

2. Performance of Services.

During the term of this contract, the CONTRACTOR shall provide the service described in Appendix "A" attached hereto and incorporated by reference. Throughout the term of this contract and in the course of performing the services, the CONTRACTOR is and shall be an independent contractor, free from control and/or direction over the performance of such services by the TRIBES. Further, the CONTRACTOR shall in no sense be considered an employee or agency of the TRIBES, nor shall CONTRACTOR, its servants, agents, employees or subcontractors be entitled to, or eligible to participate in any benefit(s), privilege(s), or plan(s) given or extended by the TRIBES to its employees.

3. Project Coordinator.

The TRIBES will name a Project Coordinator in Appendix "A" who will serve as the TRIBES' contract administrator for this contract. During the term of this contract, the Project Coordinator will have the following responsibilities and/or authorities:

- (A) Approval of the CONTRACTOR'S invoice(s) for payment;
- (B) Monitor the CONTRACTOR'S compliance with the terms of the contract;
- (C) Notify the TRIBES immediately of any breach of contract on the part of the CONTRACTOR and/or the TRIBES;
- (D) Approval of minor contract modifications and changes which do not affect the contract price or substantially alter the scope of services.

4. Payment.

The TRIBES agrees to pay the CONTRACTOR for service(s) rendered in accordance with the terms and conditions specified in Appendix "A" attached to this instrument. This contract carries no additional cost or expenses reimbursement and payment(s) are based solely upon the rate(s) noted in Appendix "A".

5. Benefits and Taxes.

- (A) The CONTRACTOR is not eligible for any Federal Social Security, State Worker's Compensation, or Unemployment Insurance benefits from the TRIBES by virtue of payment(s) received from the TRIBES except as a self-employed individual.
- (B) The CONTRACTOR is engaged as an independent contractor and will be responsible for all Federal and State taxes related to payment(s) received from the TRIBES, if any, and all Employer taxes, charges and/or obligations on behalf of servants, agents or employees of the CONTRACTOR.

6. Reporting Requirements

The CONTRACTOR shall furnish reports to the TRIBES at the intervals designated in Appendix "A".

7. Contractor's Representation.

The intent of this contract is to secure for the TRIBES, the service(s) specified in Appendix "A" and to preclude the CONTRACTOR from engaging in similar service(s) during the term of this contract which would be adverse to the interest(s) of the Tribe. The CONTRACTOR therefore represents that he/she has no outstanding obligations to other organizations, and will not enter into any other obligations or agreements during the term of this contract, which, in the sole opinion of the TRIBES, would conflict with the interests of the TRIBES.

8. Privacy Act

The CONTRACTOR agrees to comply with the Privacy Act of 1974 as well as the rules and regulations issued pursuant to the Act in design, development, or operation of any system of records on individuals in order to accomplish a function when the agreement specifically identifies the system(s) of records and the work to be performed by the CONTRACTOR in terms of any one or a combination of the following:

Design, Development and/or Operations.

9. Modification Options.

This contract may be modified by concurrence of both parties; and all such modifications must be documented. This instrument, including any attached appendix(s) and/or modification(s) contains the entire and only agreement made between the TRIBES and the CONTRACTOR.

10. Termination.

- (A) The TRIBES shall have the right and the power to terminate the whole or any part of this contract upon the occurrence of any of the following:

(1) Failure of the CONTRACTOR to perform the services listed in Appendix "A" within the specified time period; and/or failure to correct such nonperformance within ten (10) calendar days of notification of "failure to perform".

(2) Failure of the CONTRACTOR to perform any of the other provisions of this contract, or failure to progress so as to endanger performance of the contract.

(3) Unauthorized disclosure of information.

(4) Failure of the CONTRACTOR to maintain insurance as required in Appendix "C".

(5) Without cause, upon thirty (30) calendar days written notice.

- (B) The CONTRACTOR shall have the right and power to terminate the whole or any part of this contract upon the occurrence of any of the following:

(1) Failure of the TRIBES to make payment for the CONTRACTOR'S services in accordance with the provisions specified in Appendix "A" under payment terms.

(2) Without cause, upon thirty (30) calendar days written notice.

- (C) The rights and remedies of the TRIBES provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law and under the terms of the contract.

11. Liquidated Damages

Liquidated damages for delay shall be assessed against the CONTRACTOR for failure to perform all of the services listed in Appendix "A", page 1, within the specified time period if the delay is caused by the CONTRACTOR, CONTRACTOR'S employees and agents, or any person or entity for whose acts the CONTRACTOR may be responsible. Liquidated damages will be charged at the rate of \$ 0 per day for every day the CONTRACTOR exceeds the specified date for the completion of the contract.

CONTRACTOR'S Acknowledgment \_\_\_\_\_

12. Disposition of Materials.

The CONTRACTOR will ensure that all information and materials provided by the TRIBES or developed and/or generated in the performance of the service(s) specified in this contract will be kept confidential at all times. CONTRACTOR shall not disclose any such information and materials to any unauthorized person. At termination of this contract for any reason, the CONTRACTOR shall prepare and ship f.o.b. destination or hand deliver to the TRIBES, all of the materials received from the TRIBES, as well as all residual materials produced in connection with the performance of the service(s) of this contract, unless otherwise directed by the Project Coordinator. All materials produced, or required to be delivered under this contract, become and remain the property of the TRIBES. (This does not include the normal records necessary to be maintained by the CONTRACTOR).

13. Compliance with Law.

CONTRACTOR, its subcontractors, servants, agents and employees shall comply with all applicable laws, rules and regulations in the performance of the contract.

14. Records Retention.

The CONTRACTOR agrees to provide access to any books, documents, papers and records of the CONTRACTOR which are directly pertinent to this contract for the purpose of making audit, examination, excerpts and transcriptions to the Federal Grantor Agency, the Comptroller General of the United States and of their duly authorized representatives and the TRIBES for a period of not less than three (3) years from the termination and/or completion of this contract.

15. Attorney Fees.

If suit or action is instituted in connection with any controversy arising out of this contract, the prevailing party shall be entitled to recover, in addition to costs, such sums as the court may adjudge reasonable as attorney fees in said suit or action or appeal there from.

16. Notices.

Any notice required or permitted under this contract shall be given when actually delivered or when deposited in the United States mail as certified mail addressed to the parties as indicated below their signatures, or to any such other address as may be specified from time to time by either of the parties to the other in writing.

17. Contract Terms and Conditions Applicable to Non-Tribal Funded Procured Services

Appendix "D" contract provisions are incorporated by reference into the contract, and will have full force and effect to applicable federal grant funded procurement activity.



18. Indemnity Agreement.

CONTRACTOR shall indemnify and defend The TRIBES from any claim, loss, or liability arising out of or related to any activity of the CONTRACTOR pursuant to this contract.

19. Documents.

Attached hereto and made a part of this contract are the following documents:  
(Appendix "A, B, C and D").

IN WITNESS whereof, the said parties have hereunto set their hands the day and year as follows.

Dated this 13 day of June, 2012.

TRIBES:

THE CONFEDERATED TRIBES  
OF THE WARM SPRINGS  
RESERVATION OF OREGON

CONTRACTOR:

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Social Security number or Employer  
Identification number (for 1099).

Title: \_\_\_\_\_

By: \_\_\_\_\_

Address: \_\_\_\_\_

Title: Authorized Contracting Officer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appendix "A"

Project: Noxious Weed Spraying

Term of Contract: From: July 16, 2012 To: July 1, 2013

Project Coordinator: Bill Reynolds

Payment Terms:

- (1) The basic CONTRACTOR'S fee to be paid by the TRIBES will be  
\$ 53,900.00 per contract.
- (2) Any indirect costs associated with the CONTRACTOR'S performance of the service(s) are included in the basic CONTRACTOR'S fee specified in part (1) above.
- (3) Additional financial reimbursement shall be made as follows: (list, or insert none).

None

The total amount of the money expended for all fees and expenses contained in this paragraph during the term of the contract shall not exceed \$ 53,900.00.

The TRIBES shall have no obligation or responsibility to the CONTRACTOR for fees and expenses incurred by the CONTRACTOR in excess of this amount.

- (4) The TRIBES will make payment(s) to the CONTRACTOR for services rendered which have been approved by the Project Coordinator. Such approved payments will be made within thirty (30) calendar days of receipt of the CONTRACTOR'S approved invoice(s).

Services to be provided: (List services to be performed).

Contractor will spray noxious weeds in assigned projects areas as authorized by the Project Coordinator. Project list and anticipated costs per project are attached.

Appendix "A"

Reporting Schedule:

(Date, Time, etc.; or insert none)

Contractor is to provide a monthly report and invoice on the 10<sup>th</sup> of each month for the previous month's activities which include the spray reports and costs associated with the reports, reported by project.

Indemnity Requirements:

(Bonds, Liability insurance, etc.; or insert none)

None

Other Considerations:

(List if any, or insert none)

None

## Appendix "B"

Rules and Regulations Governing Performance: (List if any or insert none)

- (1) This contract incorporates the following clauses of the Federal Acquisition Regulations by reference, with the same force and effect as if they were given in full text. The full text is available on the internet at <http://www.acquisition.gov/far/current/html/FARTOCP52.html>
  1. Section 7(b) of the Indian Self-Determination and Education Assistance Act, PL 93-638, 88 Stat. 2205, 25 U.S.C. 450e(b)
  2. CFR 352.270-2 Indian Preference
  3. CFR 352.270.3 Indian Preference Program.
- (2) Appendix "D" is applicable and incorporated by reference when funding has been identified as being other than Tribal funds.

Appendix "C"

**INSURANCE COVERAGE REQUIREMENTS FOR PROFESSIONAL SERVICE CONTRACTS.**

Unless otherwise provided herein, the CONTRACTOR shall have a direct liability for the acts of his employees and agents for which he is legally responsible.

Prior to starting work the CONTRACTOR shall provide a certificate of insurance evidencing the appropriate insurance coverage.

**A copy of an Additional Insured Endorsement must be submitted with the Certificate of Insurance.**  
Certificate shall be mailed to:

The Confederated Tribes of Warm Springs  
PO Box 1169  
Warm Springs, Oregon 97761  
Attn: Contract Coordinator

**Liability Insurance Requirement:**

General Aggregate	at least \$200,000.00
Products & Completed Operations	at least \$200,000.00
Personal & Advertising Injury	at least \$100,000.00
Each Occurrence	at least \$100,000.00
Professional Liability	at least \$100,000.00
Fire Damage	at least \$50,000.00
Medical Payments	at least \$5,000.00

**Automobile Liability Insurance**

Owned, Non-Owned, Hired Automobiles	at least \$100,000.00 Combined Single Limit
-------------------------------------	--

Worker's Compensation & Employer's Liability	\$500,000.00 Each Accident \$500,000.00 Disease \$500,000.00 Disease Each Employee
--	--

**Additional Conditions**

1. The CONTRACTOR'S insurance shall be considered primary and the Tribal Insurance shall be considered excess.

## Appendix "D"

### **CONTRACT PROVISIONS FOR FEDERAL GRANT/CONTRACT FUNDED PROCUREMENT.**

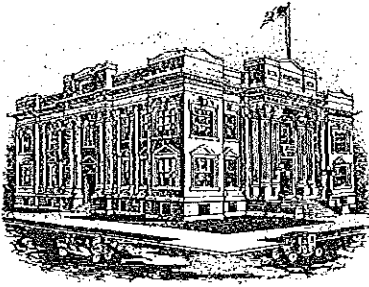
The following OMB Circular A-110 contract provisions shall apply to this contract, as applicable:

1. **Equal Employment Opportunity** – All contracts shall contain a provision requiring compliance with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity, and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor." Compliance with the requirements of this clause shall be to the maximum extent consistent with, but not in derogation of, compliance with section 7(b) of the Indian Self-Determination and Education Assistance Act and the Indian Preference clause of this contract.
2. **Copeland "Anti-Kickback" Act (18 U.S.C. 874 AND 40 U.S.C. 276C)** – All contracts and subgrants in excess of \$2000 for construction or repair awarded by recipients and subrecipients shall include a provision for compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.
3. **Davis-Bacon Act, as amended (40 U.S.C. 276a TO a-7)** – When required by Federal program legislation, all construction contracts awarded by the recipients and subrecipients of more than \$2000 shall include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction"). Under this Act, contractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The current most current prevailing wage determination issued by the Department of Labor can be accessed at <http://www.wdol.gov/> and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the Federal awarding agency.
4. **Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)** – Where applicable, all contracts awarded by recipients in excess of \$2000 for construction contracts and in excess of \$2500 for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with Sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under Section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1 ½ times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

5. **Rights to Inventions Made Under a Contract or Agreement** – Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
6. **Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.) as amended** – Contracts and subgrants of amounts in excess of \$100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
7. **Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)** – Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient.
8. **Debarment and Suspension** (*\*This requirement is applicable regardless of funding source*) – Recipients shall comply with the requirements stipulated in Subpart C of 45 CFR 620, entitled “Responsibilities of Participants Regarding Transactions”. The recipient is responsible for ensuring that any lower tier covered transaction, as described in Subpart B of 45 CFR 620, entitled “Covered Transactions”, includes a term or condition requiring compliance with Subpart C. The recipient also is responsible for further requiring the inclusion of a similar term or condition in any subsequent tier covered transaction. The recipient acknowledges that failing to disclose the information required under 45 CFR 620.335 may result in the termination of the award, or pursuance of other available remedies, including suspension and debarment. Recipients may access the Excluded Parties List System at <http://epls.arnet.gov>.
9. **Performance and Payment Bonds FAR 28.102** – All construction projects over \$100,000 are subject to the Miller Act which requires performance and payment. Performance bonds represent a promise of surety to the government that once the contract is awarded, the contractor will perform its obligations under the contract. Payment bonds represent a promise of surety of payment to all persons supplying labor or materials in the work provided for in a contract. The penal amount for each performance bond is 100 percent of the original contract price plus 100 percent of any price increases. The penal amount for each payment bond is 100 percent of the original contract price plus 100 percent of any price increases. The amount of the payment bond must be no less than the amount of the performance bond.

2012 Weed Treatment Plan		Wasco County												
Project	Noxious Weed	acres	Land use	Month of application	Initial or follow Up	Method of Control	Chemical	Rate per acre	Product Costs per Acre	Total Product Cost	Application Cost Per Acre	Total Cost Per Application	Total other costs	Total Project Cost
Yellow Starthistle Project	Yellow Starthistle Project	100	Rangeland	Sp-Fall	Both	Herbicide	Tordon 22k	32 oz				95		\$4,500.00
						Herbicide	2,4-d	32 oz						
						Herbicide	Milestone	7 oz						
Leafy Spurge Project	Leafy Spurge Project	25	Riparian	May-June	Both	Herbicide	Roundup	48 oz				200		\$2,500.00
			Wetlands			handpulling	Glyphosate	4.00%						
Russian Knapweed Project	Russian Knapweed Project	130	Rangeland	Sp-Fall	Both	Herbicide	Milestone	7 oz				95		\$5,000.00
			Dry Pasture			Herbicide	Telar	1.25 oz						
						Herbicide	Tordon	32 oz						
						Herbicide	2,4-d	32 oz						
Perennial Pepperweed Project	Perennial Pepperweed Project	30	Rangeland	Sp-Fall	Both	Herbicide	Telar	1.25 oz				95		\$0.00
			Dry Pasture											
Spotted Knapweed Project	Spotted Knapweed Project	100	Rangeland	Sp-Fall	Both	Herbicide	Tordon	32 oz				95		\$9,500.00
						Herbicide	Milestone	7 oz						
						Herbicide	2,4-d	32 oz						
Dalmatian Toadflax Project	Dalmatian Toadflax Project	40	Rangeland	Sp-Fall	Both	Herbicide	Tordon	32 oz				95		\$0.00
			Dry Pasture			Herbicide	Telar	1.25 oz						
Scotch Thistle Project	Scotch Thistle Project	12	Rangeland	Sp-Fall	Follow up	Herbicide	Milestone	7 oz				95		\$0.00
						Herbicide	2,4-d	32 oz						
						Herbicide	2,4-d	40 oz						
Meadow Knapweed Project	Meadow Knapweed Project	20	Rangeland	Sp-Fall	Both	Herbicide	Tordon	32 oz				95		\$1,900.00
			Dry Pasture			Herbicide	Milestone	7 oz						
Diffuse Knapweed	Diffuse Knapweed	400	Rangeland	Sp-Fall	Both	Herbicide	Tordon	32 oz				95		\$20,000.00
			Dry Pasture			Herbicide	Milestone	7 oz						
Mediterranean Sage	Mediterranean Sage	100	Rangeland	Sp-Fall	Both	Herbicide	Tordon	32 oz				95		\$9,500.00
			Dry Pasture			Herbicide	Milestone	7 oz						\$53,900.00





# WASCO COUNTY

## *Board of County Commissioners*

511 Washington Street, Suite 302  
The Dalles, Oregon 97058-2237  
(541) 506-2520  
Fax: (541) 506-2521

Rod Runyon, *Chair of the Board*  
Sherry Holliday, *County Commissioner*  
Scott Hege, *County Commissioner*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

WASCO COUNTY  
BOARD OF COMMISSIONERS


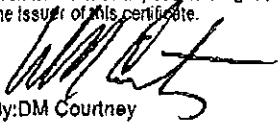
\_\_\_\_\_  
Rod L. Runyon, Commission Chair

\_\_\_\_\_  
Sherry Holliday, County Commissioner

\_\_\_\_\_  
Scott C. Hege, County Commissioner

APPROVED AS TO FORM:

\_\_\_\_\_  
Eric J. Nisley  
District Attorney

<b>Agent</b> Courtney Insurance Agency, Inc. PO Box 580 The Dalles, OR 970580580		This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.		 citycounty insurance services		
<b>Named Member or Participant</b> Wasco County 511 Washington St. Room 101 The Dalles, OR 97058		<b>Companies Affording Coverage</b> COMPANY A - CIS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI Indemnity				
<b>LINES OF COVERAGE</b>						
This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.						
<b>Type of Coverage</b>	<b>Company Letter</b>	<b>Certificate Number</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Coverage</b>	<b>Limit</b>
<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence	A	12LWASC	7/1/2012	7/1/2013	General Aggregate: \$30,000,000 Each Occurrence: \$10,000,000	
<input checked="" type="checkbox"/> Auto Liability <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	12LWASC	7/1/2012	7/1/2013	General Aggregate: None Each Occurrence: \$10,000,000	
Auto Physical Damage Scheduled Autos Hired Autos Non-Owned Autos						
<input checked="" type="checkbox"/> Property	A	12PWASC	7/1/2012	7/1/2013		Per Filed Values
<input checked="" type="checkbox"/> Boiler and Machinery	A	12BWASC	7/1/2012	7/1/2013		Per Filed Values
Excess Crime						
<input checked="" type="checkbox"/> Excess Earthquake	C	12EQWASC	7/1/2012	7/1/2013	Each Occurrence: \$10,000,000	
Excess Flood						
Excess Cyber Liability						
Workers' Compensation						
Description: Certificate holder is Additional Member per contract language attached. (CIS pp. 12-13 of 34) Pesticide/Herbicide Spray Liability has a limit of \$50,000.						
Certificate Holder: Confederated Tribes of Warm Springs POB 1169 Warm Springs OR 97761 Attn: Contract Coordinator		<b>CANCELLATION:</b> Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate.  By: DM Courtney				
		Date: 6/18/2012				

**Discussion Item**  
**MCCFL Agreement**

- [Agreement](#)

**AMENDMENT #1 TO WASCO COUNTY  
PREVENTION AGREEMENT between MID-COLUMBIA  
CENTER FOR LIVING and WASCO COUNTY  
Term: July 1, 2011 through June 30, 2013**

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As evidenced by their signatures below, Mid-Columbia Center for Living and Wasco County agree to the following 2012-2013 Contract Amendment. The Oregon Health Authority's Addiction and Mental Health Division has distributed \$20,000 funding for the Strategic Prevention Framework Project in Wasco County.

Identified goals for these additional funds for the Strategic Prevention Framework (SPF) are as follows:

- Introduce training and education to promote readiness, cultural competence, leadership, data collection, monitoring, strategic planning, implementation, evaluation capacity and sustainability;
- Create a prevention system that utilizes data, identifies a priority and dedicates funding, training and support toward that specific issue;
- Be in a better position to apply for other funding due to enhanced data, increased knowledge, and the guidance of a comprehensive prevention plan. With the goal of creating sustainability for community-level change which enhances communities' quality of life; and
- Increase capacity by learning to value and use data-driven decision-making processes and to develop and utilize a strategic plan.

These funds may be used to supplement staff time, attend State SPF trainings, and implement SPF. Training will be offered in years 2012-2013 and 2013-2014. These funds may not be used to purchase programs.

All other provisions of the current contract will remain in full force and effect unless otherwise amended in writing by the parties.

**CONTRACTOR:**

**Mid-Columbia Center for Living:**

By:   
Barbara J. Seatter, MS

**SUBCONTRACTOR:**

**Wasco County**

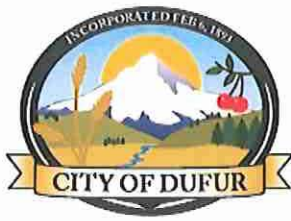
By: \_\_\_\_\_  
Wasco County Board  
Commissioners

Dated this 5 day of June, 2012

Dated this \_\_\_\_ day of \_\_\_\_\_, 2012

**Discussion Item**  
**Library Service District Board Appointment**

- [Letter of Support](#)
- [Margaret Brewer Application](#)
- [Order of Appointment](#)



PO Box 145  
Dufur, Oregon 97021  
Phone: 541-467-2349  
Fax: 541-467-2353  
TTY: 1-800-735-2900

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May 31, 2012

Kathy White, Executive Assistant  
Wasco County Board of Commissioners  
511 Washington St., Suite 302  
The Dalles, OR 97058

Dear Ms. White,

The Mayor and council of the City of Dufur support and recommend Mrs. Margaret Brewer as representative on the library board.

Mrs. Brewer has been a faithful patron of the community library here in Dufur, and we appreciate her willingness to serve as representative.

Sincerely yours,

Arthur Smith  
Mayor, City of Dufur

**APPLICATION FOR APPOINTMENT TO  
WASCO COUNTY LIBRARY SERVICE DISTRICT BOARD OF DIRECTORS**

Name Margaret Brewer A.  
(First) (Last) (M.I.)

Address 6124 Roberts Market Rd

Telephone No. 541-296-4747

Email Address emersondellmag@gmail.com

How long in County? 17 years

What is the highest level of education you have attained? 2 BAs

Current Employer self-employed

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Briefly describe your job duties

help manage farming business, bookkeeping for  
ranch accounts.

Several volunteer positions; ACTS, school volunteer,  
Alternate for Farm Service Agency.

Briefly describe your employment history: \_\_\_\_\_

- Retired Spanish Teacher (St. Marys, Sherman Co. Petersburg)
- Co-coordinator for Hood River Community Project  
conducting focus groups + several presentations to  
improve cultural communication.
- Cherry Harvest Safety Patrol. (2-3 years)

State your reasons for applying for appointment to the position: \_\_\_\_\_

Opportunity to serve community, concern for underserved populations, strong interest in service + life long learning.

Why do you believe you are qualified for appointment to the position? \_\_\_\_\_

Some free time, ability to work with diverse groups or individuals, good team skills, interest in brainstorming + trouble shooting.

What do you feel are the major concerns today facing the newly created Library Service District?

- Serving community + under represented population
- How to spend monies
- Target + draw more patrons

Days available: Mon ☒ Tues ☒ Wed ☒ Thurs \_\_\_\_\_ Fri ☒

Evenings available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

depends on the week

Margaret Ayer  
(Signature)

5/22/2012  
(Date)



IN THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON

IN AND FOR THE

WASCO COUNTY LIBRARY SERVICE DISTRICT

IN THE MATTER OF THE APPOINTMENT OF	)	
MARGARET BREWER TO THE WASCO COUNTY	)	O R D E R
LIBRARY SERVICE DISTRICT BOARD OF	)	#12-031
DIRECTORS.	)	

NOW ON THIS DAY, the above-entitled matter having come on regularly for consideration, said day being one duly set in term for the transaction of public business and a majority of the Board of Commissioners being present; and

IT APPEARING TO THE BOARD: That a vacancy exists on the Wasco County Library Service District Board of Directors due to the expired term of Lynn Cotter; and

IT FURTHER APPEARING TO THE BOARD: That Margaret Brewer is willing and is qualified to be appointed to the Wasco County Library Service District Board of Directors.

////

////

1 - ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED: That Margaret Brewer be and is hereby appointed to the Wasco County Library Service District Budget Committee as of July 1, 2012; said term to expire on June 30, 2015.

DATED this 27st day of June, 2012.

