AGENDA
CITY OF SHERIDAN
SEPTEMBER 6, 2022
REGULAR COUNCIL MEETING START 7:00 P.M.

1. Call to Order

2. Pledge of Allegiance

3. Invocation to be given by Joel Dingman - St. Peter's Episcopal Church

4. Roll Call of Members

5. Consideration of Agenda

6. Community Update

   A. Economic Development Task Force (EDTF) - Brandi Harlow and Amber Power

   B. Hunger Action Month - Bev Leichtnam on behalf of the Food Bank of Wyoming

7. Comments from the Public

8. Public Hearings

   A. Public Hearing for PL-22-18, Resolution 42-22, Green Wing Minor Subdivision - Community Development Director Wade Sanner

      i. Consideration of PL-22-18, Resolution 42-22, Green Wing Minor Subdivision

9. Consent Agenda

   A. Consideration of Final Acceptance of Public Infrastructure for Cloud Peak 5th & 15th Filing

   B. Consideration of Final Acceptance of Public Infrastructure for Dovetail Lane

   C. Consideration of Award to Stansteel Used, Louisville, KY for the Purchase of a 100-Ton Asphalt Storage Silo with Slat Conveyor in the Amount of $97,202

   D. Consideration of Resolution 37-22 Designating an Annual Fall Pumpkin Festival

E. Minutes of Regular Council Meeting August 15, 2022

F. Claims

10. Staff Update

A. Presentation of Life Saving Awards - Chief of Police Travis Koltiska

B. Downtown Alleys Overview - Public Works Director Hanns Mercer

OLD BUSINESS

11. Consideration of the Third and Final Reading of Ordinance #2251 Regarding Water Right Disclosures and HB0002 - City Attorney Brendon Kerns

NEW BUSINESS

12. Consideration of the Emergency Medical Services Contract Award - City Administrator Stuart McRae

13. Consideration of the Placement of 20 MPH Signs on Holly Ponds Drive - Public Works Director Hanns Mercer

14. Council Comments and Requests for Future Agenda Items

15. Adjournment

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Executive

MEMORANDUM

Project Name:	**Hunger Action Month - Bev Leichtnam on behalf of the Food Bank of Wyoming**
From:	Bev Leichtnam, Governmental Relations Admin. Specialist
To:	Mayor and Council
CC:	
Date:	

Attachments

Proclamation

A PROCLAMATION

Honoring Hunger Action Month

WHEREAS, addressing the food insecurity needs of children, youth, men, women, seniors, active military and veterans today is fundamental for the future of Sheridan; and,

WHEREAS, hunger and poverty are issues of vital concern in Sheridan County where 11% of people struggle with hunger and one in every eight children do not know where their next meal will come from; and,

WHEREAS, the need for comprehensive, coordinated emergency food programs place upon our community a critical responsibility; and,

WHEREAS, the Food Bank of Wyoming is committed to combating hunger in every part of our community and providing additional resources that those in Sheridan need; and,

WHEREAS, it is our responsibility as citizens of Sheridan to learn about hunger and to do our part in reducing that hunger; and,

WHEREAS, Sheridan partners with Food Bank of Wyoming, a member of the Feeding America nationwide network of food banks and their local partner, Salvation Army of Sheridan, to educate people about the important role of hunger relief organizations raising awareness for the need to devote more resources and attention to hunger and food insecurity issues; and,

WHEREAS, more than 3100 residents of Sheridan County rely, annually, on food provided by Food Bank of Wyoming and their local partners; and

WHEREAS, Food Bank of Wyoming, its generous funders, volunteers and local partner agencies are committed to educating citizens on the role of food banks and hunger-relief efforts in solving hunger; and

WHEREAS, Food Bank of Wyoming provides over 9 million meals across Wyoming annually; and to engage each of us to help end hunger, one meal at a time, either through donations, social media shares or volunteer shifts; and

WHEREAS, the month of September is designated “Hunger Action Month” in order to bring attention to food insecurity in our communities;

NOW, THEREFORE, I, Richard Bridger, Mayor of the city of Sheridan, Wyoming do hereby proclaim September 2022 as Hunger Action Month and encourage all citizens to increase their understanding and awareness of food insecurity and how it impacts our nation, state, county and communities.

GIVEN UNDER, my hand and seal of the city of Sheridan, Wyoming to be affixed this 6th day of September in 2022.

_____

Richard Bridger, Mayor
City of Sheridan

CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Planning

MEMORANDUM

Project Name:	Public Hearing for PL-22-18, Resolution 42-22, Green Wing Minor Subdivision - Community Development Director Wade Sanner
From:	Wade Sanner, Community Development Director
To:	Mayor and Council
CC:	
Date:	08/29/2022

Recommendation:

Staff recommends the City Council approve Resolution 42-22 (PL-22-18), the Green Wing Minor Subdivision. The applicant, Teal Ponds, LLC, is requesting to subdivide 35.40 acres from 1 tract into 5 lots, zoned B-1 Business District. Located at 2340 Wetlands Dr. (PIN 56840221600425).

Background:

The applicant, Teal Ponds, LLC, is requesting to subdivide 35.40 acres from 1 tract into 5 lots on the property located at 2340 Wetlands Drive (PIN 56840221600425).

The property is located at the southwest of the intersection of Brundage Lane and Wetlands Drive. The property is zoned B-1. The property is listed as Tract 11A of the Blue Wing Minor Subdivision. The property includes a 5,289 square foot office building built in 2003, and a 1,040 square foot storage garage built in 2003. The properties to the west, south, and southeast are large lot single-family homes zoned R-1. Properties to the north and east are commercial businesses zoned B-1. Access to the property is from the northeast via Wetlands Drive. No access is permitted to the north onto Brundage Lane.

PROPOSED LOTS

The applicant is proposing a 5 lot subdivision with a private drive and a number of easements. The proposed subdivision will be a "holder" lot for future development and subdivision of the land. The applicant is proposing the following lot sizes:

Lot #	Lot Acres	Lot Sq. Ft.
1	0.29	12,753
2	0.86	37,494
3	0.76	33,106
4	10.98	478,289
5	22.06	960,934

RIGHT-OF-WAY

The applicant is proposing dedication of the Blue Wing Lane right-of-way, a 30-foot private lane. The applicant is proposing to stub Wetlands Drive, a public right-of-way, in the northeast portion of Lot 5. The applicant is proposing a utility easement agreement, recorded in 2018, to extend the future right-of-way at the time of subdivision of Lot 5.

The applicant is proposing codifying the public pathway along the eastern property line of Lot 5, with a 15-foot public pedestrian pathway easement.

EASEMENTS
The applicant is proposing the following easements:

Lot 1: A 30-foot drainage easement along the northern portion of the property. A 10-foot irrigation pipeline easement along the western and southwestern portions of the property.

Lot 2: A 10-foot irrigation pipeline easement along the eastern portion of the property. A 5-foot utility easement along the western property line. A 10-foot utility easement along the northern portion of the property. A 14-foot detention pond easement along the southern portion of the property.

Lot 3: A 5-foot pond maintenance easement along the northeast property line. A 10-foot utility easement along the southern property line, adjacent to Blue Wing Lane.

Lot 4: A 15-foot electric line easement along the northern property line along East Brundage Lane. A 50-foot utility easement along the western property line. A utility easement of varying size along the southern portion of Blue Wing Lane. A 10-foot detention pond easement at the hammerhead turnaround of Blue Wing Lane.

Lot 5: A 30-foot utility easement that extends from the end of Wetland Drive. A 15-foot public pedestrian pathway easement that runs along the eastern property line.

UTILITIES
Existing water and sewer lines exist in the Wetlands Drive and Blue Wing Lane rights-of-way. Future utility connections will connect to these existing lines.

FLOODPLAIN
A large portion of Lot 4 is located on the Little Goose Creek floodway. A portion of Lot 4 and Lot 5 are located in the 100-year flood plain. There are two existing ponds on Lot 4.

NOTICES
As part of the request to subdivide this property, staff sent notices to the 20 property owners within 300 feet, placed a legal notice in the newspaper, and posted a sign on the property. Staff have received no comments or inquiries regarding this application.

PLANNING COMMISSION
This item was heard by the Planning Commission on August 22, 2022. During the course of the public hearing, one adjacent property owner raised concerns that the subdivision would open up development in the flood plain. The Planning Commission sent a 5-1 positive recommendation to the City Council in favor of the Green Wing Subdivision.

Discussion:

Prior to approving the final plat, the City Council will need to make the following findings per Sheridan City Code Appendix B §202, staff offers the following comments on the required findings:

The City shall not approve any proposed subdivision of land which, by itself, or as a part of a larger tract, is contiguous to or completely surrounded by the boundaries of the City, unless the application is accompanied by a properly-acknowledged petition for annexation to the City.

This property falls completely within the city limits, so this condition does not apply.

The City shall not approve any proposed subdivision of land which is within one mile of the corporate limits of Sheridan but not, at the time of submittal, eligible for annexation, unless the application is accompanied by a properly-acknowledged agreement not to contest future annexation proceedings.

Again, not applicable in this case, the property is within the city limits.

Every plat shall conform to the Zoning Ordinance currently adopted at the time of final plat approval.

The proposed subdivision conforms to the Zoning Ordinance.

All new subdivision developments within the Airport Influence Area within the city limits of the City of Sheridan shall grant an Avigation Easement to the Sheridan County Airport.

This proposed subdivision is outside the Airport influence area.

No subdivision shall be approved within the corporate limits of the City of Sheridan, or one mile thereof, unless City Public Works staff concludes that an adequate long-term water supply exists to support the proposed use and density of the subdivision in accordance with City adopted policy. City elected officials acting as Council representatives on other boards or committees that review development shall likewise consider long-range water supply in making any determination.

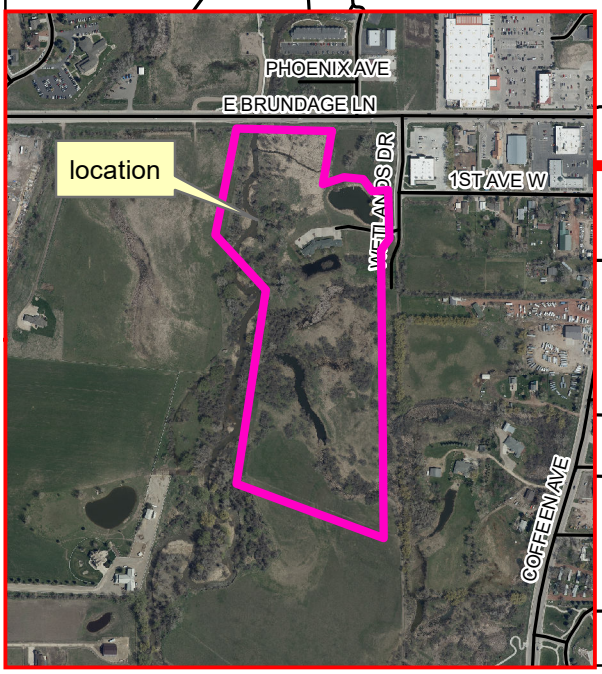
Water and sewer lines already exist in the Wetlands Drive right-of-way. Future water and sewer connections will tap in to these lines.

Staff has no further comments at this time.

Attachments

Aerial
Subdivision Plat I
Subdivision Plat II
Resolution

Green Wing Minor Subdivision



GATEWAY

R1-ZONE

M1-ZONE

PUD

HE ZONE

DISCLAIMER:
The City of Sheridan GIS Division produced this map for informational purposes only. The City of Sheridan provides this map on an "as is" basis without warranties of any kind, either expressed or implied, and shall not be liable for any direct, indirect, incidental, special or consequential damages arising out of the use of such map. The user acknowledges and agrees that the use of such data is at the sole risk of the user. General questions about this map including errors, omissions, and/or updates should be directed to the City of Sheridan GIS Division.

CITY OF Sheridan WYOMING

Legend

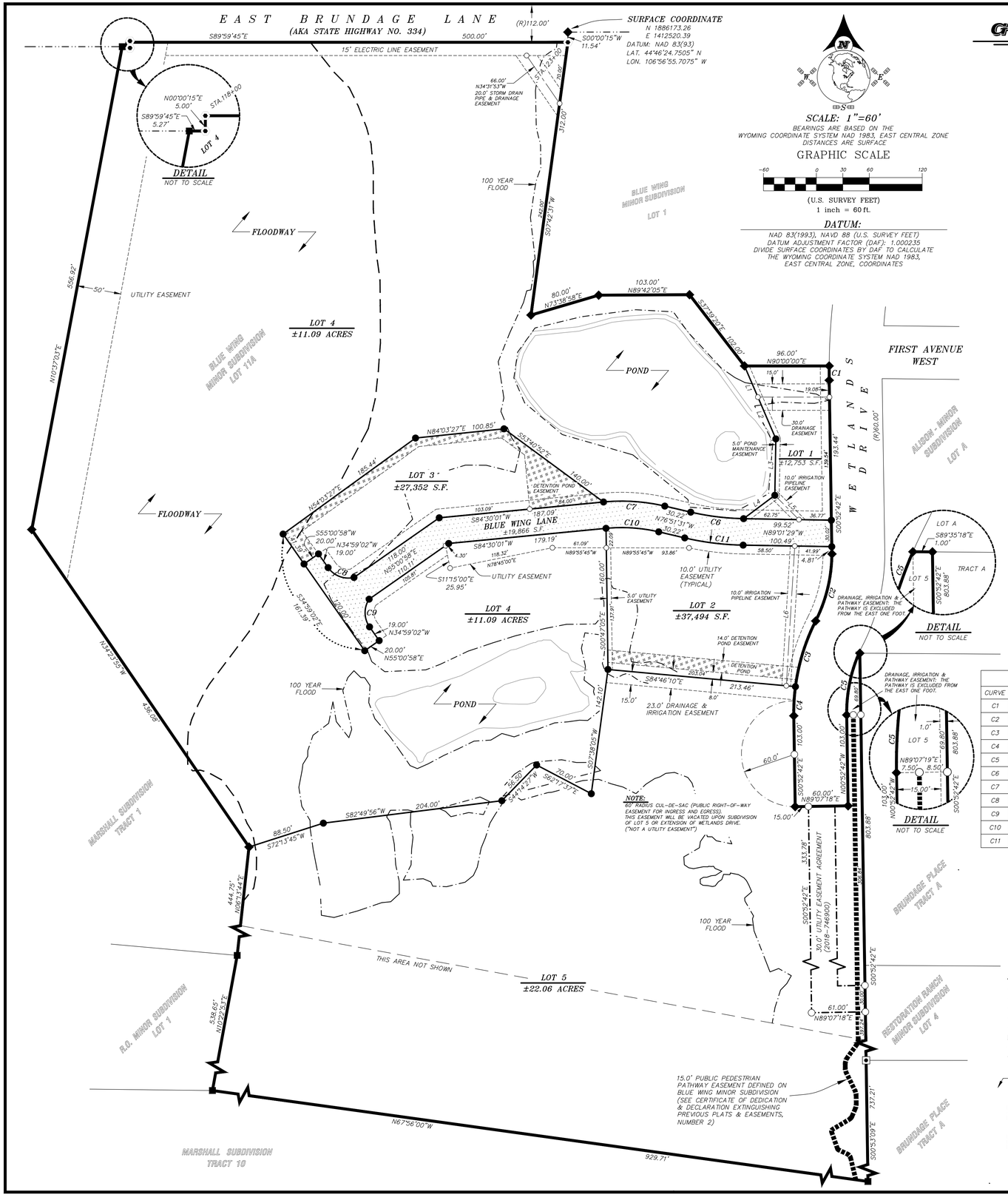
- Roads
- City of Sheridan Boundary
- R1 - Residence District
- R2 - Residence District
- R3 - Residence District
- R4 - Residence District
- B1 - Business District
- B2 - Business District
- M1 - Industrial District
- MA - Medical Arts District
- HE - Higher Education District
- RUCA - Restricted Use Control Area
- PUD - Planned Unit Development
- GATEWAY - Gateway District

N

0 0.25 0.5 1 Miles

Name: sgoodman

Date: 08/08/2022



PRELIMINARY PLAT

GREEN WING MINOR SUBDIVISION

A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, CITY OF SHERIDAN, WYOMING

ZONED: B-1
TOTAL AREA = ±35.40 ACRES
AREA OF 5 LOTS = ±34.95 ACRES
BLUE WING LANE = ±19,866 S.F.

CERTIFICATE OF DEDICATION

KNOWN ALL MEN BY THESE PRESENTS THAT THE UNDERSIGNED TEAL PONDS, LLC, BEING THE OWNER(S), PROPRIETOR(S) OR PARTY OF INTEREST IN THE LAND SHOWN ON THIS PLAT, DOES HEREBY STATE:

THAT THE FOREGOING PLAT DESIGNATED AS **GREEN WING MINOR SUBDIVISION** BEING A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION TO THE CITY OF SHERIDAN, WYOMING;

SAID GREEN WING MINOR SUBDIVISION CONTAINS **±35.40 ACRES** OF LAND, MORE OR LESS.

THE **GREEN WING MINOR SUBDIVISION** AS IT IS DESCRIBED AND AS IT APPEARS ON THIS PLAT, IS MADE WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE UNDERSIGNED OWNER(S) AND PROPRIETOR(S); AND THAT THIS IS A CORRECT PLAT OF THE AREA AND EASEMENTS AS SHOWN.

THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN AND DESCRIBED ON THIS PLAT DO HEREBY DEDICATE TO THE CITY OF SHERIDAN AND IT'S LICENSEES FOR PUBLIC USE OF ALL EASEMENTS WITHIN THE BOUNDARY LINES OF THE PLAT, AS INDICATED, AND NOT ALREADY OTHERWISE DEDICATED FOR PUBLIC USE.

BLUE WING LANE AND UTILITY EASEMENTS WITHIN THE BOUNDARY LINES, AS DESIGNATED ON THIS PLAT ARE HEREBY DEDICATED TO THE CITY OF SHERIDAN AND ITS LICENSEES FOR PUBLIC USE FOR THE PURPOSE OF INSTALLING, REPAIRING, REINSTALLING, REPLACING AND MAINTAINING SEWERS, WATERLINES, GAS LINES, ELECTRIC LINES, TELEPHONE LINES, CABLE TV LINES AND OTHER FORMS AND TYPES OF PUBLIC UTILITIES NOW OR HEREAFTER GENERALLY UTILIZED BY THE PUBLIC.

NO PUBLIC MAINTENANCE OF STREETS OR ROADS: BLUE WING LANE IS AN EASEMENT TO BE DEDICATED FOR PUBLIC INGRESS, EGRESS AND SERVICE TO BENEFIT GREEN WING MINOR SUBDIVISION. BLUE WING LANE IS ALSO A UTILITY, DRAINAGE, SANITATION ACCESS AND EMERGENCY VEHICLE EASEMENT WHICH SHALL BE MAINTAINED BY ALL OF THE OWNERS USING SAID BLUE WING LANE.

NO PUBLIC MAINTENANCE OF THE DETENTION PONDS: THE DETENTION POND FOR LOT 3 IS TO SERVICE AND BENEFIT SAID LOT. THE DETENTION POND SHALL BE MAINTAINED BY THE OWNER OF LOT 3, GREEN WING MINOR SUBDIVISION. THE DETENTION POND FOR LOT 2 IS TO SERVICE AND BENEFIT SAID LOT. THE DETENTION POND SHALL BE MAINTAINED BY THE OWNER OF LOT 2, GREEN WING MINOR SUBDIVISION.

A FIFTEEN (15.0') FOOT WIDE PUBLIC PEDESTRIAN PATHWAY EASEMENT ON LOT 5 IS DEFINED ON BLUE WING MINOR SUBDIVISION, RECORDED AT THE SHERIDAN COUNTY COURTHOUSE, SHERIDAN, WYOMING; PLAT BOOK "B", PAGE "66" DATED SEPTEMBER 5TH, 2013, AND SHALL BE PERPETUATED.

IN TESTIMONY WHEREOF:

ALL RIGHTS UNDER AND BY VIRTUE OF THE HOMESTEAD EXEMPTION LAWS OF THE STATE OF WYOMING ARE HEREBY WAIVED AND RELEASED.

THE UNDERSIGNED HAVE CAUSED THESE PRESENTS TO BE SIGNED THIS _____ DAY OF _____, _____.

TEAL PONDS, LLC

BY: _____
P.A.B. WIDENER, JR: MANAGING MEMBER

STATE OF WYOMING
COUNTY OF SHERIDAN :ss

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY P.A.B. WIDENER, JR BEFORE ME THIS _____ DAY OF _____, _____.

