

**Memorandum of Understanding  
Advanced Life Support Enhancement Funding**

Memorandum of Understanding, entered into this 19<sup>th</sup> day of December, 2017, between County of Mendocino, State of California (COUNTY) and Anderson Valley Community Services District (PROVIDER), a provider of Basic Life Support and ambulance services.

Coastal Valleys EMS Agency received additional funding in the Mendocino County budget for Fiscal Year 2017-2018 totaling \$198,000.00. This funding is allocated for enhancement of advanced life support (ALS) emergency medical services in rural areas of Mendocino County. The funds may be used to support innovative pilot projects that enhance ALS services and provide data to the EMS Agency of the long-term sustainability of service or to define the gap in maintaining the enhanced level of service.

Based on the criteria that providers are ALS permitted ambulance providers sustaining vulnerable existing ALS programs or continuing to enhance areas in which ALS does not independently exist, the following partnership program will be approved and funding will be provided:

**Mendocino County ALS Service providers with Anderson Valley Community Service District**

The two-phase ALS Enhancement Project Program will meet the following requirements and deliverables.

**Phase-one completion fulfills obligation for first payment tier of \$50,000  
To be eligible PROVIDER will provide the following in phase one:**

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1. PROVIDER shall provide a detailed agreement describing the partnership with an ALS Service Provider(s) with specific roles and responsibilities of each agency. The agreement shall be one (1) year in length and must be approved by the Coastal Valleys EMS Agency.

**Phase-two completion fulfills obligation for second payment of \$16,000 to be paid at close of fourth quarter upon fulfillment and acceptance of final report.  
To be eligible PROVIDER will provide or do the following:**

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1. PROVIDER shall **submit a monthly report** exhibiting the ALS staffing supported with project funds.
2. PROVIDER shall **submit quarterly reports** describing the specific advanced life support enhancements that have been achieved within the system. These

reports should also include ALS and Basic Life Support (BLS) call volume. Quarterly reports are due no later than fifteen (15) days following the close of a fiscal quarter. (Quarter one is July through September, Quarter two is October through December, Quarter three is January through March, and Quarter four is April through June).


3. PROVIDER shall **submit quarterly financial reports** to include program costs, billing and reimbursement revenue, direct funding as provided by either partner agency, or projected revenue from additional partner opportunities, such as clinics and/or hospitals. Financial reports may be subject to third party audit.
4. PROVIDER shall provide within the quarterly report a description of the training and educational opportunities made possible through the partnership. This may include but not limited to policy updates, courses to earn Continuing Education Units, and/or the provision of an on-site Emergency Medical Treatment (EMT) course in affiliation with an approved training program.
5. PROVIDER shall provide within the quarterly report a description of the specific equipment and supply enhancements made possible through the partnership. Any agency special need equipment purchases must be approved by the Local Emergency Medical Services Agency (LEMSA) prior to purchasing.
6. PROVIDER shall provide evidence of enrollment with Partnership to become eligible for Inner Governmental Transfers (IGT) and continue commitment efforts towards supplemental funding programs including Ground Emergency Medical Transport (GEMT). In addition, pending state approval, provider will gain an understanding of SB1300 and seek eligibility of funds.
7. Upon conclusion of the ALS enhancement project period PROVIDER shall provide a one-time detailed report describing the partnerships and operational challenges, opportunities, and successes. This report must be approved by the Coastal Valleys EMS Agency.
8. PROVIDER will be paid for deliverables according to the following guidelines/ requirements: PROVIDER will submit invoices monthly, listing progress and completion of tasks/deliverables. Invoices to be submitted monthly to:

Mendocino County HHSA Public Health  
1120 S. Dora St.  
Ukiah, CA 95482  
Attn: Cindy Roper

Payments shall not exceed Sixty-Six Thousand Dollars (\$66,000) for the term of this agreement.

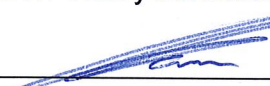
Upon execution of this MOU the County of Mendocino will contribute \$66,000 in the form of two payments to Anderson Valley Community Service District (PROVIDER). The funds must be used to directly support the partnership enhancement project and expenditure must be included in the end of year report. The funds may be allocated to personnel providing direct service, personnel costs associated with reporting requirements, equipment/supplies directly used in the partnership, and or training/education provided directly to the partnership.

County of Mendocino

By: 

Title: Chief Operations Officer

Anderson Valley ~~Ambulance~~ <sup>FIRE DEPARTMENT</sup>

By: 

Title: AVFD FIRE CHIEF

Coastal Valleys EMS Agency

By: 

Title: EMS Coordinator



IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO  
HEALTH AND HUMAN SERVICES AGENCY:

By: *[Signature]*  
Anne Molgaard, HHS Chief Operations Officer

Date: 9/8/17

Budgeted: ☒ Yes ☐ No

Budget Unit: 4013

Line Item:

Org/Object Code:

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: *[Signature]*  
JOHN MCCOWEN, Chair  
BOARD OF SUPERVISORS

Date: DEC 21 2017

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: *[Signature]*  
Deputy

Date: DEC 21 2017

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: *[Signature]*  
Deputy

Date: DEC 21 2017

INSURANCE REVIEW:

By: *[Signature]*  
ALAN D. FLORA, Risk Manager

Date: 9-13-17

CONTRACTOR/COMPANY NAME

By: *[Signature]*  
Signature

Printed Name: ANDRES AVILA

Title: FIRE CHIEF

Date: 10/16/17

NAME AND ADDRESS OF CONTRACTOR:

ANDERSON VALLEY FD

P.O. 398

BOONVILLE CA. 95415

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement.

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT, County Counsel

By: *[Signature]*  
Deputy

Date: 9/8/17

FISCAL REVIEW:

By: *[Signature]*  
Deputy CEO/Fiscal

Date: 9-13-17

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: *[Signature]*  
CARMEL J. ANGELO, Chief Executive Officer

Date: 9-13-17

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☒ 18-49

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Non Profit