WASCO COUNTY BOARD  
OF COMMISSIONERS  
*Governing Body of the  
Wasco County Library Service District*

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Rod L. Runyon, Chair of Commission

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Sherry Holliday, Commissioner

---

Scott C. Hege, Commissioner

**WASCO COUNTY BOARD OF COMMISSIONERS  
SPECIAL SESSION  
June 27, 2012**

**CONSENT AGENDA**

1. [Fee Schedule Ordinance](#)
2. [Amended Personal Property Tax Order](#)

**Consent Agenda Item**  
**Fee Schedule Ordinance**

- [Memo of Explanation](#)
- [Ordinance 12-013](#)

# Memo

**To:** Board of County Commissioners

**From:** Kathy White, Executive Assistant

**CC:**

**Date:** 6/26/2012

**Re:** Fee Schedule Ordinance

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## **Explanation of Revised Ordinance**

The ordinance signed on 6.6.2012, listed only new and revised fees for the various departments. Historically, any changes to the fee schedule require an ordinance listing ALL county fees – new, revised and unchanged. In addition, the new fees cannot take effect until 90 days after approval. Furthermore, Public Health fees are ordered separately and I am working with Public Health to discover what that process has been.

Since this ordinance has not yet been filed by the County Clerk but the changes have been approved by the Board, we are able to create the correct ordinance, dated for the date of approval, and have that signed and filed by the County Clerk.

IN THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON  
IN AND FOR THE COUNTY OF WASCO

IN THE MATTER OF AMENDING           )  
WASCO COUNTY'S UNIFORM FEE       )   O R D I N A N C E  
SCHEDULE FOR VARIOUS COUNTY       )   #12-013  
DEPARTMENTS.                           )

THE BOARD OF COMMISSIONERS OF WASCO COUNTY, OREGON,  
DOES ORDAIN AS FOLLOWS:

Section 1.   PURPOSE

The purpose of this Ordinance is to amend established uniform fees to be collected by Wasco County Departments for performing the service required or necessitated by various state statutes.

Section 2.   AUTHORITY

This Ordinance is enacted pursuant to the authority granted to general law Counties by ORS 203.035 and by Chapter 833 of the 1979 Oregon Laws.

Section 3.   FEE SCHEDULE

The following fees shall be charged and collected by the indicated Department before the filing, recording, or copying of subject documents shall be completed:

(A) WASCO COUNTY DEPARTMENTS

- (1) The fee for photocopies shall be \$.25 per sheet for 8.5 x 11 paper and 8.5 x 14 paper.
- (2) The fee for photocopies shall be \$1.00 per sheet for 11 x 17 paper or larger.
- (3) The fee for a computer screen printout shall be \$.25 per sheet.
- (4) The search fee shall be \$40.00 per hour, with one hour minimum.
- (5) The computer report fee shall be \$40.00 plus actual printing and material cost.
- (6) The fee for computer labels shall be \$40.00 plus actual printing and material cost.
- (7) The fee for fax transmissions shall be \$3.00.
- (8) The fee for electronic information services shall be \$40.00 per hour, with one hour minimum.
- (9) The fee for micro-fiche and micro-film copies shall be \$.50 per sheet.
- (10) The fee for color photocopies shall be \$1.00 per sheet.
- (11) The fee for a copy of the Wasco County Budget shall be \$20.00.
- (12) The handling fee for credit card processing shall be \$2.50 per transaction.

(B) WASCO COUNTY SURVEYOR'S OFFICE

(1) The fee for performing the services set forth in ORS 209.260 shall be \$150.00 for the filing and indexing of a new map of a survey (no limit on size or number of sheets).

(2) The fee for Blue Line Printing shall be \$.30 per sq. ft. (\$1.00 minimum).

(3) The fee for the Surveyor to check partition plats, property line adjustment plats, and replats shall be \$400.00.

(4) The fee for the Surveyor to check subdivision plats and subdivision replats shall be \$525.00 per plat plus \$50.00 per lot.

(5) The fee for the Surveyor to check condominium plats shall be \$525.00 per plat plus \$50.00 per building.

(C) WASCO COUNTY YOUTH SERVICES DEPARTMENT

(1) The fee for formal probation shall be \$30.00 per charge or group of charges occurring on the same date.

(2) The fee for informal probation shall be \$10.00 per charge or group of charges occurring on the same date.

(3) The fee for all urine analysis tests shall be \$10.00 with an additional \$5.00 fee for all tests resulting in a positive finding for control substances.

(4) The fee for all first referrals of minor in possession of alcohol shall be \$100.00.



(5) The fee for probation violation upheld by a Court filing shall be \$50.00.

**(6) The fee for completing and filing expunctions shall be \$60.00**

(D) WASCO COUNTY CLERK'S OFFICE

(1) The fee for performing the services set forth in ORS 92.090, 92.100 and 271.230 and 205.350 shall be as follows:

(a) For approval by the County Court, County Assessor and County Treasurer of any plat, the County Clerk shall collect \$10.00 for each Department's approval;

(2) For recording and indexing any plat, the County Clerk, in whose office the deeds of the County are kept, shall charge as follows:

(a) For plats containing 20 lots or less - \$35.00.

(b) For plats containing over 20 lots - \$50.00.

(c) For more than one sheet per plat - \$5.00 per additional sheet.

(d) For partition plats - \$35.00.

(3) The fee for performing the services set forth in ORS 271.230(2) for the services of the County Surveyor for marking the record upon the original plat shall be \$15.00 to be collected by the County Clerk and paid to the County Surveyor.

////

(4) The fee for a transcript from the County Clerk lien docket to Circuit Court shall be \$10.00 which is set forth in ORS 205.320(13).

(5) The fee for performing the services set forth in ORS 517.030 shall be \$5.00 per page paid to the County Clerk who shall immediately pay over said sum to the County Treasurer.

(6) The fee for performing the services set forth in ORS 517.220 shall be \$5.00 per page.

(7) The fee for performing the services set forth in ORS 517.290 shall be \$5.00 per page.

(8) The fee for performing the services set forth in ORS 471.166(7) for liquor license application recommendation shall be \$25.00 per license.

(9) The fee for staff to act as a witness to a marriage shall be \$15.00 per witness.

(10) The fee for a time waiver for a marriage license shall be \$15.00.

(11) The fee for amending a filed record of marriage or marriage certificate shall be \$25.00.

(12) The fee for "Certificate of Consent to Marriage of a Minor" shall be \$15.00.

(13) The fee to reissue a Marriage License shall be \$25.00.

**(14) The fee per document assessed the Affordable Housing fee of \$15.00 for the fee collections services provided by Wasco County on behalf of the Oregon Housing and Community Services Department, as required by ORS 205.323(1)(c) shall be \$1.00 to be deposited into the general fund Clerk's Fees (101.15.5115.411.124).**

**(E) WASCO COUNTY SHERIFF'S OFFICE**

(1) The fee for providing a copy of a crime report shall be \$5.00 per request, plus \$.50 per page.

(2) The fee for providing a copy of an accident report shall be \$5.00 per request, plus \$.50 per page.

(3) The fee for taking a complete set of fingerprints and providing an inked set shall be \$15.00 per card.

(4) The fee for providing copies of cassette tapes or audio CDs shall be \$10.00 per tape or \$15.00 per CD.

(5) The fee for photographs shall be \$10.00 per roll or \$15.00 per CD.

**(F) WASCO COUNTY FINANCE OFFICE**

(1) The fee for placing a stop payment on a Wasco County issued check shall be \$33.00 per check.

(2) The fee for a returned item (non-sufficient funds, account closed, etc.) deposited to a Wasco County bank account shall be \$25.00 per check.

(G) WASCO COUNTY COMMUNITY CORRECTIONS  
DEPARTMENT

- (1) The fee for Monitored Bench Probation placement and supervision shall be \$120.00 (one time fee).
- (2) The fee for Monitored DA Diversion placement and supervision shall be \$120.00 (one time fee).
- (3) The fee for DUII evaluation and compliance monitoring shall be \$90.00 (one time fee).
- (4) The fee for interstate compact transfer request processing (Oregon as the sending State) shall be \$50.00 (one time fee).
- (5) The fee for active parole and/or probation supervision shall be \$35.00 per month.
- (6) The fee for community service work program evaluation, placement and monitoring shall be \$35.00.
- (7) The fee for laboratory drug testing fees shall be (a) \$15.00 (per sample) for in-lab tests (b) \$7.50 (per sample) for instant tests.**
- (8) The fee for DNA sample draw and processing shall be \$10.00 (one time fee).
- (9) The fee for inter-county transfer request processing (Wasco County as the sending County) shall be **\$25.00** (one-time fee).

- (10) The fee for electronic home detention program placement and monitoring shall be **\$8.00** per day.
- (11) The fee for photocopy material requested shall be \$1.00 per sheet.
- (12) The fee for a Trip Permit to travel out of state shall be **\$3.00** per each trip permit issued.
- (13) The fee for providing a Department of Motor Vehicle (DMV) Letter shall be \$10.00.
- (14) The fee for a Non-Departmental Drug Screen shall be **\$45.00**.
- (15) The one-time set-up fee for non-departmental electronic monitoring shall be \$250.00.
- (16) The fee for non-departmental electronic monitoring shall be \$55.00 per day.
- (H) WASCO COUNTY DEPARTMENT OF ASSESSMENT & TAX
  - (1) The fee for mapping changes and new plats shall be \$250.00.
  - (2) The fee for calculating farm/forest disqualifications shall be \$40.00, minimum hourly fee per account. To be applied against penalty if the account is disqualified within 90 days.
  - (3) The fee for certifying true copies shall be \$5.00.
  - (4) The fee for completing and processing the change of ownership status for a manufactured structure in the LOIS

System to "Exempt From Title" shall be \$55.00. If a Title Company completes the forms and presents the completed documents to the Tax Collector for review and processing, the fee shall be \$25.00.

(I) WASCO COUNTY PUBLIC WORKS DEPARTMENT

(1) The fee for filing a Road Vacation Petition shall be \$500.00 per Petition.

**(2) A deposit of \$500.00 shall be required for processing and inspecting of a motor vehicle road rally. Applicants shall be billed for actual costs.**

(J) WASCO COUNTY INFORMATION SERVICES  
DEPARTMENT

(1) The Hourly Service Fee for services rendered shall be \$120.00 per hour.

SECTION 4 – ENACTMENT PROVISIONS.

(1) CONFORMANCE WITH LAW

Except as expressly provided herein, this Ordinance shall in no way be a substitute for or eliminate the necessity of conforming with any and all State and Federal laws, rules and regulations including but not limited to the payment of all other fees required by law and other Ordinances which are now or may be in the future in effect which relate to the requirements provided in this Ordinance.

(2) SEPARABILITY

If any section, subsection, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by a Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holdings shall not affect the validity of the remaining portion of this Ordinance.

(3) EFFECTIVE DATE

This Ordinance shall take effect on September 3, 2012, upon its adoption.

////

Regularly passed and adopted by the Board of Commissioners of the County of Wasco, State of Oregon, by a \_\_\_\_\_ to \_\_\_\_\_ vote this 6th day of June, 2012.

ATTEST:

WASCO COUNTY BOARD  
OF COMMISSIONERS

\_\_\_\_\_  
Kathy White  
Executive Assistant

\_\_\_\_\_  
Sherry Holliday, Chair of Commission

APPROVED AS TO FORM:

\_\_\_\_\_  
Scott C. Hege, County Commissioner

\_\_\_\_\_  
Eric J. Nisley  
District Attorney

\_\_\_\_\_  
Rod L. Runyon, County Commissioner

**Consent Agenda Item**  
**Order Canceling Personal Property Taxes**

- [Memo of Explanation](#)
- [Amended Order 12-030](#)



# Memo

**To:** Board of County Commissioners

**From:** Kathy White, Executive Assistant

**CC:**

**Date:** 6/26/2012

**Re:** Amended Order 12-030 Canceling Personal Property Taxes

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## **Explanation of Amended Order**

The original order, signed on June 20, 2012, incorrectly designated the property as “real” property. The amended order correctly designates the property as “personal” property.

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IN THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON  
IN AND FOR THE COUNTY OF WASCO

IN THE MATTER OF CANCELING ) AMENDED O R D E R  
DELINQUENT PERSONAL PROPERTY TAXES. ) #12-030

NOW ON THIS DAY, the above-entitled matter having come on regularly for consideration, said day being one duly set in term for the transaction of public business and a majority of the Board of Commissioners being present; and

IT APPEARING TO THE BOARD: That ORS 311.795(3) authorizes a Board of Commissioners to cancel all delinquent personal property taxes and the interest and penalties thereon if the total is less than \$5.00; and

IT FURTHER APPEARING TO THE BOARD: That the Wasco County Department of Assessment & Tax has requested by the attached and by this reference incorporated herein memorandum that the Board of Commissioners cancel the listed personal property taxes.

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1 NOW, THEREFORE, IT IS HEREBY ORDERED: That the attached list of  
2 personal property tax accounts amounting to less than \$5.00 on June 18, 2012, be  
3 canceled effective June 27, 2012.

4 DATED this 27th day of June, 2012.

5 WASCO COUNTY BOARD  
6 OF COMMISSIONERS

7  
8 \_\_\_\_\_  
Rod L. Runyon, Chair of Commission

9  
10 \_\_\_\_\_  
Sherry Holliday, Commissioner

11  
12 \_\_\_\_\_  
Scott C. Hege, Commissioner

13  
14 APPROVED AS TO FORM:

15  
16 \_\_\_\_\_  
Eric J. Nisley  
17 Wasco County District Attorney

**Agenda Item**  
**Wasco County ASA Applications**

- [City of Fossil Volunteer Ambulance](#)
- [Jefferson County Emergency Medical Services](#)
- [Mid-Columbia Fire & Rescue](#)
- [Southern Wasco County Ambulance Service](#)
- [Wamic Rural Fire Protection District](#)
- [Hood River Fire & EMS](#)

**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: City of Fossil Volunteer Ambulance

2. Name of Owner(s): City of Fossil

3. If a Corporation, Legal Name:

Officers and Titles:

4. Address of Owner or Corporation:

Street: 401 Main Street

Box: 467

City: Fossil

State: Oregon

Zip: 97830

Phone: 541-763-2698

Name, phone number and e-mail address of Primary ASA Contact:

Name: Carol E MacInnes

Phone Number: 541-763-4175

E-mail address:

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-3

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☒

Yes

☐

No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

ASA-8

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 888 "C" Street

City/Town: Fossil

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 2007

Make: Chevy

Model:

Certified with the State of Oregon as:

☒ BLS Vehicle

☒ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒ Yes ☐ No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: Robert Boss

MD: Yes

DO:

Address: PO Box 79

City: Boardman

State: Oregon

Zip Code: 97818

Phone Access -- Days:

Night:

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☒

Yes

☐

No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):
13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance:

☒

Yes

☐

No

Malpractice Insurance:

☐

Yes

☒

No

Bonding:

☐

Yes

☒

No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents): City County Insurance Service

14. Are you currently providing ambulance service in another ASA in Oregon?

☐

Yes

☒

No

If yes, describe:

15. Are you currently providing an ambulance service in one or more other states?

☐

Yes

☒

No

If yes, describe:

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes ☐ No

If the reason is no, give reason why:



17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?  
☐ Yes ☒ No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?  
☐ Yes ☒ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: Casal MacOnnis

Official Title: Ambulance Coordinator

Date: 05/15/2012

23. Requested Attachments:

Drivers:

Don Cossitt  
Bill MacInnes Jr  
Bill MacInnes Sr  
Rick Shaffer  
Bill Potter

EMT'S:

Michael Craig	EMT I	130407
Edna Dunn	EMT B	117240
Lisa Garibay	EMT B	140918
Carol MacInnes	EMT I	127566
Susan Moore	EMT I	133802

# CERTIFICATE OF COVERAGE

**Agent**  
Steiner Insurance and Investment  
PO Box 246  
Fossil, OR 97830

This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.



citycounty insurance services

**Named Member or Participant**  
City of Fossil  
PO Box 467  
Fossil, OR 97830

## Companies Affording Coverage

**COMPANY A - CIS**  
**COMPANY B - National Union Fire Insurance Company of Pitts, PA**  
**COMPANY C - RSUI Indemnity**

## LINES OF COVERAGE

This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Public Officials Liability <input checked="" type="checkbox"/> Employment Practices <input checked="" type="checkbox"/> Occurrence	A	11LFOS	7/1/2011	7/1/2012	General Aggregate: Each Occurrence:	\$15,000,000 \$5,000,000
<b>Auto Liability</b> <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	11LFOS	7/1/2011	7/1/2012	General Aggregate: Each Occurrence:	None \$5,000,000
<b>Auto Physical Damage</b> <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	A	11APDFOS	7/1/2011	7/1/2012		
<input checked="" type="checkbox"/> <b>Property</b>	A	11PFOS	7/1/2011	7/1/2012		Per Filed Values
<input checked="" type="checkbox"/> <b>Boiler and Machinery</b>	A	11BFOS	7/1/2011	7/1/2012		Per Filed Values
<b>Excess Crime</b>						
<b>Excess Earthquake</b>						
<b>Excess Flood</b>						
<b>Excess Cyber Liability</b>						
<input checked="" type="checkbox"/> <b>Workers' Compensation</b>	A	11WFOS	7/1/2011	7/1/2012	Coverage A and B	

**Description:**

2007 Chev. Ambulance, VIN 1GBE4V196F425089.

**Certificate Holder:**

Emergency Medical Svcs.  
Oregon Health Div.  
PO Box 14450  
Portland, OR 97293-0450

**CANCELLATION:** Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the Issuer of this certificate.

By:

Date:

5/25/12

2:16 PM  
05/25/12  
Cash Basis

**FOSSIL VOLUNTEER AMBULANCE**  
**Profit & Loss**  
July 1, 2011 through May 25, 2012

	<u>Jul 1, '11 - May 25, 12</u>
Ordinary Income/Expense	
Income	
Contributions Income	133.97
DONATION	1,283.59
SERVICE	4,021.25
TRI COUNTY	2,640.00
Total Income	<u>8,078.81</u>
Expense	
AMB SUPPLIES	419.00
CLIA CERTIFICATION	150.00
EMT EXPENSE	300.65
EMT TRAINING	299.99
FUEL	934.22
Licenses and Permits	120.00
Office Supplies	1,961.81
Supplies	1,699.58
Total Expense	<u>5,885.25</u>
Net Ordinary Income	2,193.56
Other Income/Expense	
Other Income	
Interest Income	23.46
Total Other Income	<u>23.46</u>
Net Other Income	<u>23.46</u>
Net Income	<u><u>2,217.02</u></u>

**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: Jefferson County Emergency Medical Services District
2. Name of Owner(s):
3. If a Corporation, Legal Name:

Officers and Titles: John Curnutt, Board Chair, Steven Heydon, Vice Chair, Joe Morgan, Board <sup>+</sup>

4. Address of Owner or Corporation:

Street: 360 Sw Culver Hwy

Box: PO Box 265

City: Madras

State: Oregon

Zip: 97741

Phone: (541)475-7476

Name, phone number and e-mail address of Primary ASA Contact:

Name: Don Heckathorn

Phone Number: (541)475-7476

E-mail address: jeffcoems@crestviewcable <sup>+</sup>

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-3

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☒ Yes

☐ No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-8

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 360 Sw Culver Hwy

City/Town: Madras

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 2011

Make: GMC

Model: G3500

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2011

Make: GMC

Model: G3500

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2002

Make: Ford

Model: E350

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 1993

Make: Ford

Model: E350

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒

Yes

☐

No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: Douglas Lieuallen

MD: X

DO:

Address: 76 NE 12th

City: Madras

State: Oregon

Zip Code: 97741

**541-475-3874**

Phone Access – Days: 541-475- Night:

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☒ Yes ☐ No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):
13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance: ☒ Yes ☐ No

Malpractice Insurance: ☒ Yes ☐ No

Bonding: ☐ Yes ☒ No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents):

14. Are you currently providing ambulance service in another ASA in Oregon?

☒ Yes ☐ No

If yes, describe:

We have the Jefferson County ASA

15. Are you currently providing an ambulance service in one or more other states?

☐ Yes ☒ No

If yes, describe:

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes ☐ No

If the reason is no, give reason why:



17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?  
☒ Yes ☐ No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?  
☒ Yes ☐ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: Donald W. Heathorn

Official Title: Manager

Date: June 10, 2012

23. Requested Attachments:

# Investment Funds

Jefferson County

Detail Ledger  
Period: 05/12 - 05/12

Page: 15  
Jun 05, 2012 02:40PM

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
<b>FUND CASH WITH TREASURER</b>							
			04/30/2012 (04/12) Balance	724-001-1101500			143,693.39
05/30/2012	CA	675	Cash Allocation - Created: 05/31/12 6:11 PM			25,000.00-	
05/01/2012	INT	194	Cash Allocation - Created: 05/09/12 3:45 PM		80.30		
			05/31/2012 (05/12) Period Totals and Balance		80.30 *	25,000.00- *	118,773.69
<b>FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	724-001-8101000			102,722.38-
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	102,722.38-
<b>CY BEGINNING BALANCE</b>							
			04/30/2012 (04/12) Balance	724-001-8101050			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>BEGINNING FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	724-100-301-0101			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unearned	.00	
<b>INTEREST EARNED</b>							
			04/30/2012 (04/12) Balance	724-100-302-0205			971.01-
05/01/2012	INT	86	Interest Allocation: 1 - 05/09/12 3:44 PM			80.30-	
			05/31/2012 (05/12) Period Totals and Balance		.00 *	80.30- *	1,051.31-
<b>YTD Encumbrance</b>							
		.00 YTD Actual	-1,051.31 Total	-1,051.31 YTD Budget	.00 Unearned	(1,051.31)	
<b>INTEREST EARNED</b>							
			04/30/2012 (04/12) Balance	724-101-302-0205			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unearned	.00	
<b>EMS Revenue</b>							
			04/30/2012 (04/12) Balance	724-101-369-6905			40,000.00-
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	40,000.00-
<b>YTD Encumbrance</b>							
		.00 YTD Actual	-40,000.00 Total	-40,000.00 YTD Budget	.00 Unearned	(40,000.00)	
<b>DISBURSEMENT</b>							
			04/30/2012 (04/12) Balance	724-101-550-5133			.00
05/30/2012	CDC	18201	Jefferson County EMS		25,000.00		
			05/31/2012 (05/12) Period Totals and Balance		25,000.00 *	.00 *	25,000.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	25,000.00 Total	25,000.00 YTD Budget	.00 Unexpended	(25,000.00)	
<b>ENDING FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	724-101-590-9002			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	

Number of Transactions: 4 Number of Accounts: 9

Total JC EMSD:

Debit	Credit	Proof
25,080.30	25,080.30-	.00

# Investment Funds

Jefferson County

Detail Ledger  
Period: 05/12 - 05/12

Page: 16  
Jun 05, 2012 02:40PM

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
<b>FUND CASH WITH TREASURER</b>							
			04/30/2012 (04/12) Balance	725-001-1101500			231,725.03
05/01/2012	INT	195	Cash Allocation - Created: 05/09/12 3:45 PM		129.49		
			05/31/2012 (05/12) Period Totals and Balance		129.49 *	.00 *	231,854.52
<b>FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	725-001-8101000			200,205.32-
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	200,205.32-
<b>CY BEGINNING BALANCE</b>							
			04/30/2012 (04/12) Balance	725-001-8101050			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>BEGINNING FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	725-100-301-0101			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unearned	.00	
<b>INTEREST EARNED</b>							
			04/30/2012 (04/12) Balance	725-100-302-0205			1,519.71-
05/01/2012	INT	87	Interest Allocation: 1 - 05/09/12 3:44 PM			129.49-	
			05/31/2012 (05/12) Period Totals and Balance		.00 *	129.49- *	1,649.20-
<b>YTD Encumbrance</b>							
		.00 YTD Actual	-1,649.20 Total	-1,649.20 YTD Budget	.00 Unearned	(1,649.20)	
<b>INTEREST EARNED</b>							
			04/30/2012 (04/12) Balance	725-101-302-0205			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unearned	.00	
<b>FUNDS I POOL</b>							
			04/30/2012 (04/12) Balance	725-101-369-6905			30,000.00-
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	30,000.00-
<b>YTD Encumbrance</b>							
		.00 YTD Actual	-30,000.00 Total	-30,000.00 YTD Budget	.00 Unearned	(30,000.00)	
<b>TURNOVER</b>							
			04/30/2012 (04/12) Balance	725-101-550-5133			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	
<b>ENDING FUND BALANCE</b>							
			04/30/2012 (04/12) Balance	725-101-590-9002			.00
			05/31/2012 (05/12) Period Totals and Balance		.00 *	.00 *	.00
<b>YTD Encumbrance</b>							
		.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00	

Number of Transactions: 2 Number of Accounts: 9

Total JC EMSD VEHICLE REPLACENT:

Debit	Credit	Proof
129.49	129.49-	.00

**AMBULANCE SERVICE PERSONNEL ROSTER**

Service: Jefferson County EMS District Ambulance (1601)

