City of Las Cruces®

PEOPLE HELPING PEOPLE

Council Action and Executive Summary

Item # 9 **Ordinance/Resolution#** 14-007

For Meeting of _____ (Ordinance First Reading Date)

For Meeting of July 1, 2013 (Adoption Date)

Please check box that applies to this item:

☐ QUASI JUDICIAL ☐ LEGISLATIVE ☒ ADMINISTRATIVE

TITLE: A RESOLUTION TO ACCEPT THE DONATION OF A USED AMBULANCE FROM AMERICAN MEDICAL RESPONSE.

PURPOSE(S) OF ACTION:

To accept a donation.

COUNCIL DISTRICT: All		
Drafter/Staff Contact: Steve T Mims	**Department/Section:** Fire Department	**Phone:** 528-4076
City Manager Signature:		

BACKGROUND / KEY ISSUES / CONTRIBUTING FACTORS:

The Las Cruces Fire Department has been evaluating dynamic staffing and response models for the past two years. During this evaluation the concept of a quick response unit to respond to calls during peaks times has been discussed and considered. A pilot program has been designed to further evaluate the concept. The donation of an ambulance will allow us to move forward with the pilot program without the initial expense of purchasing a vehicle.

The donated unit will become part of the City of Las Cruces fleet and all associated future maintenance and operational costs would be paid from the Fire Department budget. The City would also have the ability to dispose of the ambulance at the point and time we deem appropriate, in accordance with our normal procedures.

The pilot program will consist of a single unit staffed with two fire department personnel from 08:00 am to 08:00 pm during the peak hours of service demand. The unit will respond to emergency medical calls, fire calls, and public assist calls. A combination of on duty personnel and overtime will be utilized to staff the unit. The addition of a staffed transport capable unit will provide a system wide improvement for our community. In the event American Medical Response becomes overloaded due to requests for service, this unit would be available to transport a critical patient within the City of Las Cruces to the hospital.

(Continue on additional sheets as required)

SUPPORT INFORMATION:

1. Resolution.
2. Attachment "A", Charitable Contribution Request and Acknowledgement Form.

SOURCE OF FUNDING:

Is this action already budgeted?			
N/A	Yes	☐	See fund summary below
	No	☐	If No, then check one below:
	Budget Adjustment Attached	☐	Expense reallocated from: _____
		☐	Proposed funding is from a new revenue source (i.e. grant; see details below)
		☐	Proposed funding is from fund balance in the _____ Fund.
Does this action create any revenue?			
	Yes	☐	Funds will be deposited into this fund: _____ in the amount of $_____ for FY__
	No	☒	There is no new revenue generated by this action.

BUDGET NARRATIVE

N/A

FUND EXPENDITURE SUMMARY:

Fund Name(s)	Account Number(s)	Expenditure Proposed	Available Budgeted Funds in Current FY	Remaining Funds	Purpose for Remaining Funds
N/A	N/A	N/A	N/A	N/A	N/A

OPTIONS / ALTERNATIVES:

1. Vote "Yes"; this will approve the donation and accept the vehicle as part of the City fleet.
2. Vote "No"; this will prevent the acceptance of the vehicle.
3. Vote to "Amend"; this could change the donation depending on the amendment.
4. Vote to "Table"; this could delay the donation of the used ambulance.

REFERENCE INFORMATION:

N/A

(Continue on additional sheets as required)

RESOLUTION NO. 14-007

A RESOLUTION TO ACCEPT THE DONATION OF A USED AMBULANCE FROM AMERICAN MEDICAL RESPONSE.

The City Council is informed that:

WHEREAS, American Medical Response is willing to donate a used ambulance to the City of Las Cruces: and

WHEREAS, the Fire Department is requesting the acceptance of the used ambulance from American Medical Response; and

WHEREAS, the Fire Departments intendeds to implement a pilot program to improve the service provided to our community; and

NOW, THEREFORE, Be it resolved by the governing body of the City of Las Cruces:

(I)

THAT the City of Las Cruces accepts the donation from American Medical Response of one used ambulance.