WITNESS MY HAND AND OFFICIAL SEAL. MY COMMISSION EXPIRES _____

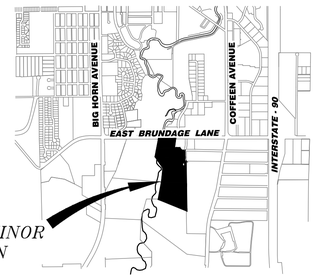
_____
NOTARY PUBLIC

CURVE TABLE					
CURVE	DELTA	RADIUS	LENGTH	CHORD BEARING	CHORD LENGTH
C1	1°16'26"	730.00'	16.23'	S00°14'29"E	16.23'
C2	27°44'55"	170.00'	82.33'	S12°59'45"W	81.53'
C3	19°29'31"	230.00'	78.25'	S17°07'27"W	77.87'
C4	8°15'24"	230.00'	33.14'	S03°14'59"W	33.12'
C5	24°14'59"	170.00'	71.95'	N11°14'47"E	71.41'
C6	12°09'58"	285.00'	60.52'	N82°56'30"W	60.40'
C7	18°38'28"	215.00'	69.95'	N86°10'45"W	69.64'
C8	68°12'48"	28.00'	33.34'	N69°05'26"W	31.40'
C9	68°12'48"	28.00'	33.34'	N00°52'38"W	31.40'
C10	18°38'28"	185.00'	60.19'	S86°10'45"E	59.92'
C11	12°09'58"	315.00'	66.89'	S82°56'30"E	66.76'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S23°17'41"E	38.44'
L2	S23°17'41"E	51.56'
L3	S01°04'32"W	63.95'
L4	S53°09'12"W	44.23'
L5	S44°44'29"E	38.85'
L6	S03°27'39"W	158.72'

LEGEND:

- SET 2" ALUMINUM CAP PER PLS 6812
- FOUND 2" ALUMINUM CAP PER PLS 6812
- FOUND 3-1/4" ALUMINUM CAP PER PLS 2615
- FOUND 1-1/2" ALUMINUM CAP PER PLS 2615
- FOUND HIGHWAY RIGHT-OF-WAY MONUMENT
- CALCULATED: NOTHING FOUND/NOTHING SET
- (R) RECORD
- WC WITNESS CORNER
- BOUNDARY LINE
- LOT/TRACT LINE
- CUL-DE-SAC RIGHT-OF-WAY EASEMENT (AS NOTED)
- RIGHT-OF-WAY LINE
- EASEMENT LINE AS NOTED
- CENTERLINE OF EASEMENT
- CENTERLINE 15.0' PUBLIC PEDESTRIAN PATHWAY EASEMENT
- FLOODWAY AREA IN ZONE AE
- APPROXIMATE 100 YEAR FLOOD (BASE FLOOD) LINE
- FLOODWAY — FLOODWAY EASEMENT (FLOODWAY AREA IN ZONE AE) (SEE FLOOD INSURANCE RATE MAP, COMMUNITY NUMBER 560047 & 560044, PANEL NO. 0764E, MAP NUMBER 56033C0764E, EFFECTIVE DATE JANUARY 16, 2014)
- 100 YEAR FLOOD — SPECIAL FLOOD HAZARD AREA (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD (100-YEAR FLOOD) (SEE FLOOD INSURANCE RATE MAP, COMMUNITY NUMBER 560047 & 560044, PANEL NO. 0764E, MAP NUMBER 56033C0764E, EFFECTIVE DATE JANUARY 16, 2014)
- DETENTION POND AREA



GREEN WING MINOR SUBDIVISION

LOCATION MAP
NO TRUE SCALE

DECLARATION EXTINGUISHING PREVIOUS PLATS & EASEMENTS

1) THIS PLAT IS THE RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, TO THE CITY OF SHERIDAN, WYOMING. SAID PLAT IS FILED AT THE SHERIDAN COUNTY CLERK AND RECORDER OFFICE, SHERIDAN COUNTY COURTHOUSE, SHERIDAN, WYOMING; RECORDED IN DRAWER "B", PLAT NUMBER "66", DATED SEPTEMBER 5TH, 2013. TRACT 11A, BLUE WING MINOR SUBDIVISION AND EASEMENTS OR PORTIONS THEREOF ENCOMPASSED BY THE BOUNDARY OF THIS PLAT ARE HEREBY EXTINGUISHED WITH THE FOLLOWING EXCEPTIONS.

2) A FIFTEEN (15.0) FOOT WIDE PUBLIC PEDESTRIAN PATHWAY EASEMENT IS SHOWN AND DESCRIBED ON BLUE WING MINOR SUBDIVISION, TO THE CITY OF SHERIDAN, WYOMING, AND SHALL BE PERPETUATED.

3) EXISTING UTILITIES PLACED IN PREVIOUS RECORDED EASEMENTS HAVE SENIOR RIGHTS AND ARE PROTECTED BY EASEMENTS SHOWN ON THIS PLAT.

NOTES:

1) LOT 4 IS RESTRICTED FROM ACCESSING EAST BRUNDAGE LANE (AKA STATE HIGHWAY NO. 334) AND SHALL NOT BE GRANTED AN ACCESS PERMIT. INGRESS AND EGRESS SHALL BE FROM WETLANDS DRIVE (A PUBLIC RIGHT-OF-WAY), AND BLUE WING LANE AS DEFINED IN THE CERTIFICATE OF DEDICATION.

2) THE 5.0' POND MAINTENANCE EASEMENT ON LOT 1 & LOT 3, THE 10.0' IRRIGATION PIPELINE EASEMENT ON LOT 1 & LOT 2, THE 30.0' DRAINAGE EASEMENT ON LOT 1, AND THE 30.0' DRAINAGE & IRRIGATION EASEMENT ON LOT 2 & LOT 5 ARE TO BENEFIT LOT 4, GREEN WING MINOR SUBDIVISION.

CITY OF SHERIDAN CERTIFICATES OF APPROVAL

REVIEWED BY THE CITY OF SHERIDAN PLANNING COMMISSION THIS _____ DAY OF _____, _____.

_____ _____
ATTEST: VICE-CHAIRMAN CHAIRMAN

THIS PLAT HAS BEEN PREPARED IN ACCORDANCE WITH THE REQUIREMENTS AND PROCEDURES OUTLINED IN THE SUBDIVISION REGULATIONS OF THE CITY OF SHERIDAN, AND CERTIFIED THIS _____ DAY OF _____, _____, BY THE DIRECTOR OF PUBLIC WORKS OF SHERIDAN, WYOMING.

_____
DIRECTOR OF PUBLIC WORKS

APPROVED BY THE CITY COUNCIL OF THE CITY OF SHERIDAN, WYOMING, THIS ____ DAY OF _____, _____.

_____ _____
ATTEST: CITY CLERK MAYOR

SURVEYOR'S CERTIFICATE

STATE OF WYOMING
COUNTY OF SHERIDAN :ss

I, THOMAS D. TUCKER DO HEREBY CERTIFY THAT I AM A REGISTERED LAND SURVEYOR, LICENSED UNDER THE LAWS OF THE STATE OF WYOMING, THAT THIS PLAT IS A TRUE, CORRECT AND COMPLETE PLAT OF **GREEN WING MINOR SUBDIVISION** AS LAID OUT, PLATTED, DEDICATED AND SHOWN HEREON, THAT THIS PLAT WAS MADE FROM AN ACCURATE SURVEY OF SAID PROPERTY CONDUCTED BY ME OR UNDER MY DIRECT SUPERVISION AND CORRECTLY SHOWS THE LOCATION AND DIMENSIONS OF ALL STREETS, EASEMENTS, AND LOTS OF SAID SUBDIVISION IN COMPLIANCE WITH THE CITY OF SHERIDAN REGULATIONS GOVERNING THE SUBDIVISION OF LAND.

Professional Land Surveyor THOMAS D. TUCKER 12812 WYOMING

PRELIMINARY DRAFT

"PLAT IS VALID ONLY IF PRINT HAS ORIGINAL SIGNATURE OF SURVEYOR SIGNED AND DATED"

CERTIFICATE OF RECORDER

STATE OF WYOMING :ss
COUNTY OF SHERIDAN

THIS PLAT WAS FILED FOR RECORD IN THE OFFICE OF THE CLERK AND RECORDER AT _____ O'CLOCK __.M., THIS _____, DAY OF _____, 20 _____, AND IS RECORDED IN PLAT BOOK _____, PAGE _____

_____ STAMP RECEIVING NUMBER _____
COUNTY CLERK

PRELIMINARY PLAT

GREEN WING MINOR SUBDIVISION

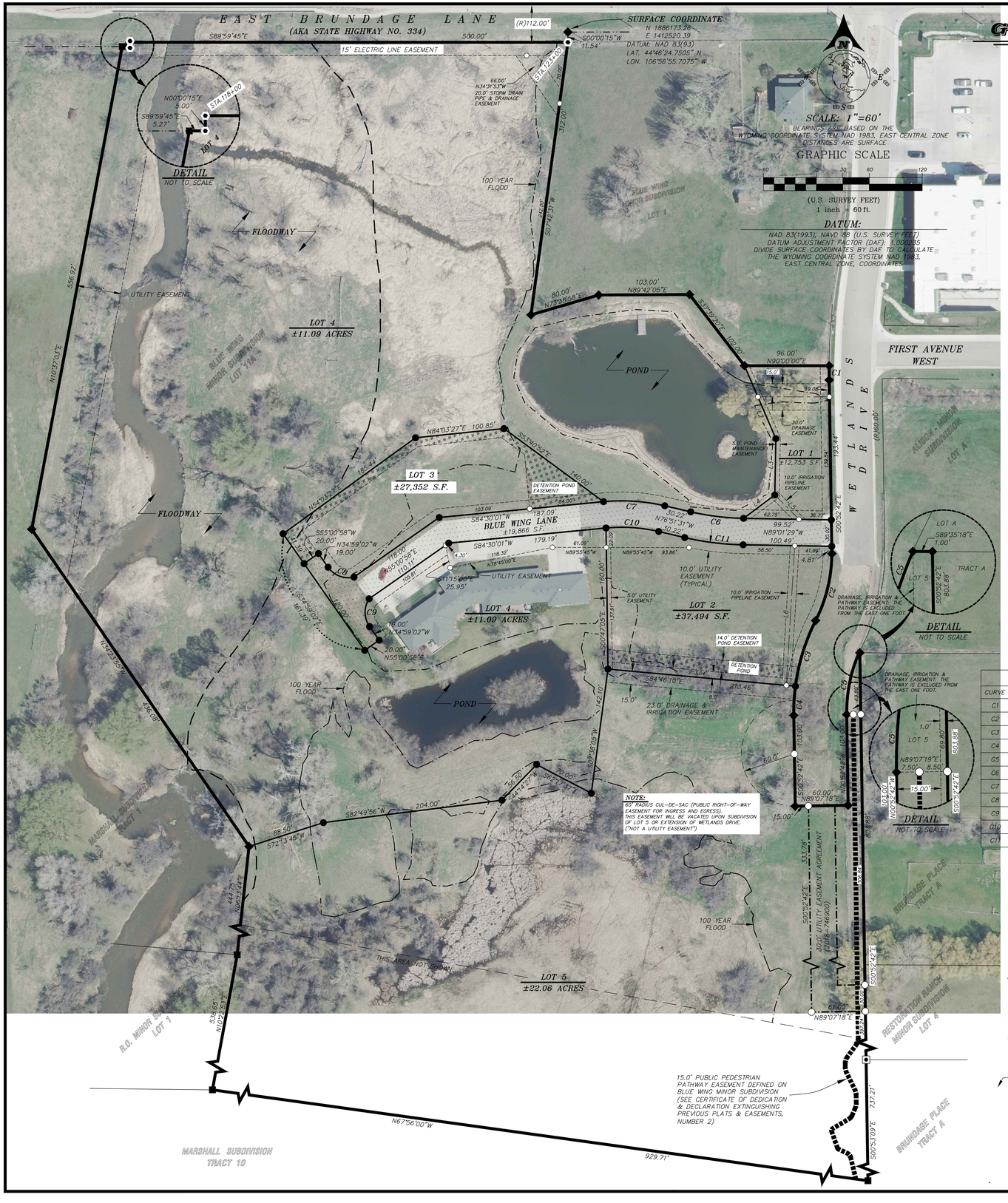
A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, CITY OF SHERIDAN, WYOMING

RESTFELDT SURVEYING
PO BOX 3082
SHERIDAN, WY 82801
307-672-7415
FAX 674-5000

CLIENT: TEAL PONDS, LLC
ATTN: P.A.B. WIDENER, JR.
P.O. BOX 6769
SHERIDAN, WY 82801

Out West, LLC
Agriculture and Engineering
craig@outwestllc.com
307-683-4150

JN: 1999-023
DF: 1999-023-SJ18-2022
TAB: 24X36
PF: T1999-023-SJ18
REVIEW: JSP & CT
AUGUST 23, 2022

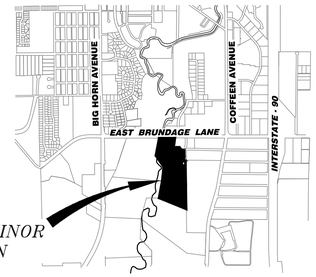


PRELIMINARY PLAT

GREEN WING MINOR SUBDIVISION

A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, CITY OF SHERIDAN, WYOMING

ZONED: B-1
TOTAL AREA = ±35.40 ACRES
AREA OF 5 LOTS = ±34.95 ACRES
BLUE WING LANE = ±19,866 S.F.



GREEN WING MINOR SUBDIVISION

LOCATION MAP
NO TRUE SCALE

CERTIFICATE OF DEDICATION

KNOWN ALL MEN BY THESE PRESENTS THAT THE UNDERSIGNED TEAL PONDS, LLC, BEING THE OWNER(S), PROPRIETOR(S) OR PARTY OF INTEREST IN THE LAND SHOWN ON THIS PLAT, DOES HEREBY STATE:

THAT THE FOREGOING PLAT DESIGNATED AS **GREEN WING MINOR SUBDIVISION** BEING A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION TO THE CITY OF SHERIDAN, WYOMING;

SAID GREEN WING MINOR SUBDIVISION CONTAINS **±35.40 ACRES** OF LAND, MORE OR LESS.

THE **GREEN WING MINOR SUBDIVISION** AS IT IS DESCRIBED AND AS IT APPEARS ON THIS PLAT, IS MADE WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE UNDERSIGNED OWNER(S) AND PROPRIETOR(S); AND THAT THIS IS A CORRECT PLAT OF THE AREA AND EASEMENTS AS SHOWN.

THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN AND DESCRIBED ON THIS PLAT DO HEREBY DEDICATE TO THE CITY OF SHERIDAN AND IT'S LICENSEES FOR PUBLIC USE OF ALL EASEMENTS WITHIN THE BOUNDARY LINES OF THE PLAT, AS INDICATED, AND NOT ALREADY OTHERWISE DEDICATED FOR PUBLIC USE.

BLUE WING LANE AND UTILITY EASEMENTS WITHIN THE BOUNDARY LINES, AS DESIGNATED ON THIS PLAT ARE HEREBY DEDICATED TO THE CITY OF SHERIDAN AND ITS LICENSEES FOR PUBLIC USE FOR THE PURPOSE OF INSTALLING, REPAIRING, REINSTALLING, REPLACING AND MAINTAINING SEWERS, WATERLINES, GAS LINES, ELECTRIC LINES, TELEPHONE LINES, CABLE TV LINES AND OTHER FORMS AND TYPES OF PUBLIC UTILITIES NOW OR HEREAFTER GENERALLY UTILIZED BY THE PUBLIC.

NO PUBLIC MAINTENANCE OF STREETS OR ROADS: BLUE WING LANE IS AN EASEMENT TO BE DEDICATED FOR PUBLIC INGRESS, EGRESS AND SERVICE TO BENEFIT GREEN WING MINOR SUBDIVISION. BLUE WING LANE IS ALSO A UTILITY, DRAINAGE, SANITATION ACCESS AND EMERGENCY VEHICLE EASEMENT WHICH SHALL BE MAINTAINED BY ALL OF THE OWNERS USING SAID BLUE WING LANE.

NO PUBLIC MAINTENANCE OF THE DETENTION PONDS: THE DETENTION POND FOR LOT 3 IS TO SERVICE AND BENEFIT SAID LOT. THE DETENTION POND SHALL BE MAINTAINED BY THE OWNER OF LOT 3, GREEN WING MINOR SUBDIVISION. THE DETENTION POND FOR LOT 2 IS TO SERVICE AND BENEFIT SAID LOT. THE DETENTION POND SHALL BE MAINTAINED BY THE OWNER OF LOT 2, GREEN WING MINOR SUBDIVISION.

A FIFTEEN (15.0') FOOT WIDE PUBLIC PEDESTRIAN PATHWAY EASEMENT ON LOT 5 IS DEFINED ON BLUE WING MINOR SUBDIVISION, RECORDED AT THE SHERIDAN COUNTY COURTHOUSE, SHERIDAN, WYOMING; PLAT BOOK "B", PAGE "66" DATED SEPTEMBER 5TH, 2013, AND SHALL BE PERPETUATED.

IN TESTIMONY WHEREOF:

ALL RIGHTS UNDER AND BY VIRTUE OF THE HOMESTEAD EXEMPTION LAWS OF THE STATE OF WYOMING ARE HEREBY WAIVED AND RELEASED.

THE UNDERSIGNED HAVE CAUSED THESE PRESENTS TO BE SIGNED THIS _____ DAY OF _____, _____.

TEAL PONDS, LLC

BY: _____
P.A.B. WIDENER, JR: MANAGING MEMBER

STATE OF WYOMING
COUNTY OF SHERIDAN :ss

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY P.A.B. WIDENER, JR BEFORE ME THIS _____ DAY OF _____, _____.

WITNESS MY HAND AND OFFICIAL SEAL. MY COMMISSION EXPIRES _____

_____
NOTARY PUBLIC

DECLARATION EXTINGUISHING PREVIOUS PLATS & EASEMENTS

1) THIS PLAT IS THE RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, TO THE CITY OF SHERIDAN, WYOMING. SAID PLAT IS FILED AT THE SHERIDAN COUNTY CLERK AND RECORDER OFFICE, SHERIDAN COUNTY COURTHOUSE, SHERIDAN, WYOMING; RECORDED IN DRAWER "B", PLAT NUMBER "66", DATED SEPTEMBER 5TH, 2013. TRACT 11A, BLUE WING MINOR SUBDIVISION AND EASEMENTS OR PORTIONS THEREOF ENCOMPASSED BY THE BOUNDARY OF THIS PLAT ARE HEREBY EXTINGUISHED WITH THE FOLLOWING EXCEPTIONS.

2) A FIFTEEN (15.0) FOOT WIDE PUBLIC PEDESTRIAN PATHWAY EASEMENT IS SHOWN AND DESCRIBED ON BLUE WING MINOR SUBDIVISION, TO THE CITY OF SHERIDAN, WYOMING, AND SHALL BE PERPETUATED.

3) EXISTING UTILITIES PLACED IN PREVIOUS RECORDED EASEMENTS HAVE SENIOR RIGHTS AND ARE PROTECTED BY EASEMENTS SHOWN ON THIS PLAT.

NOTES:

1) LOT 4 IS RESTRICTED FROM ACCESSING EAST BRUNDAGE LANE (AKA STATE HIGHWAY NO. 334) AND SHALL NOT BE GRANTED AN ACCESS PERMIT. INGRESS AND EGRESS SHALL BE FROM WETLANDS DRIVE (A PUBLIC RIGHT-OF-WAY), AND BLUE WING LANE AS DEFINED IN THE CERTIFICATE OF DEDICATION.

2) THE 5.0' POND MAINTENANCE EASEMENT ON LOT 1 & LOT 3, THE 10.0' IRRIGATION PIPELINE EASEMENT ON LOT 1 & LOT 2, THE 30.0' DRAINAGE EASEMENT ON LOT 1, AND THE 30.0' DRAINAGE & IRRIGATION EASEMENT ON LOT 2 & LOT 5 ARE TO BENEFIT LOT 4, GREEN WING MINOR SUBDIVISION.

CITY OF SHERIDAN CERTIFICATES OF APPROVAL

REVIEWED BY THE CITY OF SHERIDAN PLANNING COMMISSION THIS _____ DAY OF _____, _____.

