EMERGENCY MEDICAL SERVICES ALS FIRST RESPONDER AGREEMENT AMENDMENT NO. 1

CITY OF CLEARWATER

2025

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

ALS FIRST RESPONDER AGREEMENT AMENDMENT NO. 1

THIS FIRST AMENDMENT amending	the Emergency N	Medical Services ALS First
Responder Agreement, made this	day of	2025, between
the CITY OF CLEARWATER, a Florid	da municipal corp	oration ("Contractor"), and
the PINELLAS COUNTY EMERGEN	CY MEDICAL SE	ERVICES AUTHORITY, a
special district ("Authority").		

In consideration of the mutual benefits set forth below, the parties agree as follows:

- Contractor currently contracts with the Authority to provide Advanced Life Support (ALS) First Responder Services. The Contractor and the Authority are currently parties to the Emergency Medical Services ALS First Responder Agreement, dated October 1, 2024, which contract is referred to herein as the "Agreement".
- 2. The Contractor's funding for FY24-25 totaled \$9,186,432 and a budget request of \$9,369,655 for FY25-26 has been submitted, resulting in an increase of 2.0% or \$183,223.
- 3. The Authority hereby agrees to and has funded and authorized the Contractor's budget request of \$9,369,655 for FY25-26, which change is reflected on Appendix A hereto.
- 4. Vehicle maintenance for Authority funded ALS Engines, Squads, and Ladder Trucks are allowable costs may be included in budgets submitted in accordance with Section 701(b) less 20% for non-EMS activity. Vehicle maintenance for Authority funded Medic Units and Rescue Units are allowable costs may be included in budgets submitted in accordance with Section 701(b) at 100%.
- 5. Authority and Contractor agree to update Appendix E as amended.
- 6. Except as is otherwise set out herein, the Contractor and the Authority agree that upon approval by the respective Boards of the Contractor

- and the Authority and upon signing this Amendment, all terms of the Agreement will remain in full force and effect.
- 7. Contractor and Authority agree that the effective date is October 1, 2025.

[Signature Page to Follow]

Emergency Medical Services ALS First Responder Agreement Page 4

IN WITNESS WHEREOF the parties hereto, by officers have caused this Agreement to, 2025.	y and through their undersigned authorized be executed on this day of
ATTEST: KENNETH BURKE, CLERK	PINELLAS COUNTY EMERGENCY MEDICAL SERVICES AUTHORITY By and through its Board of County Commissioners
by: Deputy Clerk	by: Chairman
Countersigned:	CITY OF CLEARWATER, FLORIDA
by: Mayor	by: City Manager
Approved as to form:	Attest:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	by: City Clerk
by: Assistant City Attorney	- , -
Assistant City Attorney	

Appendix A

ALS First Responder Profile

Fiscal Year 2025-2026

Contractor	Clearwater	
EMS District(s)	Clearwater EMS District	
Authority Funded Units	Engine 44	
	Engine 45	
	Medic 45	
	Rescue 46	
	Medic 47	
	Rescue 48	
	Engine 49	
	Rescue 49	
	Engine 50	
	Engine 51	
Contractor Funded Units	Engine 46	
	Engine 47	
	Engine 48	
EMS Coordination	EMS Coordinator – 1 FTE (Clearwater	
	500)	
	EMŚ Administrative Coordinator – 1 FTE (Clearwater 501)	
	Rescue Lieutenant – 1 Position 24/7	
	(Rescue Lieutenant 45)	
	EMS Administrative Support – 1 FTE	
	Eme / terrimies astro capport	
FY25-26 Annual Compensation	\$9,369,655	
Drainated Carrital	TV05 06 December 40, Modio 45	
Projected Capital	FY25-26 Rescue 48, Medic 45	
	FY26-27 Rescue 46; Rescue 47 FY27-28 Clearwater 500	
	FY27-28 Clearwater 500 FY28-29 None	
	FY29-30 None	
	F 1 29-30 NOHE	
Contractor Reviewed:	County Reviewed:	
Initials Date	Initials Date	

Appendix E

Personnel Reimbursement Process and Forms

702(b) CME Instructors

Follow the then current Authority provided process as outlined below.

Authority staff may update the process and/or forms.

702(c) Public Education

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

702(d) Countywide Quality Improvement Committees

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

702(e) Advanced Practice Paramed Training

Submit the then current Authority provided reimbursement form.

Authority staff may update the process and/or forms.

Processing CME Instructor Reimbursement Invoices

The following are the instructions for a Contractor to submit for Instructor reimbursement.

- 1. Open a new Excel "EMS Instructor Reimbursement Form."
 - a. Choose from one of the two tabs, 1-25 or 1-75 entries.
- 2. Open the Aladtec program.
 - a. In the "Reports" menu, select "Scheduled Time Report."
 - b. In the filter, choose your department.
 - c. Select the time frame you are seeking reimbursement
 - i. Make sure the start time is 00:00 and the end time is 23:45
 - d. Click the "Export CSV" button
 - e. Open the CSV file and copy the data from line 3 down (do not include the headers)
 - f. Paste this information into the open Excel file
- 3. Enter your information in the form.
 - a. The first entry is the type of reimbursement:
 - i. Straight Time (ST) is when the instructor is paid straight time.
 - ii. Overtime (OT) is when the instructor is paid overtime.
 - iii. Backfill (BF) is when someone other than the instructor is paid while the instructor is teaching.
 - iv. No Reimbursement (NR) is when the Contractor is not seeking reimbursement for the instructor's hours.
 - b. "Backfill Name" is the member providing the backfill for the instructor.
 - c. "Hourly Rate w/benefits" is the rate at which the contractor seeks reimbursable hours (\$75 per hour cap). If the time type is backfill, the rate is that of the member providing the backfill. If no reimbursement is being sought, then this is left blank.
 - d. The total cost is automatically calculated and totaled at the bottom.
- 4. Save the form as a PDF and sign at the bottom.
- 5. Return to the "scheduled Time Report" in Aladtec and click the "print" button in the upper right corner. Save(Print) this report as a PDF.
- 6. Combine your invoice, the "EMS Instructor Reimbursement Form," and the Aladtec report into one PDF.
- 7. Send the signed PDF to EMSInstructorlogistics@co.pinellas.fl.us within 20 days following the last day of each month.