

Application for Ambulance Franchise



Forsyth County, North Carolina

Forsyth County Department of Emergency Services
911 E. Fifth Street
Winston-Salem, NC 27101
Phone: (336) 703-2750 • Fax: (336) 727-8088
www.fcems.com



APPLICATION FOR AMBULANCE FRANCHISE Forsyth County, North Carolina



INSTRUCTIONS FOR APPLICATION COMPLETION

NOTE: Forsyth County will accept applications for ambulance franchises during the designated Application Period advertised on our website at http://www.fcems.com/amb_franchise. Only applications received during this period will be accepted.

Forsyth County Emergency Services – EMS Division relies on non-emergency ambulance franchise operators to augment the emergency response system already in place in the County. Application will be evaluated and recommended for approval by the Board of Commissioners based on the County’s need for additional providers; the extent to which the proposed service enhances the County’s emergency response capability; and the financial and operational strength of the applicant.

- 1) Use only black or blue ink.
- 2) Complete all portions and fields of the application. If an applicant believes that a particular field does not apply to their business, indicate such by writing “Not Applicable” or “N/A” in said field.
- 3) For Item #17, attach additional sheet(s) if necessary.
- 4) For Items 20-36 and 38-45, place a check mark in the check-box to indicate that the attachment has been included in the application and to the right of “*Label Assigned (i.e., Attachment 1):*” write the name you have assigned to the corresponding attachment.
- 5) All attachments must be in typewritten format, labeled and stapled individually.
- 6) Upon completion:
 - a) Ensure that you have completed the Signature section of the application.
 - b) Place the original application, and three (3) complete copies, in an adequately sized mailing package (DO NOT FOLD).
 - c) Enclose a certified check, payable to Forsyth County, in the amount of \$1,275.00.
 - d) Mail the application packet to:

Major R.L. Overman
Forsyth County EMS
911 E. Fifth Street
Winston-Salem, NC 27101

Upon receipt, the individual listed in Item #18 as the “Application Contact” will receive a confirmation email verifying that the application has been received. Please DO NOT contact Forsyth County in reference to application review status.



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NOTE: Complete all sections of this application form. Incomplete applications will be returned for completion and will not be considered until complete. See http://www.fcems.com/amb_franchise for application deadline information.

Section I: Company Information

1	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp	<input type="checkbox"/> Publicly Traded Company	<input type="checkbox"/> Privately Held Corp.	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other	2 Federal Tax ID:	
3	Corporate/Entity Name:					4 Corporate/Entity Telephone: () -	
5	Corporate/Entity Address:					6 State of Incorporation/Formation:	
7	DBA Name in NC:					8 Business Telephone: () -	
9	Mailing Address in Forsyth County:					10 Fax: () -	
11	Physical Address in Forsyth County:					12 Other Counties of Operation in NC:	
13	Physical Location of Business Records:					14 Telephone @ Location of Records: () -	
15	E-mail Address:			16	Website Address:		
List All Owners, Partners, Corporate Officers, Executives and Senior Managers, etc.							
17	Full Name:			Physical Residence Address:			DOB:
	Title:	Percent Owned:	City, State, Zip +4:				
	Home Telephone: () -	Work Telephone: () -	Cell Telephone: () -				
	E-mail Address:			NCOEMS Credential #:			
	Full Name:			Physical Residence Address:			DOB:
Title:	Percent Owned:	City, State, Zip +4:					
Home Telephone: () -	Work Telephone: () -	Cell Telephone: () -					
E-mail Address:			NCOEMS Credential #:				

17	Full Name:		Physical Residence Address:		DOB:
	Title:	Percent Owned:	City, State, Zip +4:		
	Home Telephone: () -	Work Telephone: () -	Cell Telephone: () -		
	E-mail Address:			NCOEMS Credential #:	
	Full Name:		Physical Residence Address:		DOB:
	Title:	Percent Owned:	City, State, Zip +4:		
	Home Telephone: () -	Work Telephone: () -	Cell Telephone: () -		
	E-mail Address:			NCOEMS Credential #:	
	Full Name:		Physical Residence Address:		DOB:
	Title:	Percent Owned:	City, State, Zip +4:		
	Home Telephone: () -	Work Telephone: () -	Cell Telephone: () -		
	E-mail Address:			NCOEMS Credential #:	
Name and Title of Application Contact:		E-mail Address of Application Contact:			
18					
19	Date Business Started in NC:				