_____ _____
ATTEST: VICE-CHAIRMAN CHAIRMAN

THIS PLAT HAS BEEN PREPARED IN ACCORDANCE WITH THE REQUIREMENTS AND PROCEDURES OUTLINED IN THE SUBDIVISION REGULATIONS OF THE CITY OF SHERIDAN, AND CERTIFIED THIS _____ DAY OF _____, _____, BY THE DIRECTOR OF PUBLIC WORKS OF SHERIDAN, WYOMING.

_____
DIRECTOR OF PUBLIC WORKS

APPROVED BY THE CITY COUNCIL OF THE CITY OF SHERIDAN, WYOMING, THIS ____ DAY OF _____, _____.

_____ _____
ATTEST: CITY CLERK MAYOR

CURVE TABLE					
CURVE	DELTA	RADIUS	LENGTH	CHORD BEARING	CHORD LENGTH
C1	1°16'26"	730.00'	16.23'	S00°14'29"E	16.23'
C2	27°44'55"	170.00'	82.33'	S12°59'45"W	81.53'
C3	19°29'31"	230.00'	78.25'	S17°07'27"W	77.87'
C4	8°15'24"	230.00'	33.14'	S03°14'59"W	33.12'
C5	24°14'59"	170.00'	71.95'	N11°14'47"E	71.41'
C6	12°09'58"	285.00'	60.52'	N82°56'30"W	60.40'
C7	18°38'28"	215.00'	69.95'	N86°10'45"W	69.64'
C8	68°12'48"	28.00'	33.34'	N69°05'26"W	31.40'
C9	68°12'48"	28.00'	33.34'	N00°52'38"W	31.40'
C10	18°38'28"	185.00'	60.19'	S86°10'45"E	59.92'
C11	12°09'58"	315.00'	66.89'	S82°56'30"E	66.76'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S23°17'41"E	38.44'
L2	S23°17'41"E	51.56'
L3	S01°04'32"W	63.95'
L4	S53°09'12"W	44.23'
L5	S44°44'29"E	38.85'
L6	S03°27'39"W	158.72'

SURVEYOR'S CERTIFICATE

STATE OF WYOMING
COUNTY OF SHERIDAN :ss

I, THOMAS D. TUCKER DO HEREBY CERTIFY THAT I AM A REGISTERED LAND SURVEYOR, LICENSED UNDER THE LAWS OF THE STATE OF WYOMING, THAT THIS PLAT IS A TRUE, CORRECT AND COMPLETE PLAT OF **GREEN WING MINOR SUBDIVISION** AS LAID OUT, PLATTED, DEDICATED AND SHOWN HEREON, THAT THIS PLAT WAS MADE FROM AN ACCURATE SURVEY OF SAID PROPERTY CONDUCTED BY ME OR UNDER MY DIRECT SUPERVISION AND CORRECTLY SHOWS THE LOCATION AND DIMENSIONS OF ALL STREETS, EASEMENTS, AND LOTS OF SAID SUBDIVISION IN COMPLIANCE WITH THE CITY OF SHERIDAN REGULATIONS GOVERNING THE SUBDIVISION OF LAND.

Professional Land Surveyor
THOMAS D. TUCKER
PLS 6812
WYOMING
PRELIMINARY DRAFT

"PLAT IS VALID ONLY IF PRINT HAS ORIGINAL SIGNATURE OF SURVEYOR SIGNED AND DATED"

LEGEND:

- SET 2" ALUMINUM CAP PER PLS 6812
- FOUND 2" ALUMINUM CAP PER PLS 6812
- FOUND 3-1/4" ALUMINUM CAP PER PLS 2615
- FOUND 1-1/2" ALUMINUM CAP PER PLS 2615
- FOUND HIGHWAY RIGHT-OF-WAY MONUMENT
- CALCULATED: NOTHING FOUND/NOTHING SET
- (R) RECORD
- WC WITNESS CORNER
- BOUNDARY LINE
- LOT/TRACT LINE
- CUL-DE-SAC RIGHT-OF-WAY EASEMENT (AS NOTED)
- RIGHT-OF-WAY LINE
- EASEMENT LINE AS NOTED
- CENTERLINE OF EASEMENT
- CENTERLINE 15.0' PUBLIC PEDESTRIAN PATHWAY EASEMENT
- FLOODWAY AREA IN ZONE AE
- APPROXIMATE 100 YEAR FLOOD (BASE FLOOD) LINE
- FLOODWAY — FLOODWAY EASEMENT (FLOODWAY AREA IN ZONE AE) (SEE FLOOD INSURANCE RATE MAP, COMMUNITY NUMBER 560047 & 560044, PANEL NO. 0764E, MAP NUMBER 56033C0764E, EFFECTIVE DATE JANUARY 16, 2014)
- 100 YEAR FLOOD — SPECIAL FLOOD HAZARD AREA (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD (100-YEAR FLOOD) (SEE FLOOD INSURANCE RATE MAP, COMMUNITY NUMBER 560047 & 560044, PANEL NO. 0764E, MAP NUMBER 56033C0764E, EFFECTIVE DATE JANUARY 16, 2014)
- DETENTION POND AREA

CERTIFICATE OF RECORDER

STATE OF WYOMING :ss
COUNTY OF SHERIDAN

THIS PLAT WAS FILED FOR RECORD IN THE OFFICE OF THE CLERK AND RECORDER AT _____ O'CLOCK ___.M.,

THIS _____, DAY OF _____, 20 _____, AND IS RECORDED IN PLAT BOOK _____, PAGE _____

_____ STAMP RECEIVING NUMBER _____
COUNTY CLERK

PRELIMINARY PLAT

GREEN WING MINOR SUBDIVISION

A RE-SUBDIVISION OF TRACT 11A, BLUE WING MINOR SUBDIVISION, CITY OF SHERIDAN, WYOMING

RESTFELDT SURVEYING
PO BOX 3082
SHERIDAN, WY 82801
307-672-7415
FAX 674-5000

CLIENT: TEAL PONDS, LLC
ATTN: P.A.B. WIDENER, JR.
P.O. BOX 6769
SHERIDAN, WY 82801

Out West, LLC
Agriculture and Engineering
craig@outwestllc.com
307-683-4150

JN: 1999-023
DF: 1999-023-SJ18-2022
TAB: 24X36
PF: 11999-023-SJ18
REVIEW: JSP & CT
AUGUST 23, 2022

CITY OF SHERIDAN
RESOLUTION 42-22

A RESOLUTION approving PL-22-18, the minor plat of the Green Wing Subdivision, dividing ± 35.40 acres from 1 tract into 5 lots. Zoned B-1 Business District, located at 2340 Wetlands Drive.

WHEREAS, the minor plat of the Green Wing Subdivision has been reviewed for consistency with Appendix B (Subdivision Regulations) and other applicable City code; and

WHEREAS, all applicable requirements for a final plat, have been met and all documents meet the applicable requirements in Appendix B (Subdivision Regulations).

Be it resolved by the City Council of the City of Sheridan:

That the minor plat of the Green Wing Subdivision, dividing ± 35.40 acres from 1 tract into 5 lots. The property is zoned B-1 Business District, located at 2340 Wetlands Drive.

In approving the Green Wing Minor Subdivision, the City Council finds the following as required by Sheridan City Code Appendix B §202:

A. The property is already within the corporate limits of the City and requires no further action as pertains to annexation.

B. The lots as platted conform to the requirements of the City Zoning Ordinance with the exception of the variances granted.

C. The subdivision falls outside of the Airport Influence Area.

D. As concluded by City Public Works staff, there is adequate long-term water supply to serve this subdivision as of the time of this resolution.

PASSED, APPROVED, AND ADOPTED this 22nd day of August 2022.

_____
Richard Bridger, Mayor

ATTEST:

_____
Cecilia Good, City Clerk

CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Public Works

MEMORANDUM

Project Name:	Consideration of Final Acceptance of Public Infrastructure for Cloud Peak 5th & 15th Filing
From:	Hanns Mercer, City Engineer
To:	Mayor and Council
CC:	
Date:	08/09/2022

Recommendation:

Staff recommends that the Mayor and Council approve final acceptance of public infrastructure for Cloud Peak 5th & 15th Filing. Further, that the Utilities Director be authorized to sign the necessary Permit Transfer Request Form in compliance with Wyoming DEQ Rules and Regulations.

By signing the Permit Transfer Request Form, the City accepts ownership and future operation/maintenance of these public utilities associated with Cloud Peak 5th & 15th Filing.

Background:

The infrastructure associated with this project was installed per City of Sheridan Standard Specifications and Details for Utility Construction. As part of the request for final acceptance, the City will receive all required information from the developer's consulting engineer to prepare to accept ownership of the infrastructure, and to ensure that all work has been completed satisfactorily.

Attachments

Map

Cloud Peak Ranch Fifth & Fifteenth Filings
QUAIL RIDGE RD
BOBWHITE CT
DR
BUNGALOW VILLAGE LN
RUN
COVEY
MYDLAND RD
W 5TH ST
LONG DR
LONG DR
LN

CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Public Works

MEMORANDUM

Project Name:	Consideration of Final Acceptance of Public Infrastructure for Dovetail Lane
From:	Hanns Mercer, City Engineer
To:	Mayor and Council
CC:	
Date:	08/09/2022

Recommendation:

Staff recommends that the Mayor and Council approve final acceptance of public infrastructure for Dovetail Lane. The City accepts ownership and future operation/maintenance of public infrastructure associated with Dovetail Lane.

Background:

The infrastructure associated with this project was installed per City of Sheridan Standard Specifications. As part of the request for final acceptance, the City will receive all information from the developer's consulting engineer to prepare to accept ownership of the infrastructure, and to ensure that all work has been completed satisfactorily.

Attachments

Map

DECKER RD
WILD HOLLOW RD
Doubleday
Sports
Complex
School
Property
Dovetail
INTERSTATE I-90
YELLOWTAIL DR
HI TECH DR
INTERSTATE I-90
N

CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Public Works

MEMORANDUM

Project Name:	Consideration of Award to Stansteel Used, Louisville, KY for the Purchase of a 100-Ton Asphalt Storage Silo with Slat Conveyor in the Amount of $97,202
From:	Hanns Mercer, City Engineer
To:	Mayor and Council
CC:	
Date:	08/08/2022

Recommendation:

Staff recommends awarding to Stansteel Used, Louisville, KY for the purchase of a 100-ton Asphalt Storage Silo with Slat Conveyor in the amount $97,202. This includes the bid cost of the unit, shipping, and installation. In addition, crane rental and electrician fees are needed for set-up, for a total overall cost of $107,452.

Background:

The RFP was advertised on July 12th and July 19th and bids were due on July 26th. One bid was received from Stansteel Used, Louisville, KY:

Unit Price	Shipping Charges	Installation Costs	Total
$65,000	$22,730	$19,812	$97,202

Discussion:

The purchase of this unit will reduce the overall production cost of asphalt, as well as free up personnel. Currently, when completing asphalt work, the crew has to run the City owned asphalt plant every day for the amount being used that day. This results in starting and stopping the plant multiple times per day. Every time the plant is started, it is an exponentially higher cost than when it is running continuously. Every start-up requires more natural gas and electricity to heat the drum, heat the oil, circulate the oil, and get up to operating temperature. This whole process requires two to three crew members.

By adding a heated silo to the plant, a production run of asphalt up to 100-tons can be done on the first day of the week, and then kept hot in the silo for up to four days after production. This would only take a few hours at full production capacity. The crew members that would normally be at the plant all week, can now be tasked with other duties. This also enables us to pull small amounts out of the silo for the job at hand. Another positive for using the silo is that it will decrease the amount of consolidation, (the separation of fines and aggregate that happens when using a loader to scoop it off the pad and dumping it into the trucks), making for a more uniform and better quality asphalt.

Funding:

This purchase is funded by Street Department Capital Outlay Machinery and Equipment.

Attachments

Specifications

GTB-5445L REV 1

ype: 100 Ton Boeing Portable Silo & Main Drag Slat

100 Ton Boeing Portable Storage Silo

- Single axle portability
- 11'-6" Barrel Diameter
- Electric Cone and Gate heat
- Cone Liners and Strain Gauges included
- Insulated & Skinned

Boeing Portable Main Drag Slat Conveyor

- Boeing Heavy Duty Main slat measures 56' long X 37 3/4" wide (inside box)
- Fixed idler assemblies
- 50HP Drive Package
- Dual Strand 4" pitch roller chain with 5" tall x 34" long angle slats.
- Electric heated floor
- Chrome Carbide Wear Floor
- Air Operated, Floor Mounted Reject System
- Dual Axle portability

AVAILABILITY, PRICE AND CONDITION SUBJECT TO CHANGE BY STANSTEEL®. SPECIFICATIONS ARE ACCURATE TO OUR KNOWLEDGE, HOWEVER, THEY ARE NOT GUARANTEED. ALL PRICES ARE IN U.S. DOLLARS UNLESS OTHERWISE NOTED. EQUIPMENT IS SOLD ON THE BASIS OF AS IS, WHERE IS, THEREFORE, STANSTEEL® RECOMMENDS INSPECTION BY THE BUYER OF ANY USED EQUIPMENT TO DETERMINE SUITABILITY TO THEIR REQUIREMENTS.

12711 Townepark Way / Louisville, KY 40243 / 800-826-0223 / 502-245-1977 / Fax 502-244-4046

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Utilities

MEMORANDUM

Project Name:	**Consideration of Resolution 37-22 Designating an Annual Fall Pumpkin Festival**
From:	Dan Roberts, Utilities Director
To:	Mayor and Council
CC:	City Administrator Stu McRae
Date:	09/06/2022

Recommendation:

Staff recommends that the Mayor and City Council adopt Resolution 37-22 which designates an annual Fall Pumpkin Festival event, to take place each year on the Saturday following Halloween.

Background:

Through resolution in 2021, the City Council authorized city staff to organize and host a community event referred to as the "Fall Pumpkin Festival". The inaugural event was held on November 6, 2021, the first Saturday after Halloween. Its focus was aimed around the recycling/diversion of pumpkins acquired by the community during Halloween, while making it fun in celebration of fall and community.

Leading up to and during the event, pumpkins were collected from around the community and used as the center-piece of a family-oriented fall festival held at Black Tooth Park where pumpkin related activities and games were organized. The inaugural event was well attended with nearly 450 attendees along with 8 sponsors and 5 onsite vendors. The event produced nearly 6 tons of pumpkins that we were able to divert from our landfill and use in composting operations. It built landfill awareness and brought community members together for a memorable day that was talked about for many months to follow.

Discussion:

The proposed date for this event is to take place annually on the Saturday following Halloween. The event will be held at a prescribed City park.

The City plans to offer designated pumpkin drop-off locations throughout the city for residents that want to donate their pumpkins before the event. Community members will also be encouraged to bring their pumpkins on the day of the event, with a drive-through drop off location or the option to carry them in. City staff intend to reach out to local pumpkin vendors to request donations of their extra pumpkins.

Pumpkin related games for children of all ages are set-up to include things like a pumpkin throwing contest, pumpkin smashing, pumpkin ring toss, pumpkin slingshot, pumpkin golf and a pumpkin rolling race. City staff will solicit volunteers from local businesses and groups to donate their time and materials to create and manage these games during the event. Sponsor guidelines and available volunteer opportunities will be outlined in a sponsorship offer letter that will be open for participation by anyone interested and filled on a first-come, first-serve basis. The City will also provide marketing guidelines to any participants so that others can take part in marketing the event while still maintaining a consistent approach. Signage is placed at the event and around city locations to promote the event prior to November.

Additionally, city staff will solicit local media companies to potentially provide on-site, family-friendly music and

free press prior to the event. If necessary, city staff will coordinate the presence of portable bathroom facilities at the park. Certain events, like pumpkin smashing, may require participants to wear city-provided safety gear.

City staff and volunteers will be responsible for mitigating cleanup during and after the event. An approximate amount of pumpkin waste that has been diverted will be recorded for reporting to the public each year.

This event will not provide alcohol sales; however, it will be open to a maximum of 4 food truck vendors. These spots will be offered to current permit holders and will be filled on a first come, first serve basis.

Funding:

In-kind donations from local businesses will be requested for event staffing time and event necessities for games, activities, and more. City staff estimate spending, from the Solid Waste Administration budget, $7,000 on materials such as t-shirts for the kids, safety equipment, and restrooms (if needed). Approximately $5,000 in city staff time and resources will be allocated towards pumpkin collection, event set-up, and clean-up.

Attachments

Resolution

CITY OF SHERIDAN
RESOLUTION 37-22

A RESOLUTION designating an annual community event entitled Fall Pumpkin Festival to be focused around the diversion of pumpkins from the landfill through a community-minded, family-friendly event.

WHEREAS, the Sheridan Community values recycling and keeping waste out of our landfill; and

WHEREAS, the Sheridan Community has the potential of generating as much as 20 tons of waste from pumpkins each fall that can be diverted from our landfill; and

WHEREAS, the Sheridan City Council supports the City providing the Community with opportunities to divert the disposal of pumpkins from the landfill and reusing them in making compost; and

WHEREAS, in 2021 the City successfully held a Fall Pumpkin Festival as a means to collect pumpkins, after Halloween, tied into a family-friendly, community-wide event with pumpkin related games and fall festivities; and

WHEREAS, the Sheridan City Council desires for the City to hold an annual Fall Pumpkin Festival on the Saturday following each Halloween to be held at a prescribed City park; and

WHEREAS, the Sheridan City Council desires for the City to provide designated pumpkin drop-off locations throughout the City for residents that want to donate their pumpkins before the event.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SHERIDAN:

The Sheridan City Council hereby designates the Fall Pumpkin Festival event to be held annually on the first Saturday following Halloween.

PASSED, APPROVED AND ADOPTED this ____ day of _____, 2022.

City of Sheridan

_____
Richard Bridger, Mayor

ATTEST:

_____
Cecilia Good, City Clerk

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Clerk

MEMORANDUM

Project Name:	**Minutes of Regular Council Meeting August 15, 2022**
From:	Candace Ainslie, Assistant Clerk
To:	Mayor and Council
CC:	
Date:	

Recommendation:
Staff recommends Council approve these minutes.

Attachments

Minutes

CITY OF SHERIDAN, WYOMING

MINUTES OF REGULAR COUNCIL MEETING

COUNCIL CHAMBERS **7:00 P.M.** **August 15, 2022**

1. Mayor Bridger called the meeting to order at 7:00 P.M.

2. The Pledge of Allegiance to the Flag was led by Mayor Bridger.

3. The invocation was given by Bev Leichtnam, Government Relations Administrative Specialist.

4. The meeting was called to order with a quorum as follows: Mayor Bridger presiding with Councilmembers Jacob Martin, Shawn Day, Clint Beaver, Aaron Linden, Kristen Jennings, and Steve Brantz. Members of staff attending included City Administrator Stuart McRae, City Clerk Cecilia Good, Fire Chief Gary Harnish, and various other City staff.

5. Consideration of Agenda: Councilmember Day moved, seconded by Councilmember Martin, to approve the agenda. Voice Vote: unanimous.

