**EMS PLAN**

**AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

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| **Local EMS Agency or County Name:**  Coastal Valleys EMS Agency - Sonoma |
| **Area or subarea (Zone) Name or Title:**EOA #1 |
| **Name of Current Provider(s):**Include company name(s) and length of operation (uninterrupted) in specified area or subarea.American Medical Response dba/ Sonoma Life Support |
| **Area or subarea (Zone) Geographic Description:**See Sonoma County Ambulance Service Zone Map in section “Z” within this plan. |
| **Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**Include intent of local EMS agency and Board action.Exclusivity developed and implemented through a competitive RFP process. County BOS approved contract for service. AMR was awarded the contract beginning 7/1/2009 for a 5 year term with the option to extend two more terms for an additional 5 years, and totaling a 10 year term. Sonoma County is requesting an additional extension of x years based on the extenuating circumstances as described the attached letter dated XX/XX/XX.  |
| **Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).Type of Exclusivity is Ground All Emergency Ambulance and All ALSLevel of exclusivity includes: Emergency Response 911 and 7-digit. Transport services include all ALS Services and ALS Standby ServicesExclusivity does not include BLS, CCT, or Air |
| **Method to achieve Exclusivity, if applicable (HS 1797.224):**If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current providerincluding brief statement of uninterrupted service with no changes to scope and manner of service to zone. Includechronology of all services entering or leaving zone, name or ownership changes, service level changes, zone areamodifications, or other changes to arrangements for service.If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of lastcompetitive process used to select provider or providers.Announcement of RFP June 4, 2008, RFP Document Available July 11, 2008, Deadline for Written Questions July 25, 2008, Pre-Proposal Conference July 31, 2008, 11:00 am, Letter of Interest Due August 7, 2008, Closing Date/Time for Proposals October 2, 2008 – 4:00 pm, Review of Credentials/Proposals October 3 – 9, 2008Recommendations Made by the Evaluation Committee to the County Director of the EMS Agency October 20, 2008Notice of Intent to Award by the DHS/Coastal Valleys EMS, Agency of the Successful Proposal October 31, 2008Last Day to Protest November 11, 2008, Decision on Protest Within 30 calendar days of receipt ofthe letter of intent to file protest, Contract Negotiation November, 2008, Request Authorization from the Board of Supervisors to Enter into Contract with the EMS Agency’s Selected Proposer December 9, 2008,Implementation July 1, 2009. Contract expires on June 30, 2019Sonoma County requests an additional extension to be granted by the California EMS Authority based on the extenuating circumstances as described in the attached letter date XX/XX/XX. Full RFP available at: http://www.sonoma-county.org/cvrems/resources/pdf/sonoma/franchise/rfp20080714.pdf |