

DESCHUTES COUNTY

**FRANCHISE APPLICATION TO PROVIDE ASA SERVICE (2013)\***

Agency:

Contact Name(s):

Mailing Address:

Phone #

Fax #:

e-mail Address:

1. Which ASA do you desire to serve? (*Ex: Redwood ASA, S/R ASA*)

2. What is the location from which ambulance services will be provided?

3. What are the levels of service to be provided? (*Check all that apply.*)

☐

BLS

☐

ILS

☐

ALS

4. Will you subcontract for any services to be provided? *If so, attach a copy of that subcontract.*

☐

Yes

☐

No

Comments:

5. What is your ambulance service license number as issued by the Oregon Health Authority?

6. List the ambulances to be used in providing emergency services:

<u>Year:</u>	<u>Make:</u>	<u>Model:</u>	<u>OHA License Number:</u>

*Attach copies of all ambulance licenses issued by the Oregon Health Authority.*

7. Write a statement, or provide documentation, that all equipment and supplies in each ambulance conforms to Health Authority standards.

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8. List personnel to be used in providing emergency services, including paid & unpaid personnel. *(An attachment is acceptable.)*

Name:


EMS Level:


License Number:


9. Write a statement of agency's experience in providing ambulance services.

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10. Write a statement of ability to comply with the rules and regulations of the ASA Plan and any applicable County ordinances.

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11. Write a description of any prepaid ambulance plan, including the number of years of operation, funding and term.

12. In the case of an application to transfer or assume an already assigned franchise, please provide the following if applicable:

- A. Summarize how the proposed change will improve response time, and the quality of level of services to the ASA. (Include an assessment of how the proposed change will impact the existing first response system.)

- B. Provide evidence that the call volume in the ASA is sufficient to financially or otherwise justify the changes in service. Please include a five year business, staff, operational and system deployment model.

13. Submit copies of your adopted Fiscal Year 2012-13 Budget, and an audit for Fiscal Year 2011-12 (an electronic link to this document will suffice).
14. Submit proof of public liability insurance.