Mayor Rich Bridger	Aye
Kristen Jennings	Aye
Shawn Day	Aye
Steven Brantz	Aye
Clint Beaver	Aye
Jacob Martin	Aye
Aaron Linden	Aye

6. Community Update

A. Brad Bauer, Executive Director of Sheridan Community Land Trust, was not in attendance.

7. Comments from the Public

A. Don Kollekowski presented a petition to place a 20 MPH sign near the Holly Ponds subdivision.

8. Consent Agenda

A. Resolution #38-22 Authorizing Signatories for Deposit at Financial Institutions

B. Minutes from Special Meeting August 8, 2022

C. Minutes of Regular Council Meeting August 1, 2022

D. Claims

307 Auto Glass LLC	chip repair to inspector vehicle windshield	52.99
A & M Service & Supply Inc.	Toner for Scale House	141.00
Ace Hardware-Newkirk	Parts and supplies	339.28
A-Line Roofing and Exteriors	Roof Replacement for BGWTP	52,195.62
AlphaGraphics of Wyoming	Business CardsT Manolis and Jerrod Trangmoe	145.54
Amazon Capital Services #A33MIR27FEZN42	Supplies	6,973.42
Ameri -Tech Equipment Company	element filter wc701	512.64
American Maid	Monthly cleaning	3,937.50
American Welding & Gas, Inc.	Parts and supplies	294.90
Andrew W Lindberg	Braided faucet supply line-brasselbow-brassnipple	35.74
Angel Armor, LLC	Duty vests - Kmett, Jorgensen and Jensen	3,910.66

AT&T Mobility	First Net aircard charges - July 2022	160.16
Automationdirect.com	Temp. Sensor	125.00
B&B Leasing Company	Copier Lease 34th Payment August 2022	140.49
Babe's Flowers	Flowers for Snoozy	73.00
Bear's Paw Embroidery	logo on shop shirts	200.00
Big Horn Sanitation	port a potty rental-June	1,036.50
Bighorn Design Studio, LLC	embroidery on uniform shirts	2,092.00
Bighorn Security LLC	New Security System for SFR Inv 000439	17,246.18
Bloedorn Lumber	concrete mix	278.22
Blue 360 Media, LLC	2 WY Criminal & Traffic Law Books	167.09
Buggy Bath Unlimited LLC	July 2022 - SWR Truck Washing	67.99
Bustech Computing, LLC	Monthly Service Agreement - July 22	600.00
Carl Haveman	Safety toe boots	180.00
Carquest Auto Parts	Parts and supplies	741.83
CDG Engineers, Inc.	Gateway Pedestrian Bridge Design 5701	13,842.99
CED- Consolidated Electrical Distributers Inc.	wallbox sensor switch relay	96.00
Chemtrade Chemicals US LLC	Alum Sulfate for SWTP	15,133.83
CMI-Teco	gasket rec3.32 pin stub hex socket screw washer or	254.68
Collection Professionals Inc.	CPI June 2022-#1885	432.37
Colorado Barricade Co.	message boards replacement parts - signs	55.00
Communication Technologies	Installed Radio Provided by Shop - WC7002/Solid Waste radios	2,672.66
Connie's Glass, Inc.	Repaired Closer on Back Office Door/new closer for Landfill	565.00
Country Bounty	4th of July ad	63.00
County Trash, LLC	Dumpster pick-up, bi-weekly	115.00
Craftco Manufacturing Solutions	Vac truck fittings	429.13
Crescent Electric	Conduit, locking Nuts, Elbow	106.31
Dana Kepner Company	4 inch sensus	2,789.28
Dick Anderson Construction Inc.	Pay app #7 Retainage	8,648.52
Dixon Land Management and Consulting Inc	Mowing/Trimming at 1529 Coffeen Ave	450.00
Don Anderson	Pant reimbursement	30.00
Dowl	Misc projects	29,206.00
Eagle & Myslik Inc	cold planer and flail mower attachments - st	88,430.00
Empathia, Inc	EAP Services	1,003.92
Employ, LLC	Temporary Labor	13,254.14
Employers Council	Annual Consulting Membership Dues	6,600.00
Energy Laboratories, Inc	TOC Water Testing July	229.00
Engineering Associates	Sanitary Sewer Rehabilitation Design #4758	1,088.09
Farmers Co-op Oil Co.	Fuel for July 2022	69,265.31
Fastenal Company	gray hat	28.62
FedEx Freight	appointment delivery	163.00
Fire Apparatus Service Specialists, LLC	Annual Aerial-Pump-Ground Ladder Testing	4,257.90
First Interstate Bank - Mastercard	Credit card charges for July 2022	27,414.09
Floyd's Truck Center WY	single axel post mount st	250.28
Gabriel Legler	Wellness Participation Reimbursement	127.20
Galls, LLC	Uniforms - Fischer	233.20
Goldstar Products, Inc.	graffiti remover repel it all	11,405.90
Grainger, Inc.	air hydraulic service jack electric vibrator st304	3,317.94
Greenfold Services LLC	Janitorial July 2022	1,960.00
Greensky Commercial Cleaning	july cleaning service	1,240.00
Hach Company	Agar Plates	978.88
Hawkins Inc	Chemicals	11,653.35
Humdinger Equipment LTD	Filter and Service Kit III for TANA 4-73	3,883.71
InfoSend, Inc.	Billing inserts	3,799.23
Interior Images	Labor & Carpet Install - 2nd Floor, Eng Office	1,201.38
International Association of Fire Chiefs	IAFC Annual Membership Renewal GH Inv 250468	265.00
Jackson Electric, Inc.	ac disconnect golf course new roof top unit	967.84
JC Contracting Inc	vale st sewer and water install	8,471.60
John Deere Financial #1111308145	Parts and supplies	2,683.71
John King	cdl license reimbursment	130.00
Kerns & Bunting, LLC	Attorney fees July 2022	19,732.50
Kilpatrick Creations Inc.	Shirts, Hats- uniforms	127.25

Knecht Home Center	trimmer service spark plug rewind spring	494.28
Landon's Greenhouse & Nursery, Inc.	1/2 x 150 tie tape	13.98
Les Schwab Tire Centers of Montana, LLC	alignment 2.78 source/tires	1,165.02
LN Curtis & Sons	chest straps, cleaning solution, adapter	10,250.59
Luke A Goddard	Medical Doctor Coverage for August 2022	500.00
Mac's Moving Acquisition, Inc	Treasurer/Mail/3rd floor moving	725.00
McMaster-Carr Supply Co	Pipe fittings, screws	68.23
Memorial Hospital of Sheridan County	Pre employment testing	654.00
Midland Implement Co Inc	vinyl flstk single red white paint pc duel fc dual	2,418.23
Midwest Laboratories, Inc.	Shipping Charge for Compost Testing 08-07-22	38.00
Mountain View Building, Inc	Gateway Park Pathway #5701	19,587.46
Mullinax Concrete Service & Irrigation	river rock 5.07 tons 2.20 tn river rock	8,369.22
Napa Auto Parts	Parts and supplies	1,858.80
Norco, Inc	Supplies	3,082.09
Northern Underground LLC	Blacktooth Park Project Construction #5709	11,785.00
Office Shop Inc	Copy Charges from 07-02-22 to 08-01-22	26.60
Office Shop Leasing	Lease payment 26 of 60 - #390	102.71
One-Call of Wyoming	One Call tickets June 2022	1,094.25
O'Reilly Auto Parts	Wire for Landfill Gate and Equip Air Fresheners	38.94
Out West, LLC	HDPE elbow, tee, reducer, adapter, ball valve	2,918.84
Pace Analytical Services, LLC	City Bac T Testing July	380.10
Paul Larson	Reimbursement - Donuts for Safety Mtg 07-19-22	15.78
Peak Pest Solutions LLC	Monthly pest control	210.00
Penguin Management, Inc	Annual paging notification system renewal Inv70600	960.00
Peterbilt of Wyoming	crankcase element 3.1 fd	251.98
Pontem Software by RIA	renewl maintenance subscription	1,795.00
Powder River Heating & Air Conditioning, Inc	Inspected, cleaned, grease and change filters HVAC/new trane rooftop unit	16,770.00
Powder River Power Co	Parts and supplies	366.76
ProMec Services	carburetor assembly	181.47
ProPet Distributors, Inc.	litter pickup bags	4,676.80
Range	Crimestoppers Aug 2022	37.40
Rapid Fire Protection, Inc.	replace aged sprinkler-pendant heads in station	645.00
RapidAir	air lines for air compressor in the shop	1,722.20
Ricoh USA, Inc.	Copier Charges Aug 2022	431.07
Ridgepoint Consulting, LLC	R&O - Design, Bidding, & CA #4701	11,250.00
Rocky Mountain Scale Works	Landfill Scale Calibration	2,158.00
SAFEbuilt, LLC	June 2022 plan review services	16,250.00
SCS Engineers	City/SAWS Scenario Analysis July 22	2,287.50
Secretary of State	Notary Commission - A Foster Utility Admin	60.00
Security State Bank	Gateway Pathway Retainage 498599 - #5701	1,030.92
Servall Uniform & Linen Supply	Rug cleaning	610.37
Shaunessey Reeves	cleaned cemetery office and bathrooms	1,200.00
Sheridan Artist Guild Et al	SPAC admin June 2022	1,000.00
Sheridan Commercial Co.	Supplies	1,863.65
Sheridan County Conservation District	Fourth Quarter GPET payment	1,875.00
Sheridan County Public Health	Tetanus Shot for Tyler B	70.00
Sheridan Econ-O-Wash	Laundry	171.00
Sheridan Fire Equipment	Fire extinguisher annual service	3,715.50
Sheridan Motor Inc	Services	1,116.37
Sheridan Newspapers Inc	Ads	1,815.53
Sheridan Recreation District	FY23 1st Qtr support	78,120.00
Sheridan Transportation Taxi	Safe Rides July 2022	2,154.00
Sherwin Williams	paint	237.86
Shift Calendars Inc	2023 Shift Calendars	346.66
Simplot Partners	sprayable urea extreme green uan liquid	13,220.50
Source Office & Technology	Ink cartridge, paper clips	52.15
SSR Construction Inc	Blacktooth Park Project Const 5709	5,500.00
Stantec Consulting Services Inc.	Sheridan Main St Dowl to Burkitt Engineering	4,554.50
Sterling Computer Corporation	Intel Core i5 Computer - Clerks Office	1,305.00
Swagit Productions, LLC	Video Streaming Services - July 22	1,295.00
Thomas J Klepperich	Judge Hours- July 2022	1,520.00
Tire Rama	Tires and repairs	1,751.30
Top Office Products Inc	Copy Count for July 2022 Inv	115.27
Torgerson's, LLC	filters stl433	243.49

Toro NSN	august support	155.00
Tree Mechanics LLC	Crane	235.00
Tri State Truck & Equipment, Inc	Hand Pump for Old Volvo Fuel Truck 3-38	1,182.07
Tru Pipe, Inc	Camera truck repairs	5,687.61
TruGreen	Late summer fertilizer application	119.00
Tyler Technologies, Inc	Court hardware/AP signature key	3,320.02
USA Blue Book	Aquashade	192.95
Van Diest Supply Company	aquabac duplex larvicide rodeo	6,013.35
VRM, Inc.	Troubleshot Cooling Issue in SW Truck 7-8	1,921.47
WAM	FY 2023 Membership Dues	22,880.00
Water Products & Solutions	Water	80.00
Winsupply of Sheridan Wy Co	Parts and supplies	3,851.94
Wyoming Department of Transportation	E 5th St Corridor-WYDOT design 4759	391.33
Wyoming Electric, Inc.	replace light sensor in restroom replace 2 ballast	782.38
Wyoming Machinery Co	clean diesel particulate filter 7-18 wc	250.00
Zowada Plumbing & Heating Inc	Repair urinal in mens room of admin office CB	244.60
Zowada Recycling & Steel, LLC	hr square iron/metal for loading ramp	67.38
Ashley Beld	redo lost check 22601-deposit refund	44.59
Brandon Weiher	redo lost check 22424-CDL Reimbursement	47.25
City of Sheridan	Rewrite check Daniel Kratz to acct 00007811	36.27
Daniel Keller	redo lost check 18802-fuel reimbursement	74.62
John Munn	redo lost check 19240-deposit refund	32.03
Lease Servicing Center, Inc.	HS Compact Wheel Loader NLHP02304 pmt#2	18,636.05
Montana Dakota Utilities	Numerous electric bills	34,901.96
State of Wyoming	Loan DWSRF 110 Pymt #12	140,247.30
Wyoming Bank & Trust	SID #78 Principal & Interest & Agent Fee	7,972.50
497-874-NCPERS Wyoming	Regular Payroll 08.12.22	344.00
Aflac	Regular Payroll 08.12.22	1,138.29
CITCO FCU	Regular Payroll 08.12.22	2,320.13
First Federal Savings Bank	Regular Payroll 08.12.22	9,515.60
First Northern Bank of Wyoming	Regular Payroll 08.12.22	1,082.49
HealthEquity, Inc.	Regular Payroll 08.12.22	2,285.46
IRS 941	Regular Payroll 08.12.22	80,987.01
LegalShield	Regular Payroll 08.12.22	15.95
LOCAL 276, IAFF	Regular Payroll 08.12.22	850.00
Nationwide	Regular Payroll 08.12.22	27.06
Optum Bank, Inc.	Regular Payroll 08.12.22	565.76
Orchard Trust	Regular Payroll 08.12.22	3,472.28
Police Protective Assoc.	Regular Payroll 08.12.22	40.00
Security State Bank	Regular Payroll 08.12.22	881.27
Sunlight Federal Credit Union	Regular Payroll 08.12.22	1,793.34
Vantagepoint Transfer Agents 300698	Regular Payroll 08.12.22	5,360.79
WEBT	Regular Payroll 08.12.22	111,271.45
Workers' Safety &	Regular Payroll 08.12.22	10,241.37
Wyoming Retirement System	Regular Payroll 08.12.22	77,734.66
Wyoming State Disbursement Unit	Regular Payroll 08.12.22	1,734.19

Councilmember Beaver moved, seconded by Councilmember Linden, to approve the consent agenda. Mayor Bridger recused himself due to a payment on Claims to the Sheridan Recreation District. Voice vote: unanimous.

Mayor Rich Bridger	Recused
Kristen Jennings	Aye
Shawn Day	Aye
Steven Brantz	Aye
Clint Beaver	Aye
Jacob Martin	Aye
Aaron Linden	Aye

9. Staff Update

A. Utilities Director Dan Roberts discussed Water Quality and Supply

OLD BUSINESS

No Old Business

NEW BUSINESS

10. Consideration of Resolution #41-22 Amending the Master Fee Schedule to include Columbarium Niche Fees. Parks Director Steve Gage updated the Council.

Councilmember Linden moved, seconded by Brantz, to approve Resolution #41-22 Amending the Master Fee Schedule to include Columbarium Niche Fees. Voice vote: unanimous.

Mayor Rich Bridger	Aye
Kristen Jennings	Aye
Shawn Day	Aye
Steven Brantz	Aye
Clint Beaver	Aye
Jacob Martin	Aye
Aaron Linden	Aye

11. Council Comments and Requests for Future Agenda Items.

A. Councilmember Beaver requested a primer regarding alleys from the Public Works Director Hanns Mercer. This will be added to a future Study Session.

B. Mayor Bridger will be attending a SEEDA retreat with date TBD. He will be attending a meeting in Cheyenne to discuss affordable housing. Additionally, the Mayor stated that he would be creating a committee to discuss Rotary Park.

12. Councilman Linden moved, seconded by Councilman Day, to enter Executive Session Per W.S. 16-4-405 (a)(vii) To consider the selection of a site or the purchase of real estate when the publicity regarding the consideration would cause a likelihood of an increase in price.

Council adjourned into Executive Session at 7:32 P.M.

Council returned from Executive Session at 7:46 P.M.

Consideration of Resolution #43-22 for the Purchase of Real Property Located at 820 KROE Lane. City Administrator Stuart McRae and City Attorney Brendon Kerns updated the Council and the public.

Councilmember Linden moved, seconded by Martin, to approve Resolution #43-22 for the Purchase of Real Property Located at 820 KROE Lane in Sheridan, WY. Voice vote: unanimous.

Mayor Rich Bridger	Aye
Kristen Jennings	Aye
Shawn Day	Aye

Steven Brantz	Aye
Clint Beaver	Aye
Jacob Martin	Aye
Aaron Linden	Aye

13. Mayor Bridger adjourned the meeting at 8:00 P.M.

APPROVED:

_____

Richard Bridger, Mayor

ATTEST:

_____

City Clerk, Cecilia Good

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Treasurer

MEMORANDUM

Project Name:	**Claims**
From:	Karen Burtis, City Treasurer
To:	Mayor and Council
CC:	
Date:	

Recommendation:
Staff recommends Council approve these claims.

Attachments

Prepaids
Claims
Payroll

City of Sheridan
Prepaids paid on 08/16/2022

Sum of Amount		
Vendor Name	**Description**	Total
CenturyLink Communications, LLC	Scada Lines and Extensions	**2,099.85**
Earl & Vickie Martin	rewrite lost check 20657-62 Turnberry Dr overpaymt	**53.62**
Kirven Law, LLC	rewrite lost check 22689-147 W Burkitt-Dep refund	**90.00**
Montana Dakota Utilities	Pump stations, lift stations/Numerous electric bills	**46,811.80**
Nancy Redfield	rewrite lost check 20715-117 W 4th -Dep refund	**18.35**
Pitney Bowes Inc	July Postage	**1,200.00**
Rocky Mountain Ambulance Service LLC	Ambulance Service September 2022	**10,000.00**
Sovos Compliance, LLC	Sovos UPExchange (Cloud)	**119.00**
Wyoming Department of Workforce Services	Unemployment Insurance for 2nd QTR 2022	**2,442.81**
Grand Total		**62,835.43**

City of Sheridan
Prepaids paid on 08/22/2022

Sum of Amount		
Vendor Name	**Description**	Total
Cowboy State Title, LLC	Downpayment - Promac	**5,000.00**
Holly Miranda	Re-write lost check 20311-double charge	**15.77**
Wyoming Dept of Revenue	Vendor 41-1 July 2022	**222.93**
Wyoming Water Development Commission	WWDC Grant Application Fee	**1,000.00**
Grand Total		**6,238.70**

City of Sheridan
Claims paid on 09/07/2022

Sum of Amount		
Vendor Name	Description	Total
A Plus Plumbers & Appliance Repair, LLC	Repairs and replacements of backflow assemblies	1,693.55
Aaron Gray	Deposit Refund/645 Lewis St.	27.12
Aaron Linden	Reimbursement WAM summer conference	586.39
ABC Signs & Specialties	name plates	38.00
Ace Hardware-Newkirk	Supplies	201.10
Adler Welding and Fabrication LLC	spring bushing - st5003	19.55
Advance Fence	new potentiometer for main gate repair	239.40
Advocacy & Resource Ctr	Fourth quarter GPET payment	3,575.00
Alexa Blare	Deposit Refund/1531 Martin Ave.	103.23
A-Line Roofing and Exteriors	Roof Replacement for BGWTP	11,937.22
ALLDATA LLC	software	4,129.69
AlphaGraphics of Wyoming	Business Cards for Wade Sannner, qty. 250	49.00
Amazon Capital Services #A33MIR27FEZN42	Supplies	9,590.70
American Highway Products, Ltd.	manhole risers - storm	1,108.50
American Maid	Monthly cleaning	1,250.00
American Welding & Gas, Inc.	7/8 130ag shank 3/4 130 shank	100.53
Andrew Peil	Deposit Refund/405 S Tschirgi St.	125.00
Angel Armor, LLC	duty vest - Fischer	1,345.19
Arete Design Group	Bandshell Reno Design #5710	2,289.00
AVI Systems, Inc	Avi Systems CableCast Software Support	1,200.00
Azteca Systems, Inc.	Cityworks conference registation	650.00
Bailey & David J Garcia	Refund/1205 Marion St.	91.06
Bear's Paw Embroidery	Embroidery	290.00
Big Horn Logistics, LLC	Safe Rides July 2022/SCADA call out system work	3,032.99
Bighorn Design Studio, LLC	uniform shirts and jackets for bldg dept staff	801.00
Black Bear Construction	sculpture installation SPAC	1,200.00
Bloedorn Lumber	cedar handsplit fence rail	2,055.02
Bluemel Plumbing & Heating	SWR Drinking Fountain Repair	157.72
Bobbie Carlyle	On loan honorarium carryover	500.00
Bradley & Erin Thimmesch	Deposit Refund/108 E 9th St.	51.26
Brian Edwards	Work Boots	170.00
Brian's Boot & Shoe	Boots	892.85
Bronc Builders	weed eating cemetery	150.00
C & K Equipment	transmission oil:unit #4-22	220.74
Carolyn A. Byrd	PC minutes	175.00
Carquest Auto Parts	Parts	1,847.60
Carroll Realty	Balance Refund/2073 Bungalow Village Ln	48.91
Cassidy Van Kirk	Balance Refund/1381 Ridgeway Ave.	125.74
CED- Consolidated Electrical Distributers Inc.	Parts and supplies	136.81
Cedars Health LLC	Occupational Health Testing	378.00
Central Wyoming College	Electrical Apprenticeship 4A Classes M.Burtis	493.00
Chemtrade Chemicals US LLC	Alum for SWTP and BGWTP	15,898.92
Christy & Marty Allen	Deposit Refund/1233 E Woodland Park Rd.	90.00
Chuck & Annie Magera	Deposit Refund/648 Carlin St.	113.49
Cindy Cade	Deposit Refund/1282 Broadway St.	144.60
Clinton Beaver	Reimbursement WAM summer conference	121.38
CMI-Teco	core deposit 3.32 rec	879.85
Cobra Crete, LLC	5, 6, 7, star 12th street curb repair	2,850.00
Collection Professionals Inc.	CPI Acct #1885 Collections 7.1-7.31.22	401.43
Colorado Barricade Co.	orange flags	440.00
Compass - Center for Families	4th QTR GPET payment	3,575.00
Comtronix	annual fire alarm testing for city hall 2022	446.17
Conner Newton	Deposit Refund/829 E 7th St.	5.58
Craftco Manufacturing Solutions	Sculpture base recoating/sculpture pedastal	6,903.21
Crescent Electric	Electrical supplies	1,908.87
Cummins Rocky Mountain	nitrogen sensor s rec	1,808.78
D.B. Smart Homes & Security, LLC	camera cable video recorder/Bandshell improvements	1,980.00
David Rice	Deposit Refund/549 Minnow Path	81.32
Dixon Land Management and Consulting Inc	SWTP, BGWTP & Intake mowing	1,675.00
DPC Industries, Inc.	chlorine container	50.00
Earl Smith	safety boots	166.94
Eli P. Jardine	Deposit Refund/626 N Custer St.	125.00
Employ, LLC	Temporary Labor	18,601.97
Engineering Associates	Sanitary Sewer Rehabilitation Design #4758	366.76
Enviro-Clean Intermountain, LLC	brooms 3.42-43 st	2,560.35
Fastenal Company	Washers and Bolts for Grinder 4-76	517.29
FedEx Freight	Testing Sample Shipping	149.15

