BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: July 19, 2006

Division: Emergency Services

Bulk Item: Yes X No ____

Department: Fire Rescue

Staff Contact Person: Susan Hover

AGENDA ITEM WORDING: Approval to publicly announce a Request for Proposals for the professional services of a physician to provide medical direction for Monroe County Fire Rescue, subject to subsequent approval by County Attorney and Purchasing.

ITEM BACKGROUND: Chapter 64E-2.004, Florida Administrative Code, requires each licensed emergency medical services provider to acquire the services of a physician to provide medical direction to the provider. Monroe County Fire Rescue (formerly Monroe County Emergency Medical Services) has contracted with the current medical director since 1987. The last time these services were put out to bid was 1999 through an RFQ. The addition of air ambulance service in 2002, the split-off of the independent Key Largo Fire and EMS District, along with shortcomings in performance requirements of the current contract necessitate its restructuring.

PREVIOUS RELEVANT BOCC ACTION: On April 21, 2004 the BOCC approved the existing contract which is effective from January 1, 2004 through January 1, 2007, with an option for two additional two-year terms. The base cost of the current contract is $157,625 with an additional cost of up to $7,500 depending on services rendered beyond the scope of the contract.

CONTRACT/AGREEMENT CHANGES: N/A

STAFF RECOMMENDATIONS: Approval.

TOTAL COST: $ 2,000.00 (Advertising) **BUDGETED:** Yes X No ____

141 11500 530498 $1,000.00 and 141 13001 530498 $1,000.00
Subsequent contract cost share will include new cost center 11000, under fund (outside of 141) to be determined by OMB

COST TO COUNTY: $ 2,000.00 **SOURCE OF FUNDS:** Ad valorem taxes

REVENUE PRODUCING: Yes ___ No X **AMOUNT PER MONTH** ____ **Year** ____

APPROVED BY: County Atty Pending OMB/Purchasing Pending Risk Management Pending

DIVISION DIRECTOR APPROVAL: Clark O. Martin

Clark O. Martin, Jr.

DOCUMENTATION: Included ____ Not Required X

DISPOSITION: ____ **AGENDA ITEM #** ____

Revised 2/05