(II)

THAT City staff is hereby authorized to do all deeds necessary in the accomplishment of the herein above.

DONE AND APPROVED this ____ day of _____, 20___.

APPROVED:

ATTEST:

_____
Mayor

_____
City Clerk

(SEAL)

(SEAL)

Moved by: _____

Seconded by: _____

APPROVED AS TO FORM:

_____
City Attorney

VOTE:

Mayor Miyagishima:	_____
Councillor Silva:	_____
Councillor Smith:	_____
Councillor Pedroza:	_____
Councillor Small:	_____
Councillor Sorg:	_____
Councillor Thomas:	_____

City of Las Cruces

May 23, 2013

Joaquin Graham
Operations Manager
American Medical Response
920 S. Valley Drive
Las Cruces, NM 88005

RE: Ambulance Donation

Mr. Graham

During recent discussions associated with emergency medical services (EMS) system improvements for the City of Las Cruces and Dona Ana County, the possibility that American Medical Response (AMR) might have the ability to donate a used ambulance as a gift to the City of Las Cruces Fire Department was mentioned. The purpose of this donated unit would be to allow the Las Cruces Fire Department to initiate a pilot program at one of our stations. This program would evaluate the benefits of a transport capable resource within the Fire Department that would supplement AMR units during times of system overload.

Our organization is preparing to move forward with the implementation of the pilot program and therefor is willing to accept a donation if an ambulance unit is still available. If AMR is still interested in providing a used ambulance as a gift to the City of Las Cruces, we will begin to prepare the necessary documentation to go before City Council in order to accept the donation.

We look forward to working with AMR on this project. Please contact me if you have questions or require additional information.

Respectfully,

Travis A. Brown

Travis A. Brown
Fire Chief
Las Cruces Fire Department

P.O. BOX 20000
LAS CRUCES
NEW MEXICO
88004-9002
505.541.2000

AN EQUAL OPPORTUNITY EMPLOYER

ATTACHMENT A

CHARITABLE CONTRIBUTION REQUEST AND ACKNOWLEDGEMENT FORM

(Please allow a minimum of two (2) weeks to process this requests. Some requests may take up to thirty (30) days for review.)

TO ALL APPLICANTS:

Part 1 – General Information	
Date: APRIL 29, 2013	Amount of Request: $ USED AMBULANCE
Name of Organization: CITY OF LAS CRUCES / LAS CRUCES FIRE DEPT.	
Address: P.O. BOX 20000	
LAS CRUCES, NM 88004	
Individual to Contact: TRAVIS A. BROWN	Title: FIRE CHIEF
Phone Number: 575-528-3473 Ext.	Fax Number: 575-528-4082

Part 2 – Questions

1. Has the Applicant previously submitted a charitable contribution Request and Acknowledgement Form to AMR? (This includes any charitable contribution that may have been made to the Applicant by any division or affiliate of AMR.) Yes θ No ●

   If so, when was the form previously submitted? _____

2. Is the Applicant licensed as a healthcare provider? Yes θ No ●

   If Yes, please explain:

3. Does the Applicant participate directly (or through a subsidiary or parent organization) in any federal healthcare program, including, but no limited to, the Medicare, Medicaid and CHAMPUS Program? Yes θ No ●

3. (continued)

   If Yes, please explain:

   _____

   _____

   _____

   _____

4. Has the Applicant received charitable contributions or other similar donations or funding from any other supplier/provider in the last twelve (12) months? Yes θ No ●

Part 3 – Eligibility Criteria

Type A Organization is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is not licensed as a healthcare provider; AND
- The organization (including its subsidiary or parent organizations) does not directly bill any federal healthcare program, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs.