Vendor Name	Description	Total
Ferguson Waterworks #1701	Meters	1,168.16
Fire Catt, LLC	Annual Fire Hose Testing 8-4-22 CB	2,744.00
Fireblast Global Inc	Blower-Heat Blocker Mini Peeper Parts FTTrailer	462.95
Flowpoint Environmental Systems, Inc	Water sales bermad parts	914.24
Floyd's Truck Center WY	Parts	3,566.32
Galls, LLC	Nameplate and uniform pants - Fischer	141.04
Geveko Markings Inc	ql2 burner 160 kw	237.98
Grainger, Inc.	gantry crane/parts	8,317.72
Green Side Up	350 units of sod	163.00
Hach Company	Testing Chemicals	3,645.24
Hawkins Inc	Hypochlorite, Soda Ash, Sodium Hex BGWTP- 8-15-22	11,863.89
Heartland Kubota, LLC	Annual tractor service	477.58
Home Depot Credit Services	supplies	2,354.43
Humdinger Equipment LTD	Latch Lock Handle and Rail for TANA 4-73	2,125.50
Hunter Idaho Falls Monument	black shutters 50 percent deposit	8,990.00
IBS, Inc.	knurled grip set shop supplies	50.07
J&B Medical Supply, Inc.	Medical Supplies for ambulances Quote 28850-0 KJ	1,699.67
James M. Kerr	Deposit Refund/1250 S Sheridan Ave.	28.40
Jason Etchechoury	Reimb 2 nomex pants JEtchechoury Inv SO77666	646.25
Jennifer Soto	Deposit Refund/1229 Spaulding St.	74.76
Joe Johnson Equipment LLC	ay water manifo/suction hose no bin	2,189.66
John H Addlesperger	SAWS Refund/1746 Weeping Willow Ln	5.00
John King	final cdl testing	56.00
Jonathan P Syring	Wellness Participation Reimbursement	48.01
Judy Penn	Deposit Refund/144 Smith St.	85.83
Julio Quintana	Balance Refund/559 Aspen Trail	32.80
Justin Bleak & Kendra Carmody	Deposit Refund/1445 Omarr Ave.	53.90
Karen B. Burtis	HP Elitebook 850 G8/Printer	3,892.32
Karla Krinkee	Fuel to interview in torrington	69.75
Katelyn Vollmer	Deposit Refund/507 E 5th St.	25.56
Kayla Albertson	Deposit Refund/505 N Sheridan Ave #202	45.03
KCR Enterprises LLC	rechargable headlamp - shop tool	119.65
Kierra Wilkins	Deposit Refund/303 W 8th St.	77.19
Kilpatrick Creations Inc.	Clothing for Firemen Inv 191710	2,371.40
Knecht Home Center	Supplies	410.14
Knife River	greens sand	1,613.52
Kois Brothers Equipment, Co.	hl valve 7.13 wc	7,907.32
Kon Ho In	Balance Refund/729 Val Vista St.	8.16
Kourtney Alonso	Deposit Refund/247 N Sheridan Ave.	39.18
Kyle R Johnson	Wellness Participation Reimbursement	150.00
Laison Rosenlund	Deposit Refund/434 E 5th St.	90.21
Landon's Greenhouse & Nursery, Inc.	Trees and bushes	11,898.37
Larry Taylor	Refund/561 Wyoming Ave	146.88
Les Schwab Tire Centers of Montana, LLC	tires st5003 tires 3.10 wc tires 4.26 rec	2,797.59
Linton Oppegard	Deposit Refund/731 N Gould St.	87.24
Loretta & Marcus Moore	Deposit Refund/231 S Water St.	20.99
Luke A Goddard	Medical Doctor Coverage for September 2022	500.00
Marcos Garza	Deposit Refund/605 Aspen Trail	79.08
McMaster-Carr Supply Co	PVC Fittings and Brass rod	162.01
Melissa Jelly	Sewer Refund/372 Adkins Valley Ln #NM	7.27
Memorial Hospital of Sheridan County	Occupational Testing/Pharmacy supplies	1,996.48
Metropolitan Compounds, Inc	patch kits	6,898.85
Michelle Willey	Deposit Refund/1480 Martin Ave.	34.34
Mid-American Research Chemical Corp	lift station enzyme block	1,581.79
Midas of Sheridan	ac repair st304	3,046.84
Midland Implement Co Inc	toro screen suction	253.76
Morrison-Maierle, Inc.	N Sheridan Interchange-Utilities & Enhancements CA	1,046.25
Morton Buildings, Inc	Deposit Refund/710 S Carrington St.	92.87
Motorola Solutions, Inc.	Watchguard warranty/software, crime reports	33,806.86
Mueller Systems	wall brackets for meters	613.40
Mullinax Concrete Service & Irrigation	sika flex	353.90
Napa Auto Parts	Parts and supplies	1,664.93
Newman Traffic Signs	this side of street signs	377.79
Norco, Inc	Supplies	1,010.43
Office of the Attorney General	Crime Victim Surcharges - July 2022	100.00
Office Shop Inc	Monthly copy charges	849.31
Office Shop Leasing	Leases	244.17
Pace Analytical Services, LLC	Testing	1,580.13
Paola Alfaro	Overpayment Refund/1444 North Heights Dr.	60.23
Pavement Markings LLC	c & c auto parking lot	775.00
Peter & Susan Orlando	Deposit Refund/1631 Yonkee Ave.	70.04
Peterbilt of Wyoming	nitrogen oxide sensor 3.20 wc	858.60
Plow Handle Gates	new keypad/elec gate @ SWTP	452.00

Vendor Name	Description	Total
Pollardwater	Live tap drill bits	1,197.21
Powder River Heating & Air Conditioning, Inc	Repairs to urinal	528.08
Powder River Power Co	Parts and supplies	1,683.73
Prime Rate Motors	2018 Ford Explorer	33,995.00
Rachel Garrison	Deposit Refund/667 Sheri Ln	46.26
Railroad Management Company III, LLC	Railroad lease	2,052.65
Randall Engineering Surveys	Consulting-Holloway Ave btw 13th-15th Streets	3,678.50
Rebecca Hartman	Per diem, rental car and gas - negotiations traini	897.38
Rhett Wallace	Deposit Refund/814 N Custer St. #102	77.36
Rhithron Associates, Inc.	Dome Lake algae analysis	270.00
Richard A Burke Jr	Honorarium for sculptures FY23	1,000.00
Rocky Mountain Discount Sports	oasis canopy 10x10	379.98
Ryan Walker	Deposit Refund/81 Davis Tee	101.97
SAFEbuilt, LLC	plan review and building official thru July 31,22	12,650.00
Samsara	GPS Software for SW 3-8 3-13 3-20 701 7002	1,642.80
Schuster Construction	Balance Refunds/Schuster Construction	103.07
Seliena Parker	Donuts for Safety Meeting 08-18-22	9.99
Servall Uniform & Linen Supply	Rug cleaning	1,535.58
Servicewear Apparel Inc	Uniforms	1,137.70
Shannon Greenelsh	Deposit Refund/2554 Coffeen Ave.	52.88
Sheridan Commercial Co.	Supplies	1,308.71
Sheridan County Historical Society and Museum	4th QTR GPET payment	4,625.00
Sheridan County Treasurer	4th QTR FY22 Air service	3,703.92
Sheridan Econ-O-Wash	uniform laundry	118.00
Sheridan Express, LLC	Tires Hauled for Recycling 08-24-22	3,258.50
Sheridan Fire Equipment	New extinguisher and recharge another	125.00
Sheridan Lock & Key	G Keys for City Hall/Bandshell improvements	614.50
Sheridan Media	930 kroe news talk 93.7coyote country q104.9	112.00
Sheridan Motor Inc	oil change shift to park message 1.22 pd	1,383.42
Smith Psychological Services LLC	Pre-employment exam & protocols - Heid	400.00
Source Office & Technology	copy paper, post-it notes and memo pads	93.00
Spark Innovations, LLC	work on underground in park in january	2,679.83
Stantec Consulting Services Inc.	Sheridan Main St Dowl to Burkitt Engineering #5319	5,343.50
State of Wyoming	Origination Fees	36,000.00
Stephanie Stacy	Deposit Refund/410 E Montana St.	125.00
Sunrise Homes Construction, LLC	Balance Refund/2165 Paint Rock Rd.	34.49
Thatcher Company	Soda Ash 2000 lb (21) bags	16,885.00
Thomas J Klepperich	Judge Hours June 2022	2,840.00
Timothy Butler	Deposit Refund/730 S Main St.	98.84
Tire Rama	Tires and repairs	888.45
Tires for Reclamation, Inc.	Tire Recycling 08-24-22	4,189.50
Tongue River Stone Inc.	3/4 minus rock	2,074.10
Top Office Products Inc	Office supplies	447.41
Transaction Warehouse, Inc	7.2022 Iweb Profile Payments	3,956.40
Trihydro Corporation	Semi Annual Groundwater Monitoring - July 2022	32,400.96
TW Enterprises, Inc	Annual Servicing of Emergency Generators	2,486.98
U.S. Army Corps of Engineers, Omaha District	ACOE G.I. Remainder of Cash Match FY23	500,000.00
UPS	shipment to State Vet Lab	18.86
USA Blue Book	PVC coated Aprons (4)	86.70
Vertical Door Solutions, Inc.	Replace Capacitor on SWR Door	147.25
VRM, Inc.	Parts and services	9,128.69
Water Products & Solutions	Water	123.20
Weed Warriors	kroe lane corners works and s elk mydland pathway	2,600.00
Western Emulsions, Inc.	css1h tack oil	638.58
Winsupply of Sheridan Wy Co	Parts and supplies	7,109.94
Wyatt Winebrenner	Deposit Refund/703 N Gould St.	97.25
Wyoming Department of Transportation	East 5th St Corridor-WYDOT Design/N Sheridan Interchange	163,359.24
Wyoming Electric, Inc.	disconnect ball washer at golf course/camera install	657.34
Wyoming Machinery Co	clean diesel particulate filter 3.32	250.00
Wyoming Rents	equipment rental	295.00
YMCA	Styku Body Scans for Wellness Program	1,550.00
Zach Root	Deposit Refund/14 E Works St #2	48.68
Zowada Plumbing & Heating Inc	City Hall 2nd Floor Women`s Restroom Faucet Repair	139.12
Grand Total		1,132,848.66

City of Sheridan
Regular Payroll paid on 08/26/2022

Sum of Amount		
Vendor Name	Description	Total
497-874-NCPERS Wyoming	Regular Payroll 08.26.22	344.00
Aflac	Regular Payroll 08.26.22	1,138.29
CITCO FCU	Regular Payroll 08.26.22	2,320.13
First Federal Savings Bank	Regular Payroll 08.26.22	9,723.94
First Northern Bank of Wyoming	Regular Payroll 08.26.22	1,082.49
HealthEquity, Inc.	Regular Payroll 08.26.22	2,285.46
IRS 941	Regular Payroll 08.26.22	79,258.50
LOCAL 276, IAFF	Regular Payroll 08.26.22	850.00
Nationwide	Regular Payroll 08.26.22	27.06
Optum Bank, Inc.	Regular Payroll 08.26.22	565.76
Orchard Trust	Regular Payroll 08.26.22	3,472.28
Security State Bank	Regular Payroll 08.26.22	777.10
Sunlight Federal Credit Union	Regular Payroll 08.26.22	1,793.34
Vantagepoint Transfer Agents 300698	Regular Payroll 08.26.22	5,503.32
WEBT	Regular Payroll 08.26.22	98,307.57
Workers' Safety &	Regular Payroll 08.26.22	10,384.82
Wyoming Retirement System	Regular Payroll 08.26.22	81,781.79
Wyoming State Disbursement Unit	Regular Payroll 08.26.22	1,543.12
Grand Total		301,158.97

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Police

MEMORANDUM

Project Name:	**Presentation of Life Saving Awards - Chief of Police Travis Koltiska**
From:	Travis Koltiska, Police Chief
To:	Mayor and Council
CC:	City Administrator Stu McRae
Date:	08/31/2022

Recommendation:

Chief Koltiska requests special recognition for Corporal Curtis Jorgensen and Officer Brad Wood for their life-saving efforts on June 30, 2022.

Background:

Background: On July 6, 2022, Sgt. Nevada Krinkee submitted a recommendation to the police department administrative staff to recognize two (2) officers for their life-saving measures taken on June 30, 2022.
An administrative review of the recommendation concluded that both Corporal Curtis Jorgensen and Officer Brad Wood should receive the Life-Saving Medal for their actions. Below is a Summary of the incident:
On the evening of June 30, 2022, Corporal Jorgensen and Officer Wood arrived at a home in response to a request for a welfare check. The officers attempted to contact but did not receive an answer at the door. Refusing to leave the scene without a proper conclusion, officers looked through a window in the residence and saw what appeared to be blood on the furniture inside the house and observed a male The subject partially slumped on the floor and in clear need of assistance. An officer entered the home where they made contact with the male subject and began an evaluation.
It was determined that the male subject had a large laceration on his face and was not breathing. Corporal Jorgensen ordered Officer Wood to begin CPR while he retrieved an Automac External Defibrillator (AED) from his patrol vehicle. Officer Wood performed “textbook CPR” for approximately 45 seconds, resuscitating the victim at which time the AED was applied to the male subject. Officers continued to perform CPR and upon determining the subject was breathing on his own, ceased resuscitation efforts. Both officers connued to monitor the vicm until medical personnel arrived to assume care of the subject.

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
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Attorney

MEMORANDUM

Project Name:	**Consideration of the Third and Final Reading of Ordinance #2251 Regarding Water Right Disclosures and HB0002 - City Attorney Brendon Kerns**
From:	Brendon Kerns, City Attorney
To:	Mayor and Council
CC:	
Date:	

Background:

See attached memo

Attachments

Ordinance
Memo

ORDINANCE NO. 2251

AN ORDINANCE UPDATING APPENDIX B ARTICLE 5 REGARDING WATER RIGHTS IN ACCORDANCE WITH HOUSE BILL NO. HB0002

WHEREAS, the Wyoming Legislature adopted House Bill 0002 regarding the disposition of water rights for new subdivisions within the City jurisdictional boundary; and

WHEREAS, the City Governing Body adopts the following provisions in accordance with the requirements of Wyoming Statute.

NOW THEREFORE, BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF SHERIDAN, WYOMING:

Appendix B Article 5 shall include a new section to read:

510 Water Rights

A. *Compliance with Wyoming Statute*. Lands to be subdivided within the City limits of Sheridan shall comply with applicable Wyoming Statute § 15-1-415. See also 18-5- 306, and 18-5-316. The City Governing Body shall not certify or approve any map or plat in which the subdivider has not complied with the aforementioned statutes. Provided, the City Governing Body may approve the plat or map conditionally, allowing the subdivider to file the plat after providing written adequate proof of compliance with Wyoming Statute to the City Public Works Director.

B. *Preliminary Plat Requirement*. When the preliminary plat is submitted, the subdivider shall declare its intended disposition of any water right which is appurtenant to the land to be subdivided by one of the following means listed in order of preference: (1) be used on the subdivided property in accordance with a water distribution plan; (2) be transferred to the City; or (3) addressed in any manner consistent with Wyoming Statute.

   (1) A water distribution plan shall be incorporated into the preliminary water and sewer plan defined in City of Sheridan Code, Appendix B, Article 404.

C. *Water Rights Purchase*. If the City is to purchase the water rights, the purchase price shall be the water rights' market value. Provided, the costs to transfer ownership, change the point of diversion, means of conveyance, change in place of use and/or change of use shall be deducted from the purchase price and any cost greater than the purchase price shall be paid by the City.

   (1) The market value shall be determined as follows:

i. If the subdivider has a bona-fide offer from an independent third-party purchaser, the subdivider shall submit the written offer to the City with the preliminary plat. The City shall have 15 days from the date of submission of the preliminary plat to exercise its right of purchase in accordance with the same terms and conditions of the bona-fide offer.

ii. If the subdivider does not have a bona-fide offer from an independent third-party purchaser at the time of submission of the preliminary plat, the market value shall be determined by an appraiser agreed upon by both parties. If the City and subdivider cannot agree, then each party shall retain its own appraiser and the average of the two appraisals shall be the purchase price.

(2) The terms of the transfer or water distribution plan may be made part of a subdivider or development agreement.

D. Nothing in this Article shall be construed to prevent a subdivider from disposing of water rights in accordance with Wyoming Statute prior to the submission of the preliminary plat.

Appendix B Article 303(A) shall be amended to read to include:

(8) Provide satisfactory evidence from a Wyoming licensed surveyor or engineer, or a letter from the Wyoming State Engineer's Office, identifying any water rights subject to Wyoming Statutes §§ 15-1-415, 18-5- 306, and 18-5-316.

Appendix B Article 403(A) shall be amended to include:

(12) The location of the water rights distribution system, means of conveyance, materials to be used and the identification of the party responsible for maintenance and repair.

Appendix B Article 404 shall be amended to include:

(B) A Water Distribution Plan shall either be incorporated into the preliminary plat or as a separate exhibit to the preliminary plat and include the following:

(1) Arrangement of the proposed system within the subdivision together with indication of distribution methods, supporting infrastructure like pumps or ponds, and piping materials.

(2) Additional notations and information as may be required.

WHEREUPON, a motion was passed and this Ordinance and was declared adopted this _____ day of _____, 2022.

CITY OF SHERIDAN, WYOMING

Mayor

ATTEST:

City Clerk

FIRST READING: _____

SECOND READING: _____

THIRD READING: _____

PUBLISHED: _____

EFFECTIVE THE DAY OF , 2022.

TARVER, KERNS & BUNTING, LLP
200 WEST LOUCKS STREET
SHERIDAN, WY 82801

TIMOTHY S. TARVER, LLC
P.O. Box 6284
Sheridan, WY 82801
(307) 672-8905 | (307) 674-5000 fax

KERNS & BUNTING, LLC
Brendon E. Kerns*
Sheryl S. Bunting
P.O. Box 6669
Sheridan, WY 82801
(307) 655-8600 | (307) 674-5000 fax
*LICENSED IN WY & MT

MEMORANDUM

Date: **August 30, 2022**
To: **Mayor and City Council**
RE: **Ord. 2251 – Amendment 5 Water Rights**

This Ordinance was the result of HB-0002 which requires, as of July 1, 2022, all subdivisions within municipalities to address the disposition of the water rights attached to the property prior to approval of the final plat. Consequently, it was necessary for the City to adopt an ordinance to address the effect of the new law.

The City of Sheridan water projections show that the City will be out of water in 2055 if a 2% growth rate is maintained. In order to extend the date of 2055, it was recommended, among other steps, that more water in Big Goose Creek be obtained. This can be accomplished by either acquiring more water rights or encouraging developers to utilize current water rights for raw water irrigations systems.

In your packet is Ord. 2251, Amendment 5 regarding water rights. On July 18, 2022, the fourth amendment was adopted but final passage of the ordinance was tabled in order to allow for more public input. If Council adopts Amendment 5 and adopts the ordinance, this would be the last and final reading.