11/Jun/12

Name	Cert. Number	Certification Level	Empl Status	Address	City	St	Zip	Home Phone	Expiration Date
Anderson, Keri	N/A	Non-EMT	Volunteer		Madras	OR	97741	503-679-0949	N/A
Balestrieri, Peter	133415	EMT	Volunteer	414 NW Harriman	Bend	OR	97701	541-382-3633	6/30/2013
Beebe, Trevor	137155	EMT	Part Time		Culver	OR	97734	541-546-3040	6/30/2013
Brown, John	N/A	Non-EMT	Volunteer		Metolious	OR	97741	325-6795	N/A
Budden, David	136399	EMR	Volunteer	12453 SW Bald Eagle Ln	Culver	OR	97734	541-480-0935	6/30/14
Christie, Michael	113404	Paramedic	Part Time	P.O. Box 897	Sandy	OR	97055	503-704-0220	6/30/13
Dockins, Renee	141483	EMT	Volunteer	820 NE Aspen St	Prineville	OR	97754	541-480-3089	6/30/13
Domhoff, Derek	131848	EMT	Volunteer	363 SE Sena Ct.	Bend	OR	97702	541-815-8924	6/30/13
Earnest, Jared	134609	Paramedic	Part Time	P.O. Box 30	Madras	OR	97741	360-624-6144	6/30/13
Engles, David	134470	EMT	Volunteer	1755 NE Tucson Way	Bend	OR	97701	541-610-5147	6/30/13
Engles, Rebecca	N/A	Non-EMT	Volunteer	1755 NE Tucson Way	Bend	OR	97701		N/A
Goodman, Chris	141440	EMT	Volunteer	1931 NE 7th St	Redmond	OR	97756	541-548-4731	6/30/13
Heckathorn, Donald	109144	Paramedic	Full Time	P.O. Box 625	Madras	OR	97741	541-475-9225	6/30/13
Heckathorn, Sandra	N/A	Non-EMT	Part Time	98 SE L St	Madras	OR	97741	541-475-7187	N/A
Hordichok, Tyler	132147	Paramedic	Part Time	554 NE Marigold St.	Madras	OR	97741	541-777-0522	6/30/13
Huskey, Luke	123849	EMT	Volunteer	721 E. Viewpoint Dr.	Culver	OR	97734	541-546-3008	6/30/13
Jensen, Michelle	125214	Paramedic	Part Time	1050 NE Brown Dr.	Redmond	OR	97756	503-729-8630	6/30/13
Johnson, James R.	125260	EMT-Intermediate	Full Time	P.O. Box 489	Madras	OR	97741	541-815-0434	6/30/13
Lepin, Michael K.	119037	Paramedic	Full Time	97 SE 9th St	Madras	OR	97741	541-325-6293	6/30/13
Majel, Juanita S.	130224	Paramedic	Part Time	921 SW Sunnyside Drive	Madras	OR	97741	541-475-0514	6/30/13
Martin, Cody	N/A	Non-EMT	Volunteer	765 S. Adams	Madras	OR	97741	360-513-3815	N/A
McDonald, Holly	139145	EMT	Student	1841 NW 21st St, #C	Redmond	OR	97756	541-598-4418	6/30/13
Morgan, Elizabeth	117033	Paramedic	Part Time	17124 SE Juliano Ct.	Portland	OR	97230	503-502-7375	6/30/13
Nelson, Ian	128874	Paramedic	Part Time	2670 SW Aaron St	Madras	OR	97741	541-390-0219	6/30/13
Prull, Joshua	139981	EMT	Volunteer	20620 Cherry Tree Ln.	Bend	OR	97702	541-815-3577	6/30/13
Raburn, Kristina	141797	EMT	Volunteer	645 SE Kincade Road	Madras	OR	97741	541-475-6433	6/30/13
Rios, Misael	134829	EMT	Volunteer	2020 NE Linnea Dr., #355	Bend	OR	97701	541-475-2569	6/30/13
Robertson, Brad	130864	Paramedic	Full Time	921 SW Sunnyside Drive	Madras	OR	97741	541-475-0514	6/30/13
Schjoll, Melissa	137561	EMR	Volunteer	1664 NW Teekwood Ln	Redmond	OR	97756	541-923-8665	6/30/12
Spaulding, Scott	128390	Paramedic	Part Time	2660 NE Hwy 20, Suite 610-69	Bend	OR	97701	541-280-3942	6/30/13
Thompson, Brandon	132783	Paramedic	Volunteer	402 SE Carmen Way	Madras	OR	97741	503-442-5269	6/30/13
Todd, Audrey	N/A	Non-EMT	Volunteer	P.O. Box 9401	Bend	OR	97708	420-1090	N/A

Todd, Brian	112497	EMT	Volunteer	P.O. Box 9401	Bend	OR	97708	541-389-4762	6/30/13
Lynn Trent	129642	EMT-Intermediate	Volunteer		Madras	OR	97741	541-980-7179	6/30/13
Wilcox, John	121853	Paramedic	Full Time	73 SE "L" St. Loop	Madras	OR	97741	541-475-1010	6/30/13



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 1225 17TH STREET, SUITE 2100 DENVER, CO 80202-5534 Attn: Denver.CertRequest@marsh.com/212-948-4381 (Fax)		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	
850539-12345-GAWUP-11/12 NCTI 13416		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> NCTI / COLLEGE OF EMERGENCY SERVICES 9800 SE MCBROD AVE., SUITE 200 MILWAUKIE, OR 97222		<b>INSURER A:</b> ACE American Insurance Company <b>INSURER B:</b> Indemnity Insurance Co of North America <b>INSURER C:</b> N/A <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22667 N/A	

**COVERAGES****CERTIFICATE NUMBER:**

SEA-002178246-07

**REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 2,750,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		XSLG25528281	03/31/2011	03/31/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> SIR \$250,000					PERSONAL & ADV INJURY \$ 2,750,000
						GENERAL AGGREGATE \$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,750,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLRC46478915 AOS	03/31/2011	03/31/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SCFC46478939 WI	03/31/2011	03/31/2012	E.L. EACH ACCIDENT \$ 1,000,000
A		N/A	WLRC46478903 AZ, CA, MA	03/31/2011	03/31/2012	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below		WCUC46478927 EX WC (OH/WA)*	03/31/2011	03/31/2012	E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NCTI/College of Emergency Services students are included as Additional Insured with respect to the General Liability policy.

**CERTIFICATE HOLDER**Jefferson County EMS District  
Attn: Don Heckathorn  
PO Box 265  
Madras, OR 97741**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Chris Kakei

*ce Kakei*

**ATTACHMENT "A"**  
**INTERGOVERNMENTAL AGREEMENT**  
**CENTRAL OREGON**  
**MUTUAL AID AGREEMENT**

**MINIMUM CRITERIA FOR A RECOGNIZED EMERGENCY MEDICAL SERVICES  
DEPARTMENT/DISTRICT PARTY TO THIS AGREEMENT:**

1.     Organization

The EMS agency shall be organized on a permanent basis under applicable state or local laws. The organization shall include one person responsible for operation of the agency, usually with the title of Fire Chief or Chief Executive Officer.

2.     Staffing

Apparatus responding on mutual aid requests will, at the minimum, be staffed as follows:

- A.     ALS Ambulance. One paramedic and one EMT-B.
- B.     BLS Ambulance. One EMT-B and one EMS First Responder.

3.     Training

The EMS agency shall train all of its ambulance attendants to Oregon Health Division standards.

4.     Apparatus

Each fire agency shall have at least two pieces of apparatus meeting the criteria of \_\_\_\_\_, as appropriate.

5.     Alarm Notification

All alarm notification and dispatching shall be through the parties' respective 9-1-1 centers.

6.     Personnel Protection

All EMS providers shall be equipped with personal protective equipment appropriate for the type of response requested and in compliance with Oregon Occupational Safety and Health Administration requirements.

**ATTACHMENT "B"**  
**INTERGOVERNMENTAL AGREEMENT**  
**CENTRAL OREGON**  
**MUTUAL AID AGREEMENT**

***AGENCY TRANSPORT/TREATMENT RATES***

1. La Pine Rural Fire Protection District
2. Sunriver Fire Department
3. Bend Fire Department / Deschutes County Fire Protection District #2
4. Redmond Fire Department / Deschutes County Fire Protection District #1
5. Crooked River Ranch Rural Fire Protection District
6. Sisters – Camp Sherman Rural Fire Protection District
7. Black Butte Ranch Rural Fire Protection District
8. Crescent – Odell Rural Fire Protection District
9. Prineville Fire Department
10. Jefferson County Emergency Medical Services District
11. Warm Springs Fire & Safety



## **12.0 COMPLIANCE WITH GOVERNMENT REGULATIONS**

Each party to this Agreement agrees to comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement.

## **13.0 FORCE MAJEURE**

No party to this Agreement shall be held responsible for delay or default caused by fires, riots, acts of God and/or war which is beyond the reasonable control of the parties.

## **14.0 SEVERABILITY**

If any provision of this Agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected; the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular provision held to be invalid.

## **15.0 OTHER AGREEMENTS**

All parties shall make every reasonable effort to meet the requirements of this Agreement in negotiating any other such agreements. A report of any such agreements shall be made at the Central Oregon Fire Chiefs Association and fire defense board meetings, so any potential issues raised may thereby be discussed.

## **16.0 AMENDMENTS**

The terms and conditions of this Agreement shall not be waived, altered, modified, supplemented, or amended in any manner whatsoever without prior written approval of the parties hereto.

## **17.0 DISPUTE RESOLUTION**

This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon as interpreted by the Oregon courts. However, any dispute arising under this Agreement shall be arbitrated in accordance with ORS 190.710-.800.

### **Signatory Agencies:**

La Pine Rural Fire Protection District  
Sunriver Fire Department  
Bend Fire Department  
Deschutes County Fire District #2  
Redmond Fire Department  
Deschutes County Fire Protection District #1  
Crooked River Ranch Rural Fire Protection District  
Sisters-Camp Sherman Rural Fire Protection District  
Black Butte Ranch Rural Fire Protection District  
Crescent Rural Fire Protection District  
Prineville Fire Department  
Jefferson County Emergency Medical Services District  
Warm Springs Fire & Safety



"Because We Care"

**J.C.E.M.S.**

**Jefferson County Emergency Medical Services**

360 S.W. Culver Hwy., P.O. Box 265, Madras, Oregon 97741

Business Phone: (541) 475-7476 Fax: (541) 475-7654

**RESOLUTION NUMBER 06/11/2012**

**RESOLUTION ADOPTING BUDGET  
FISCAL YEAR 2012 / 2013**

BE IT RESOLVED that the Board of Directors for Jefferson County Emergency Medical Services District hereby adopts a budget in the form approved by the Budget Committee for the 2012 / 2013 fiscal year in the total sum of \$1359,490.00 as is now on file in the district office.

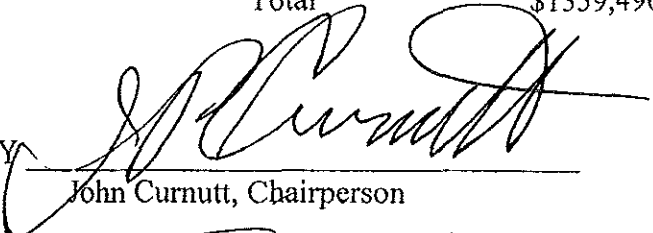
**RESOLUTION MAKING APPROPRIATIONS**

BE IT FURTHER RESOLVED that the amounts for the fiscal year beginning July 1, 2012 and for the purpose shown below are hereby appropriated as follows;

**GENERAL FUND**

Personal Services	\$ 681,515.00
Materials and Services	200,075.00
Capital Outlay	51,000.00
Debt Services	25,000.00
Contingency Fund	25,000.00
Investment Fund	145,400.00
Equipment Fund	231,500.00
Total	\$1359,490.00

BY

  
John Curnutt, Chairperson

ATTEST:

  
Patricia Neff, Secretary

# DETAILED EXPENDITURES

JEFFERSON COUNTY EMS DISTRICT

FY09/2010	FY2010/2011	FY2011/2012	BUDGET FOR FISCAL YEAR ENDING 06/30/2013			
			PERSONAL SERVICES			
budgeted	budgeted	BUDGETED	EXPENDATURE DESCRIPTION	PROPOSED	APPROVED	ADOPTED
\$430,000.00			WAGES, VACATION			
	69,836.00	69,836.00	EMS Chief	71,062.00		
	59,383.00	59,383.00	Asst. Chief	60,777.00		
	54,482.00	54,582.00	Supervisor	55,096.00		
	44,153.00	44,153.00	Supervisor	44,401.00		
	36,417.00	38,238.00	Administrative Assistant	42,904.00		
	2,500.00	2,500.00	Accounting Personnel	2,500.00		
	41,432.00	41,432.00	EMT-Intermediate	41,432.00		
			paramedic, Jr. position	21,903.00		
			EMT-Intermediate			
	18,400.00	20,400.00	EMT-Basic	20,240.00		
	30,000.00	40,000.00	Students	43,200.00		
	40,000.00	60,000.00	Extra/Over-Time	50,000.00		
\$12,000.00	12,000.00	15,000.00	FICA/MEDICARE	16,000.00		
\$5,000.00	5,000.00	5,000.00	UNEMPLOYMENT	5,000.00		
\$40,000.00	40,000.00	40,000.00	RETIREMENT	45,000.00		
\$65,875.00	90,000.00	90,000.00	HEALTH INSURANCE	92,000.00		
\$5,000.00	5,000.00	6,000.00	DENTAL INSURANCE	10,000.00		
\$50,000.00	50,000.00	50,000.00	SAIF	40,000.00		
			sickleave	20,000.00		
607,875.00	599,703.00	637,864.00	TOTAL PERSONAL SERVICES	681,515.00	0.00	0.00
			MATERIALS AND SERVICES			
20,000.00	25,000.00	28,000.00	PATIENT CARE, SINGLE USE ITEMS	28,000.00		
8,000.00	8,000.00	10,000.00	OFFICE SUPPLIES	10,000.00		
2,000.00	3,000.00	3,000.00	UNIFORMS AND LAUNDRY	3,000.00		
3,500.00	3,500.00	3,500.00	LEGAL FEES	3,500.00		
6,100.00	6,500.00	6,500.00	AUDIT FEES	8,000.00		
3,000.00	3,000.00	4,000.00	BUILDING MAINTENANCE	4,000.00		
10,500.00	12,000.00	13,000.00	UTILITIES	14,000.00		
1,750.00	1,750.00	1,750.00	PHONE SERVICE	2,000.00		
12,000.00	15,000.00	15,000.00	INSURANCE	15,000.00		
2,000.00	3,000.00	3,000.00	RADIO MAINTENANCE	3,000.00		
2,000.00	2,000.00	2,500.00	TRAINING	2,500.00		
35,000.00	37,006.00	44,552.00	DISPATCH FEES	41,975.00		
1,500.00	1,500.00	2,000.00	PRO MED EXPENSES	2,000.00		
600.00	600.00	600.00	DUES AND SUBSCRIPTIONS	600.00		
14,000.00	20,000.00	25,000.00	VEHICLE FUEL	25,000.00		
22,000.00	22,000.00	15,000.00	VEHICLE MAINTENANCE	15,000.00		
6,400.00	7,000.00	7,000.00	MEDICAL EQUIPMENT MAINTENANCE	7,000.00		
1,150.00	2,000.00	2,000.00	ELECTIONS	2,500.00		
2,500.00	2,500.00	2,500.00	VOLUNTEER SERVICES/ contract	2,500.00		
3,000.00	3,000.00	3,000.00	VOLUNTEER FUNCTIONS	3,000.00		
4,000.00	4,000.00	5,000.00	MISC. EXPENSE	5,000.00		
500.00	500.00	500.00	ADVERTISING	500.00		
1,500.00	1,500.00	1,500.00	CERTIFICATION FEES, VACCINATIONS	2,000.00		
168,750.00	184,356.00	198,902.00	TOTAL MATERIALS AND SERVICES	200,075.00	0.00	0.00
			CAPITAL OUTLAY			
0.00	25,000.00	25,000.00	VEHICLE PURCHASE	25,000.00		0.00
3,000.00	10,000.00	10,000.00	BUILDING IMPROVEMENTS	15,000.00		
4,500.00	4,000.00	50,000.00	MEDICAL EQUIPMENT	5,000.00		
1,000.00	1,000.00	5,000.00	COMMUNICATION EQUIPMENT	2,500.00		
1,500.00	1,500.00	2,000.00	OFFICE EQUIPMENT	2,500.00		
1,000.00	1,000.00	1,500.00	TRAINING EQUIPMENT	1,000.00		
11,000.00	42,500.00	93,500.00	TOTAL CAPITAL OUTLAY	51,000.00	0.00	0.00
			DEBT SERVICES			
25,500.00	25,500.00	20,000.00	VEHICLE FLEX LEASE PAYMENT	25,000.00		
25,500.00	25,500.00	20,000.00	TOTAL DEBT SERVICES	25,000.00	0.00	0.00
0.00			TRANSFERS AND CONTINGENCY			
27,000.00	66,427.00	140,500.00	INVESTMENT FUND	145,400.00		
84,000.00	89,913.00	200,000.00	EQUIPMENT FUND	231,500.00		
25,000.00	25,000.00	25,000.00	CONTINGENCY FUND	25,000.00		
136,000.00	181,340.00	365,500.00	TOTAL TRANSFERS AND CONTINGENCIES	401,900.00	0.00	0.00
			TOTAL EXPENDITURES			
949,125.00	1,033,399.00	1,315,766.00		1,359,490.00	0.00	0.00

**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: MID-COLUMBIA FIRE AND RESCUE
2. Name of Owner(s): MID-COLUMBIA FIRE AND RESCUE
3. If a Corporation, Legal Name:

Officers and Titles:

4. Address of Owner or Corporation:

Street: 1400 W. 8TH STREET

Box:

City: THE DALLES

State: OREGON

Zip: 97058

Phone: 541-296-9445

Name, phone number and e-mail address of Primary ASA Contact:

Name: ROBERT F. PALMER, FIRE CHIEF

Phone Number: 541-296-9445

E-mail address: RPALMER@MCFR.ORG

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☒ Yes

☐ No

If no, please describe proposed service area:

Both emergency and non-emergency request for service.

ASA-3

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-8

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 1400 W. 8th Street

City/Town: The Dalles, Oregon 97058

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 2012

Make: GMC

Model: Type 1

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2006

Make: FORD

Model: Type 1

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2004

Make: FORD

Model: Type 1

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2004

Make: FORD

Model: Type 1

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2003

Make: FORD

Model: Type 1

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒

Yes

☐

No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: ERIN BURNHAM

MD: MD

DO:

Address: 1700 E. 19TH STREET

City: THE DALLES,

State: OREGON

Zip Code: 97058

Phone Access – Days: 296-1111 Night: 296-1111

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☒ Yes ☐ No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):
13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance: ☒ Yes ☐ No

Malpractice Insurance: ☐ Yes ☐ No

Bonding: ☐ Yes ☐ No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents): See attached document.

14. Are you currently providing ambulance service in another ASA in Oregon?

☐ Yes ☒ No

If yes, describe:

15. Are you currently providing an ambulance service in one or more other states?

☒ Yes ☐ No

If yes, describe:

By Mutual Aid Agreement only upon request based upon availability.

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes ☐ No

If the reason is no, give reason why:

17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?  
☒ Yes ☐ No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?  
☒ Yes ☐ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_

23. Requested Attachments:

2011-2012 Operating budget. Audit document  
Available upon request at business office.  
Personnel list with Certification numbers.  
Proof of Financial liability.  
Mutual aid agreements.



NAME	State EMS #	EMS CERT.
ALEXANDER, Thomas R	133188	EMT
BANDEL-RAMIREZ, David T	117353	EMT Paramedic
BIHN, Steven D	126354	EMT Paramedic
BLUMENTHAL, Eric A	129638	EMT Paramedic
BROWN, Joel T	117995	EMT Paramedic
BROWN, Steve D	116318	EMT Paramedic
COLEMAN, Fredrick J	120585	EMT Paramedic
DAGGETT, Shawn M	134958	EMT
DENSTEDT, Walter L	109965	EMT Paramedic
DEPRIEST, Paul D	115949	EMT Paramedic
FISKE, Austin	140141	EMT
FOSTER, Douglas E	110166	EMT Paramedic
GILLETTE, Jeremy N	123457	EMT Paramedic
GRANGER, Craig D	133664	EMT Paramedic
GRAVES, Robert R	113639	EMT Paramedic
HAMMEL, Daniel	116816	EMT
HARRINGTON, Rick	129021	EMT Paramedic
HERMAN, Elizabeth J	115823	EMT
HERON, CHEYENNE	134715	EMT
MARTIZIA, Jeffrey S	138133	EMT Paramedic
MASON, Curtis R	120037	EMT Paramedic
MOUNSEY, Alexander (AJ)	136599	EMT Paramedic
PALMER, Robert F	109528	EMT
RODEN, Cindy (Jacinda)	140607	EMT
ROTH, Mark R	106872	EMT Intermediate
SHAW, Jeff A	134056	EMT
SMITH, Clifford R	117692	EMT Intermediate
STARKS, Del B	118656	EMT Paramedic
THALHOFER, Peter	118786	EMT Paramedic
WOOD, Jay (John) C	117219	EMT
WOODS, Hal (Harold) L	129650	EMT Paramedic
WRIGHT, Erik D	126959	EMT Paramedic



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance 2930 Chad Drive PO Box 1421 Eugene OR 97440-1421	CONTACT NAME: Dona Holmes, CISR PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL: dholmes@whainsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Special Districts Assoc of OR INSURER B: Genesis Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Mid-Columbia Fire And Rescue 1400 West 8th Street The Dalles OR 97058-1048	NAIC #

## COVERAGES

CERTIFICATE NUMBER: 2012 GL/AU/EX

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			27P52320	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ None
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY			27P52320	1/1/2012	1/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 500,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR		27P52320	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 9,500,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ None
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Certificate:

Participant operations and participating in ride along.

COPY

## CERTIFICATE HOLDER

## CANCELLATION

(541) 565-3024

Sherman County Ambulance  
Shawn Payne  
PO Box 139  
Moro, OR 97039

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeffrey Griffin/DMH



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2011

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WHA Insurance 2930 Chad Drive PO Box 1421 Eugene OR 97440-1421	CONTACT NAME: Dona Holmes, CISR PHONE (A/C, No, Ext): (800) 852-6140 FAX (A/C, No): (541) 342-3786 E-MAIL ADDRESS: dholmes@whainsurance.com
INSURED Mid-Columbia Fire And Rescue 1400 West 8th Street The Dalles OR 97058-1048	INSURER(S) AFFORDING COVERAGE INSURER A: Special Districts Assoc of OR INSURER B: Genesis Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 2012 GL/AU/EX

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		27P52320	1/1/2012	1/1/2013	MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ None
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS		27P52320	1/1/2012	1/1/2013	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist combined \$ 500,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 9,500,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ None
	DED <input type="checkbox"/> RETENTION \$		27P52320	1/1/2012	1/1/2013	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Certificate:

Ambulance Operations.

## CERTIFICATE HOLDER

(503) 731-4077

Oregon State Health Division  
EMS & Trauma System  
Roger Fox  
P O Box 14450  
Portland, OR 97214

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeffrey Griffin/DMH

A meeting of the Mid-Columbia Fire and Rescue VI-801 will be held on June 20, 2011 at 5:30 pm at 1400 W. 8th Street (Fire Station 1). The purpose of this meeting is to discuss the budget for the fiscal year beginning July 1, 2010 as approved by the Mid-Columbia Fire and Rescue VI-801 Budget Committee. A summary of the budget is presented below. A copy of the budget may be inspected or obtained at Mid-Columbia Fire and Rescue VI-801, 1400 W 8<sup>th</sup> St, The Dalles, OR between the hours of 8am and 5pm. This budget was prepared on a basis of accounting that is consistent with the basis of accounting used during the preceding year.

Major changes, if any, and their effect on the budget, are explained below.