Examples of eligible **Type A Organizations** under this Policy could include, but are not limited to, the following:

National Charitable Disease Organization

American Red Cross Association

Type B Organization is an organization that meets the Basic Criteria and the following additional criteria:

- The organization is licensed as a healthcare provider; or
- The organization (or its subsidiary or parent organizations) directly bills any federal healthcare program, including, but not limited to, the Medicare, Medicaid and CHAMPUS Programs; AND
- The organization has an effective patient choice of provider/supplier policy in effect.

Examples of eligible **Type B Organizations** under this Policy could include, but are not limited to, the following;

Tax-exempt Hospitals, Foundations and Healthcare Systems (private and public)

Non-Profit Physician Organizations

Part 4 – Representations of Applicant

The Applicant understands that AMR will rely on the truthfulness and accuracy of the information provided by the Applicant in this Request Form when making a determination of the Applicant's eligibility for a charitable contribution from AMR. Accordingly, the Applicant represents that:

1. The Applicant will provide AMR with immediate written notification of any changes to the information contained in this Request Form (e.g., if the Applicant's tax-exempt status changes, if the Applicant becomes licensed as a healthcare provider or becomes an entity that directly bills any federal healthcare program or if the status of the Applicant's ability to use grant money changes in any material respect, etc.)
2. The Applicant will provide AMR with reasonable access to the Applicant's books and records regarding the expenditure of any charitable contributions received from AMR.
3. The Applicant will make its own good faith assessment as to which individuals may benefit from any charitable contributions made by AMR and under what specific circumstances the Applicant will utilize such funds without any involvement or any representative of any provider/supplier.
4. The Applicant will not designate charitable contributions received from AMR for existing or potential patients of AMR or distribute funds in any way that would have the effect of favoring AMR patients.
5. The Applicant will not disclose to any individual that benefits received by such individual were funded specifically by AMR. Nevertheless, the Applicant may disclose that it is funded generally by various suppliers/providers but only if specific supplier/provider names <u>are not</u> identified.
6. Charitable contributions received from AMR will be used only by the Applicant for the purposes set forth in this Request Form.
7. No AMR employee is in a position to influence the Applicant's use of any charitable contributions made by AMR or the qualifications of individuals who may benefit from these charitable donations.
8. Contributions made to the Applicant will entitle donors to the charitable contribution deduction as provided in Section 170 of the Internal Revenue code of 1986, as amended. A copy of the determination letter of tax-exempt status from the Internal Revenue Service must be attached to this Request Form.
9. If the Applicant is a Type B Organization, the Applicant has an effective patient choice of provider/supplier policy in effect.

Part 5 – Additional Information

The following additional information must be provided with this Charitable Contribution Request and Acknowledgement Form. Each item must be completed and must be submitted along with the Charitable Contribution Request and Acknowledgement Form. Incomplete Charitable Contribution Request and Acknowledgement Forms will not be considered and will be returned to the Applicant.

1. A detailed description of the Applicant and its purposes; and
2. A detailed description of how a charitable contribution from AMR will be utilized by the Applicant and how such use corresponds with AMR's charitable objectives. Cover Memo from the Regional VP of Financial Operations.
3.

Part 6 – Certification

By signing below, the Applicant certifies that the Applicant has read and understands the above provisions and promises to fulfill its obligations as the Applicant. The Applicant acknowledges that any charitable contribution awarded to it by AMR is contingent upon the truthfulness of the above representations, and that if such representations are not fully truthful or if a material fact has been omitted, the Applicant shall immediately refund to AMR, upon AMR's demand, all charitable contribution funds it has received from AMR or used by the Applicant without meeting applicable requirements. The Applicant also understands that AMR can change the pledged amount of any charitable contribution or discontinue the charitable contribution at any time.

Signature of the Applicant: _____
Name (Print): Robert Garza
Title: City Manager
Date: 5/23/13

Please return this completed form and all other required documentation to the Administrator at the following address:

EmCare, Inc.
1717 Main Street
Suite 5200
Dallas, TX 75201

Part 7 – Approval Signatures

Requested Amount $_____

Approved Amount $_____

_____ _____

AMR CEO Date

_____ _____

Compliance Officer Date