City staff and I have met with numerous developers, engineers, concerned citizens and the Wyoming State Engineer's Office in order to further review potential issues and concerns. Through the meetings after July 18th, there were 4 additional issues that interested parties felt needed to be addressed:

(1) Clarify the preference of use
(2) Clarify responsibility of cost
(3) Limit duplicative approval processes
(4) Clarify the process

Preference of Use. The Utilities Director has always taken the approach that water should, if possible, stay with the land. Interested parties wanted to ensure that, if a subdivision is approved, the water could still be used for irrigation. The proposed change now places a priority of

preference so that the subdivider always has preference to use the water on the land. The City's purchase right can only be exercised if the subdivider is not going to use the water. The City has no right of purchase if a water right is abandoned before the submission of a preliminary plat.

Responsibility of Cost. Concerns were raised about that the costs of transferring a water right to the City might exceed the purchase price. A clarification was made that requires the City to pay for additional costs.

Duplicative Approval Process and Process Clarification. For efficiency purposes, I will address resolution for these two issues simultaneously. When a subdivider submits a final plat, City Ordinance requires that they submit a water and sewer plan. Amendment 5 will require that a water distribution plan, if chosen by the developer, be included with the water and sewer plan. The approval of the water distribution plan occurs with the preliminary plat by the planning commission. Therefore, developers will not have a separate application which must be reviewed or approved by any additional party. As part of the plan, the City will require a disclosure of the means and methods of conveyance which is similar to the State Engineer's requirements should the subdivider choose to utilize a water distribution system. The purpose of this requirement is to ensure that the materials and means are appropriate for the area.

Please contact me if you have any questions.

TARVER, KERNS & BUNTING, LLP

Brendon E. Kerns

CITY OF SHERIDAN, WYOMING
55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

City Administrator

MEMORANDUM

Project Name:	**Consideration of the Emergency Medical Services Contract Award - City Administrator Stuart McRae**
From:	
To:	Mayor and Council
CC:	City Administrator Stu McRae
Date:	08/31/2022

Discussion:

Staff recommends Council awards the Northeast Wyoming Ambulance Service proposal for ambulance service beginning 19 November 2022. All three proposals state their ability to meet the three-consecutive 911 response capability that the RFP requires, but of the three proposals received, NEWAS' proposal requires the least subsidy from both City and County.

By approving the award, Council will enable Staff to work with the County and begin negotiating the contract with the recipient of the award.

Attachments

RMA Cover Letter
RMA Proposal
AMR Proposal
N.E.W. Proposal

Rocky Mountain Ambulance

Sheridan Wyoming

July 28, 2022

Tom Goodwin/Troy Goodwin, Owners/Members
Rocky Mountain Ambulance Service, L.L.C.
731 Broadway Street
Sheridan, WY 82801
307.673.8303

Cecilia Good, City Clerk
City of Sheridan
55 Grinnell Plaza
Sheridan, WY 82801
307.675.4214

RE: Rocky Mountain Ambulance Service, L.L.C. ("RMA"); Response to Request for Proposal of June 27, 2022 ("RFP").

Dear Ms. Good:

RMA is pleased to offer the enclosed Response to the City of Sheridan and Sheridan County ("Sheridan") RFP for ambulance services. As the sole provider of ambulance services under active contracts with Sheridan, RMA is in a unique position to leverage its existing infrastructure to provide continued service to the area with no interruption or delays associated with establishing an unproven business entity. Further, being locally owned and operated, RMA serves only Sheridan, dedicating 100% of its resources to the area.

Briefly summarized, RMA is submitting its Response based upon "responding to three (3) consecutive or concurrent 9-1-1 calls for service within Sheridan County, 24 hours a day on a continuous basis." To meet this response model, RMA proposes a yearly rate of $640,000.00 split evenly between the City and County, payable monthly under an agreed upon contract executed by all parties. This rate is in addition to any other terms or conditions proposed by RMA in its Response.

RMA recognizes that the proposed rate is higher than that of the active agreements for ambulance service, however those agreements have not been subject to escalation in a number of

years. Further, economic conditions since the time of the active agreements have driven a sharp rise in underlying costs. To continue to provide reliable service, such costs must be addressed. However, RMA believes that there are other cost effective arrangements as to call response ability in relation to the contract rate. RMA is willing to explore all viable options with Sheridan in the RFP negotiation process.

As a deep rooted community member, RMA strongly desires to continue its service to area residents, visitors, and Sheridan. As this Response is reviewed, should there be any questions, please do not hesitate to contact RMA. Thank you for your consideration.

Sincerely,

Tom Goodwin
Owner/Member
Rocky Mountain Ambulance Service, L.L.C.

Troy Goodwin
Owner/Member
Rocky Mountain Ambulance Service, L.L.C.

Request for Proposal Response

Rocky Mountain Ambulance Service, L.L.C.

Submitted To:

Sheridan County and the City of Sheridan, Wyoming (collectively, "Sheridan")

9-1-1 Advanced Life Support Ambulance Response and Transport Services

1.1 Statement of Qualifications of Rocky Mountain Ambulance Service, L.L.C. ("RMA")

- Locally owned and operated business that has served Sheridan for over 22 years.
- Licensed by the State of Wyoming, Office of Emergency Medical Services.
- Certified for Wyoming ALS and BLS ambulance transportation.
- Track record of providing high-level service while prioritizing customer needs.
- Committed to providing a safe working environment for its employees and a safety first focus in the treatment and transport of customers.
- Provides outside services to the Sheridan community, driving growth and locally sourced revenue for Sheridan business through facilitation of events and functions crucial to the community.
- Regular training opportunities for all RMA employees to stay abreast of the newest developments in emergency care and to maintain employee skill efficiency.
- Direct experience meeting the needs of the Sheridan community.
- Existing infrastructure in place to continue providing service under new contractual arrangement with no gaps in coverage or down time.

Founded in 2000, becoming ALS ambulance certified that September, RMA strives to continuously evolve and adapt to an ever-changing world by providing the best possible care, using the best possible equipment, paired with the best training available for its employees. RMA roots itself in the values of its organization, community, customer service excellence, diversity, safety, and adaptability. Utilizing modern facilities, and a fleet of reliable ambulances that have been upgraded in the last five years, RMA can serve well into the future. Additionally, as a show of commitment to the Sheridan community, RMA has embarked on a new program, rebranding its ambulances to closely reflect local values. Since its founding, RMA has grown to become the sole provider of all of Sheridan County EMS calls, and to manage contracts with the City, the County and the Sheridan VAMC. With the support of the community, RMA has serviced all area EMS for the past decade.

RMA bases its operations in Sheridan, Wyoming at a single modern facility, centrally located to maximize City and County wide services. RMA's facility hosts four bedrooms for employee rest, a full kitchen, living room, and three bathrooms. Additionally, seven bays are reserved for ambulance use. Aside from customer transport to and from the area, RMA operates solely within the boundaries of Sheridan County and maintains a staff of 20 full-time employees, along with a part-time staff. RMA is proud of its work with local fire and rescue, paid and volunteer departments to provide one of the best EMS systems in Wyoming.

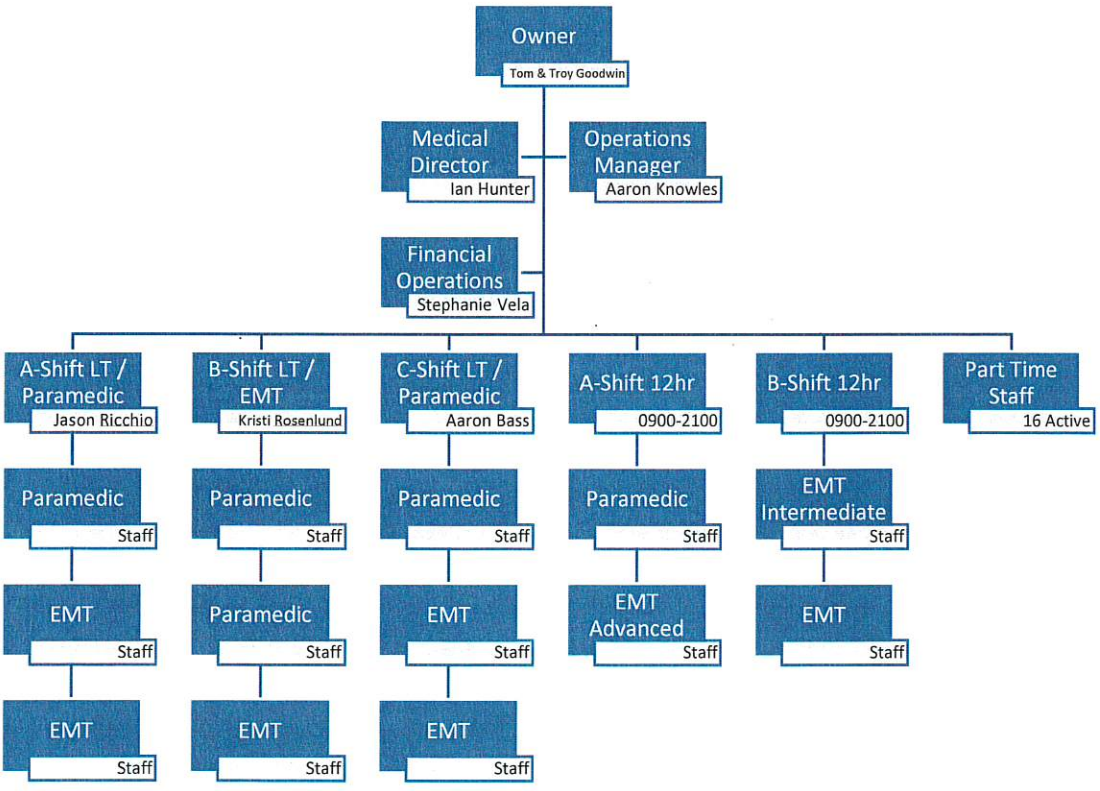
1.2 Contact Information/Local Office

Rocky Mountain Ambulance Service, L.L.C.
731 Broadway Street
Sheridan, WY 82801

307.673.8303
rmas@fiberpipe.net

1.3 Rocky Mountain Ambulance Service, L.L.C.; Organization

1.3.1 Organizational Chart



1.3.2 Position Summaries

1.3.2.1 CEO/Owners: Troy Goodwin and Tom Goodwin

Maintain ultimate responsibility for key decision making and fiscal soundness of RMA; oversee the Operations Manager responsibilities; public head for the company.

1.3.2.2 Operations Manager

Manage all EMS crew operations; order equipment and supplies; human resources authority; staff scheduling for full-time/part-time shifts, vacation and sick leave; schedule events and standbys; back fill busy 911 durations; QA/QI using Image Trend (Wyoming WATRS EMS Image Trend); review reports done for the past day completed correctly to insure highest percent rating for insurance; maintenance scheduling of the ambulances (including record keeping of the maintenance performed); maintain/clean crew base and ambulances; check and resupply ambulances daily; facilitate new employee and shift training; maintain current ambulance/EMT licensing (CPR, First Aid, PALS, ACLS, Wyoming EMS Licenses for the State); training for Wyoming EMS OWLS program and entering training info; Wyoming continuing education (CMES) training on a weekly schedule; schedule monthly case reviews; liaise with acting Medical Director to facilitate training.

1.3.2.3 Crew Leader/Lieutenant

Lieutenants are responsible for their individual crew and all daily functions therein. The Lieutenant assures all transport units are ready for response every morning. This position is responsible for setting up all non-emergency transports and scheduling during their tour of duty. The Lieutenant assures crews are utilized in the most efficient way throughout their assigned shift and is the chief decision maker on call priority. This role is constantly in direct communication with the Operations Manager or Owner if any problems arise with calls for service or staffing. During assigned shift, if equipment failure or breakdowns occur, the Crew Leader immediately addresses the situation with support from the Operations Manager. The Lieutenant position is designated as Narcotics Replacement Officer and handles all restocking / replacement duties when these drugs are used.

1.3.2.4 Emergency Medical Technician (EMT)

Wyoming State Licensed EMT with current AHA BLS certification. This level employee is responsible for providing basic life support treatment to the medical and trauma patient. This level employee is fully insured and trained to drive and operate the ALS transport unit which includes all operator level maintenance to ensure reliability and safety.

1.3.2.5 Advanced EMT

Wyoming State Licensed AEMT with current AHA BLS certification. This level provider builds upon the prehospital care skills of the EMT in addition to limited advanced skills such as: venipuncture, advanced airways, and additional medications.

1.3.2.6 Intermediate EMT

Wyoming State Licensed EMT Intermediate, AHA BLS and ACLS certification, and PALS or PEPP pediatric certifications. This level provider has an expanded scope to provide ALS care to include advanced cardiac monitoring, care, and treatment.

1.3.2.7 Paramedic

This is the highest level of prehospital emergency care. This employee is fully licensed with the State of Wyoming as a Paramedic and holds all of the previous certifications mentioned and normally expands upon their knowledge with other advanced certifications and specialties. Some

examples of certifications/specialties our Paramedics hold include Certified Critical Care Paramedic, Certified Flight Paramedic, and EMS Instructor.

1.3.3 Resumes

See Addendum 1, attached.

1.4 History of Rocky Mountain Ambulance Service, L.L.C.

RMA was established by Rick Ballard and Tom Goodwin in 2000. Mr. Ballard and Mr. Goodwin, both former Sheridan EMS, sought to focus on patient care with the primary goal of treating each patient with the care that a family member would receive. In fact, this notion would develop into RMA's informal motto, "we treat your family like our family". RMA is a local business, serving the City of Sheridan and Sheridan County for over 22 years. In 2008, RMA contracted to provide ambulance services to Sheridan County and the Sheridan VA Medical Center. The City of Sheridan followed, going under contract in 2010. Since that time, RMA has strived to provide exemplary service to its customers. As a Sheridan based company, it views local citizens as its own.

Initially, RMA offered its services at a very low cost in order to fit within the tight budgets of the City and County at the time. Using affordable ambulances, RMA was able to build a successful business model by which the ambulances were kept reliable through a regular maintenance schedule under contract with another local business. Since then, RMA has grown its fleet of ambulances and now has seven units in operation as well as an existing, modern facility to operate from.

Since its formation, RMA has focused on serving the people of Sheridan. It has accomplished this goal for the last 22 years, and wishes to continue that legacy. With no plans to sell or leave the area, RMA views itself as much a part of Sheridan as any other local business, and looks forward to the continued relationship.

1.5 Financial Information

See Addendum 2, attached.

1.6 Plans to Sell or Merge

RMA currently has no plans to sell or merge.

1.7 Proposed Services Provided

- Emergency medical service for Sheridan, including three ambulances available for service, with ability to add additional available ambulances as needed based on Sheridan growth with a current back up inventory of seven fully equipped ALS ambulances. Inventory includes six four-wheel drive ambulances to handle the rugged environment of the area.
- Service includes emergent 911 calls and non-emergent 911 calls. RMA uses Sheridan 911 dispatch to help determine level of emergency of 911 calls.
- Maintain at least three fully equipped and Wyoming certified ALS ambulances in service, each allowing for cardiac capably from full cardiac arrest to full trauma.
- Maintain equipment necessary to address any mass casualty event.
- Participate in exercises with Sheridan entities in support of mass casualty training.
- Free blood draws for local law enforcement when available.
- Case reviews and training for all volunteer and paid departments in Sheridan.

1.8 Previous History Providing Services to a Public Entity

As described in Section 1.4, RMA has extensive history providing services to the City of Sheridan, Sheridan County, and the Sheridan VA Medical Center.

1.9 Process to Set Up Sheridan Service

One unique advantage of RMA's continuing provision of service to Sheridan is the minimal number of additional hurdles faced in continuing the service that it has provided to date. Unlike new or outside services, RMA has established a successful business model that all parties, and the community at large, know is able to serve the needs of Sheridan.

RMA faced a number of challenges when COVID protocols requiring 14 day isolation resulted in full crews unable to provide service because of exposure. During that time, like many other ambulance services, RMA struggled to meet the unprecedented demand due to personnel moving on to high paying COVID related positions. However, recognizing its role as a community member, RMA continued to provide EMS service throughout the pandemic, even when other

similar ambulance services nationwide ceased operation. RMA now has full staff to service its current schedule, but inflation and market pressure have near doubled the cost of employees and supplies.

In recognizing that some of the needs of the parties were not met under the existing agreements, especially acute during the worldwide pandemic, RMA requested a renegotiation of terms ultimately leading to this RFP and RMA Response. RMA now has numerous applicants for open positions and, under the Response, the ability to hire personnel for additional available crews. RMA projects that, based on new rates and requirements underneath the proposed terms of the Response, RMA will successfully fill the positions necessary to provide the requisite service to Sheridan. Further, as Sheridan continues to grow, RMA will have the ability to systematically hire additional crew members to expand service as necessary.

1.10 Human Resources and Staffing

1.10.1 Time Necessary to Restore Ambulance to Service Following Turnover

RMA projects that will take 30 to 60 days to replace any single employee, however RMA intends to staff to a level which low turnover would not result in an ambulance out of service.

1.10.2 Hiring Process

RMA Owners and the Operations Manager possess responsibility for filling open positions at RMA with the goal of streamlining the hiring process by utilizing online hiring platforms. Time from apply to hire is currently five days. Where the local applicant pool is limited, the broad reach of RMA's nationwide applicant selection process allows RMA to recruit outside talent, increasing the local workforce and adding new skilled residents.

Specifically, the RMA applicant selection process includes:

- Use of large scale online job advertisement platforms to announce and recruit for vacant positions.
- An up to 72 hour, with additional 48 hour component possible, ride along training process under which the applicant is field trained and evaluated by RMA.
- Driving classes performed after field operations complete.
- All new employees must have a clean driving record and pass a background check. RMA insurance does not allow hire of any employee under 21 years of age or with a bad driving record.

1.11 Experience/Service References

1.11.1 Relevant Emergency Care Experience (Five Year)

RMA is currently staffed to the level necessary to meet demands with three crewed ambulances operational during the busiest call volume times. RMA is in the busiest time of the year and has met the demands of Sheridan. RMA intends to grow with Sheridan, and believes that the City and County are priority. It has even decreased hospital interfaculty transfers in recognition of that priority. Staff turnover was a process new to RMA, however it has taken the opportunity to hire more high quality EMS personnel from within. The time from hire to start date has been as quick as two weeks. RMA has several EMS applicants already in process for open positions.

1.11.2 Service References

1.11.2.1 Sheridan County

RMA has provided 911 services to Sheridan County for over 10 years. RMA has been able to provide and grow to sustain call volume, which includes everything from trauma resulting from vehicle accidents to medical calls from the County. Sheridan County covers the following: Arvada, Clearmont, Story, Ranchester, Dayton, Big Horn, and Burgess Junction. RMA has done this with almost no complaints from the public or County Commissioners.

1.11.2.2 City of Sheridan

RMA has served the City of Sheridan since 2000, under contract for over 10 years. In the past eight years, RMA completed over 19,699 calls for City of Sheridan and Sheridan County, and substantively met 90 % response time during that period.

1.11.2.3 Sheridan Speedway

RMA provides Sheridan Speedway ambulance standby coverage, allowing it to operate. RMA, over 90% of the time, utilizes additional part-time staff to manage this standby.

1.11.2.4 Sheridan WYO Rodeo

RMA partners with the Sheridan WYO Rodeo for event standbys, allowing its nationally recognized events to take place. RMA, over 90% of the time, utilizes additional part-time staff to manage this standby.

1.11.2.5 Sheridan County Rodeo and Fair

RMA has provided ambulance standby to the County Rodeo for over 10 years. RMA, over 90% of the time, utilizes additional part-time staff to manage this standby. It is a stalwart supporter of future rodeo and youth agriculture.

1.11.2.6 Westview Nursing Home and Big Horn Rehab

RMA has handled 911 and non-emergent ambulance services for over 20 years. RMA has assisted with CPR services and first aid to help maintain employees.

1.11.2.7 Sheridan High School

RMA has provided no cost standby to Bronc football. To provide this service, RMA stations a crew at games, but allows it to respond should 911 services be needed. RMA has also been a part of the EMR class by testing the EMR students in final skills.

1.11.2.8 Sheridan Recreation District

RMA has been a strong supporter for the youth football program, and provided an EMT, not part of the 911 system, to manage this service.

1.11.2.9 Flying H Polo

RMA has provided event coverage for the past 10 years. RMA, over 90% of the time, utilizes additional part-time staff to manage this standby. Flying H Polo would not be able to operate without such service.