County	City	Date	Chairperson of Governing Body	Telephone Number
Wasco	The Dalles	June 12, 2011	Tom Ashmore	(541) 296-9445

## FINANCIAL SUMMARY

TOTAL OF ALL FUNDS		Adopted Budget This Year 2010-2011	Approved Budget Next Year 2011-2012
Anticipated Requirements	1. Total Personal Services.....	2,896,805	2,854,961
	2. Total Materials and Services .....	749,191	692,881
	3. Total Capital Outlay .....	477,410	516,759
	4. Total Debt Service .....	187,444	197,188
	5. Total Transfers .....	116,253	202,064
	6. Total Contingencies .....	206,227	244,540
	7. Total All Other Expenditures and Requirements .....	3,574	26,700
	8. Total Unappropriated or Ending Fund Balance .....	1,101,763	1,126,039
	9. Total Requirements-----add lines 1 through 8 .....	5,738,667	5,861,132
	10. Total Resources Except Property Taxes .....	3,333,240	3,349,640
Anticipated Resources	11. Total Property Taxes Required to Balance Budget .....	2,405,427	2,511,491
	12. Total Resources-----add lines 10 and 11 .....	5,738,667	5,861,132
Anticipated Tax Levy	13. Total Property Taxes Required to Balance Budget (line 11) ....	2,405,427	2,511,491
	14. Plus: Estimated Property Taxes Not to be Received .....		
	A. Loss Due to Constitutional Limits .....	38,306	48,128
	B. Discounts Allowed, Other Uncollected Amounts .....	181,418	189,036
	15. Total Tax Levy ----- add lines 13 and 14 .....	2,625,151	2,748,655
Tax Levies By Type		Rate or Amount	Rate or Amount
	16. Permanent Rate Limit Levy (rate limit <u>2.1004</u> ) ....	2.1004	2.1004
	17. Local Option Levy .....	-	-
	18. Levy for Bonded Debt or Obligations .....	168,899	186,037

## STATEMENT OF INDEBTEDNESS

Debt Outstanding		Debt Authorized, Not Incurred	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> As Summarized	<input checked="" type="checkbox"/> None	<input type="checkbox"/> As Summarized

## PUBLISH BELOW ONLY IF COMPLETED

Long Term Debt	Estimated Debt Outstanding at the Beginning of the Budget Year	Estimated Debt Authorized, Not Incurred at the Beginning of the Budget Year
	July 1, 2011-2012 Approved Budget Year	July 1, 2011-2012 Approved Budget Year
Bonds .....	1,550,281	-
Interest Bearing Warrants .....		
Other .....		
Total Indebtedness .....	1,550,281	-

This budget includes the intention to borrow in anticipation of revenue (Short-Term Borrowing) as summarized below:

FUND LIABLE	Estimated Amount to be Borrowed	Estimated Interest Rate	Estimated Interest Cost

**FORM  
LB-2**

**FUNDS NOT REQUIRING A  
PROPERTY TAX TO BE LEVIED**

Publish ONLY completed portion of this page. Total Anticipated Requirements must equal Total Resources

Name of Fund	Actual Data Last Year 2009-10	Adopted Budget This year 2010-11	Approved Budget Next Year 2011-12
<b>FireMed</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....	3580	4700	5000
3. Total Capital Outlay.....	11643	39300	24000
4. Total Debt Service.....			
5. Total Transfers.....	5000	5000	5000
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	36726	15981	10105
9. Total Requirements.....	56949	64981	44105
10. Total Resources Except Property Taxes.....	56949	64981	44105
<b>Stacker Butte</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....	6671	8542	12516
3. Total Capital Outlay.....			
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	3811	7398	8161
9. Total Requirements.....	10482	15940	20677
10. Total Resources Except Property Taxes.....	10482	15940	20677
<b>Training Reserve Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....	0	19532	19171
3. Total Capital Outlay.....	0	0	0
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	8198	0	0
9. Total Requirements.....	8198	19532	19171
10. Total Resources Except Property Taxes.....	8198	19532	19171
<b>Retirement Liability Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....			
3. Total Capital Outlay.....			
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements		3174	26300
8. Total Unappropriated Ending Fund Balance.....		0	3174
9. Total Requirements.....	0	3174	29474
10. Total Resources Except Property Taxes.....		3174	29474

**FORM  
LB-2**

**FUNDS NOT REQUIRING A  
PROPERTY TAX TO BE LEVIED**

Publish ONLY completed portion of this page. Total Anticipated Requirements must equal Total Resources

Name of Fund	Actual Data Last Year 2009-10	Adopted Budget This year 2010-11	Approved Budget Next Year 2011-12
<b>Building Reserve Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....			
3. Total Capital Outlay.....	750	31242	46229
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	23261	0	0
9. Total Requirements.....	24011	31242	46229
10. Total Resources Except Property Taxes.....	24011	31242	46229
Name of Fund	Actual Data Last Year 2009-10	Adopted Budget This year 2010-11	Approved Budget Next Year 2011-12
<b>Equipment(Apparatus) Reserve Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....			
3. Total Capital Outlay.....	0	164331	209571
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	118399	0	0
9. Total Requirements.....	118399	164331	209571
10. Total Resources Except Property Taxes.....	118399	164331	209571
Name of Fund	Actual Data Last Year 2009-10	Adopted Budget This year 2010-11	Approved Budget Next Year 2011-12
<b>Technical Rescue Reserve Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....	226	10079	4000
3. Total Capital Outlay.....	0	4000	18285
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	16482	0	0
9. Total Requirements.....	16708	14079	22285
10. Total Resources Except Property Taxes.....	16708	14079	22285
Name of Fund	Actual Data Last Year 2009-10	Adopted Budget This year 2010-11	Approved Budget Next Year 2011-12
<b>Firefighting Equipment Reserve Fund</b>			
1. Total Personal Services.....			
2. Total Materials and Services.....			
3. Total Capital Outlay.....	122077	188365	161528
4. Total Debt Service.....			
5. Total Transfers.....			
6. Total Contingencies.....			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance.....	100855	0	0
9. Total Requirements.....	222932	188365	161528
10. Total Resources Except Property Taxes.....	222932	188365	161528

**FORM  
LB-3**

**FUNDS REQUIRING A  
PROPERTY TAX TO BE LEVIED**

Publish ONLY completed portion of this page.

Name of Fund	GENERAL FUND	Actual Data Last year 2009-10	Adopted Budget This Year 2010-11	Approved Budget Next Year 2011-12
1. Total Personal Services.....		2,612,584	2,896,805	2,854,961
2. Total Materials and Services.....		440,885	706,338	652,194
3. Total Capital Outlay.....		4,477	50,172	57,146
4. Total Debt Service.....		117,763	0	0
5. Total Transfers.....		19,947	111,253	197,064
6. Total Contingencies.....		0	206,227	244,540
7. Total All Other Expenditures and Requirements....				
8. Total Unappropriated Ending Fund Balance.....		1,201,498	840,100	840,012
9. Total Requirements.....		4,397,155	4,810,895	4,845,917
10. Total Resources Except Property Taxes.....		2,207,204	2,562,205	2,507,441
11. Property Taxes Estimated to Be Received.....		2,189,952	2,248,690	2,338,476
12. Total Resources (add lines 10 and 11).....		4,397,155	4,810,895	4,845,917
13. Property Taxes Required to Balance (line 11)			2,248,690	2,338,476
14. Estimated Property Taxes Not to be Received.....				
A. Loss Due to Constitutional Limit.....			38,306	48,128
B. Discounts, Other Uncollected Amounts.....			169,256	176,014
15. Total Tax Levied (add lines 13 and 14).....			2,456,252	2,562,618
			Rate or Amount	Rate or Amount
16. Permanent Rate Limit Levy (rate limit _____).....			2.1004	2.1004
17. Local Option Taxes.....				
18. Levy for Bonded Debt or Obligations.....				

Name of Fund	DEBT SERVICE	Actual Data Last year 2009-10	Adopted Budget This Year 2010-11	Approved Budget Next Year 2011-12
1. Total Personal Services.....				
2. Total Materials and Services.....				
3. Total Capital Outlay.....				
4. Total Debt Service.....		176,956	187,444	197,188
5. Total Transfers.....				
6. Total Contingencies.....				
7. Total All Other Expenditures and Requirements....		400	400	400
8. Total Unappropriated Ending Fund Balance.....		290,866	238,284	264,587
9. Total Requirements.....		468,222	426,129	462,174
10. Total Resources Except Property Taxes.....		285,899	269,391	289,159
11. Property Taxes Estimated to Be Received.....		182,324	156,737	173,015
12. Total Resources (add lines 10 and 11).....		468,222	426,128	462,174
13. Property Taxes Required to Balance (line 11)			156,737	173,015
14. Estimated Property Taxes Not to be Received.....				
A. Loss Due to Constitutional Limit.....				
B. Discounts, Other Uncollected Amounts.....			12,162	13,022
15. Total Tax Levied (add lines 13 and 14).....			168,899	186,037
			Rate or Amount	Rate or Amount
16. Permanent Rate Limit Levy (rate limit _____)....				
17. Local Option Taxes.....				
18. Levy for Bonded Debt or Obligations.....			168,899	186,037

# Notice of Property Tax and Certification of Intent to Impose a Tax, Fee, Assessment or Charge on Property

**FORM LB-50**  
**2011-2012**

To assessor of Wasco County

- File no later than JULY 15.
- Be sure to read instructions in the 2011-2012 Notice of Property Tax Levy Forms and Instruction booklet

☐ Check here if this is an amended form.

The Mid-Columbia Fire and Rescue has the responsibility and authority to place the following property tax, fee, charge or assessment on the tax roll of Wasco County. The property tax, fee, charge or assessment is categorized as stated by this form.

<u>1400 West 8th Street</u> Mailing Address of District	<u>The Dalles</u> City	<u>OR</u> State	<u>97058</u> Zip	<u></u> Date
<u>Robert Palmer</u> Contact Person	<u>Fire Chief</u> Title	<u>541-296-9445</u> Daytime Telephone	<u>rpalmer@mcfir.org</u> Contact Person E-Mail	

## CERTIFICATION - Check one box.

- ☒ The tax rate of levy amounts certified in Part I are within the tax rate of levy amounts approved by the budget committee.
- ☐ The tax rate of levy amounts certified in Part I were changed by the governing body and republished as required in ORS 294.435.

## PART I: TOTAL PROPERTY TAX LEVY

		Subject to General Government Limits Rate -or- Dollar Amount	
1. Rate/Amount levied (within permanent rate limit) . . . . .	1	<u>2.1004</u>	
2. Local option operating tax . . . . .	2		
3. Local option capital project tax . . . . .	3		
4. Levy for "Gap Bonds" . . . . .	4		Excluded from Measure 5 Limits
5. Levy for Pension and disability obligations . . . . .	5		Amount of Bond Levy
6a. Levy for bonded indebtedness from bonds approved by voters prior to October 6, 2001 . . . . .	6a	<u>186,037</u>	
6b. Levy for bonded indebtedness from bonds approved by voters after October 6, 2001 . . . . .	6b		
6c. Total levy for bonded indebtedness not subject to Measure 5 of Measure 50 (total of 6a + 6b) . . . . .	6c	<u>186,037</u>	

## PART II: RATE LIMIT CERTIFICATION

7. Permanent rate limit in dollars and cents per \$1,000 . . . . .	7	<u>2.1004</u>
8. Date received voter approval for rate limit if new district . . . . .	8	
9. Estimated permanent rate limit for newly merged/consolidated district . . . . .	9	

## PART III: SCHEDULE OF LOCAL OPTION TAXES - Enter all local option taxes on this schedule. If there are more than three taxes, attach a sheet showing the information for each.

Purpose (operating, capital project, or mixed)	Date voters approved local option ballot measure	First year levied	Final year to be levied	Total tax amount -or- rate authorized per year by voters

## Part IV. SPECIAL ASSESSMENTS, FEES AND CHARGES

Description	Subject to General Gov't. Limitations	Excluded from M5 limitation
1		
2		

If fees, charges, or assessments will be imposed on specific property within your district, you must attach a complete listing of properties, by assessor's account number, to which fees, charges, or assessments will be imposed. Show the fees, charges, or assessments uniformly imposed on the properties. If these amounts are not uniform, show the amount imposed on each property.

The authority for putting these assessments on the roll is ORS \_\_\_\_\_ (Must be completed if you have an entry in Part IV)



# RESOURCES

**FORM  
LB-20**

## GENERAL FUND

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			RESOURCE DESCRIPTION	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10						
				Beginning Fund Balance:				
1				1 *Cash on Hand (Cash Basis), or				1
2	980,258	944,526	1,167,762	2 *Working Capital (Accrual Basis)	1,256,771	1,256,771	1,256,771	2
3	64,747	88,909	80,000	3 Previously Levied Taxes Estimated to be Received	90,000	90,000	90,000	3
4	15,755	5,851	5,000	4 Earning from Temporary Investments	5,000	5,000	5,000	4
5	-	-	192,628	5 OTHER RESOURCES : FEMA Safer Grant	-	-	-	5
6	166,958	152,365	46,250	6 Miscellaneous Income	40,250	40,250	40,250	6
7	849,693	1,014,421	1,064,387	7 Ambulance Service Income	1,109,260	1,109,260	1,109,260	7
8	1,034	1,132	1,178	8 Fire Protection Agreement	1,160	1,160	1,160	8
9	-	-	-	9 Training Trailer Fees	-	-	-	9
10	5,000	5,000	5,000	10 Transfer from FireMed	5,000	5,000	9,000	10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16				16				16
17				17				17
18				18				18
19				19				19
20				20				20
21				21				21
22				22				22
23				23				23
24				24				24
25				25				25
26				26				26
27				27				27
28				28				28
29	2,083,445	2,212,204	2,562,205	29 Total Resources, Except Taxes to be Levied	2,507,441	2,507,441	2,511,441	29
30			2,248,690	30 Taxes Necessary to Balance	2,338,476	2,338,476	2,338,476	30
31	2,099,946	2,189,952		31 Taxes Collected in Year Levied				31
32	4,183,390	4,402,155	4,810,895	32 Total Resources	4,845,917	4,845,917	4,849,917	32

**EXPENDITURE SUMMARY**  
**BY FUND, ORGANIZATIONAL UNIT OR PROGRAM**

**FORM  
LB-30**

**GENERAL FUND**

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

HISTORICAL DATA				EXPENDITURE DESCRIPTION	Budget for Next Year 2011-2012			
ACTUAL	ACTUAL	Adopted Budget	Proposed by Budget Officer		Approved by Budget Committee	Adopted by Governing Body		
Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11						
				<b>Personal Services</b>				
1				1				1
2				2				2
3				3				3
4				4				4
5				5				5
6				6				6
7	2,577,938	2,612,584	2,896,805	7 <b>Total Personal Services</b>	2,854,961	2,854,961	2,860,961	7
				<b>Materials and Services</b>				
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14	537,719	558,648	706,338	14 <b>Total Materials and Services</b>	652,194	652,194	652,194	14
				<b>Capital Outlay</b>				
15				15				15
16				16				16
17				17				17
18				18				18
19				19				19
20				20				20
21	7,108	4,477	50,172	21 <b>Total Capital Outlay</b>	57,146	57,146	57,146	21
				<b>Transferred to Other Funds</b>				
22	115,387	24,947	105,562	22 Reserve Funds	193,195	193,195	191,195	22
23	-	-	5,691	23 Special Funds	3,869	3,869	3,869	23
24				24				24
25	(657)	-	-	25 Prior Period Adjustment				25
26			206,227	26 General Operating Contingency	244,540	244,540	244,540	26
27	114,730	24,947	317,480	27 <b>Total Transfers and Contingencies</b>	441,604	441,604	439,604	27
28	3,237,495	3,200,656	3,970,795	28 <b>Total Expenditures</b>	4,005,905	4,005,905	4,009,905	28
29	945,897	1,201,498	840,100	29 Unappropriated Ending Fund Balance	840,012	840,012	840,012	29
30	4,183,392	4,402,154	4,810,895	30 <b>Total</b>	4,845,917	4,845,917	4,849,917	30

# **DETAILED EXPENDITURES**

**FORM  
LB-31**

## **GENERAL FUND**

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			EXPENDITURE DESCRIPTION	Number of Employees	Range*	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11				Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10								
PERSONAL SERVICES										
1	85,536	86,401	87,247	1 Fire Chief	1		89,880	89,880	89,880	1
2	76,068	76,824	77,589	2 Division Chief : Training	1		79,932	79,932	79,932	3
3	74,544	76,824	77,589	3 Division Chief : Prevention / Public Ed.	1		79,932	79,932	79,932	5
4	48,924	49,435	49,902	4 Administrative Assistant	1		51,408	51,408	51,408	7
5	43,680	44,118	44,554	5 Office Specialist	1		48,048	48,048	48,048	8
6			57,156	6 Division Chief : FEMA Funded Position	0		-	-	-	
7	170,463	177,328	214,968	7 Captain	3		221,460	221,460	221,460	10
8	164,285	144,835	202,604	8 Lieutenant	3		208,722	208,722	208,722	11
9	628,484	654,769	745,016	9 Engineer	12		767,516	767,516	767,516	12
10	9,713	9,199	64,800	10 Volunteer Reimbursement			17,800	17,800	15,800	13
11	-	-	-	11 Cadet Program			-	-	-	14
12	3,197	4,944	10,740	12 Uniforms			15,200	15,200	15,200	15
13	37,479	39,304	40,000	13 Holiday			40,000	40,000	40,000	16
14	45,701	37,524	47,000	14 Overtime - Sick			56,000	56,000	56,000	17
15	4,982	6,962	9,392	15 Sick Leave Redemption			9,860	9,860	9,860	18
16	35,207	31,721	45,000	16 Overtime - Fire			35,000	35,000	35,000	19
17	175,749	169,264	175,000	17 Overtime - Ambulance			170,000	170,000	170,000	20
18	-	-	8,000	18 Overtime - Technical Rescue			3,500	3,500	7,500	21
19	11,363	10,074	17,000	19 Overtime - Training			17,250	17,250	21,250	22
20	18,862	11,842	15,000	20 Overtime - Other			11,000	11,000	11,000	23
21	12,500	7,475	12,000	21 Ambulance Stand-By			8,000	8,000	8,000	24
22	31,601	31,540	32,552	22 Overtime - FLSA			33,536	33,536	33,536	25
23	320,990	337,752	338,880	23 Retirement			349,599	349,599	349,599	26
24	35,699	35,177	43,590	24 Workers' Compensation			51,021	51,021	51,021	27
25	5,841	5,841	5,841	25 Life Insurance			5,841	5,841	5,841	28
26	297,269	341,532	371,717	26 Health Insurance			390,814	390,814	390,814	29
27	11,318	9,044	18,344	27 Occupational Healthcare			25,244	25,244	25,244	31
28	17,291	17,291	17,292	28 Long Term Disability			6,588	6,588	6,588	32
29	-	-	3,000	29 Civil Service			-	-	-	33
30	25,848	25,776	28,605	30 Medicare			28,190	28,190	28,190	34
31	2,392,594	2,442,796	2,860,378	31 Total This Page			2,821,341	2,821,341	2,827,341	35

\*Include schedule of pay ranges.

150-504-03 (Rev. 9-94)

# DETAILED EXPENDITURES

FORM  
LB-31

## GENERAL FUND

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			EXPENDITURE DESCRIPTION	Number of Employees	Range*	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11				Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10								
				PERSONAL SERVICES						
1	2,191	-	3,429	1 Defined Contribution			2,062	2,062	2,062	1
2	21,852	-	31,133	2 PEHP Plan			30,938	30,938	30,938	2
3	6,222	2,280	-	3 Funeral Leave			-	-	-	3
4	48,147	61,582	-	4 Sick Leave Used			-	-	-	4
5	106,931	104,149	-	5 Vacation			-	-	-	5
6	-	1,776	1,864	6 Social Security-Payroll Expenses			620	620	620	6
7				7						7
8				8						8
9				9						9
10				10						10
11				11						11
12				12						12
13				13						13
14				14						14
15				15						15
16				16						16
17				17						17
18				18						18
19				19						19
20				20						20
21				21						21
22				22						22
23				23						23
24				24						24
25				25						25
26				26						26
27				27						27
28				28						28
29				29						29
30				30						30
31				31						31
32	185,343	169,787	36,426	32 Total This Page			33,620	33,620	33,620	32
33	2,577,937	2,612,584	2,896,803	33 Total Personal Services			2,854,961	2,854,961	2,860,961	33

\*Include schedule of pay ranges.

150-504-03 (Rev. 9-94)

# DETAILED EXPENDITURES

FORM  
LB-31

## GENERAL FUND

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			EXPENDITURE DESCRIPTION  MATERIALS AND SERVICES	Number of Employees	Range*	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget				Proposed by	Approved by	Adopted by	
	Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11				Budget Officer	Budget Committee	Governing Body	
1	34,999	37,201	38,252	1 General Insurance			40,365	40,365	40,365	1
2	672	1,592	2,200	2 Advertising, Publications			2,000	2,000	2,000	2
3	3,816	3,972	4,000	3 Dues, Subscriptions			4,000	4,000	4,000	3
4	2,852	-	4,050	4 Elections			-	-	-	4
5	6,625	3,894	6,000	5 Office Expense			5,750	5,750	5,750	5
6	882	658	1,118	6 Office Equipment Maintenance			2,000	2,000	2,000	6
7	-	2,860	3,120	7 Office Equipment Lease			3,120	3,120	3,120	7
8	704	453	200	8 Bank Charges			200	200	200	8
9	2,876	2,776	4,460	9 Janitorial Supplies			3,750	3,750	3,750	9
10	593	26	600	10 Residence Supplies			150	150	150	10
11	25,899	28,046	32,000	11 Gas and Diesel			34,000	34,000	34,000	11
12	1,794	-	-	12 Oil, Grease and Antifreeze			-	-	-	12
14	11,419	4,334	6,400	13 Tires, Batteries			9,111	9,111	9,111	13
15	21,212	31,582	34,000	14 Equipment Maintenance			43,575	43,575	43,575	14
16	2,534	858	6,025	15 Communication Repair			8,950	8,950	8,950	15
17	1,320	-	-	16 Radio Maintenance Contract			-	-	-	16
18	316	161	1,000	17 Small Equip Maintenance, Shop Supplies			1,000	1,000	1,000	17
19	5,095	1,719	4,500	18 Fire Equipment Maintenance			4,500	4,500	4,500	18
20	6,063	4,557	8,457	19 EMS Equipment Maintenance			9,900	9,900	9,900	19
21	2,884	4,407	6,455	20 Equipment Testing			6,850	6,850	6,850	20
22	58,524	58,737	64,944	21 Ambulance Billing Expense			64,950	64,950	64,950	21
23	13,250	12,917	14,450	22 Audit, Budget			15,450	15,450	15,450	22
24	6,653	35,288	43,500	23 Legal Services			65,000	65,000	65,000	23
25	10,195	20,755	128,280	24 Professional Services			32,465	32,465	32,465	24
26	2,552	2,881	4,000	25 Water			4,500	4,500	4,500	25
27	11,020	7,597	10,000	26 Natural Gas			11,500	11,500	11,500	26
28	11,910	12,460	14,000	27 Electricity			12,500	12,500	12,500	27
29	8,169	7,007	7,500	28 Telephone			10,260	10,260	10,260	28
30	4,155	4,426	4,500	29 Sewer			4,750	4,750	4,750	29
31	258,983	291,164	454,011	30 Total This Page			400,596	400,596	400,596	30

\*Include schedule of pay ranges.

150-504-03 (Rev. 9-94)

# DETAILED EXPENDITURES

**FORM  
LB-31**

## GENERAL FUND

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			EXPENDITURE DESCRIPTION  MATERIALS AND SERVICES	Number of Employees	Range*	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget				Proposed by	Approved by	Adopted by	
	Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11				Budget Officer	Budget Committee	Governing Body	
1	2,104	2,216	2,500	1 Garbage			2,750	2,750	2,750	1
2	191	334	400	2 Laundry			450	450	450	2
3	1,418	1,590	3,000	3 EMS Training Supplies			3,450	3,450	3,450	3
4	3,090	720	4,510	4 EMS Dues			1,335	1,335	1,335	4
5	3,600	3,600	3,600	5 Physician Advisor			3,600	3,600	3,600	5
6	6,429	8,913	9,540	6 Ambulance Expense - Transport			10,750	10,750	10,750	6
7	-	-	30,050	7 Ambulance Expense - Transport - Volunteer			10,000	10,000	10,000	7
8	23,503	28,177	30,000	8 Ambulance Expendable Supplies			33,000	33,000	33,000	8
9	649	926	2,300	9 Ambulance Non Expendable Supplies			580	580	580	9
10	212	307	1,500	10 Hazardous Materials			1,500	1,500	1,500	10
11	12,898	12,304	19,305	11 Firefighting Supplies - Tools / Equip.			7,630	7,630	7,630	11
				12 Firefighting Supplies - PPE			14,200	14,200	14,200	12
12	1,407	1,480	3,377	13 Fire Prevention Supplies			12,525	12,525	12,525	13
13	314	2,329	5,000	14 Public Education			4,950	4,950	4,950	14
14	1,383	797	3,500	15 Fire Training Supplies and Materials			3,400	3,400	3,400	15
15	7,938	3,186	7,700	16 Fire Suppression Expense			7,700	7,700	7,700	16
16	1,336	1,742	2,300	17 Fire Board Meals and Lodging			2,300	2,300	2,300	17
17	775	1,292	1,500	18 Fire Board Conference			1,500	1,500	1,500	18
18	-	-	1,000	19 EMS Scholarships			1,000	1,000	1,000	19
19	7,054	1,090	4,500	20 Voluntary Training - Bargaining Unit			4,500	4,500	4,500	20
20	954	200	-	21 Required Training - Bargaining Unit			-	-	-	21
21	1,923	2,575	-	22 Required Training - Administration			-	-	-	22
22	-	-	15,158	23 General Training - ALL			17,160	17,160	17,160	23
23	1,061	381	1,250	24 Voluntary Training - Administration			1,250	1,250	1,250	24
24	940	1,200	3,500	25 Voluntary Training - Volunteers			5,300	5,300	5,300	25
25	8,782	8,833	11,295	26 Building Maintenance			12,495	12,495	12,495	26
26	4,362	4,495	5,000	27 Building Maintenance Agreements			5,000	5,000	5,000	27
27	1,308	4,531	5,950	28 Grounds Maintenance			5,950	5,950	5,950	28
28	2,151	2,191	3,000	29 Postage and Shipping			2,500	2,500	2,500	29
29	3,152	3,572	3,250	30 Miscellaneous Expense			4,000	4,000	4,000	30
30	50,741	50,741	63,342	31 911 Services			64,823	64,823	64,823	31
31	4,690	-	5,000	32 Training Trailer(s) Maintenance			6,000	6,000	6,000	32
32	4,375	-	-	33 FlexTran Interest Expense			-	-	-	33
33	158,740	149,722	252,327	34 Total This Page			251,598	251,598	251,598	34
34	417,719	440,885	706,338	35 Total Materials and Services			652,194	652,194	652,194	35

\*Include schedule of pay ranges.

