

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR COLUMBIA COUNTY, OREGON

In the Matter of Renewing a Franchise for )  
Ambulance Services to Mist-Birkenfeld Rural ) **ORDER NO. 15-01**  
Fire Protection District for Service Area 6 )

WHEREAS, pursuant to Section 6 of Ordinance No. 90-23, Columbia County Ambulance Service Ordinance, the Board of County Commissioners for Columbia County, Oregon, adopted Ambulance Service Areas and, pursuant to Section 8 of that Ordinance, the Board mandated that no person may provide ambulance service in Columbia County without being fully franchised in accordance with the applicable provisions; and

WHEREAS, pursuant to Section 9 of the Ordinance, and Board of Columbia County Commissioners Order No. 169-95, on July 18, 2000, the Ambulance Service Administrator called for the submittal of franchise renewal applications; and

WHEREAS, also pursuant to Section 9, on August 28, 2000, the Ambulance Service Administrator received from the Mist-Birkenfeld Rural Fire Protection District its renewal application for the franchise to operate in Ambulance Service Area 6 (SA-6), which is generally in the Mist and Birkenfeld areas; and

WHEREAS, pursuant to Section 11, of the Ordinance, John E. Clouse, Ambulance Service Administrator, reviewed the renewal application and recommended that the Board renew the ambulance service franchise to applicant, said recommendation being expressed in Mr. Clouse's December 18, 2000, memorandum to the Board, which is attached hereto, labeled Exhibit "A" and incorporated herein by this reference; and

WHEREAS, pursuant to Section 12 of the Ordinance, the Board, upon receipt of the Administrator's recommendation, published Notice of the public hearing and, as advertised, heard the matter at their December 20, 2000, meeting, at which time they considered the renewal application and the Administrator's recommendation;

NOW, THEREFORE, IT IS HEREBY ORDERED that the ambulance service franchise for Service Area 6 is hereby granted to the Mist-Birkenfeld Rural Fire Protection District for the period beginning January 1, 2001, and ending December 31, 2005.

DATED this 31st day of January, 2001.

BOARD OF COUNTY COMMISSIONERS  
FOR COLUMBIA COUNTY, OREGON

By: [Signature]  
Chair

By: [Signature]  
Commissioner

By: [Signature]  
Commissioner

Approved as to form

By: [Signature]  
Office of County Counsel

**COLUMBIA COUNTY**  
**DEPARTMENT OF EMERGENCY MANAGEMENT**

Courthouse, St. Helens, OR 97051 \* 503-366-3905 \* FAX 397-7248 \* [clousej@co.columbia.or.us](mailto:clousej@co.columbia.or.us)

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DATE: December 18, 2000

TO: Board of Columbia County Commissioners

FROM: John E. Clouse


SUBJECT: Recommendation Regarding Ambulance Service Franchise Renewal Application

Enclosed is a copy of the two-page franchise renewal application received from the Mist-Birkenfeld Rural Fire Protection District. The renewal application was submitted in response to my request dated July 26, 2000. They have applied for a renewal of their franchise to operate an ambulance in Service Area 6 (SA-6) which is generally the Mist and Birkenfeld area. The entire application is on file in my office if you wish to view it.

I have reviewed their renewal application and found they have provided all the required information. I also had Ruth Baker look at the financial parts of the application as well as a copy of their last audit, and John Knight looked at the insurance coverage and wording. Ruth found no irregularities, and all wording problems found by John in the Additional Insured, Certificate Holder and Cancellation areas have been corrected by the insurance carriers.

Based upon the information provided and their past performance, I feel they will continue to provide adequate ambulance service within Service Area 6.

I recommend that a franchise to provide ambulance service within Service Area 6, under the terms, conditions and duties as listed in Columbia County Ambulance Service Ordinance Number 90-23, be granted to the Mist-Birkenfeld Rural Fire Protection District beginning January 1, 2001 and ending December 31, 2005.