1.12 Customer Service Philosophy

Provide exemplary service to our customers, both external and internal. External customers are those entrusting RMA with their safety and care, including the City of Sheridan and Sheridan County, the entities which ultimately allow RMA the privilege of conducting its daily business. Internal customers are members of the RMA organization itself, and RMA commits itself to treating those internal customers with the utmost respect, priding itself on celebrating diversity in its members. Addendum 3, attached provides evidence of local support and satisfaction of RMA's customer service philosophy.

1.13 Rate Schedule

Service	Most Recent Rate
BLS Non-Emergent	$ 1038.95
BLS Emergent	$ 1502.33
ALS Non-Emergent	$ 1633.68
ALS Emergent	$ 1815.19
ALS II Non-Emergent	$ 1970.43
Mileage	$ 55.00/mile
Standby	$ 118.24/.5 hour

Rescue	$ 118.24/.5 hour
Treat and Release	$ 290.40
BLS Standby	$ 210.00/hour
ALS Standby	$ 275.00/hour
EMT Only Standby	$ 126.50/hour

RMA's current collection rate is 73%.

1.14 Disclaimer of Acceptance of any Binding Term of the RFP

RMA respectfully submits the most recent version (modified slightly to the RFP), including last comments of the parties, of the proposed Emergency Medical Services Agreement attached hereto as Addendum 4 as the proposed basis for a governing contractual document between the City of Sheridan, Sheridan County, and RMA. Clean and red-lined versions are included.

In submitting the proposed Emergency Medical Services Agreement, RMA consents to be bound by the terms thereof only if and as finalized between the parties. No other term specified in the Request for Proposal of June 27, 2022 shall be binding upon RMA by submission of this Response. Additionally, and as part of this Response, RMA specifically disclaims any waiver of rights to modify terms of performance under the RFP. No party executing on behalf of RMA commits RMA to any obligation other than the continued negotiation of the proposed Emergency Medical Services Agreement. Please see Addendum 5, attached for additional Clarifications and Exceptions to the RFP. Further, note that any specific Clarification or Exception in no way limits any term stated above.

1.15 Use of Subcontractors

Currently, RMA's use of subcontractors is limited to the position of Medical Director.

Addendum 1,

RMA Request for Proposal Response of 7/28/22

Thomas Goodwin

Sheridan, WY 82801 | 3077518044 | Rmas@fiberpipe.net

Summary

Accomplished Owner offering 22 years of progressive business experience. Dedicated to maximizing bottom-line profits with forward-thinking approaches and clear focus on continuous improvement. Knowledgeable about financial administration, regulatory compliance and recordkeeping. Vibrant professional proficient in performing office and management duties, including [Action]. In-depth knowledge of [Software]. Energetic leader with proven success in maximizing potential for business development. Experienced business leader with demonstrated strategic planning, problem-solving and team-building abilities. Successful at bringing in and training staff to handle customer and business needs. Motivational, diplomatic and respectful of people from different backgrounds. High-energy [industry] professional with history of building successful [Number]-employee, $1,000,000-per year business from ground up. Focused on creating long-term and profitable client relationships through exceptional customer service. Specializes in new business acquisition via [Action]. Energetic paramedic and owner of EMS business with vast financial analysis and business communications experience. Ready to network with any partners. Skilled at developing strong business relationships with customers and B2B partners. Business-conscious individual offering over 30 years working as a paramedic in EMS sector. Focused, enthusiastic and offering highly effective skills in client rapport. Demonstrating sound judgement and extensive knowledge of employee coaching and mentoring. Top producing professional with superior sales, and talents. Polished and poised and known for having exceptional drive. Determined owner with terrific customer service experience. Results-oriented Business Manager bringing expertise in accounting, supply chain management and marketing. Successful at overseeing all areas of daily operations and making effective policy decisions to positively impact business direction and bottom line profits. Goal-driven Operations Supervisor with more than 22 years of progressive EMS experience. Exceptional business acumen, administrative strengths and program management abilities. Drive company advancement by translating C-level directives into actionable initiatives to strategically impact operations. Expert in stakeholder relations, supply chain management and strategic planning across business levels and segments. Proven history of success in growing scalable, sustainable operations. Productive Business Manager bringing 30 years of office administration and billing services expertise to enhance EMS team. Well-versed in performing effectively across diverse industries, including EMS and Medical area. Proven success in identifying process improvements to optimize efficiency and billing accuracy. Dedicated to implementing initiatives to reduce costs and cultivate quality customer care. Seasoned paramedic with exemplary skills in training and leadership. Energetic professional with engaging personality and service-driven background. Trained in operations management and EMS paramedic Organized and motivated employee eager to apply time management and organizational skills in various environments. Seeking entry-level opportunities to expand skills while facilitating company growth. Motivated student seeking internship in EMS to gain hands-on experience. Outgoing and friendly with strong drive to succeed. paramedic with demonstrated command of [Area of expertise]. [Type] expert with developed aptitude for [Skill]. , offering solid comprehension of cultural diversity. Positive Business Owner with more than 22 years of expertise developing exceptional skills in ambulance. True leader experienced in EMS. Smart and focused Business Owner proudly touting exemplary ability. Successful collaborator with more than 22 years in business world. Keen to expand business relationships and expand valuable partners. Smart and focused Business Owner proudly touting exemplary leadership. Successful collaborator with more than 22 years in business world. Keen to expand business relationships and expand valuable partners. owner with demonstrated command of EMS. expert with developed aptitude for . offering solid comprehension of cultural diversity.

Skills

- Verbal and Written Communication

Experience

BUSINESS OWNER | 05/2000 - Current

Rocky Mountain ambulance - Sheridan, WY

- Promoted business on social media platforms to maximize brand identity and generate revenue.

PARAMEDIC | 09/1999 - 03/2000

Sheridan Fire and Rescue - Sheridan, WY

- Remained level-headed and proactive during emergency situations.
- Developed strong rapport with other medical professionals to foster quality and efficient patient care.
- Demonstrated dedication to providing quality care through continued training and education.

PARAMEDIC | 09/1994 - 09/1999

Sheridan 911 Ambulance - Sheridan, WY

- Adhered to protocols and procedures to maintain safety of patients and paramedic crew.
- Remained level-headed and proactive during emergency situations.
- Developed strong rapport with other medical professionals to foster quality and efficient patient care.
- Administered CPR and other life-saving techniques on patients in cardiac arrest.
- Treated patients suffering from heart attacks, strokes and motor vehicle accident injuries.
- Assessed emergency situations and prioritized medical care for patients.
- Responded quickly to medical emergencies to promote best possible health outcomes.
- Monitored patients from scene to hospital transfer while conducting in-transit care.

MINE RESCUE | 09/1987 - 09/1994

Decker coal mine - Decker Montana, MT

- Tested and inspected tools, equipment and gear to maintain readiness for different fire scenarios.
- Attended trainings to maintain wealth of knowledge in firefighting techniques and suppression methods, enabling quick decision making during actual emergencies.
- Responded to medical emergencies, alarms and bomb threats within approximately 2 minutes of calls.
- Triaged patients to assist emergency workers in administering medical care.

Education and Training

State of Wyoming Paramedic Program - Sheridan, WY

Paramedic, 05/1996

Troy Goodwin

Sheridan,WY 82801

TROYGOODWIN76@YAHOO.COM

13074610031

Work Experience

Owner(CEO)

Rocky Mountain Ambulance-Sheridan,WY

June 2001 to Present

Certified Emergency Medical Technician-Intermediate in Wyoming

Executing company's financial well-being

Oversees the Operation Manager's duties

Manage the company's resources

Develop long-term and short-term company strategies

Organizer and major decision maker for the company

Oversee the day-to-day operations of every aspect of the company to ensure compliance and growth.

Act as the figurative head of the organization when communicating with customers and government entities,as well as the general public

Education

High school diploma

Sheridan Wyoming - Sheridan,WY

Present

Skills

·EMT Experience

Certifications and Licenses

EMT Certification

BLS Certification

Aaron Knowles

Sheridan, WY 82801
aaron.knowles.09@gmail.com
+1 425 998 3473

Work Experience

Operations Manager

Rocky Mountain Ambulance - Sheridan, WY
June 2022 to Present

Responsible for daily operations of a 911 ambulance service, personnel, and training. Duties include: personnel selection, hiring / firing, resource allocation, equipment and vehicle maintenance program, logistics and equipment inventory, and strict adherence to county and city EMS contractual obligations. Manages 3 first line supervisors (Lieutenants) as direct reports and approx. 30 part time and full time BLS and ALS providers. Manages WATRS and all interactions with the Wyoming State Office of EMS as well as ALADTEC scheduling software and EMS1 online education system for all members. Constantly researches grant opportunities that can positively impact our service and community. Human Resources duties are carried out daily, along with all billing interactions through our billing company, 911 Billing. Directly oversees and carries out the company QA/QI program and schedules CE training opportunities for our employees and operational partners which include the City of Sheridan Fire Department and other county fire entities.

Advanced EMT

MEDEVAC Alaska - Anchorage, AK
2020 to 2022

Working a month on / month off rotational schedule, provides ALS care to include assessment, triage, and treatment utilizing standards and guidelines; assesses the nature and extent of illness or injury to establish and prioritize the care needed for safe transport of the critical patient to the appropriate facility; qualified to provide care for patients across the life span in assigned clinical area; responsible for carrying out the mission assuring that safety remains the highest priority throughout the transport continuum.

Education Coordinator / Regional Data Manager

Southern Region EMS Council - Anchorage, AK
2017 to 2020

Working closely with Fire Chiefs, EMS Chiefs, and other municipal and borough executive leadership; coordinate all EMS education courses and CME throughout the Southern Region of Alaska to include the Anchorage / Matsu metropolitan area. Work closely with the State of Alaska as an arm facilitating initiatives of the Office of EMS. Teach EMS classes throughout the State of Alaska and conduct outreach within rural Alaska bringing much needed EMS skills to developing EMS responder groups within those communities. Work closely with the State of Alaska, the other EMS Regions, and EMS agencies processing and delivering Code Blue Grant items. Collect, compile, and manage statistical data concerning EMS, treatment, and patient outcomes in the Southern EMS Region of Alaska. Solely responsible to plan, organize, and execute the yearly State of Alaska EMS Symposium. Responsible for all Aurora / Image Trend data operations within the Southern Region to include data mining and report writing, as well as

initial set up and transition services to updated platforms. Operate as a state approved Certifying Officer (C.O.) for EMS certification testing and practical skills exams.

EMS Operations Manager

Ford Motor Company - Wittmann, AZ
2014 to 2017

Emergency Medical Manager at the Ford Motor Company Arizona
Proving Ground. This is a large facility with 24 hour testing operations. Facility is
Utilized for the testing and evaluation of prototype vehicles at high speeds performing
Specialized maneuvers in many different and sometimes austere environments and
purposefully degraded driving surfaces. Classified as an extreme high safety risk
environment.
Responsible for all leadership functions including personnel selection, staff
scheduling, initial and continued training, and performance reviews / corrective action.
Serve as site Incident Commander during emergencies.
Develop and maintain annual budget for Ford APG EMS to include purchasing of
high dollar items.
Permanent member on the EMS quarterly counsel; this counsel consists of the Pre-
Hospital Coordinator, Medical Director, and the EMS Coordinators of all participating
agencies. Present quality assurance data to the counsel and receive input for effect improvement
options from all participants.
Yearly update and review of the Ford Motor Company Emergency Response /
Business Continuity Program, develop, implement, and conduct bi-annual emergency response / disaster
drills. Responsible for implementation of all Ford Motor
Company safety initiatives. Instruct classes on accident prevention and enforce
Standards in line with the Ford safety culture.

Faculty, Emergency Medical Technician Program

Pima Medical Institute
2013 to 2015

Develop EMT curriculum in accordance with DOT National Standard Curricula. Instructor for the Emergency Medical Technician program.

Trauma Technician / Disaster and Decon Team Supervisor

Banner Desert Hospital Level I Trauma Center - Mesa, AZ
2013 to 2014

Perform assigned procedures including: electrocardiogram testing (EKG); wound cleansing; initial, repeat and orthostatic vital sign measurements; application of monitor leads; specimen collection; suture removal; performs blood glucose testing; phlebotomy; saline and ultrasound saline lock insertion; establish IV's; and Foley catheterization. Set up, prepare patient and assist with patient exam and minor surgical or health procedures such as: lumbar punctures; sterile instrument and field preparation, suturing lacerations, chest tube insertion, closed fracture reduction, gastric lavage, pelvic examinations, restraint application, and cardiopulmonary resuscitation. Applies orthopedic devices, to include pre-manufactured and plaster splints. Assignment as night shift disaster and decon supervisor. Maintains all equipment associated with disaster team, train ED staff in proper set up, use, and implementation of decon equipment.

Firefighter / EMT
Rural Metro Fire Department - Maricopa County, AZ
2008 to 2014

Firefighter / EMT assigned to an Engine Company. Respond to all fire, EMS, rescue, and Hazmat emergencies within the limits of Maricopa County, Arizona. Assigned to busiest Engine Company in the operation averaging over 3500 calls for service per year. Member of Fire Department HAZMAT / CBRN team.

CBRN Technician (Anti Terrorism Response)
US Army National Guard 91st Civil Support Team - Phoenix, AZ
2011 to 2012

Active Duty Guard (AGR) Survey Team Non-Commissioned Officer with a weapons of mass destruction specialty response unit.
Responsible for nationwide response to incidents of terrorism involving chemical, biological, radiological, nuclear, or high yield explosives. Extensive military and university education in chemistry (organic and inorganic). Highly trained in all aspects of Incident Command, complex crime scenes, tactical entry and drug lab sampling / evidence collection and scene exploitation within an active crime scene, and law enforcement / federal agency hot zone support. Operational integration in state and local SWAT teams, as well as FBI HRT teams in high threat environments. SME in US military MOPP gear, sampling instruments, and small arms as well as all levels of civilian entry suits and portable lab equipment. Highest level of tactical WMD / CBRNE response available to local, state, and federal entities.

Airfield Fire Captain (ARFF) / EMT
Department of Defense - Marana, AZ
2007 to 2008

Fire Captain responsible for the safe response and handling of all rescue,fire, medical, in flight, and Hazmat emergencies on the Silverbell Army Heliport. Served as company level officer overseeing daily operations of a multi million dollar department.

E5 Sergeant
U.S. Army
2001 to 2007

Signed and solely responsible for approx. $3 Million In section equipment to include a M109A6 Paladin Howitzer. Responsible for 9 subordinates in a combat environment bringing all 9 Soldiers home unharmed after a 13 month combat deployment. Assignment as Platoon EMT while deployed in Iraq working a multitude of medical and trauma incidents involving U.S. Soldiers, civilian contractors, local civilians, and enemy insurgents. Assigned to convoy security operations and protective escort duty for Brigade Commander and above during missions outside of the wire in the Sunni Triangle area of Iraq.

Education

Certificate Level in Forensic Pathology
University of North Dakota - Grand Forks, ND
October 2021 to Present

Bachelor's in Psychology
University of Phoenix - Phoenix, AZ

September 2015 to July 2020

Military Service

Branch: US Army
Service Country: United States
Rank: Sergeant
January 2001 to July 2007

Combat deployment, Operation Iraqi Freedom (OIF1) Taji, Iraq

Additional Information

CURRENT CERTIFICATIONS:

- National Registry Advanced EMT
- Wyoming AEMT
- Alaska EMT-IIIA
- AHA BLS Provider
- AHA Advanced Cardiac Life Support (ACLS)
- PEPP
- Advanced Trauma Certification (ITLS)
- Tactical Combat Casualty Care
- Stop the Bleed Instructor
- State of Alaska Multi Level EMS Instructor
- IFSAC / DOD Firefighter I & II
- IFSAC / DOD Hazmat Technician
- FEMA IS-100 Intro to the Incident Command System
- FEMA IS-120.a An Introduction to Exercises
- FEMA IS-200 ICS for Single Resources and Initial Action Incident
- FEMA ICS-300 Intermediate Incident Command System
- FEMA ICS-400 Advanced Incident Command System
- FEMA IS-700.a National Incident Management System (NIMS)
- FEMA IS-703.a NIMS Resource Management
- FEMA IS-800.b National Response Framework
- United States Army CBRN School~ Toxic Agent Training (live nerve agent)
- Defense Nuclear Weapons School~ Applied Radiological Response Techniques
- FEMA Public Safety WMD Response~ WMD Sampling Techniques and Guidelines
- New Mexico Tech Energetic Materials Research and Testing Center~ Initial Law Enforcement Response to Suicide Bombing Attacks
- New Mexico Tech Energetic Materials Research and Testing Center~ Incident Response to Terrorist bombings
- National Guard Bureau~ Chemical Warfare Agent/ Biological Warfare Agent Course
- US Army Infantry School~ Airborne School
- US Army Chemical, Biological, Radiological, and Nuclear School~ Civil Support Skills Course, 20 June 2011 - 12 August 2011
- ASIST (Applied Suicide Intervention Skills Training) Certified

Addendum 2,

RMA Request for Proposal Response of 7/28/22

911 Billing SM
Services & Consultant, Inc.
"Billing Solutions for the EMS Provider"

P. O. Box 589 * 1320 Island Ford Road
Madisonville, Kentucky 42431-5011
Phone: 270-824-8123 * Fax: 270-824-8140
E-mail: lbasham@911billing.net

July 25, 2022

Rocky Mountain Ambulance
731 Broadway St
Sheridan, WY 82801

RE: Collection Percentages

Dear Tom,

In FY 2021-22 year-to-date we have billed out $4,713,166 in your behalf. Of that we are mandated by regulation and contractual obligations to adjust $ $3,911,322 off. Leaving you the ability to collect on only $2,0588,986, less than half of your billed charges. Of that we have collected 73% or $1,494,407.

Last FY 2020-21 your charges for the twelve-month period were $6,494,762. Of that you were mandated to adjust off $2,770,162. Bad debt amounted to $534,782. Your cash collected for FY was $2,123,168 or 57% of the net charges.

We have been experiencing problems with obtaining Physician Certification Statements in your behalf and feel that part of the low net collection percentage is due in part to this problem. I am providing a report specific to the trips made on psyche patients per your request.