# DETAILED EXPENDITURES

FORM  
LB-31

## GENERAL FUND

Name of Organizational Unit - Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			EXPENDITURE DESCRIPTION	Number of Employees	Range*	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget				Proposed by	Approved by	Adopted by	
	Second Preceding Year 08-09	First Preceding 09-10	This Year 10-11				Budget Officer	Budget Committee	Governing Body	
				<b>CAPITAL OUTLAY</b>						
1	3,295	965	10,900	1 Firefighting Equipment			21,630	21,630	21,630	1
2	580	2,791	5,550	2 Office Equipment			21,016	21,016	21,016	2
3	1,553	-	4,520	3 Station Equipment			-	-	-	3
4	-	721	-	4 Ambulance Equipment			3,850	3,850	3,850	4
5	917	-	17,402	5 Radio Equipment			7,500	7,500	7,500	5
6	-	-	750	6 Fire Training Equipment			3,000	3,000	3,000	6
7	-	-	3,000	7 Fire Hydrant			150	150	150	7
8	761	-	6,400	8 Occupational Healthcare Equipment			-	-	-	8
9	-	-	1,650	9 EMS Training Equipment			-	-	-	9
10				10						10
11				11						11
12				12						12
13				13						13
14				14						14
15				15						15
16				16						16
17				17						17
18				18						18
19				19						19
20				20						20
21				21						21
22				22						22
23				23						23
24				24						24
25				25						25
26				26						26
27				27						27
28				28						28
29				29						29
30				30						30
31				31						31
32				32						32
33	7,106	4,477	50,172	33 Total Capital Outlay			57,146	57,146	57,146	33

\*Include schedule of pay ranges.

SPECIAL FUND  
RESOURCES AND REQUIREMENTS

FireMed

Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year '08-09	First Preceding Year '09-10						
				Resources				
				Beginning Fund Balance				
1				1 *Cash on Hand (Cash Basis), or				1
2	23,669	24,228	36,306	2 *Working Capital (Accrual Basis)	14,875	14,875	14,875	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	542	190	175	4 Earning from Temporary Investments	230	230	230	4
5		3,000	-	5 Transferred from Other Funds / Grant Proceeds				5
6	23,499	29,531	28,500	6 FireMed Fees	29,000	29,000	29,000	6
7				7				7
8				8				8
9	47,710	56,949	64,981	9 Total Resources, Except Taxes to be Levied	44,105	44,105	44,105	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	47,710	56,949	64,981	12 Total Resources	44,105	44,105	44,105	12
				Requirements				
1	7,628	3,580	4,700	1 Materials and Services	5,000	5,000	5,000	1
2	10,855	11,643	39,300	2 Capital Outlay	24,000	24,000	19,800	2
3	5,000	5,000	5,000	3 Transfer to General fund	5,000	5,000	9,000	3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	24,228	36,726	15,981	16 Unappropriated Ending Fund Balance	10,105	10,105	10,305	16
17	47,710	56,949	64,981	17 Total Requirements	44,105	44,105	44,105	17



SPECIAL FUND  
RESOURCES AND REQUIREMENTS

Stacker Butte

Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11					
				Resources				
				Beginning Fund Balance				
1				1 *Cash on Hand (Cash Basis), or				1
2	4,602	3,478	4,471	2 *Working Capital (Accrual Basis)	4,965	4,965	4,965	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	87	22	50	4 Earning from Temporary Investments	25	25	25	4
5	1,525	2,065	2,517	5 Transferred from Other Funds	3,869	3,869	3,869	5
6	3,250	3,013	6,585	6 Sub-lease and Rental Fees	4,834	4,834	4,834	6
7		1,904	2,317	7 SB Consortium Utilities	6,984	6,984	6,984	7
8				8				8
9	9,464	10,482	15,940	9 Total Resources, Except Taxes to be Levied	20,677	20,677	20,677	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	9,464	10,482	15,940	12 Total Resources	20,677	20,677	20,677	12
				Requirements				
1	5,986	6,671	8,542	1 Materials and Services	12,516	12,516	12,516	1
2			-	2 Capital Outlay	-	-	-	2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	3,478	3,811	7,398	16 Unappropriated Ending Fund Balance	8,161	8,161	8,161	16
17	9,464	10,482	15,940	17 Total Requirements	20,677	20,677	20,677	17

FC  
LB-TI

This fund is authorized by ORS 280.100 and established by  
resolution/ordinance number 06-95, on 5/15/95

for the following specified purposes:

To purchase and maintain fire suppression equipment

# RESERVE FUND

## RESOURCES AND REQUIREMENTS

Equipment

Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget		Proposed by	Approved by	Adopted by	
	Second Preceding 08-09	First Preceding 09-10	This Year 10-11		Budget Officer	Budget Committee	Governing Body	
				<b>Resources</b>				
				Beginning Fund Balance				
1	-			1 *Cash on Hand (Cash Basis), or				1
2	114,548	117,557	118,421	2 *Working Capital (Accrual Basis)	78,221	78,221	78,221	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	2,388	842	1,000	4 Earning from Temporary Investments	350	350	350	4
5	48,490	-	44,910	5 Transferred from Other Funds	121,000	121,000	121,000	5
6	621	-	-	6 Sale of Equipment	10,000	10,000	10,000	6
7		-	-	7 FEMA Grant Proceeds				7
8				8				8
9	166,047	118,399	164,331	9 Total Resources, Except Taxes to be Levied	209,571	209,571	209,571	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	166,047	118,399	164,331	12 Total Resources	209,571	209,571	209,571	12
				<b>Requirements</b>				
1	48,490	-	164,331	1 Capital Outlay - Equipment	209,571	209,571	209,571	1
2				2				2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	117,557	118,399	-	16 Reserved for Future Expenditures	-	-	-	16
17	166,047	118,399	164,331	17 Total Requirements	209,571	209,571	209,571	17

FC  
LB-11

This fund is authorized by ORS 280.100 and established by  
resolution/ordinance number 06-95, on 5/15/95  
for the following specified purposes:

RESERVE FUND

RESOURCES AND REQUIREMENTS

Capital Expenditure / Building Maintenance

Building  
Fund

Mid-Columbia Fire and Rescue  
Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year '08-09	First Preceding Year '09-10						
				Resources				
				Beginning Fund Balance				
1	-	-		1 *Cash on Hand (Cash Basis), or				1
2	13,306	19,620	19,764	2 *Working Capital (Accrual Basis)	17,875	17,875	17,875	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	314	144	200	4 Earning from Temporary Investments	100	100	100	4
5	8,000	4,247	11,278	5 Transferred from Other Funds	28,254	28,254	26,254	5
6				6				6
7				7				7
8				8				8
9	21,620	24,011	31,242	9 Total Resources, Except Taxes to be Levied	46,229	46,229	44,229	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	21,620	24,011	31,242	12 Total Resources	46,229	46,229	44,229	12
				Requirements				
1	2,000	750	31,242	1 Capital Outlay	46,229	46,229	44,229	1
2				2				2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	19,620	23,261	-	16 Reserved for Future Expenditure	-	-	-	16
17	21,620	24,011	31,242	17 Total Requirements	46,229	46,229	44,229	17

**FORM  
LB-11**

**RESERV JND**

This fund is authorized by ORS 280.100 and established by resolution/ordinance number 98-08, on 6/15/98 for the following specified purposes:

**RESOURCES AND REQUIREMENTS**

Capital Expenditure / Maintenance

**Training**

Fund

(Previously "Training Tower")

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11					
				Resources				
				Beginning Fund Balance				
1			-	1 *Cash on Hand (Cash Basis), or				1
2	6,984	8,140	8,200	2 *Working Capital (Accrual Basis)	15,111	15,111	15,111	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	156	58	65	4 Earning from Temporary Investments	60	60	60	4
5	-	-	11,267	5 Transferred from Other Funds	4,000	4,000	4,000	5
6	1,000	-		6 Grant Proceeds				6
7				7				7
8				8				8
9	8,140	8,198	19,532	9 Total Resources, Except Taxes to be Levied	19,171	19,171	19,171	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	8,140	8,198	19,532	12 Total Resources	19,171	19,171	19,171	12
				Requirements				
1			19,532	1 Materials and Services	19,171	19,171	19,171	1
2	-	-	-	2 Capital Outlay	-	-	-	2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	8,140	8,198	19,532	16 Reserved for Future Requirements	-	-	-	16
17	8,140	8,198	19,532	17 Total Requirements	19,171	19,171	19,171	17

**FORM  
LB-11**

**RESERV. JND**

This fund is authorized by ORS 280.100 and established by  
resolution/ordinance number 99-09, on 6/21/99  
for the following specified purposes:

**RESOURCES AND REQUIREMENTS**

Capital Equipment and Maintenance

**Technical Rescue**

Fund

**Mid-Columbia Fire and Rescue**

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10	This Year 10-11					
				Resources				
				Beginning Fund Balance				
1				1 *Cash on Hand (Cash Basis), or				1
2	11,088	11,286	11,369	2 *Working Capital (Accrual Basis)	19,185	19,185	19,185	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	252	86	100	4 Earning from Temporary Investments	100	100	100	4
5	-	5,335	2,610	5 Transferred from Other Funds	3,000	3,000	3,000	5
6				6				6
7				7				7
8				8				8
9	11,340	16,707	14,079	9 Total Resources, Except Taxes to be Levied	22,285	22,285	22,285	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	11,340	16,707	14,079	12 Total Resources	22,285	22,285	22,285	12
				Requirements				
1	-	-	4,000	1 Capital Outlay	18,285	18,285	18,285	1
2	53	226	10,079	2 Materials and Services	4,000	4,000	4,000	2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	11,287	16,482	-	16 Reserved for Future Expenditures	-	-	-	16
17	11,340	16,707	14,079	17 Total Requirements	22,285	22,285	22,285	17

**FORM  
LB-11**

This fund is authorized by ORS 280.100 and established by  
resolution/ordinance number 00-06, on 6/19/00  
for the following specified purposes:

**RESERV JND**

**RESOURCES AND REQUIREMENTS**

Capital Equipment and Maintenance

**Firefighting Equipment**

Fund

**Mid-Columbia Fire and Rescue**

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget  This Year 10-11		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10						
				Resources				
				Beginning Fund Balance				
1				1 *Cash on Hand (Cash Basis), or				1
2	70,353	99,732	100,884	2 *Working Capital (Accrual Basis)	98,953	98,953	98,953	2
3				3 Previously Levied Taxes Estimated to be Received				3
4	1,207	656	700	4 Earning from Temporary Investments	650	650	650	4
5	57,372	13,300	35,497	5 Transferred from Other Funds	10,641	10,641	10,641	5
6	262,800	109,245	51,284	6 FEMA Grant Proceeds	51,284	51,284	51,284	6
7		-		7 Regional F.D. Match				7
8				8				8
9	391,732	222,933	188,365	9 Total Resources, Except Taxes to be Levied	161,528	161,528	161,528	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	391,732	222,933	188,365	12 Total Resources	161,528	161,528	161,528	12
				Requirements				
1	292,000	122,077	188,365	1 Capital Outlay	161,528	161,528	161,528	1
2				2				2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	99,732	100,855	-	16 Reserved for Future Expenditures	-	-	-	16
17	391,732	222,933	188,365	17 Total Requirements	161,528	161,528	161,528	17

BONDED DEBT  
RESOURCES AND REQUIREMENTS

BOND DEBT PAYMENTS ARE FOR:

- ☐ Revenue Bonds  
☒ General Obligation Bonds

## DEBT SERVICE

Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget This Year 10-11		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
	Second Preceding Year 08-09	First Preceding Year 09-10						
				RESOURCES				
				Beginning Fund Balance				
1				1. *Cash on Hand (Cash Basis), or				1
2	256,663	279,292	262,043	2. *Working Capital (Accrual Basis)	282,494	282,494	282,494	2
3	9,118	4,289	4,848	3. Previously Levied Taxes Estimated to be Received	4,865	4,865	4,865	3
4	5,907	2,318	2,500	4. Earning from Temporary Investments	1,800	1,800	1,800	4
5				5. Transferred from Other Funds				5
6	-			6. Miscellaneous Income				6
7	271,688	285,899	269,391	7. Total Resources, Except Taxes to be Levied	289,159	289,159	289,159	7
8			156,737	8. Taxes Necessary to Balance	173,015	173,015	173,015	8
9	296,983	182,324		9. Taxes Collected in Year Levied				9
10	568,671	468,223	426,128	10. Total Resources	462,174	462,174	462,174	10
				REQUIREMENTS				
				Bond Principal Payments				
				Issue Date	Budgeted Payment Date			
1	170,000	115,000	-	1. 4/1/1998		-		1
2	50,000		130,000	2. 9/8/05	December 1, 2011	145,000	145,000	2
3	220,000	115,000	130,000	3. Total Principal		145,000	145,000	3
4				4.				4
				Bond Interest Payments				
				Issue Date	Budgeted Payment Date			
5	36,924	32,056	29,900	5. 9/8/05	December 1, 2011	27,544	27,544	5
6	32,056	29,900	27,544	6. 9/8/05	June 1, 2012	24,644	24,644	6
7	68,979	61,956	57,444	7. Total Interest		52,188	52,188	7
8				8.				8
				Unappropriated Balance for Following Year By				
				Issue Date	Budgeted Payment Date			
9			172,544	9. 9/8/2005	12/1/2012	179,644	179,644	9
10				10.				10
11	400	400	400	11. Admin Expense / Bank Fees	400	400	400	11
12				12.				12
13	279,292	290,866	238,284	13. Total Unappropriated Ending Fund Balance	264,587	264,587	264,587	13
14	568,671	468,223	426,128	14. Total Requirements	462,174	462,174	462,174	14

FC  
LB-11

This fund is authorized by ORS 280.100 and established by  
resolution/ordinance number 06-85, on 5/15/95

for the following specified purposes:

Liabilities created by retirement of personnel.

## RESERVE FUND

### RESOURCES AND REQUIREMENTS

Retirement Liability Fund

Fund

Mid-Columbia Fire and Rescue

Name of Municipal Corporation

	HISTORICAL DATA			DESCRIPTION OF RESOURCES AND REQUIREMENTS	Budget for Next Year 2011-2012			
	ACTUAL	ACTUAL	Adopted Budget		Proposed by	Approved by	Adopted by	
	Second Preceding 08-09	First Preceding 09-10	This Year 10-11		Budget Officer	Budget Committee	Governing Body	
				<b>Resources</b>				
				Beginning Fund Balance				
1				1 *Cash on Hand (Cash Basis), or	3,174	3,174	3174	1
2				2 *Working Capital (Accrual Basis)				2
3				3 Previously Levied Taxes Estimated to be Received				3
4				4 Earning from Temporary Investments				4
5			3,174	5 Transferred from Other Funds	26,300	26,300	26,300	5
6				6				6
7				7				7
8				8				8
9	-	-	3,174	9 Total Resources, Except Taxes to be Levied	29,474	29,474	29,474	9
10				10 Taxes Necessary to Balance				10
11				11 Taxes Collected in Year Levied				11
12	-	-	3,174	12 Total Resources	29,474	29,474	29,474	12
				<b>Requirements</b>				
1			3,174	1 Retirement Expense Appropriation	26,300	26,300	26,300	1
2				2				2
3				3				3
4				4				4
5				5				5
6				6				6
7				7				7
8				8				8
9				9				9
10				10				10
11				11				11
12				12				12
13				13				13
14				14				14
15				15				15
16	-	-	-	16 Reserved for Future Expenditures	3,174	3,174	3,174	16
17	-	-	3,174	17 Total Requirements	29,474	29,474	29,474	17



SKYLINE

**INTERGOVERNMENTAL AGREEMENT  
BETWEEN MID-COLUMBIA FIRE AND RESCUE AND  
Klickitat County Public Hospital District No. 2**

This Agreement entered into this 12 day of December, 2003, by and between MID COLUMBIA FIRE & RESCUE a Fire Protection District organized and existing under Chapter 478 of the Oregon Revised Statutes (hereinafter called the Fire District), and KLINKITAT COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, a municipal corporation in the State of Washington (hereinafter called "District").

**WITNESSETH:**

WHEREAS, the District is the operator of an ambulance service who's service area includes the Dallesport area in the State of Washington; and

WHEREAS, The ambulance services under the laws of the State of Washington for the Dallesport area are under the jurisdiction of the District; and

WHEREAS, the District's additional resources for the Dallesport area is located in White Salmon, Washington; and

WHEREAS, the community of Dallesport lies directly across the Columbia River from the City of The Dalles; and

WHEREAS, an agreement entered into between the State of Washington and the State of Oregon in March 1989 provides certified personnel on licensed ambulance services from either state may transport a patient from that state into the other state; and

WHEREAS, Oregon Revised Statute 190.420 provides that units of local government or public agencies of Oregon and public agencies of another state may enter into a written agreement with any other unit of local government for the performance of any and all functions and activities that any party to the agreement has the authority to perform; and

WHEREAS, Washington State statute 39.34030 provides any authority exercised by a public agency of Washington may be exercised jointly with any other public agency of any other state; and

WHEREAS, the parties desire to enter into such an agreement for the provision of automatic second response emergency ambulance services in the Dallesport area by Mid-Columbia Fire and Rescue, which would normally return the patients to the hospital services in the City of The Dalles; and

WHEREAS, the parties desire to provide a system that will deliver the best emergency medical assistance to their respective service areas in time of need; and

NOW, THEREFORE, for and in consideration of the promises and mutual benefits and advantages occurring hereunder to each party hereto, it is agreed by and between the Fire District and District:

1) OBLIGATIONS OF THE FIRE DISTRICT:

- a) The Fire District, if possible shall hereafter provide automatic second Response Emergency ambulance services as requested by the Klickitat County 911 Dispatch Center to the area located from the Oregon border North to a line extending parallel to and along Washington State Highway No. 14 one-fourth mile North of said highway and occurring between Mileposts 81 and 87 on said highway. In addition, the Northern boundary of said service area shall extend along any smooth and improved paved road running off Highway 14 within the mileposts listed. Further, the Fire District may, on a case-by-case basis as determined by the Fire District, respond to requests for emergency ambulance service due to unusual occurrences happening within the service area of the District including its extended service area.
- b) The Fire District shall secure any necessary permits, licenses, agreements approvals required by the State of Oregon for the operation of ambulance service within the State of Washington. Permitting and licensing as provided for herein shall be conducted in accordance with the terms of that agreement dated March 8, 1989 between the States of Oregon Department of Health Emergency Medical Services and Washington Department of Social and Health Services Emergency Medical Services.
- c) The Fire District shall be responsible for all billing and collection in connection with provision of its ambulance service.
- d) The Fire District will, if possible, respond to all areas of the District to assist on a Mutual Aid basis upon the request of the Administrator of the District or his designee. The destination of the patient will be determined by the Incident Commander or his designee.

2) OBLIGATIONS OF THE DISTRICT:

- a) The District acknowledges and authorizes the Fire District's billing for services they provide pursuant to this agreement and understands the Fire District shall be retaining all sums received from said billings.
- b) The District will, if possible, respond to all areas within the Fire District's service area (Wasco County Ambulance Service Area #2) to assist on a Mutual Aid basis upon the request of the Fire Chief or his designee. The destination of the patient will be determined by the Incident Commander or his designee.

3) TERMINATION:

This agreement shall be effective on the date hereof and shall continue until a need for modification or until either governing body causes the termination hereof, by written notice thereof to the other party at least thirty (30) days prior.

In addition, this agreement shall automatically terminate upon the effective date of the March 1989 Interstate Agreement between the Emergency Medical Services Division of the State of Washington Department of Health and the State of Oregon Department of Health, which authorizes the type of service contemplated by this agreement.

4) NOTICES:

Notices pursuant to this agreement shall be given by deposit into the custody of the United States Postal Service, by certified mail, postage prepaid, and addressed as follows:

FIRE DISTRICT

Fire Chief  
Mid-Columbia Fire and Rescue  
1400 West Eight Street  
The Dalles, Oregon 97058



Joe Richardson, Fire Chief  
Mid-Columbia Fire and Rescue

DISTRICT

Administrator  
Skyline Hospital  
P.O. Box 99  
White Salmon, Washington 98672



Michael Madden, CEO  
Klickitat County Hospital District No.2

**MUTUAL AID AGREEMENT**  
**For the provision of**  
**EMERGENCY MEDICAL AMBULANCE SERVICES**

This Agreement is entered into this 20<sup>th</sup> day of January, 2003, by and between Klickitat Valley Ambulance, a division of Klickitat Valley Health Services ("KVHS", aka Klickitat County Public Hospital District No.1), a municipal corporation in the State of Washington, hereinafter referred to as "KVA" or "KVHS", and Mid-Columbia Fire & Rescue, a Rural Fire Protection District in the State of Oregon, hereinafter referred to as "MCFR."

**WHEREAS**, MCFR is the owner of an ambulance service which has traditionally provided emergency ambulance service both in and adjacent to the State of Washington;

**WHEREAS**, KVHS is the owner of an ambulance service (KVA) which has traditionally provided emergency ambulance service adjacent to the State of Oregon;

**WHEREAS**, the State of Washington and the State of Oregon have an agreement dated March 3, 1989, which provides that certified personnel on licensed ambulance services from either state may respond into the adjacent state and/or transport a patient from one state to the other;

**WHEREAS**, ORS 190.420; permits the parties to enter into this agreement, and this agreement is entered into in conformance with said Statute;

**WHEREAS**, RCW 39.34, permits the parties to enter into this agreement, and this agreement is entered into in conformance with said Code;

**WHEREAS**, ambulance services under the laws of the State of Washington for the KVA service area are under the jurisdiction of KVHA;

**WHEREAS**, ambulance services under the laws of the state of Oregon for the MCFR, ASA-2 are under the jurisdiction of Wasco County;

**WHEREAS**, the parties desire to provide ambulance service that will deliver 911 emergency medical services and transport to their respective service areas in time of need;

**WHEREAS**, the parties desire to enter into an agreement for the provision of ambulance services for their respective ambulance service areas in the event of 911 emergency calls which exceed their resources;

**NOW, THEREFORE**, and in consideration of the mutual benefits and advantages received by each party, it is agreed by and between KVA and MCFR;

**COPY**

**1. MUTUAL AID**

This Agreement is for the provision of 911 Emergency Medical Response only. The parties acknowledge that their respective abilities to respond and provide service as requested—"mutual aid"—will depend on a number of factors and circumstances, some of which may be beyond their control. The parties agree to make a good faith effort to provide Mutual Aid, but neither party shall be liable in any way to the other for their inability or denial to provide Mutual Aid.

**2. OBLIGATIONS OF KVA TO RESPOND**

- A. Request by MCFR for Mutual Aid will be made through Wasco County 911 to Klickitat County 911.
- ~~B. KVA's decision of whether it is possible to respond to a request for mutual aid shall be made by KVA in its sole discretion.~~
- C. KVA will, if possible, respond to all areas of MCFR's ambulance service area on a Mutual Aid basis upon the request of the Chief of MCFR or their designee. The patient care and destination of the patient will be determined by Klickitat County EMS protocol/medical control.
- D. There will be no compensation to KVA from MCFR for the provision of Mutual Aid services(s). KVA will be responsible for any and all direct patient care, transport, billing and collection in connection with the provision of its ambulance services.
- E. KVA agrees to provide itself with the minimum insurance coverage required by Oregon Revised Statute, Washington Revised Code and any other provision of applicable law for the operation of certified EMS personnel and licensed ambulance vehicles and equipment and the actions of staff and personnel in the performance of this agreement.

**3. OBLIGATIONS OF MCFR TO RESPOND**

- A. Request by KVA for Mutual Aid will be made through Klickitat County 911 to Wasco County 911.
- B. MCFR's decision of whether it is possible to respond to a request for mutual aid shall be made by MCFR in its sole discretion.
- C. MCFR will, if possible, respond to areas A and B of KVA's ambulance service area on a Mutual Aid basis upon the request of the Chief Administrator of KVA or their designee. (Refer to Attachment A). The patient care and destination of the patient will be determined by Mid-Columbia Fire & Rescue EMS protocol/medical control.

- D. There will be no compensation to MCFR from KVA for the provision of Mutual Aid services(s). MCFR will be responsible for any and all direct patient care and transport, billing and collection in connection with the provision of its ambulance services.
- E. MCFR agrees to provide itself with the minimum insurance coverage required by Oregon Revised Statute, Washington Revised and any other provision of applicable law for the operation of certified EMS personnel and licensed ambulance vehicles and equipment and the actions of staff and personnel in the performance of this agreement.