Required Attachments	
20	<input type="checkbox"/> Copy of all State of North Carolina Registration documents (i.e., Articles of Incorporation, Partnership filings, etc.) Label Assigned (i.e., Attachment 1):
21	<input type="checkbox"/> Copy of all Company Organization documents (i.e., By-laws, Partnership Agreement, etc.) Label Assigned (i.e., Attachment 1):
22	<input type="checkbox"/> Copy of proposed Standard Operating Guidelines for use in Forsyth County Label Assigned (i.e., Attachment 1):
23	<input type="checkbox"/> Copy of all current FCC Radio License(s) or Frequency Sharing Agreement Label Assigned (i.e., Attachment 1):
24	<input type="checkbox"/> Copy of current insurance policies (or proof of insurance eligibility) meeting the criteria of Forsyth County (as outlined in Section 5-5 of the <i>Ordinance Governing The Franchise of Ambulance Services in Forsyth County</i> document) Label Assigned (i.e., Attachment 1):

Required Attachments (continued)	
25	<input type="checkbox"/> Statement of Agreement to comply with current Forsyth County Treatment Protocols while performing ambulance operations for patients that originate in Forsyth County Label Assigned (i.e., Attachment 1):
26	<input type="checkbox"/> Statement of Agreement to comply with PreMIS submission requirements Label Assigned (i.e., Attachment 1):
27	<input type="checkbox"/> Statement of Agreement to comply with requirement to submit a monthly, and yearly, operational data report to Forsyth County EMS Label Assigned (i.e., Attachment 1):
28	<input type="checkbox"/> Copy of blank proposed Patient Care Report Label Assigned (i.e., Attachment 1):
29	<input type="checkbox"/> Copy of a valid (or eligibility for) Provider License issued by the North Carolina Department of Health and Human Services Label Assigned (i.e., Attachment 1):
30	<input type="checkbox"/> Copy of a resume or CV of all principle owners, executives and senior managers of the entity making application Label Assigned (i.e., Attachment 1):
31	<input type="checkbox"/> Statement of consent authorizing the Director of Forsyth County Emergency Services, or his designee, to inspect the applicant's stations, vehicles, equipment, training records, attendants' state certification cards, and any other credentials and records deemed necessary at any time, without notice, during the term of the franchise Label Assigned (i.e., Attachment 1):

Section II: Proposed Operations

Required Attachments	
32	<input type="checkbox"/> A complete description of the type and level of service to be provided, including detailed plans stating the method of implementation and operation of service; to include (at a minimum): 1) location(s) of bases, substations and offices of operation; 2) communications and dispatch location and method of delivery; 3) hours of operation and the number of ambulances staffed during each hour; 4) method of supervision; and, 5) description of Logistical operations Label Assigned (i.e., Attachment 1):
33	<input type="checkbox"/> A complete description of how employees will receive required Continuing Education Label Assigned (i.e., Attachment 1):
34	<input type="checkbox"/> A complete description of how complaint and internal investigations will be handled by the entity Label Assigned (i.e., Attachment 1):

Section III: Personnel

Required Attachments	
35	<input type="checkbox"/> A complete alphabetical list of personnel (full-time, part-time and volunteer) with full names, job title, NC OEMS "P-number", level of certification and expiration date, as well as valid NCDMV drivers license number Label Assigned (i.e., Attachment 1):
36	<input type="checkbox"/> A copy of valid North Carolina certification cards for all personnel listed in Item # 35 Label Assigned (i.e., Attachment 1):

Section IV: Vehicles

List all vehicles owned and operated by applicant							
Vehicle #	Year	Make	Model	VIN	Lic. #	Mileage	
37							

Required Attachments	
38	<input type="checkbox"/> A copy of the "Daily Vehicle Check-off Sheet" to be used by the entity Label Assigned (i.e., Attachment 1):
39	<input type="checkbox"/> A copy of the Preventative Maintenance Plan to be utilized by the entity Label Assigned (i.e., Attachment 1):
40	<input type="checkbox"/> A copy of all current Vehicle Inspection Sheets issued by the NC Department of Health and Human Services Label Assigned (i.e., Attachment 1):

Section V: Financial

Required Attachments	
41	<input type="checkbox"/> A detailed description of how the entity proposes to perform the Billing process Label Assigned (i.e., Attachment 1):
42	<input type="checkbox"/> A financial statement of the applicant as same pertains to proposed operations in the County Label Assigned (i.e., Attachment 1):
43	<input type="checkbox"/> Based on all operations proposed in this application, a complete detailed Monthly Budget for the first three (3) months of operation in Forsyth County Label Assigned (i.e., Attachment 1):
44	<input type="checkbox"/> Based on Item #43, a statement from a banking/lending institution verifying that the applicant has a minimum of three (3) months operating capital secured Label Assigned (i.e., Attachment 1):
45	<input type="checkbox"/> A statement answering the question: "How will your proposed operation augment Forsyth County's emergency operation and provision of service, and enhance the current emergency response capabilities?" Label Assigned (i.e., Attachment 1):

Section VI: Signatures

I attest that the information presented in this application is true and factual. I have enclosed a Certified Check, payable to Forsyth County, in the amount of \$1,275.00 and request that this application be examined for consideration of issuance of an Ambulance Franchise in Forsyth County, North Carolina.

Signature

Date

Printed Name/Title