  
John E. Clouse, ORCEMS  
Ambulance Service Area Administrator

RENEWAL APPLICATION FOR AMBULANCE SERVICE FRANCHISE

Submit Application to:
Columbia County Department of Emergency Management
270 Columbia Blvd., St. Helens, OR 97051

- 1. Name of Rural Fire Protection District: MIST-BIRKENFELD RURAL FIRE PROTECTION DISTRICT
2. Address: 12525 HIGHWAY 202 MIST, OR 97016 Phone: 503-755-2710
3. Name of Fire Chief: David F. Crawford
4. Name of Emergency Medical Services Director/Coordinator: Lea Ann Berg
5. Ambulance Service Area currently franchised to serve: ASA #6
6. Ambulance service will be provided from the following locations:

Table with 2 columns: Location/Address, Level of Service. Row 1: 12525 Highway 202 Mist, OR 97016, ILS/BLS. Row 2: 67131 Burris Rd (not a mailing address), ILS/BLS.

7. Will any of the ambulance service be sub-contracted? (Circle one) YES YES (NO)

8. Attach a list of personnel to be used in providing ambulance services and their current EMT certification number or other appropriate certification. (Ord. 90-23, Sec. 9, 3f.)

STATE OF OREGON )
) ss.
County of Columbia )

I, David F. Crawford
being first duly sworn, do declare that the
statements contained in this application and
attachments hereto are true and correct to
the best of my knowledge.

SUBSCRIBED AND SWORN to before me
this 23 day of August, 2000.

Mary Lou Busch
Notary Public for Oregon
My Commission expires: 11, 16, 2002

(Applicant Signature)

THESE SPACES FOR OFFICE USE ONLY

Application Received: August 28, 2000 By: John E. Clouse
Administrator's Recommendation: Recommend approval, J.E.C.
Board Action Taken: Date Approved Disapproved

RENEWAL APPLICATION FOR AMBULANCE SERVICE FRANCHISE - CONTINUED

9. Attach proof of financial ability to operate, to include an operating budget or financial statement, and references or statement of past provision of ambulance service. (Ord. 90-23, Sec. 9, 3g.)
10. Attach a certificate of insurance naming Columbia County, its officers, agents and employees, as additional insureds, with coverages no less than the Oregon Tort Claims Act limits, as provided by ORS 30.270 (Ord. 90-23, Sec. 9, 3h.)
11. Attach a statement of past experience in properly providing ambulance service of a comparable quality and quantity to the service required by the Columbia County Ambulance Service Ordinance, regulations promulgated thereunder, any franchise issued thereunder, and the Ambulance Service Area Plan. (Ord. 90-23, Sec. 9, 3i.)
12. Attach a narrative summary as proof of compliance with the terms and conditions of the ASA Plan and the Columbia County Ambulance Service Ordinance. (Ord. 90-23, Sec. 9, 3j.)
13. List the vehicles to be used to provide ambulance service, including any sub-contracted vehicles. (Ord. 90-23, Sec. 9, 3d.)

FORD TYPE III 1995 #E197508

(Make, Model, Year, Lic#)

FORD TYPE III 1982 #E152909

(Make, Model, Year, Lic#)

(Make, Model, Year, Lic#)

(Make, Model, Year, Lic#)

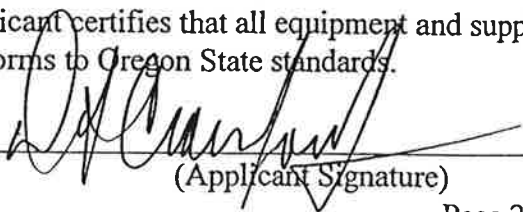
(Make, Model, Year, Lic#)

(Make, Model, Year, Lic#)

(Make, Model, Year, Lic#)

For each vehicle, attach a copy of the State of Oregon BLS and/or ALS certification.  
(Ord. 90-23, Sec. 9, 3d.)

14. Applicant certifies that all equipment and supplies in each vehicle to be used for ambulance service conforms to Oregon State standards.

  
(Applicant Signature)

8/23/2000  
(Date)