4. **TERM, CHANGES & TERMINATION**

This agreement shall be effective on the date above and shall continue indefinitely until a need for modification, or until either agency causes the termination of the agreement, by written notice, as stated below, to the other party at least 45 days prior to the change or termination. No modifications or amendments shall be valid unless evidenced in writing agreed to and signed by both parties.

5. **NOTICE**

Notices pursuant to this agreement shall be transmitted by Certified Mail, United States Postal Service, Return Receipt Requested, to all the respective addressed as follows:

KVHS: Superintendent  
Klickitat Valley Health Services  
P.O. Box 5  
Goldendale, WA 98620

MCFR: Fire Chief  
Mid-Columbia Fire & Rescue  
1400 West 8<sup>th</sup> Street  
The Dalles, OR 97058

6. **HOLD HARMLESS**

Each of the parties, at all times, shall be solely responsible for the acts or omissions of its agents and/or personnel that occur or arise in any way from the fulfillment of this agreement. Furthermore, each of the parties promises and agrees to indemnify, save and hold harmless the other party, its agents and assigns, from any and all costs, expenses, losses, and damages, including attorneys' fees, incurred as a result of any act or omission related to the performance of this agreement.

7. **SEVERABILITY**

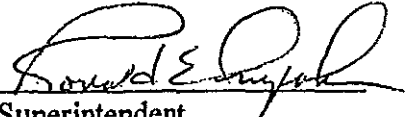
Should any portion of this Agreement be found invalid or unenforceable by a court of appropriate jurisdiction, the remaining provisions or portions of that provision shall continue as valid and binding upon the parties.

8. **BENEFICIARIES**

This Agreement is entered into for the benefit of the parties to this Agreement only, and shall not confer any benefits, direct or implied, on any third party or individual(s).

In consideration of the foregoing Agreement, the parties hereby witness by their respective signatures the execution of this Agreement:

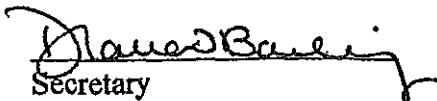
Approved:  
Klickitat County Public Hospital District

  
Superintendent

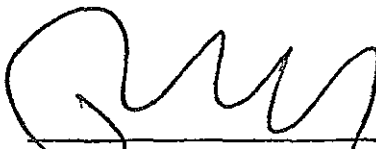
Mid-Columbia Fire & Rescue

  
Board Chair

Attest:

  
Secretary

Approved as to form:

  
Thomas C. Peachey, OSB #78331  
Attorney for Mid-Columbia Fire & Rescue

OR19. copy at Peachey's office - dr

**MUTUAL AID AGREEMENT BETWEEN  
SHERMAN COUNTY AMBULANCE SERVICE  
AND  
RUFUS VOLUNTEER AMBULANCE SERVICE, MID COLUMBIA FIRE AND RESCUE, ARLINGTON  
VOLUNTEER AMBULANCE SERVICE, SOUTH GILLIAM COUNTY AMBULANCE SERVICE,  
SOUTH WASCO COUNTY AMBULANCE SERVICE**

DEFINITION: MUTUAL AID shall mean that whenever a City, County or District ambulance service, upon arrival at the scene of an emergency, determines that a condition exists which is beyond the abilities of the City, County or District, additional equipment and/or personnel may be requested.

WHEREAS, it is necessary and proper that a MUTUAL AID AGREEMENT be entered into by and between Sherman County Ambulance Service and Rufus Volunteer Ambulance Service, Mid Columbia Fire and Rescue, Arlington Volunteer Ambulance Service, South Gilliam County Ambulance Service, and South Wasco County Ambulance Service, for the mutual protection of life and property.

NOW, THEREFORE, in consideration of the covenants herein contained, each of the undersigned agrees to furnish personnel and/or equipment to any undersigned, when assistance is requested, and personnel and/or equipment are available.

IT IS FURTHER AGREED THAT, IN AS MUCH AS WE ARE ACTING UNDER EMERGENCY CONDITIONS THE FOLLOWING APPLIES:

1. Each party waives all claims against every other party for compensation for loss of property, damage, bodily injury, or death occurring as a consequence of this agreement.
2. When personnel and/or equipment are furnished upon call pursuant to this agreement, the person in charge of emergency services in the City, County or District where incident occurs, shall have supervision over the personnel and/or equipment furnished during the time the incident is occurring, provided however, that if the Commanding EMS Officer in the City, County, or District where incident occurs, shall not have arrived at the incident, the Commanding EMS Officer of the personnel and/or equipment dispatched from the party rendering assistance, shall be in command of the incident until the arrival of the Commanding EMS Officer of the party receiving assistance, and during such time shall exercise all lawful authority of the Commanding EMS Officer or such City, County, or District.
3. The person receiving the call must be certain the person asking for mutual aid is representing the City, County, or District and has authority to do so. The person taking the call must ask and record the following information:
  - A. Name of person asking for mutual aid.
  - B. District of City involved
4. Either of the undersigned may terminate this mutual aid agreement 60 days after giving written notice.



IN WITNESS WHEREOF, the undersigned, pursuant to regulations duly and legally adopted, have caused these presents to be signed by its governing bodies as the case may be.

**Rufus Volunteer Ambulance Service**

Kenneth A. Berber  
Chief Officer

Jeffrey J. Smith  
Mayor

7/13/06  
Date

**Mid Columbia Fire & Rescue**

[Signature]  
Chief Officer

Thomas A. Johnson  
Board Chair

7/28/06  
Date

**Arlington Volunteer Ambulance Service**

Amber H. Gongquist  
Chief Officer  
6-14-06

Richard W. Bende  
Board Chairperson

6/14/06  
Date

**South Gilliam County Ambulance Service**

Jacqui K. Jones  
Chief Officer

Robert W. Anderson  
Board Chairperson

6/14/06  
Date

**South Wasco County Ambulance Service**

George J. Bennett  
Chief Officer

George J. Bennett  
Board Chairperson

6-20-06  
Date

**Sherman County Ambulance Service**

Shawn Payne  
Chief Officer

[Signature]  
Board Chairperson

6-12-06  
Date

HOOD RIVER COUNTY  
AMBULANCE SERVICE AREA  
MUTUAL AID AGREEMENT

WHEREAS the Parties hereto maintain and operate Emergency Medical Services for the purpose of necessary lifesaving services within their respective service areas; and






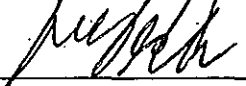
WHEREAS the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; and to accommodate those times when one Party is in need of emergency assistance; and

WHEREAS the parties recognize that one Party may be more advantageously placed to provide effective Emergency Medical Services in the other Party's service area due to distance, road, or weather conditions;

NOW THEREFORE, it is agreed as follows:

1. Both parties agree to furnish personnel and equipment to the other Party when requested by competent authority, provided assisting Party has available adequate personnel and equipment to reasonably provide assistance,
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within its own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only, and not primary responsibility.
4. It is agreed that this agreement for mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each party shall be at risk of that Party. Each Party shall protect its personnel performing under this agreement by adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.
5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated by Party upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment, or restitution.

IN WITNESS WHEREOF, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution having been heretofore first authorized in accordance with law.

Department	Name	Signature	Title	Date
HR Fire	Jeff Walker		Fire Chief	3-7-07
Cascade Locks Fire	Jeff Prichard		Fire Chief	4-5-07
Parkdale Fire	Michael McGafferty		Fire Chief	7-20-07
MDF&R	Robert Palmer		Asst. Fire Chief	4/18/07
Hood River County	Ron Rivers		Commission Chair	3-5-07
HRC Emergency Manager	KARL TESCH		DIRECTOR DEM	4-19-07



## Medical Services Mutual Aid Agreement

**THIS AGREEMENT** is made between the American Medical Response company and the provider set out on the signature page of this Agreement. The parties shall mutually be referred to as the "Contracting Agencies" or singularly as "Agency".

**WHEREAS**, the Contracting Agencies maintain paid and/or volunteer emergency medical services, together with personnel and equipment used to provide such services;

**WHEREAS**, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle or an emergency may arise that is of such intensity that it cannot be handled solely by the equipment and manpower of the Agency in whose jurisdiction the emergency occurs or an emergency may arise which transcends jurisdictional boundaries;

**WHEREAS**, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs or a non-emergency may arise which transcends jurisdictional boundaries;

**NOW, THEREFORE**, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1. **Definitions.** The "Answering Agency" is the Agency that responds to the request for emergency medical services or non-emergency medical services. The "Requesting Agency" is the Agency requesting medical transportation services assistance under this Agreement.
2. **Mutual Assistance and Aid.** Subject to the exceptions stated below, the Contracting Agencies agree to respond when possible to requests for medical transportation services assistance. These requests by the requesting agency may or may not originate within jurisdictional boundaries of the other Contracting Agency. The extent of any response to a request, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in such Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

3. **Requests for Assistance and Aid.** An authorized official representing a Requesting Agency shall make all requests for aid. Each request for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. Any request for assistance hereunder should include a statement of the amount and type of equipment and personnel requested, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the type and quantity of equipment and personnel to be furnished. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

4. **Emergency Medical Services.** When emergency medical services are requested, the Answering Agency shall have its personnel report to the Incident Commander ("IC") or other scene commander at the location to which the equipment and personnel are dispatched. All activities shall be coordinated with the IC. Though coordination of activities occurs by the IC, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated personnel of the Answering Agency. The personnel of the Answering Agency shall coordinate the Answering Agency's efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to standing orders or protocols of its physician advisor, company policies, operating licenses, or federal or state regulations, except as specifically provided for in writing by local, state or federal authority and/or except when destination policies are otherwise modified as necessary.

If at any time the Answering Agency responds to a mutual aid call for emergency medical services where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control, pursuant to the applicable Incident Command System. Response personnel shall contact the medical base of their own Agency for further orders and designation sites.

It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.



## Medical Services Mutual Aid Agreement

5. **Release of Answering Agency.** For emergency medical services, an Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines, in its discretion, that its services are needed in another jurisdiction.

For non-emergency medical services, an Answering Agency shall be released from service when the services are complete or the Requesting Agency notifies the Answering Agency that the services are no longer required.

6. **Rights and Privileges Retained.** The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights and privileges notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols shall govern the Answering Agency's actions.

7. **Compensation and Billing.** The Answering Agency shall be responsible for all Patient and third party billing, and agrees that the rates to be billed shall comply with applicable laws.

8. **Indemnification.** Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.

9. **Insurance.** Each party represents that it has and will maintain comprehensive automobile insurance, comprehensive general liability insurance, and professional liability insurance all in minimum amounts that are customary and usual within the emergency medical services industry and workers' compensation insurance in the statutory required amounts.

10. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

**If to Other Agency:  
Fire Chief**

**Mid-Columbia Fire and Rescue  
1400 W. 8<sup>th</sup> Street  
The Dalles, Oregon 97058**

**If to AMR:**

**NW Division COO  
American Medical Response  
One SE Second Ave.  
Portland, OR 97214**

**With Mandatory Copy to:**

**Legal Department  
American Medical Response, Inc.  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111**

11. **Term.** The initial term of this Agreement shall be one year, commencing on the commencement date hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

12. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) immediately upon the material breach of this Agreement by the other party.

13. **Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided.

14. **Relationship.** In the performance of this Agreement, each party hereto shall be, as to the other, an independent contractor and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained in this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. The parties' administrative staff shall meet on a regular basis to address issues of mutual concern related to the provision of aid and the parties'



## Medical Services Mutual Aid Agreement

respective rights and obligations hereunder. It is agreed that the parties shall not be liable for payment of any salary, wages, or other compensation for any of the other Agency's personnel performing services under this Agreement.

15. **Force Majeure.** Neither party shall be responsible for any delay in or failure of performance resulting from acts of God, riot, war, civil unrest, natural disaster, labor dispute or other circumstances not reasonably within its control.
16. **Compliance.** The parties will comply in all material respects with all applicable federal, state and local laws and regulations, including the federal Anti-kickback Statute. Each party's ambulances will conform to applicable state and local regulations for medical equipment for ambulances and be duly licensed for the transportation of patients. All personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.
17. **Compliance Program and Code of Conduct.** AMR has made available to the Facility a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: [www.amr.net](http://www.amr.net), and the Facility acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.
18. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.
19. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by

written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

*[Signature page to follow]*



## Medical Services Mutual Aid Agreement

IN WITNESS WHEREOF, the parties have hereto  
executed this Agreement as of June 1, 2007  
("Commencement Date").

American Medical Response Northwest  
Clackamas County Operations

By: *Randall L. Stroyk*

Randall Stroyk, Chief Operating Officer, NW Division

Mid-Columbia Fire and Rescue

By: *Robert F. Palmer*

Print Name: Robert F. Palmer

Print Title: Fire Chief

**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: Southern Wasco County Ambulance Service, Inc.
2. Name of Owner(s): Same as Above
3. If a Corporation, Legal Name: Same as Above

Officers and Titles: See Attached List

4. Address of Owner or Corporation:

Street: 299 Fourth Street

Box: 125

City: Maupin

State: OR

Zip: 97037

Phone: 541-395-2571

Name, phone number and e-mail address of Primary ASA Contact:

Name: Sherry Holliday

Phone Number: 541-980-3998

E-mail address: hollidays@centurytel.net

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:



ASA-3

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☒ Yes

☐ No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

That part of ASA 7 that lies west of Hwy. 216 to the border of the Confederated Tribes of Warm Springs.

ASA-8

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 204 Dufur Street

City/Town: Maupin, OR 199

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 1999

Make: Ford

Model: Type III

Certified with the State of Oregon as:

☒ BLS Vehicle

☐ ALS Vehicle

Year: 2007

Make: Ford

Model: Type III

Certified with the State of Oregon as:

☒ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐ BLS Vehicle

☐ ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒ Yes ☐ No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: Dr. Erin Burnham

MD: Yes

DO:

Address: 1700 E. 19th

City: The Dalles

State: OR

Zip Code: 97058

Phone Access – Days: 541-298-1 Night: 541-298-1

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☒ Yes ☐ No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):
13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance: ☒ Yes ☐ No

Malpractice Insurance: ☒ Yes ☐ No

Bonding: ☐ Yes ☐ No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents): See Attached

14. Are you currently providing ambulance service in another ASA in Oregon?

☐ Yes ☒ No

If yes, describe:

15. Are you currently providing an ambulance service in one or more other states?

☐ Yes ☒ No

If yes, describe:

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes ☐ No

If the reason is no, give reason why:

17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?  
☒ Yes ☐ No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?  
☒ Yes ☐ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: \_\_\_\_\_

Official Title: Secretary/Treasurer

Date: 6/15/2012

23. Requested Attachments:

LIST OF PERSONNEL  
MUTUAL AID AGREEMENTS  
LIST OF OFFICERS & TITLES  
PROFIT & LOSS STATEMENT  
ANNUAL FINANCIAL SUMMARY  
ACCTS PAYABLE (MONTHLY REPORT)  
CERTIFICATE OF LIABILITY INSURANCE

NAME	Certificate Class	CERTIFICATE NUMBER
BALENTINE, LEE	EMT B	129309
BARNETT, GEORGE	Certified Driver	
CARRITHERS, KARLETTA	EMT B	119632
DUREE, GARY	First Responder	
DUREE, KEVIN	Certified Driver	
HAMMER, GINGER	First Responder	
LEWIS, ANDREW	EMT B	142171
McLAURIN, MARY	First Responder	
MITCHKE, JENNIFER	EMT B	103911
NANNINI, GARY	First Responder	
RAGER, CAROL	EMT B	129313
RAGER, CHAD	EMT I	129314
RAGER, TIFFANY	EMT B	142214
STRICKLAND, MICHAEL	EMT B	112924
WINDOM, CLINT	Certified Driver	
WOODSIDE, ROD	Certified Driver	

**SOUTHERN WASCO COUNTY AMBULANCE SERVICE, INC.  
AMBULANCE SERVICE AREA  
MUTUAL AID AGREEMENT**

**WHEREAS:** the parties hereto maintain and operate Emergency Medical Services for the purposes of necessary lifesaving services within their respective ASA (Ambulance Service Area) **AND**

**WHEREAS:** the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; **AND** to accommodate those times when one Party is in need of emergency assistance; **AND**

**WHEREAS:** the parties recognize one party may be advantageously placed to provide effective Emergency Medical Services in the other party's ASA due to distance, road or weather conditions.

**NOW THEREFORE, it is agreed as follows:**

1. Both parties agree to furnish personnel and equipment to the other party when requested by competent authority, providing assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The parties agree to maintain compatible radio communications.
3. It is mutually agreed and understood this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within it's own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only and not primary responsibility.
4. It is agreed this agreement for mutual aid shall constitute sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each Party shall be at the risk of that Party. Each Party shall protect it's personnel performing under this agreement by adequate Workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment or restitution.

**IN WITNESS WHEREOF**, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each: said execution having been heretofore first authorized in accordance with the law.

**IN WITNESS WHEREOF**, the Parties have hereto executed this agreement as of 1-14-2010, 2010.

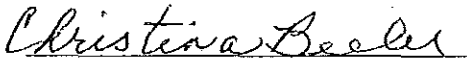
**Southern Wasco County Ambulance Service, Inc,**

  
Signature

Secretary  
Title

1-8-10  
Date

**Wamie Rural Fire Protection District/EMS Section**

  
Signature

EMS Director  
Title

1-14-10  
Date

# **Ambulance Services**

Automatic Mutual Aid Agreement

Between

American Medical Response Northwest

And

Southern Wasco County Ambulance

**Whereas;** the Parties help maintain and operate Emergency Medical Services (EMS) for the purpose of necessary lifesaving services within their respective Ambulance Service Areas (ASA); and

**Whereas;** the Parties recognize the possibility that numerous medical responses and/or disaster condition in one Party's ASA could create insufficient resources to allow for effective operation of EMS in that area; and to accommodate those times when one Party is in need of emergency assistance; and

**Whereas;** the Parties recognize that one Party may be more advantageously placed to provide effective EMS in the other Party's ASA due to distance, road or weather conditions;

**Now therefore it is agreed as follows;**

1. Both Parties agree to furnish personnel and equipment to the other Party when requested by competent authority, providing assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The Parties agree to maintain compatible radio communication capabilities with each other.
3. It is mutually agreed and understood that this agreement shall not relieve either Party of the responsibility for EMS within its own ASA, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the primary intent of this agreement to provide reasonable assistance only in the area designated by Wasco County EMS and Southern Wasco County Ambulance Service. This designated area is described in more detail by a map identifying geographic boundaries or landmarks. (attached)



4. It is agreed that this agreement for automatic mutual aid shall constitute the sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse that other for the use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each Party shall be at the risk of that Party. Each Party shall protect its personnel performing under this agreement with adequate workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Parties performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.
5. This agreement shall be in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of each of the Parties, and terminated by either Party upon 60 days notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection for, any type reimbursement, payment, or restitution.

**Addendum:** American Medical Response Northwest also agrees to provide mutual aid outside of the designated geographic boundaries established by this agreement with Southern Wasco County Ambulance. That mutual may consist of accepting patient handoffs from a Basic Life Support staffed ambulance to an Advanced Life Support staffed ambulance, if patient care during transport so indicates. In addition, American Medical Response Northwest agrees to provide responses to back-country incidents that require special rescue capabilities using our Reach and Treat Team personnel.

BOUNDARY DESCRIPTION OF SERVICE AREA NUMBER SEVEN:  
(EXTREME SOUTHWESTERN SECTION OF WASCO COUNTY)  
SERVED BY ASA - 4 THROUGH MUTUAL AID

North Boundary . T.6S, R.8 E. to R.8 ½ E.

West Boundary . All have common boundary with Clackamas County

South Boundary . T.7S, R.8 E. to R.8 ½ E.

East Boundary . Common boundary with the West boundary of the  
Confederated Tribes of Warm Springs Indian Reservation

In Witness whereof; the Parties have caused this agreement to be executed on the day set opposite the respective signature of each; said execution have been heretofore first authorized in accordance with law.

For American Medical Response Northwest:

<u>Randy Lauer</u>	<u>Randy Lauer</u>	<u>Regional Director</u>
Name	Signature	Title
Date 2/19/2004		

For Southern Wasco County Ambulance:

<u>Sherry Holliday</u>	<u>Sherry Holliday</u>	<u>Secretary</u>
Name	Signature	Title
Date 2-25-04		

**MUTUAL AID AGREEMENT BETWEEN  
SHERMAN COUNTY AMBULANCE SERVICE  
AND  
RUFUS VOLUNTEER AMBULANCE SERVICE, MID COLUMBIA FIRE AND RESCUE, ARLINGTON  
VOLUNTEER AMBULANCE SERVICE, SOUTH GILLIAM COUNTY AMBULANCE SERVICE,  
SOUTH WASCO COUNTY AMBULANCE SERVICE**

DEFINITION: MUTUAL AID shall mean that whenever a City, County or District ambulance service, upon arrival at the scene of an emergency, determines that a condition exists which is beyond the abilities of the City, County or District, additional equipment and/or personnel may be requested.

WHEREAS, it is necessary and proper that a MUTUAL AID AGREEMENT be entered into by and between Sherman County Ambulance Service and Rufus Volunteer Ambulance Service, Mid Columbia Fire and Rescue, Arlington Volunteer Ambulance Service, South Gilliam County Ambulance Service, and South Wasco County Ambulance Service, for the mutual protection of life and property.

NOW, THEREFORE, in consideration of the covenants herein contained, each of the undersigned agrees to furnish personnel and/or equipment to any undersigned, when assistance is requested, and personnel and/or equipment are available.

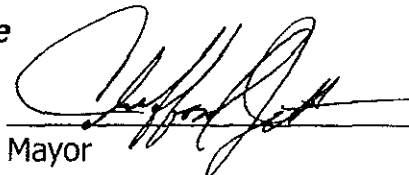
IT IS FURTHER AGREED THAT, IN AS MUCH AS WE ARE ACTING UNDER EMERGENCY CONDITIONS THE FOLLOWING APPLIES:

1. Each party waives all claims against every other party for compensation for loss of property, damage, bodily injury, or death occurring as a consequence of this agreement.
2. When personnel and/or equipment are furnished upon call pursuant to this agreement, the person in charge of emergency services in the City, County or District where incident occurs, shall have supervision over the personnel and/or equipment furnished during the time the incident is occurring, provided however, that if the Commanding EMS Officer in the City, County, or District, where incident occurs, shall not have arrived at the incident, the Commanding EMS Officer of the personnel and/or equipment dispatched from the party rendering assistance, shall be in command of the incident until the arrival of the Commanding EMS Officer of the party receiving assistance, and during such time shall exercise all lawful authority of the Commanding EMS Officer or such City, County, or District.
3. The person receiving the call must be certain the person asking for mutual aid is representing the City, County, or District and has authority to do so. The person taking the call must ask and record the following information:
  - A. Name of person asking for mutual aid.
  - B. District of City involved
4. Either of the undersigned may terminate this mutual aid agreement 60 days after giving written notice.

IN WITNESS WHEREOF, the undersigned, pursuant to regulations duly and legally adopted, have caused these presents to be signed by its governing bodies as the case may be.

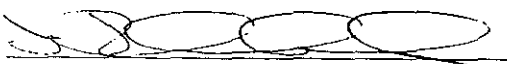
**Rufus Volunteer Ambulance Service**

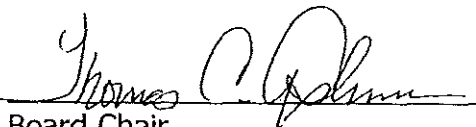
  
Chief Officer

  
Mayor

7/13/06  
Date

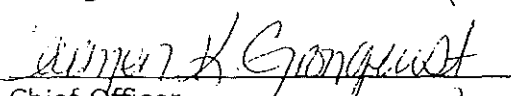
**Mid Columbia Fire & Rescue**

  
Chief Officer

  
Board Chair

7/28/06  
Date

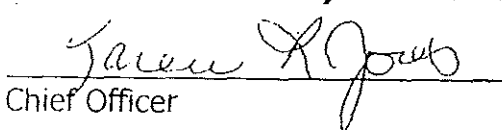
**Arlington Volunteer Ambulance Service**

  
Chief Officer  
6-14-06

  
Board Chairperson

6/14/06  
Date

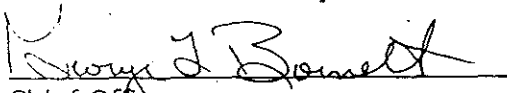
**South Gilliam County Ambulance Service**

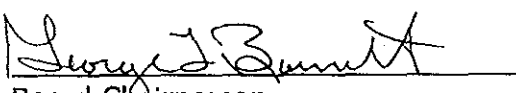
  
Chief Officer

  
Board Chairperson

6/14/06  
Date

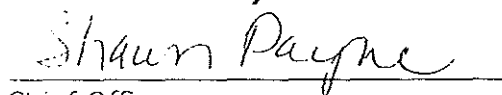
**South Wasco County Ambulance Service**

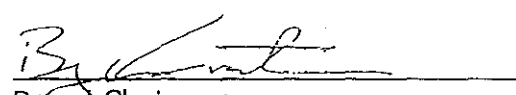
  
Chief Officer

  
Board Chairperson

6-20-06  
Date

**Sherman County Ambulance Service**

  
Chief Officer

  
Board Chairperson

6-13-06  
Date

# **DUFUR VOLUNTEER AMBULANCE SERVICE MUTUAL AID/MUTUAL ASSISTANCE AGREEMENT**

DEFINITION: MUTUAL ASSISTANCE SHALL MEAN THAT WHENEVER A CITY, COUNTY OR FIRE DISTRICT, UPON ARRIVAL AT THE SCENE OF AN EMERGENCY, DETERMINES THAT A CONDITION EXISTS WHICH IS BEYOND THE ABILITIES OF THE CITY, COUNTY OR FIRE DISTRICT TO CONTROL, ADDITIONAL EQUIPMENT AND/OR PERSONNEL MAY BE REQUESTED, AS PRE DETERMINED ON A RUNNING SCHEDULE ON FILE AT WASCO COUNTY CENTRAL DISPATCH CENTER.

WHEREAS, IT IS NECESSARY AND PROPER THAT MUTUAL ASSISTANCE AGREEMENT BE ENTERED INTO BY AND BETWEEN DUFUR VOLUNTEER AMBULANCE AND SOUTH WASCO COUNTY AMBULANCE FOR THE MUTUAL PROTECTION OF LIFE AND PROPERTY.

NOW, THEREFORE, IN CONSIDERATION OF THE COVENANTS HEREIN CONTAINED, EACH OF THE UNDERSIGNED AGREES TO FURNISH PERSONNEL AND EQUIPMENT TO ANY UNDERSIGNED WHEN ASSISTANCE IS REQUESTED AND PERSONNEL AND EQUIPMENT ARE AVAILABLE AND WASCO COUNTY DISPATCH CENTER IN CONSIDERATION OF THE COVENANTS HEREIN DOES AGREE TO RECEIVE AND TRANSMIT SUCH REQUESTS AS MAY BE RECEIVED FROM FIRE, POLICE AND EMS DEPARTMENTS OF ANY AND ALL UNDERSIGNED WHEN AUTHORIZED BY AND TRANSMITTED IN ACCORDANCE WITH THE REGULATIONS OF THE FEDERAL COMMUNICATIONS COMMISSION.

IT IS FURTHER AGREED THAT, IN AS MUCH AS WE ARE ACTING UNDER EMERGENCY CONDITIONS THE FOLLOWING APPLIES:

1. EACH PARTY WAIVES ALL CLAIMS AGAINST EVERY OTHER PARTY FOR COMPENSATION FOR LOSS OF PROPERTY, DAMAGE, BODILY INJURY, OR DEATH OCCURRING AS A CONSEQUENCE OF THIS AGREEMENT.
2. WHEN PERSONNEL AND EQUIPMENT ARE FURNISHED UPON CALL PURSUANT TO THIS AGREEMENT, THE PERSON IN CHARGE OF EMERGENCY SERVICES IN THAT DISTRICT, CITY OR COUNTY WHERE INCIDENT OCCURS, SHALL HAVE SUPERVISION OVER THE PERSONNEL AND EQUIPMENT FURNISHED DURING THE TIME THIS INCIDENT IS OCCURRING, PROVIDED HOWEVER, THAT IF THE COMMANDING EMS OFFICER IN THE DISTRICT, CITY, COUNTY WHERE INCIDENT OCCURS, SHALL NOT HAVE ARRIVED AT THE INCIDENT, THE CHIEF OR COMMANDING OFFICER OF THE PERSONNEL AND EQUIPMENT DISPATCHED FROM THE PARTY RENDERING ASSISTANCE, SHALL BE IN COMMAND OF THE INCIDENT UNTIL THE ARRIVAL OF THE CHIEF OR COMMANDING OFFICER OF THE PARTY RECEIVING ASSISTANCE, AND DURING SUCH TIME SHALL EXERCISE ALL LAWFUL AUTHORITY OF THE CHIEF OFFICER OF SUCH DISTRICT, CITY OR COUNTY.
3. THE PERSON RECEIVING THE CALL MUST BE CERTAIN THE PERSON ASKING FOR AID IS REPRESENTING THE DISTRICT, CITY OR COUNTY AND HAS AUTHORITY TO DO SO. THE PERSON TAKING THE CALL MUST ASK AND RECORD THE FOLLOWING QUESTIONS:
  - A. NAME OF PERSON ASKING FOR AID.
  - B. DISTRICT, CITY OR COUNTY INVOLVED - PHONE NUMBER:
  - C. DATE
  - D. POSITION OF AUTHORITY - TIME OF DAY:
4. EITHER OR THE UNDERSIGNED MAY TERMINATE THIS CONTRACT 30 DAYS AFTER GIVING WRITTEN NOTICE.

IN WITNESS WHEREOF, THE UNDERSIGNED, PURSUANT TO REGULATIONS DULY AND LEGALLY  
ADOPTED, HAVE CAUSED THOSE PRESENT TO BE SIGNED BY ITS INDIVIDUAL GOVERNING BODIES AS THE  
CASE MAY BE, THIS 17 DAY OF February, 2000.

DUFUR VOLUNTEER AMBULANCE

ATTEST:

Maryn C. Sauter Randy Clark Les Mead Date 02-17-00  
City Recorder President Mayor

SOUTH WASCO COUNTY AMBULANCE SERVICE

ATTEST:

Sherry B. Blyden Kathie Caruthers George L. Bland Date 1-16-00  
Secretary Vice President President

**SOUTHERN WASCO COUNTY AMBULANCE SERVICE, INC.  
2011/2012 OFFICERS**

**PRESIDENT  
VICE-PRES.  
SEC./TREAS.  
BD. MEMBER  
LAY MEMBER**

**KARLETTA CARRITHERS  
ROD WOODSIDE  
SHERRY HOLLIDAY  
LEE BALENTINE  
VIRGINIA FULLER**



**SOUTHERN WASCO COUNTY AMBULANCE SERVICE, INC.  
ANNUAL FINANCIAL REPORT JULY 1, 2010 – JUNE 30, 2011**

CHECKING ACCOUNT BALANCE FORWARD	129482.81
TRIP RECEIPTS	100273.24
DONATIONS	3342.34
MISC. ACCOUNTS RECEIVABLE	<u>7177.13</u>
<b>TOTAL</b>	<b>240275.52</b>
LESS ACCOUNTS PAYABLE	-46857.29
<b>TOTAL</b>	<b>193313.23</b>

CHECKING ACCOUNT (US BANK)	193313.23
REGULAR SHARES (Rivermark)	21640.78
180 DAY CD (Rivermark)	20566.56
180 DAY CD (Rivermark)	55177.11
I YEAR CD (Rivermark)	<u>91353.26</u>
<b>TOTAL</b>	<b>382040.94</b>

*Comparison To Ending Balances of June 30, 2010*

CHECKING ACCOUNT BALANCE FORWARD	62199.13
TRIP RECEIPTS	99328.33
DONATIONS	5220.00
MISC. ACCOUNTS RECEIVABLE	<u>9575.00</u>
<b>TOTAL</b>	<b>176322.46</b>
LESS ACCOUNTS PAYABLE	-46839.65
<b>TOTAL</b>	<b>129482.81</b>

**TOTAL CASH ASSETS AS OF JUNE 30, 2010**

CHECKING ACCOUNT (US BANK)	129482.81
REGULAR SHARES (OTFCU)	21606.51
180 DAY CD (OTFCU)	20501.46
180 DAY CD (OTFCU)	55048.91
I YEAR CD (OTFCU)	<u>90996.31</u>
<b>TOTAL</b>	<b>316846.05</b>

# JULY 1, 2010 - JUNE 30, 2011 FINANCIAL REPORT

JULY 2010				
Sherry Holliday	8000.00	09-10 Expenses	Balance Forward	129482.81
Ray Schultens Motors	989.49	Amb. Repair	Trip Receipts	12482.30
Temple Distributing	607.46	Fuel	Donations	320.00
Emer. Medical Products	753.20	Amb. Supplies	Misc. Accounts Rec.	966.00
SAIF Claim Reimbursement	427.48	WC Insurance	TOTAL	143251.11
US Bank	372.48	Fuel/Amb. Supplies	Less Expenses	-11319.76
CenturyLink	125.65	Telephones/Internet	TOTAL	131931.35
US Post Office	44.00	Stamps		
	11319.76			
AUGUST 2010				
Temple Distributing	680.57	Fuel	Balance Forward	131931.35
Emer. Medical Products	504.14	Amb. Supplies	Trip Receipts	12156.53
US Bank	319.09	Office Supplies/Amb. Maint.	Donations	1375.00
Barnett Service	178.41	Amb. Maintenance	Misc. Accounts Rec.	581.13
City of Maupin	132.75	Repay for Fire Ext. service	TOTAL	146044.01
Optimist Printers	120.00	Memorial Cards/Envelopes	Less Expenses	-2146.10
Bank of Eastern Oregon	100.00	Higgins Donation	TOTAL	143897.91
NORCO	67.14	Oz/Cylinder Rental		
US Post Office	44.00	Stamps		
	2146.10			
SEPTEMBER 2010				
SAIF	773.43	Workmans Comp Premium	Balance Forward	143897.91
US Bank	694.54	Lodging, Training/ Amb. Maint	Trip Receipts	11289.43
Temple Distributing	322.06	Fuel	Donations	
CenturyTel	125.81	Telephones/Internet	Misc. Accounts Rec.	105.00
	1915.84		TOTAL	155292.34
			Less Expenses	-1915.84
			Less Bank Charges	-3.00
			TOTAL	153373.50
OCTOBER 2010				
US Bank	448.14	Repay Training/Office/Maint.		153373.50
NORCO	329.66	Oz/Cylinder Rental	Trip Receipts	16166.30
Temple Distributing	276.72	Fuel	Donations	75.00
Emer. Medical Products	215.15	Amb. Supplies	Misc. Accounts Rec.	150.00
CenturyLink	125.79	Telephones/Internet	TOTAL	169764.80
	1395.46		Less Expenses	-1395.46
			TOTAL	168369.34
NOVEMBER 2010				
Barnett Service	1705.70	Snow Tires, Studs, Mounting	Balance Forward	168369.34
Patricia Kaseberg	1150.00	Annual Audit	Trip Receipts	8047.39
Emer. Medical Products	673.67	Amb. Supplies	Donations	
US Bank	345.59	Office/Maint./Supplies	Misc. Accounts Rec.	150.00
Temple Distributing	242.24	Fuel	TOTAL	176566.73
CenturyLink	124.71	Telephones/Internet	Less Expenses	-4456.79
NORCO	107.88	Oz/Cylinder Rental	TOTAL	172109.94
Or. Dept.of Justice	107.00	Annual Filing Fee		
	4456.79			
DECEMBER 2010				
Staff Bonus Checks	3100.00	15 @ 200.00 ea/1 @ 100.00	Balance Forward	172109.94
Emer. Medical Products	1803.88	Amb. Supplies	Trip Receipts	5247.84
US Bank	814.19	Maint./Supplies/Office	Donations	
Temple Distributing	244.52	Fuel	Misc. Accounts Rec.	100.00
Chad Rager	184.95	Repay Training Costs	TOTAL	177457.78
CenturyLink	124.89	Telephones/Internet	Less Expenses	-6333.40
Maupin Hardware	32.97	Flashlights	TOTAL	171124.38
Postmaster	28.00	Annual Box Rental		
	6333.40			

**JULY 1, 2010 - JUNE 30, 2011 FINANCIAL REPORT**

JANUARY 2011				
Zoll Medical Corp.	1963.50	AED Repair	Balance Forward	171124.38
Temple Distributing	328.51	Fuel	Trip Receipts	6166.08
US Bank	316.69	Amb. Maint/Office Supplies	Donations	87.34
CenturyLink	124.89	Telephones/Internet	Misc. Accounts Rec.	150.00
SAIF	150.44	WC Insurance	TOTAL	177527.80
US Post Office	44.00	Stamps	Less Expenses	-2928.03
	<b>2928.03</b>		TOTAL	174599.77
FEBRUARY 2011				
Wheeler Communications	364.80	Batteries for Radios	Balance Forward	174599.77
Emergency Medical Products	191.20	Amb. Supplies	Trip Receipts	6822.99
NORCO	168.78	O2 & Cylinder Rental	Donations	150.00
US Bank	153.73	Office/Amb. Maint	Misc. Accounts Rec.	50.00
CenturyLink	125.70	Telephones/Internet	TOTAL	181622.76
Temple Distributing	114.03	Fuel	Less Expenses	-1158.54
US Post Office	40.30	COD Fees	TOTAL	180464.22
	<b>1158.54</b>			
MARCH 2011				
Fournier Group	3282.00	2010-2011 Ambulance Insurance	Balance Forward	180464.22
US Bank	1026.58	Amb. Maint/Office Supplies	Trip Receipts	1933.31
Temple Distributing	520.80	Fuel	Donations	130.00
CenturyLink	125.52	Telephones/Internet	Misc. Accounts Rec.	50.00
NORCO	40.60	Oz/Cylinder Rental	TOTAL	182577.53
	<b>4995.50</b>		Less Expenses	-4995.50
			TOTAL	177582.03
APRIL 2011				
US Bank	2068.41	Maint/Office/Supplies/Trng/Equip.	Balance Forward	177582.03
Temple Distributing	516.80	Fuel	Trip Receipts	8580.75
Emer. Medical Products	262.14	Amb. Supplies	Donations	550.00
NORCO	152.29	Oz/Cylinder Rental	Misc. Accounts Rec.	
CenturyLink	125.52	Telephones/Internet (2 Months)	TOTAL	186712.78
MCMC	32.96	Chad's Supplies	Less Expenses	-3158.12
	<b>3158.12</b>		TOTAL	183554.66
			Less NSF Check Chg.	-25.00
				183529.66
MAY 2011				
US Bank	2291.54	Ann. Dinner/Ofc/Supp/Maint/Trng	Balance Forward	183529.66
Temple Distributing	620.73	Fuel	Trip Receipts	5259.79
CenturyLink	250.68	Telephones/Internet	Donations	125.00
Barnett Service	234.66	Amb. Maintenance	Misc. Accounts Rec.	4475.00
US Post Office	208.08	Stamps	TOTAL	193389.45
Chad Rager	175.86	Re-Cert/Training Fees	Less Expenses	-4596.05
OR. Health Authority	165.00	Ambulance Licenses	TOTAL	188793.40
Lee Balentine	153.00	Re-Cert/Stand-By	Less NSF Checks	-77.00
NORCO	143.50	Oz/Cylinder Rental		188716.40
Clint Windom	113.00	Stand-By		
Emer. Medical Products	80.00	Amb. Supplies		
Carol Rager	40.00	Re-Cert Fees		
Mike Strickland	40.00	""		
Karletta Carrithers	40.00	""		
Jennifer Mitchke	40.00	""		
	<b>4596.05</b>			
JUNE 2011				
US Bank	804.31	Ann. Dinner/Amb. Maint.	Balance Forward	188716.40
Barnett Service	488.19	Amb. Maint., Repair	Trip Receipts	6120.53
Temple Distributing	476.96	Fuel	Donations	530.00
Emer. Medical Products	331.40	Amb. Supplies	Misc. Accounts Rec.	400.00
Morin Printing	184.57	Envelopes	TOTAL	195766.93
CenturyLink	124.77	Telephones/Internet	Less Expenses	-2453.70
NORCO	43.50	Oz/Cylinder Rental	TOTAL	193313.23
	<b>2453.70</b>			

10:31 AM  
11/05/10  
Cash Basis

**Southern Wasco County Ambulance Service, Inc.**  
**Profit & Loss**  
July 2009 through June 2010

	Jul '09 - Jun 10
Ordinary Income/Expense	
Income	
Ambulance Services	99,327.73
Direct Public Support	
City Of Maupin	1,000.00
Mid Col Med Center	1,087.00
Other Donations	4,220.00
Total Direct Public Support	6,307.00
Investments	
Interest-Savings, Short-term CD	2,265.96
Total Investments	2,265.96
Program Income	
Membership Dues	8,400.00
Total Program Income	8,400.00
Total Income	116,300.69
Expense	
Ambulance	
Crew Gift Cards	7,000.00
Fuel	4,946.18
Licenses	240.00
Maintenance	3,879.17
Medications	17.46
Radio Batteries	211.00
Repairs	413.46
Supplies	3,743.31
Tires	3,874.11
Total Ambulance	24,324.69
Annual Dinner	1,372.99
Bank Charges	2.00
Bookkeeping Annual Expense-Sher	8,000.00
Dues	160.00
EMT Training	2,756.48
Facilities and Equipment	
Depr and Amort - Allowable	28,246.00
Total Facilities and Equipment	28,246.00
Fees & Permits	250.00
Insurance - W/C	
Claim Reimb	403.79
Insurance - W/C - Other	1,548.09
Total Insurance - W/C	1,951.88
Licenses-Corporation	50.00
Office Expense	1,526.97
Operations	
Telephone, Telecommunications	1,829.54
Total Operations	1,829.54
Other Types of Expenses	
Insurance - Liability, D and O	3,234.00
Total Other Types of Expenses	3,234.00
Professional Fees	
Accounting	1,140.00
Total Professional Fees	1,140.00

10:31 AM  
11/05/10  
Cash Basis

**Southern Wasco County Ambulance Service, Inc.**  
**Balance Sheet**  
**As of June 30, 2010**

	Jun 30, 10
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Cash on Hand	150.00
Oregon Terr CU-CD-Type 31-8070	20,451.71
Oregon Terr CU-CD-Type 46-6106	90,429.29
Oregon Terr CU-CD-Type 47-4898	54,875.73
Oregon Territory Fed CU-Regular	21,606.51
US Bank-Checking	129,480.81
<b>Total Checking/Savings</b>	<b>316,994.05</b>
<b>Total Current Assets</b>	<b>316,994.05</b>
Fixed Assets	
Accum Deprec	-304,467.00
Ambulance-New 11-10-07	125,585.00
Automatic Vitals Machine	2,969.00
Computers	2,104.00
Equipment	54,877.00
STRETCHER 10-15-08	11,587.00
Vehicles	177,083.00
<b>Total Fixed Assets</b>	<b>69,738.00</b>
<b>TOTAL ASSETS</b>	<b>386,732.05</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Unrestricted Net Assets	345,430.41
Net Income	41,301.64
<b>Total Equity</b>	<b>386,732.05</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>386,732.05</b>

10:31 AM  
11/05/10  
Cash Basis

**Southern Wasco County Ambulance Service, Inc.**  
**Profit & Loss**  
July 2009 through June 2010

	Jul '09 - Jun '10
Vaccines for EMT's	154.50
Total Expense	74,999.05
Net Ordinary Income	41,301.64
Net Income	41,301.64



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JS

DATE (MM/DD/YYYY)

03/16/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Fournier Group - Oregon 510 SW 5th Ave, Suite 701 Portland, OR 97204 Fournier Group		<b>503-251-2255</b> <b>503-251-9933</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER</b> <b>CUSTOMER ID #:</b> SOUTH51	<b>FAX</b> (A/C, No):
<b>INSURED</b> Southern Wasco County Ambulance Sherry Holliday Deschutes Ave Box 125 Maupin, OR 97037		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Alternative Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		
		<b>NAIC #</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		VFISTR2052181	03/28/12	03/28/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		VFISCM1051380	03/28/12	03/28/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS					\$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
A	<input checked="" type="checkbox"/> Comp- 250 ded					\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	VFISCU505871600	03/28/12	03/28/13	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

<b>CERTIFICATE HOLDER</b> Dept of Health Services 800 NE Oregon St Portland, OR 97232	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Julie Shine
--	--

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**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: Wamic Ambulance
2. Name of Owner(s): Wamic Rural Fire Protection District
3. If a Corporation, Legal Name:

Officers and Titles:

4. Address of Owner or Corporation:

Street: 11 S. County Rd

Box:

City: Tygh Valley

State: Oregon

Zip: 97063

Phone: 541-544-2338

Name, phone number and e-mail address of Primary ASA Contact:

Name: William Aarnio

Phone Number: 541-544-0991

E-mail address: ppine2@centurytel.net

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☐ Yes

☐ No

If no, please describe proposed service area:



ASA-3

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐

Yes

☐

No

If no, please describe proposed service area:

ASA-8

Applying to service entire area?

☒

Yes

☐

No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 11 S. County Rd.

City/Town: Wamic/Tygh Valley

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 1997

Make: Ford

Model: Type 3

Certified with the State of Oregon as:

☒

BLS Vehicle

☐

ALS Vehicle

Year: 2003

Make: Ford

Model: Type 3

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒

Yes

☐

No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: Erin Burnham

MD: X

DO:

Address: 1700 East 19th St.

City: The Dalles

State: Oregon

Zip Code: 97058

Phone Access – Days:                      Night:

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☐ Yes      ☐ No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):

13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance:      ☒ Yes      ☐ No

Malpractice Insurance:      ☒ Yes      ☐ No

Bonding:      ☒ Yes      ☐ No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents):

Western States Insurance-The Dalles  
P.O. Box 1940  
The Dalles, Or 97058

14. Are you currently providing ambulance service in another ASA in Oregon?

☒ Yes      ☐ No

If yes, describe:

We provide mutual aid with South Wasco County Ambulance and Dufur

15. Are you currently providing an ambulance service in one or more other states?

☐ Yes      ☒ No

If yes, describe:

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes      ☐ No

If the reason is no, give reason why:

17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No

18. Are you familiar with the Wasco County Ambulance Service Ordinance?

☒ Yes ☐ No

19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No

20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?

☒ Yes ☐ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: William C. Quinn

Official Title: Chairman Board of Directors Wasco Rural Fire Protection District

Date: 6/11/2012

23. Requested Attachments:

# WAMIC PERSONNEL ROSTER

NAME: WAMIC RURAL FIRE PROTECTION DISTRICT AFFILIATE # EMT's  
(Applicant)

11 S. County Rd. Tygh Valley Or 97063  
(Administrative Location) City State Zip

The following individuals are current members of the above named applicant.

Full Name (Last, First, MI)	Certification Level	Certification #	Expiration Date	* EVOC Program	* EVOC Completion Date
ANDRE DAVID B	BASIC	134882	6/30/2013	DONNA WILSON	2330014 12/10/09
BATES DENISE M	Basic	133214	6/30/2013		
BEELEER CHRISTINA B	Basic	129310	6/30/2013	DONNA WILSON	1088132 12/10/09
DEURWAARDER PENNY S	Basic	131421	6/30/2013	LARRY CLARK	9/14/2011
GOLEMAN JOHN E	Basic	131891	6/30/2013	DONNA WILSON	2168826 12/10/2009
LOGGINS KATHLEEN	Basic	135047	6/30/2013	LARRY CLARK	9/14/2011
MUNOZ TERRY F	Basic	135017	6/30/2013	LARRY CLARK	9/14/2011
BATES JAMES D	First Responder	135818	6/30/2011		981164
BEELEER BASIL L	First Responder	135831	6/30/2011	DONNA WILSON	1165997 12/10/2009
DEURWAARDER DAVID	First Responder	135888	6/30/2011	DONNA WILSON	4096030 12/10/2009

Date Completed \_\_\_\_\_

If the applicant will operate at several locations, it must provide a separate roster for each location. Use additional sheets if necessary.

\* Applicable to ground ambulance services only.

March 19, 2001

# WAMIC PERSONNEL ROSTER

NAME: WAMIC RURAL FIRE PROTECTION DISTRICT AFFILIATE # \_\_\_\_\_  
(Applicant)

11 S. COUNTY ROAD TUGK VALLEY OR 97063  
(Administrative Location) City State Zip

The following individuals are current members of the above named applicant.

Full Name (Last, First, MI)	Certification Level	Certification #	Expiration Date	* EVOC Program	* EVOC Completion Date
HYATT BETTY	FIRST RESPONDER		6/30/2011	DONNA WILSON	226034 12/10/2009
ROWAN JAMES	FIRST RESPONDER			LARRY CLARK	9/14/2011
BIRD SHERRY	DRIVER			LARRY CLARK	75737 9/14/2011
HOLMES MELVIN	DRIVER			DONNA WILSON	247131 12/10/2009
MCDOWELL THOMAS	DRIVER			LARRY CLARK	1339239 9/14/2011
HORNE EDGAR	DRIVER	SICK LEAVE		DONNA WILSON	184720 12/10/2009
RITCHIE RONALD	DRIVER				
PISHION JERRY	DRIVER			DONNA WILSON	9645249 12/10/2009
GORDON STEVE	DRIVER				

Date Completed \_\_\_\_\_

If the applicant will operate at several locations, it must provide a separate roster for each location. Use additional sheets if necessary.

\* Applicable to ground ambulance services only.

March 19, 2001



## Special Districts Association of Oregon

### Liability Declarations

**Certificate Number** 27P52068-533

**Coverage Period:** 1/1/2012 through 1/1/2013

**Named Participant:**

**Agent of Record:**

Wamic R.F.P.D.  
11 S County Road  
Tygh Valley, OR 97063

Western States Insurance-The Dalles  
P.O. Box 1940  
The Dalles, OR 97058

Coverage is provided for only those coverages indicated below for which a contribution is shown or that the contribution is indicated as "included."

Coverage	Per Occurrence Limit	Annual Aggregate	Deductible	Contribution
<b>Public Entity Liability Coverage including:</b>	\$500,000	None	N/A	\$464.00
Increased Limits of Liability	\$4,500,000	None	N/A	\$200.00
<b>Total Limit of Liability</b>	<b>\$5,000,000</b>	<b>None</b>	<b>N/A</b>	<b>N/A</b>
Tort Liability - Coverage A	Included	Included	None	Included
Federal Acts Liability - Coverage B	Included	Included	None	Included
Other Jurisdictions - Coverage C	Included	Included	None	Included
Employee Benefits Liability	Included	Included	None	Included
Wrongful Acts/Public Officials	Included	Included	None	Included
Employment Practices (see below)	Included**	\$5,000,000	See Below**	Included
Sexual Molestation	Included	Included	None	Included
Emergency Operations Pollution	Included	Included	None	Included
Potable Water Treatment Pollution	Included	Included	None	Included
Auto Liability	Included	Included	None	\$3,332.00
Non-Owned/Hired Auto Liability	Included	Included	None	\$150.00
<b>Additional Coverages</b>				
Unless otherwise indicated in Section III. ADDITIONAL COVERAGES of the SDAO Liability Coverage Document, the following Additional Coverages will not be in addition to the Total Limit of Liability identified above.				
Ethics Complaint Defense	\$2,500	\$5,000	None	Included
EEOC/BOLI Defense Costs	\$50,000	\$50,000	None	Included
Lead Liability Defense Costs	\$50,000	\$50,000	None	Included
Certified Acts of Terrorism	\$500,000	\$500,000	None	Included
OSHA Defense Costs	\$5,000	\$5,000	None	Included
Premises Medical Expense	\$5,000	\$5,000	None	Included
Limited Pollution Coverage	\$100,000	\$100,000	None	Included
Applicators Pollution Coverage	\$50,000	\$50,000	None	Included
OCITPA Expense Reimbursement	\$50,000	\$50,000	None	Included
Injunctive Relief Defense Costs	\$25,000	\$25,000	None	Included
Uninsured/Underinsured Motorist	\$500,000	None	None	Included
<b>Auto Physical Damage</b>	Per Schedule	Per Schedule	Per Schedule	\$722.00
Hired Auto Physical Damage	\$50,000	None	\$100 Comp/\$500 Coll	\$125.00

\*\* \$25,000,000 maximum per Occurrence limit for all SDAO Trust Participants involved in the same Occurrence.  
 \$5,000,000 maximum per Occurrence and annual aggregate limit for all Employment Practices related Claims.  
 \$10,000 Employment Practices deductible for terminations when SDAO is not contacted for legal advice in advance.  
 \$10,000 controlled burn deductible if BPSST guidelines are not followed.  
 Lead Liability Defense Costs limited to \$200,000 for all members combined during the Coverage Period.  
 OCITPA Expense Reimbursement limited to \$250,000 for all members combined during the Coverage Period.



**Special Districts Association of Oregon**  
**Liability Declarations**

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**Forms Applicable to Named Participant:**

SDAO Liability Coverage Document

SDAO Auto Physical Damage Coverage Document

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This certificate is made and is mutually accepted by the Pool and Named Participant subject to all provisions, stipulations, and agreements which are made a part of the SDAO Liability Coverage Document. This certificate represents only a brief summary of coverages. Other conditions and exclusions apply as described in the SDAO Liability Coverage Document and/or SDAO Auto Physical Damage Document.

---

Countersigned by: \_\_\_\_\_

Special Districts Association of Oregon

Monday, December 19, 2011



## INTERCEPT AGREEMENT

**THIS AGREEMENT** is made this 28<sup>th</sup> day of January, 2010, by and between Mid-Columbia Fire and Rescue, a Rural Fire District organized and existing under the provisions of ORS 478 *et. seq.* whose address is 1400 W. 8<sup>th</sup> Street, The Dalles, Oregon 97058, hereinafter called, "Fire District" and WAMIC RURAL FIRE PROTECTION, a non-District profit corporation, organized and existing under the laws of the State of Oregon whose address is 11 S. County Rd, hereinafter called "Ambulance".  
TYGH VALLEY OR 97063

### WITNESSETH:

**WHEREAS**, the State of Oregon has declared it to be a matter of statewide concern to promote intergovernmental cooperation for the purpose of furthering economy and efficiency in local government; and

**WHEREAS**, the Legislature has given general authority for intergovernmental agreements by units of local government pursuant to the provisions of ORS 190.010 *et. seq.* and

**WHEREAS**, there are times and under particular circumstances where Ambulance has requested the assistance of Fire District to provide more advanced levels of EMS care for certain patients which are initially responded to by Ambulance and deemed beyond the scope of Ambulance's care; and

**WHEREAS**, the Fire District and Ambulance deem it to be in their best mutual interest to their respective constituencies to enter into this Intergovernmental Agreement,

**NOW, THEREFORE**, in consideration of the recitals above and the mutual covenants, terms and provisions set forth herein, the parties hereby agree as follows:

### EFFECTIVE DATE OF AGREEMENT

Commencing the 28th, day of January, 2010, the effective date of this agreement, all dealings and fees for ambulance services that entail an intercept call shall be billed out by the agency that transports the patient on board their ambulance.

## **TERM OF AGREEMENT AND RENEWAL**

The term of this agreement shall commence on the date signed and continue for a period of one (1) year upon which time it shall be reviewed by both parties prior to expiration. Unless notified in writing one-hundred eighty (180) days prior to the expiration date, this Agreement will automatically renew for a consecutive one (1) year period.

## **OBLIGATIONS OF AMBULANCE**

1. Ambulance shall submit billings to individuals, government agencies, insurance agencies or responsible parties when, during an intercept response, Ambulance transports the patient and Fire District provides an EMT for advanced EMS care.
2. All fees relating to the transportation and treatment of patients receiving intercept services shall be charged by Ambulance in accordance with the Fire District's current ambulance service fee schedule.
3. Upon Fire District transporting the patient, Ambulance shall provide to Fire District all documentation required to bill for mileage provided by Ambulance in the transport of said patient to the point of Fire District's intercept.
4. Ambulance shall pay to Fire District, the sums provided hereunder following receipt of payment from patient, government agency, insurance company, or other responsible parties.
5. Ambulance shall maintain all records necessary to prove the nature and quality of services rendered plus mileage provided, to whom and by whom services were rendered or provided, and the relevant, date, time and place of services.

## **OBLIGATIONS OF FIRE DISTRICT**

1. Fire District shall submit billings to individuals, government agencies, insurance agencies or responsible parties when, during an intercept response, Fire District transfers and thereby transports the patient on their ambulance.
2. All charges relating to the transportation and treatment of patients receiving intercept services shall be charged by Fire District in accordance with the Fire District's current ambulance service fee schedule.

3. Upon Ambulance transporting the patient, Fire District shall provide to Ambulance all documentation and level of care information (e.g. ALS 1 or ALS 2) required to bill for all services provided by Fire District in the care and transport of said patient to the point of Fire District's intercept.

4. Fire District shall pay to Ambulance, the sums provided hereunder following receipt of payment from patient, government agency, insurance company, or other responsible parties.

5. Fire District shall provide Ambulance with a current ambulance service fee schedule at the time of execution of this agreement and shall advise Ambulance of any changes or revisions to their fee schedule during the term of this agreement thereof.

#### **FIRE MED PARTICIPANTS**

If a patient is a participant in the Fire Med program, Ambulance and Fire District shall honor the limitation on reimbursement provided for therein. This information shall be forwarded to the appropriate agency for billing purposes.

#### **COMPENSATION OF AMBULANCE**

Fire District shall be entitled to receive as a result of services provided to intercepted patients, sixty (60) percent of that money collected by the transporting agency. Ambulance shall be entitled to receive as a result of services provided to intercepted patients, forty (40) percent of that money collected by the transporting agency.

#### **ATTORNEY FEES**

In the event any action is filed in relation to this Agreement, the unsuccessful party in the action shall pay to the successful party, in addition to all sums that either party may be called on to pay, a reasonable sum for the successful party's attorney fees.

#### **MODIFICATION OF THIS AGREEMENT**

Any modification of this agreement or additional obligation assumed by either party in connection with this Agreement shall be binding only if in writing signed by each party or an authorized representative.

### OTHER AGREEMENTS

In the event that the parties hereto have entered into or in the future enter into agreements relating to the provision of mutual aid, nothing herein shall be deemed to modify the terms of said agreement other than set forth herein.

IN WITNESS WHEREOF, each party to this agreement has caused it to be executed on the date indicated below.

#### MID-COLUMBIA FIRE AND RESCUE

BY:

Robert F. Palmer  
Agency Representative

Fire Chief  
Title

01/28/2010  
Dated

#### AMBULANCE

BY:

WAMIC RURAL FIRE PROTECTION  
Name of Agency DISTRICT

Fire Chief  
Title

Agency Representative and Title

02/5/2010  
Dated

### CONTACT INFORMATION

#### FIRE DISTRICT

Name: Robert F. Palmer, Fire Chief  
Telephone: (541) 296-9445  
e-mail: [rpalmer@mcfir.org](mailto:rpalmer@mcfir.org)

#### AMBULANCE

Name: Chris Beebe

Telephone: 541-544-2448 - 541-544-2338

e-mail: PPINE2@CENTURYTEL.NET

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Revised 10/15/2009

MCFR (4)

**SOUTHERN WASCO COUNTY AMBULANCE SERVICE, INC.  
AMBULANCE SERVICE AREA  
MUTUAL AID AGREEMENT**

**WHEREAS:** the parties hereto maintain and operate Emergency Medical Services for the purposes of necessary lifesaving services within their respective ASA (Ambulance Service Area) **AND**

**WHEREAS:** the parties recognize the possibility that numerous medical responses and/or disaster conditions in one Party's area could create insufficient resources to allow for effective operation of Emergency Medical Services in that area; **AND** to accommodate those times when one Party is in need of emergency assistance; **AND**

**WHEREAS:** the parties recognize one party may be advantageously placed to provide effective Emergency Medical Services in the other party's ASA due to distance, road or weather conditions.

**NOW THEREFORE, it is agreed as follows:**

1. Both parties agree to furnish personnel and equipment to the other party when requested by competent authority, providing assisting Party has available adequate personnel and equipment to reasonably provide assistance.
2. The parties agree to maintain compatible radio communications.
3. It is mutually agreed and understood this agreement shall not relieve either Party of the responsibility for Emergency Medical Services within it's own district, nor does this agreement create any right in, or obligation to, third parties by either Party which would not exist in the absence of this agreement. It is the intent of this agreement to provide reasonable assistance only and not primary responsibility.
4. It is agreed this agreement for mutual aid shall constitute sole consideration for the performance hereof, and that neither Party shall be obligated to reimburse the other for use of equipment or personnel. During the course of rendering aid, the personnel and equipment of each Party shall be at the risk of that Party. Each Party shall protect it's personnel performing under this agreement by adequate Workman's compensation insurance. Each Party shall obtain and maintain in full force and effect adequate public liability and property damage insurance to cover claims for injury to persons or damage to property arising from such Party's performance of this agreement, and all right and subrogation right against each other, and against the agents and employees of each other for liability and damages covered, unless to do so would void such insurance coverage.

5. This agreement shall be and remain in full force and effect from and after the date of execution set opposite the signature of each Party until terminated or modified. This agreement may be modified at any time by mutual consent of the Parties, and terminated upon reasonable notice.
6. In the event of a Presidential Disaster Declaration, or the Conflagration Act being invoked, this agreement shall not preclude or bar providers from claim for, or collection of, any type of reimbursement, payment or restitution.

**IN WITNESS WHEREOF**, the Parties have caused this agreement to be executed on the day set opposite the respective signature of each: said execution having been heretofore first authorized in accordance with the law.

**IN WITNESS WHEREOF**, the Parties have hereto executed this agreement as of 1-14-2010, 2010.

**Southern Wasco County Ambulance Service, Inc,**

Sherry Holliday  
Signature

Secretary  
Title

1-8-10  
Date

**Wamic Rural Fire Protection District/EMS Section**

Christina Becker  
Signature

EMS Director  
Title

1-14-10  
Date

## **Instructions for Completing Wasco County ASA Application Form**

- 1. The application form provided as part of the Wasco County Ambulance Service Area Plan shall be the only acceptable method of application to provide ambulance service to a Wasco County ASA Area.**
- 2. Applicants should provide the information requested to the best of their ability. If the response to a question can be satisfied by attaching a document or documents that method is acceptable. Applicants should enter the term "Refer to attached (name or label of document)" and provide the attachment with the application.**
- 3. Completed applications can be submitted by First Class Mail addressed to:**  
  
**Ambulance Service Area Coordinator  
Wasco County Emergency Management  
511 Washington St., Suite 102  
The Dalles, OR 97058**
- 4. Once applications are received they will be reviewed by the Wasco County Ambulance Service Area Plan Review Committee. The Committee will make recommendations to the Board of County Commissioners regarding the award of ASA contracts.**
- 5. Successful applicants will be notified via letter from the Wasco County Board of Commissioners.**

**Wasco County ASA Application Form  
Application to Provide Ambulance Service  
in Wasco County, Oregon**

☐ Initial Application      ☒ Renewal

1. Ambulance Service Name: Hood River Fire & EMS

2. Name of Owner(s): City of Hood River

3. If a Corporation, Legal Name:

Officers and Titles:

4. Address of Owner or Corporation:

Street: 1785 Meyer Parkway

Box:

City: Hood River

State: OR

Zip: 97031

Phone: 541-386-3939

Name, phone number and e-mail address of Primary ASA Contact:

Name: Devon Wells

Phone Number: 541-386-9458

E-mail address: devon@hoodriverfire.com

5. What Ambulance Service Area(s) in Wasco County do you propose to provide ambulance service in? If the area you propose to provide service in does not cover an entire official designated ASA, you must be SPECIFIC in describing the area you propose to serve. *Note: Legal descriptions of Ambulance Service areas are available in the Wasco County Ambulance Service Plan. See attached maps.*

ASA-1

Applying to service entire area?

☒ Yes

☐ No

If no, please describe proposed service area:

ASA-2

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:



ASA-3

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-4

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-5

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-6

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-7

Applying to service entire area?

☐ Yes

☒ No

If no, please describe proposed service area:

ASA-8

Applying to service entire area?

☐

Yes

☒

No

If no, please describe proposed service area:

6. Location(s) ambulance(s) will be based at:

Address: 1785 Meyer Parkway

City/Town: Hood River, OR

Address:

City/Town:

Address:

City/Town:

7. Ambulance Specifications:

Year: 2001

Make: Ford

Model: MedTec

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2006

Make: Ford

Model: MedTec

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year: 2008

Make: Ford

Model: MedTec

Certified with the State of Oregon as:

☐

BLS Vehicle

☒

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

Year:

Make:

Model:

Certified with the State of Oregon as:

☐

BLS Vehicle

☐

ALS Vehicle

8. Are all ambulances you propose to use licensed and certified by the Oregon State Health Division? ☒ Yes ☐ No

9. Are all emergency medical technicians who will staff your ambulances certified as Emergency medical Technicians (EMTs) by the Oregon State Health Division?

☒

Yes

☐

No

10. Please attach a list of all personnel to be used in providing ambulance service and the current Emergency Technician certificate class and number for each person.

11. Who is your Physician Advisor?

Name: Retindeer (Dick) Virk

MD: xx

DO:

Address: PO Box 149

City: Hood River

State: OR

Zip Code: 97031

Phone Access – Days: 541-386 Night:

Is Physician Advisor licensed by the Oregon State Board of Medical Examiners?

☒ Yes ☐ No

12. You must provide proof of financial stability to meet the fiscal requirements to operate an ambulance service in Wasco County. Explain below how you meet these requirements (please attach supporting documents including budget document, business plan, bank statements, etc):

13. You must provide proof of financial liability to operate an ambulance in Wasco County. Explain how you will provide this requirement:

Liability Insurance: ☒ Yes ☐ No

Malpractice Insurance: ☒ Yes ☐ No

Bonding: ☒ Yes ☐ No

Other:

Please name underwriters with address and amount of coverage (you may attach supporting documents):  
Herschner and Bell-Ferre Agency; Agent: Scott Reynier; PO Box 179, Hood River, OR 97031 \$2 mil/occurrence

14. Are you currently providing ambulance service in another ASA in Oregon?

☒ Yes ☐ No

If yes, describe:

Hood River County ASA 2

15. Are you currently providing an ambulance service in one or more other states?

☒ Yes ☐ No

If yes, describe:

Mutual Aid Only to Skyline and Skamania County EMS

16. May we contact for reference purposes the municipalities or political jurisdictions you are currently providing ambulance service in? ☒ Yes ☐ No

If the reason is no, give reason why:

17. Have you ever been required to discontinue operating an ambulance service in Oregon or another state? ☐ Yes ☒ No
18. Are you familiar with the Wasco County Ambulance Service Ordinance?  
☒ Yes ☐ No
19. It will be understood that a legal ambulance will be operated at all times when in Wasco County with a minimum of a driver and required EMT(s) in company of the ambulance at point of dispatch: ☒ Yes ☐ No
20. Do you have a present, mutual aid agreement with adjacent ambulance service providers?  
☒ Yes ☐ No

If the answer is yes, please attach copies of these agreements.

If the answer is no, do you have plans to obtain these documents? Explain:

21. Use this space for any other information you want reviewed in your application:

22. Signature of Applicant: 

Official Title: Fire Chief

Date: June 12, 2012

23. Requested Attachments:

# Hood River Fire Department

Hood River, OR

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## ACTIVE Personnel per Agency

ID	PERSONNEL	DOB	AGE	RANK	START DATE	SHIFT
D12820	Adams, Matthew M	01/24/1979	33	Support Volunteer	01/01/1994	2
24	Administration, HRFD					C
16	Apland, Kaleb A	10/09/1989	22	Probationary Firefighter	01/01/2012	0
D06900/I 32335	Atkinson, Will J	12/28/1960	51	Firefighter/EMT	09/14/2004	1
D28179	Beaman, Michele K	09/14/1963	48	Firefighter	01/01/2010	
14	Buckalew, Ethan K			Student Firefighter		0
D28178	Burkhardt, Walter	08/22/1964	47	Probationary Firefighter	01/01/2010	2
D28969	Camillucci, Robert	11/05/1964	47	Probationary Firefighter	10/09/2010	
D15556/P 129639	Cervantes, Jeremy I	05/17/1983	29	Engineer	10/01/2008	B
18	Correa, Isabell			Student Firefighter		0
D23105/B 134896	Correa, Joe L	03/15/1967	45	Firefighter/EMT	08/01/2006	1
D08617/P 127854	Cox, Clancy D	01/14/1972	40	Engineer	07/01/2003	C
D18526/P 129657	DePinto, Anthony M	11/17/1976	35	Engineer	01/01/2002	A
D28974	Dittebrandt, Ellen	01/13/1962	50	Firefighter	10/09/2010	
D03989/P 117677	Epperson, Doug L	09/21/1954	57	Lieutenant	02/08/1986	B
D25357/B 139803	Gehrman, Rebecca	07/09/1990	21	Shift Intern	10/31/2010	A
D18528/P 127858	Geraci, Jay T	06/30/1973	38	Engineer	09/01/2002	A
D28972	Hauser, Alex	11/19/1969	42	Firefighter	10/09/2010	
D13003/P 125922	Henke, Paul A	11/04/1969	42	Lieutenant	07/01/2001	C
D19566/B 131808	Hightower, Trent L	11/24/1971	40	Lieutenant	09/01/2003	2
D08561/P 122722	Irusta, Manuel	02/11/1970	42	Captain	10/01/1996	A
D19349/P 128401	Johnson, Shawn L	05/25/1970	42	Engineer	07/01/2003	C
D18813/B 132339	Lane, Brady O	06/01/1974	38	Firefighter/AO	02/01/2003	2
D28970	Levin, Garth	01/10/1971	41	Firefighter	10/09/2010	1
20	Lusk, Haley M	01/19/1995	17	Student Firefighter		0
D28973	Lusk, Suzanne	02/23/1971	41	Firefighter	10/09/2010	
D28967	Mack, Adam	07/03/1986	25	Shift Intern	10/09/2010	C
D10436/P 120268	Mackwell, Peter D	09/25/1954	57	Fire Marshal	07/01/2003	C
D04903/P 117875	McCrea, Clayton L	04/01/1969	43	Captain	02/01/1986	B
D25099	McCrea, Tyler C	11/15/1991	20	Probationary Firefighter	01/23/2008	
D22193/B 134103	Miller, Kip S	02/28/1969	43	Firefighter/EMT	08/01/2005	1
12	Mueller, Jeff			Chaplain	08/17/2011	
13	Perez, Eloisa	11/16/1979	32		03/18/2012	0
19	Rohan, Emily	02/17/1979	33	Support Volunteer	03/18/2012	0
D04070/P 114299	Simpson, Greg J	04/02/1963	49	Engineer	05/13/1983	C
D28968	Singleton, Cody	06/10/1980	32	Chaplain	10/09/2010	

P124960/ D11949	Smith, David M	10/13/1969	42	Captain	07/01/1998	C
D12671/B 134226	Smith, Nathan D	04/09/1973	39	Lieutenant	04/10/1989	1
D13773/P 128477	Snelling, Diedrick O	09/29/1958	53	Engineer	08/01/1999	C
D 28971/B1 41240	Stallings Jr, Gary L	10/21/1984	27	Shift Intern	10/09/2010	B
D17226	Stolhand, Erica	11/08/1976	35	Support Volunteer	10/05/2010	
D13990/P 123307	Tennant, Scott A	08/07/1974	37	Lieutenant	04/18/1999	A
D28132	Treiman, Kora	05/23/1951	61	Probationary Firefighter	01/01/2010	2
D24070/P 131894	VanLaar, Marcus W	01/01/1985	27	Engineer	02/01/2007	B
MD	Virk, Dick					
D09606/P 122959	Wells, Devon J	10/23/1973	38	Fire Chief	07/01/2000	
D27238	Wheat, Adam K	02/15/1992	20	Firefighter	01/01/2010	2
D08106/P 120234	Wilkins, Jason A	03/22/1972	40	Engineer	09/15/2001	B
	z EMT Student, Ride Along					
32	z- IN-STOCK, ,					
31	z-O.O.S. / Condemed, ,					
33	zFirst Responder, Forest Service/ODF					
37	zFirst Responders, Cascade Locks					
36	zFirst Responders, Mosier					
27	zFirst Responders, Odell					
35	zFirst Responders, Parkdale					
26	zFirst Responders, Pine Grove					
25	zFirst Responders, Westside					
34	zHealthcare Facility Employee, RN,RT,MD,etc.					
	zLife Flight, Crew					
28	zPolice Officer, City					
29	zPolice Officer, County Sheriff					
38	zPolice Officer, State Trooper					
39	zzSAMPLE FIREFIGHTER, zz					
8	zzSpringfield FLS, Ambulance Billing					



PO Box 145  
Dufur, Oregon 97021  
Phone: 541-467-2349  
Fax: 541-467-2353  
TTY: 1-800-735-2900

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May 31, 2012

Kathy White, Executive Assistant  
Wasco County Board of Commissioners  
511 Washington St., Suite 302  
The Dalles, OR 97058

Dear Ms. White,

The Mayor and council of the City of Dufur support and recommend Mrs. Margaret Brewer as representative on the library board.

Mrs. Brewer has been a faithful patron of the community library here in Dufur, and we appreciate her willingness to serve as representative.

Sincerely yours,

Arthur Smith  
Mayor, City of Dufur

**APPLICATION FOR APPOINTMENT TO  
WASCO COUNTY LIBRARY SERVICE DISTRICT BOARD OF DIRECTORS**

Name Margaret Brewer A.  
(First) (Last) (M.I.)

Address [REDACTED]

Telephone No. [REDACTED]

Email Address [REDACTED]

How long in County? 17 years

What is the highest level of education you have attained? 2 BAs

Current Employer self-employed

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Briefly describe your job duties  
help manage farming business, bookkeeping for  
ranch accounts.

Several volunteer positions; ACTS, school volunteer,  
Alternate for Farm Service Agency.

Briefly describe your employment history: \_\_\_\_\_

- Retired Spanish Teacher (St. Marys, Sherman Co. Petersburg)
- Co-coordinator for Hood River Community Project  
conducting focus groups + several presentations to  
improve cultural communication.
- Cherry Harvest Safety Patrol. (2-3 years)



State your reasons for applying for appointment to the position: \_\_\_\_\_

Opportunity to serve community, concern for underserved populations, strong interest in service + life long learning.

Why do you believe you are qualified for appointment to the position? \_\_\_\_\_

Some free time, ability to work with diverse groups or individuals, good team skills, interest in brainstorming + trouble shooting.

What do you feel are the major concerns today facing the newly created Library Service District?

- Serving community + under represented population
- How to spend monies
- Target + draw more patrons

Days available: Mon ☒ Tues ☒ Wed ☒ Thurs \_\_\_\_\_ Fri ☒

Evenings available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ depends on the week

Margaret Ayre  
(Signature)

5/22/2012  
(Date)