Sincerely,

Linda Basham

Linda Basham

Enclosure

Form **1065** | **Tax Return History Report, Page 1** | **2020**

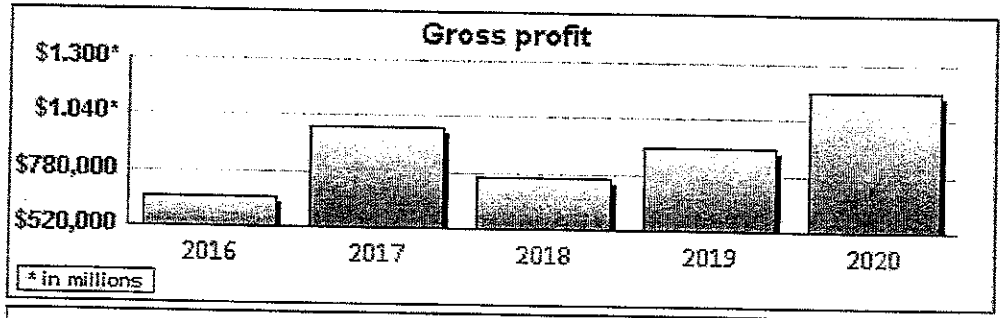
Partnership Name

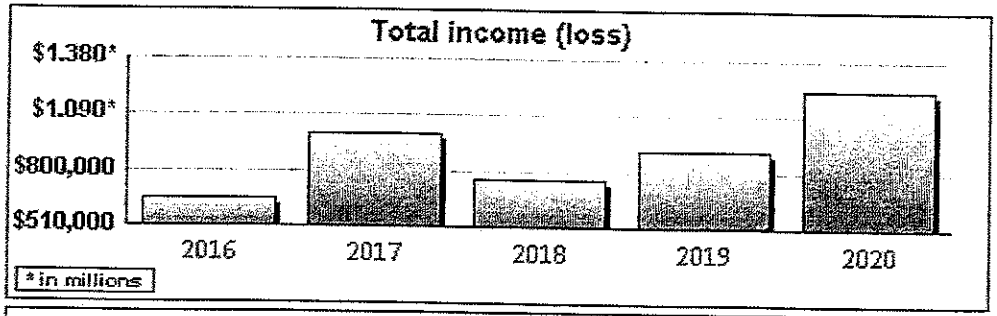
ROCKY MOUNTAIN AMBULANCE SERVICE LL

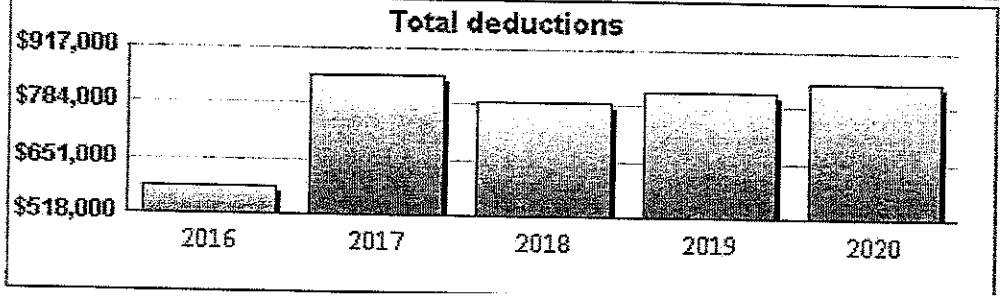
Employer Identification Number

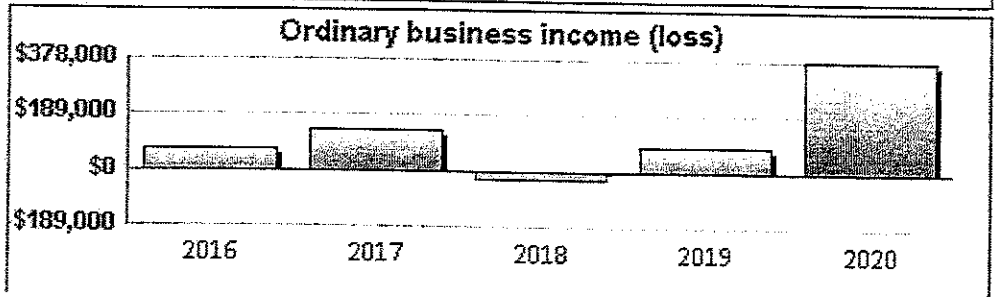
83-0329720

	2016	2017	2018	2019	2020
Net gross receipts	1,457,005	1,938,594	1,796,094	1,947,041	2,214,449
Cost of goods sold	800,149	950,520	1,035,880	1,042,594	1,041,603
Gross profit	656,856	988,074	760,214	904,447	1,172,846
Gross profit percentage	45.0826	50.9686	42.3260	46.4524	52.9633
Other trade or business income (loss)		4,925			48,546
Total income (loss)	656,856	992,999	760,214	904,447	1,221,392
Salaries and wages	23,247	47,126	50,853	65,038	82,132
Guaranteed payments to partners	180,644	254,210	265,561	255,813	261,755
Bad debts					
Rent	125,550	128,944	103,200	148,370	110,255
Taxes and licenses	67,782	75,245	81,641	80,663	83,743
Interest	13,483	18,648	13,980	16,376	5,349
Depreciation	11,154	7,351	35,217	3,902	25,963
Other trade or business deductions	162,820	319,467	237,597	250,135	273,505
Total deductions	584,680	850,991	788,049	820,297	842,702
Ordinary business income (loss)	-72,176	142,008	-27,835	84,150	378,690









Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2020, or tax year beginning ..... , ending .....

▶ Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2020

A Principal business activity: SERVICE	Name of partnership: ROCKY MOUNTAIN AMBULANCE SERVICE LL	D Employer identification number: 83-0329720
B Principal product or service: AMBULANCE	Type or Print. Number, street, and room or suite no. If a P.O. box, see instructions.: 731 BROADWAY	E Date business started: 03/27/2000
C Business code number: 621900	City or town, state or province, country, and ZIP or foreign postal code: SHERIDAN WY 82801	F Total assets (see instructions): $ 614,362

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3

J Check if Schedules C and M-3 are attached ▶ ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	2,214,449	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 2,214,449
	2	Cost of goods sold (attach Form 1125-A)			2 1,041,603
	3	Gross profit. Subtract line 2 from line 1c			3 1,172,846
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement) SEE STATEMENT 1			7 48,546
	8	Total income (loss). Combine lines 3 through 7			8 1,221,392
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 82,132
	10	Guaranteed payments to partners			10 261,755
	11	Repairs and maintenance			11 2,785
	12	Bad debts			12
	13	Rent			13 110,255
	14	Taxes and licenses			14 83,743
	15	Interest (see instructions)			15 5,349
	16a	Depreciation (if required, attach Form 4562)	16a	25,963	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 25,963
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18 8,816
	19	Employee benefit programs			19 34,301
	20	Other deductions (attach statement) SEE STATEMENT 2			20 227,603
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 842,702
	22	Ordinary business income (loss). Subtract line 21 from line 8			22 378,690
Tax and Payment	23	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24	Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25	BBA AAR imputed underpayment (see instructions)			25
	26	Other taxes (see instructions)			26
	27	Total balance due. Add lines 23 through 26			27
	28	Payment (see instructions)			28
	29	Amount owed. If line 28 is smaller than line 27, enter amount owed			29
	30	Overpayment. If line 28 is larger than line 27, enter overpayment			30

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of partner or limited liability company member ▶ Date

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: EVERETT J. MOHATT	Preparer's signature	Date	Check ☒ if self-employed	PTIN: P00404222
Firm's name ▶ MOHATT, JOHNSON & GODWIN LLP			Firm's EIN ▶	83-0232295
Firm's address ▶ PO BOX 603 SHERIDAN, WY 82801-0603			Phone no.	307-672-6494

For Paperwork Reduction Act Notice, see separate Instructions.

Form **1065** (2020)

DAA

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	[ ] Domestic general partnership b [ ] Domestic limited partnership		
c	[X] Domestic limited liability company d [ ] Domestic limited liability partnership		
e	[ ] Foreign partnership f [ ] Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2020, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	X	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership ▶		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶ 0		
16a	Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return ▶ 0		
18	Enter the number of partners that are foreign governments under section 892 ▶ 0		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
	If "Yes," enter the total amount of the disallowed deductions ▶ $		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions		X
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the partnership has business interest.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 ▶ _____ If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶ THOMAS E GOODWIN

U.S. address of PR ▶ 346 E BURKITT SHERIDAN WY 82801

U.S. phone number of PR ▶ 307-673-8303

If the PR is an entity, name of the designated individual for the PR ▶

U.S. address of designated individual ▶

U.S. phone number of designated individual ▶

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 16 ▶ $		X
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶		
28	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
29	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By Vote By Value		X

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1 378,690
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss) 3a	
	b	Expenses from other rental activities (attach statement) 3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments: a Services 4a 261,755 b Capital 4b	
	c	Total. Add lines 4a and 4b	4c 261,755
	5	Interest income	5 1,023
	6	Dividends and dividend equivalents: a Ordinary dividends	6a
	b	Qualified dividends 6b c Dividend equivalents 6c	
	7	Royalties	7
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss) 9b	
	c	Unrecaptured section 1250 gain (attach statement) 9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Deductions	12	Section 179 deduction (attach Form 4562)	12 0
	13a	Contributions	13a
	b	Investment interest expense	13b
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶ SEE STATEMENT 3	13d 7,725
Self-Employment	14a	Net earnings (loss) from self-employment	14a 564,707
	b	Gross farming or fishing income	14b
	c	Gross nonfarm income	14c 977,114
Credits	15a	Low-income housing credit (section 42(j)(5))	15a
	b	Low-income housing credit (other)	15b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d	Other rental real estate credits (see instructions) Type ▶	15d
	e	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
Foreign Transactions	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources	16b
	c	Gross income sourced at partner level	16c
		Foreign gross income sourced at partnership level	
	d	Reserved for future use ▶ e Foreign branch category ▶	16e
	f	Passive category ▶ g General category ▶ h Other (attach statement) ▶	16h
		Deductions allocated and apportioned at partner level	
	i	Interest expense ▶ j Other ▶	16j
		Deductions allocated and apportioned at partnership level to foreign source income	
	k	Reserved for future use ▶ l Foreign branch category ▶	16l
	m	Passive category ▶ n General category ▶ o Other ▶	16o
	p	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a -1,154
	b	Adjusted gain or loss	17b
	c	Depletion (other than oil and gas)	17c
	d	Oil, gas, and geothermal properties – gross income	17d
	e	Oil, gas, and geothermal properties – deductions	17e
	f	Other AMT items (attach statement)	17f
Other Information	18a	Tax-exempt interest income	18a
	b	Other tax-exempt income	18b
	c	Nondeductible expenses SEE STATEMENT 4	18c 1,229
	19a	Distributions of cash and marketable securities	19a 83,620
	b	Distributions of other property	19b
	20a	Investment income	20a 1,023
	b	Investment expenses	20b
	c	Other items and amounts (attach statement) SEE STATEMENT 5	

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p				1	633,743
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		567,743	66,000			

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash		68,168		531,869
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)		1,000		20,178
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	374,092		396,491	
b	Less accumulated depreciation	353,220	20,872	379,182	17,309
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)	63,418		63,418	
b	Less accumulated amortization	14,184	49,234	18,412	45,006
13	Other assets (attach statement)				
14	Total assets		139,274		614,362
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				240,900
17	Other current liabilities (attach statement) SEE STMT 6		11,982		11,495
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more		60,189		
20	Other liabilities (attach statement)				
21	Partners' capital accounts		67,103		361,967
22	Total liabilities and capital		139,274		614,362

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	378,484	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):				
3	Guaranteed payments (other than health insurance)	254,030	7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize): a Depreciation $	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation $ b Travel and entertainment $ 469 SEE STATEMENT 7 760	1,229	8	Add lines 6 and 7	
5	Add lines 1 through 4	633,743	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	633,743

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	67,103	6	Distributions: a Cash	83,620
2	Capital contributed: a Cash			b Property	
	b Property				
3	Net income (loss) per books	378,484	7	Other decreases (itemize):	
4	Other increases (itemize):				
			8	Add lines 6 and 7	83,620
5	Add lines 1 through 4	445,587	9	Balance at end of year. Subtract line 8 from line 5	361,967

Form **1125-A**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
▶ Go to *www.irs.gov/Form1125A* for the latest information.

OMB No. 1545-0123

Name
ROCKY MOUNTAIN AMBULANCE SERVICE LL

Employer identification number
83-0329720

1	Inventory at beginning of year	1	
2	Purchases	2	79,651
3	Cost of labor	3	847,385
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 8	5	114,567
6	Total. Add lines 1 through 5	6	1,041,603
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,041,603

9a Check all methods used for valuing closing inventory:
- (i) ☐ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2019, or tax year beginning , ending

▶ Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2019

A Principal business activity: SERVICE

B Principal product or service: AMBULANCE

C Business code number: 621900

Type or Print

Name of partnership: ROCKY MOUNTAIN AMBULANCE SERVICE LL

Number, street, and room or suite no. If a P.O. box, see the instructions.: 731 BROADWAY

City or town, state or province, country, and ZIP or foreign postal code: SHERIDAN WY 82801

D Employer identification number: 83-0329720

E Date business started: 03/27/2000

F Total assets (see instructions): $ 139,274

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3

J Check if Schedules C and M-3 are attached ▶ ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	1,947,041	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 1,947,041
	2	Cost of goods sold (attach Form 1125-A)			2 1,042,594
	3	Gross profit. Subtract line 2 from line 1c			3 904,447
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8 904,447
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 65,038
	10	Guaranteed payments to partners			10 255,813
	11	Repairs and maintenance			11 5,343
	12	Bad debts			12
	13	Rent			13 148,370
	14	Taxes and licenses			14 80,663
	15	Interest (see instructions)			15 16,376
	16a	Depreciation (if required, attach Form 4562)	16a	3,902	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 3,902
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18 8,675
	19	Employee benefit programs			19 63,023
	20	Other deductions (attach statement) SEE STATEMENT 1			20 173,094
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 820,297
	22	**Ordinary business income (loss).** Subtract line 21 from line 8			22 84,150
Tax and Payment	23	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24	Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25	BBA AAR imputed underpayment (see instructions)			25
	26	Other taxes (see instructions)			26
	27	**Total balance due.** Add lines 23 through 26			27
	28	Payment (see instructions)			28
	29	**Amount owed.** If line 28 is smaller than line 27, enter amount owed			29
	30	**Overpayment.** If line 28 is larger than line 27, enter overpayment			30

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of partner or limited liability company member ▶ Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
EVERETT J. MOHATT				P00404222

Firm's name ▶ MOHATT, JOHNSON & GODWIN LLP — Firm's EIN ▶ 83-0232295

Firm's address ▶ PO BOX 603, SHERIDAN, WY 82801-0603 — Phone no. 307-672-6494

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	[ ] Domestic general partnership b [ ] Domestic limited partnership		
c	[X] Domestic limited liability company d [ ] Domestic limited liability partnership		
e	[ ] Foreign partnership f [ ] Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		X
5	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	X	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶ 0		
16a	Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return ▶ 0		
18	Enter the number of partners that are foreign governments under section 892 ▶ 0		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions ▶ $		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions		X
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the partnership has business interest.		
C	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 ▶ _____ If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶ THOMAS E GOODWIN

U.S. address of PR ▶ 346 E BURKITT, SHERIDAN WY 82801

U.S. phone number of PR ▶ 307-673-8303

If the PR is an entity, name of the designated individual for the PR ▶

U.S. address of designated individual ▶

U.S. phone number of designated individual ▶

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 ▶ $		X
27	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ 0		
28	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	84,150
	2	Net rental real estate income (loss) (attach Form 8825)	
	3a	Other gross rental income (loss) 3a	
	b	Expenses from other rental activities (attach statement) 3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	
	4	Guaranteed payments: a Services 4a 255,813 b Capital 4b	
	c	Total. Add lines 4a and 4b	255,813
	5	Interest income	763
	6	Dividends and dividend equivalents: a Ordinary dividends	
	b	Qualified dividends 6b c Dividend equivalents 6c	
	7	Royalties	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	
	b	Collectibles (28%) gain (loss) 9b	
	c	Unrecaptured section 1250 gain (attach statement) 9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	
	11	Other income (loss) (see instructions) Type ▶	
Deductions	12	Section 179 deduction (attach Form 4562)	
	13a	Contributions	
	b	Investment interest expense	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	
	d	Other deductions (see instructions) Type ▶ SEE STATEMENT 2	8,360
Self-Employment	14a	Net earnings (loss) from self-employment	323,133
	b	Gross farming or fishing income	
	c	Gross nonfarm income	723,558
Credits	15a	Low-income housing credit (section 42(j)(5))	
	b	Low-income housing credit (other)	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	
	d	Other rental real estate credits (see instructions) Type ▶	
	e	Other rental credits (see instructions) Type ▶	
	f	Other credits (see instructions) Type ▶	
Foreign Transactions	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources	
	c	Gross income sourced at partner level	
		Foreign gross income sourced at partnership level	
	d	Reserved for future use ▶ e Foreign branch category ▶	
	f	Passive category ▶ g General category ▶ h Other ▶	
		Deductions allocated and apportioned at partner level	
	i	Interest expense ▶ j Other ▶	
		Deductions allocated and apportioned at partnership level to foreign source income	
	k	Reserved for future use ▶ l Foreign branch category ▶	
	m	Passive category ▶ n General category ▶ o Other ▶	
	p	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	
	q	Reduction in taxes available for credit (attach statement)	
	r	Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	-1,305
	b	Adjusted gain or loss	
	c	Depletion (other than oil and gas)	
	d	Oil, gas, and geothermal properties – gross income	
	e	Oil, gas, and geothermal properties – deductions	
	f	Other AMT items (attach statement)	
Other Information	18a	Tax-exempt interest income	
	b	Other tax-exempt income	
	c	Nondeductible expenses SEE STATEMENT 3	2,735
	19a	Distributions of cash and marketable securities	7,640
	b	Distributions of other property	
	20a	Investment income	763
	b	Investment expenses	
	c	Other items and amounts (attach statement) SEE STATEMENT 4	

Form **1125-A**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
▶ Go to *www.irs.gov/Form1125A* for the latest information.

OMB No. 1545-0123

Name
ROCKY MOUNTAIN AMBULANCE SERVICE LL

Employer identification number
83-0329720

1	Inventory at beginning of year	1	
2	Purchases	2	80,663
3	Cost of labor	3	835,404
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 7	5	126,527
6	**Total.** Add lines 1 through 5	6	1,042,594
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See Instructions	8	1,042,594

9a Check all methods used for valuing closing inventory:
- (i) ☐ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2018, or tax year beginning , ending

▶ Go to *www.irs.gov/Form1065* for Instructions and the latest information.

OMB No. 1545-0123

2018

A Principal business activity: SERVICE	Name of partnership: ROCKY MOUNTAIN AMBULANCE SERVICE LL	D Employer identification number: 83-0329720
B Principal product or service: AMBULANCE	Type or Print. Number, street, and room or suite no. If a P.O. box, see the instructions.: 731 BROADWAY	E Date business started: 03/27/2000
C Business code number: 621900	City or town, state or province, country, and ZIP or foreign postal code: SHERIDAN WY 82801	F Total assets (see the instructions): $ 133,475

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. ▶ 3

J Check if Schedules C and M-3 are attached ▶ ☐

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	1,796,094	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 1,796,094
	2	Cost of goods sold (attach Form 1125-A)			2 1,035,880
	3	Gross profit. Subtract line 2 from line 1c			3 760,214
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8 760,214
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 50,853
	10	Guaranteed payments to partners			10 265,561
	11	Repairs and maintenance			11 10,356
	12	Bad debts			12
	13	Rent			13 103,200
	14	Taxes and licenses			14 81,641
	15	Interest (see instructions)			15 13,980
	16a	Depreciation (if required, attach Form 4562)	16a	35,217	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 35,217
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18 10,055
	19	Employee benefit programs			19 65,047
	20	Other deductions (attach statement) SEE STATEMENT 1			20 152,139
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 788,049
	22	**Ordinary business income (loss).** Subtract line 21 from line 8			22 -27,835
Tax and Payment	23	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24	Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25	BBA AAR imputed underpayment (see instructions)			25
	26	Other taxes (see instructions)			26
	27	**Total balance due.** Add lines 23 through 27			27
	28	Payment (see instructions)			28
	29	**Amount owed.** If line 28 is smaller than line 27, enter amount owed			29
	30	**Overpayment.** If line 28 is larger than line 27, enter overpayment			30

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of partner or limited liability company member ▶ _____ Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: EVERETT J. MOHATT	Preparer's signature	Date	Check ☒ if self-employed	PTIN: P00404222
Firm's name ▶ MOHATT, JOHNSON & GODWIN LLP			Firm's EIN ▶	83-0232295
Firm's address ▶ PO BOX 603 SHERIDAN, WY 82801-0603			Phone no.	307-672-6494

For Paperwork Reduction Act Notice, see separate Instructions.

Form **1065** (2018)

DAA

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	[ ] Domestic general partnership b [ ] Domestic limited partnership		
c	[X] Domestic limited liability company d [ ] Domestic limited liability partnership		
e	[ ] Foreign partnership f [ ] Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		X
5	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	X	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
16a	Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶ 0		
18	Enter the number of partners that are foreign governments under section 892. ▶ 0		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ▶ $		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions	X	
a	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed $25 million, and the partnership is not a tax shelter, or		
b	The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ _____		
	If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶	THOMAS E GOODWIN	U.S. taxpayer identification number of PR ▶	520-64-1670
U.S. address of PR ▶	346 E BURKITT SHERIDAN WY 82801	U.S. phone number of PR ▶	307-673-8303
If the PR is an entity, name of the designated individual for the PR ▶		U.S. taxpayer identification number of the designated individual ▶	
U.S. address of designated individual ▶		U.S. phone number of designated individual ▶	

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13. ▶ $		

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-27,835
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	265,561
	5 Interest income	5	19
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b		
	c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12	41,756
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶ SEE STATEMENT 2	13d	19,704
Self-Employment	14a Net earnings (loss) from self-employment	14a	243,293
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	608,171
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Section 951A category ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Section 951A category ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ▶	16o	
	p Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	-219
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties – gross income	17d	
	e Oil, gas, and geothermal properties – deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 3	18c	3,678
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	19
	b Investment expenses	20b	
	c Other items and amounts (attach statement) SEE STATEMENT 4		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1	176,285			
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		110,285	66,000			

Schedule L Balance Sheets per Books	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
Assets				
1 Cash		124,737		55,240
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement) SEE STMT 5		1,549		
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	302,118		374,092	
b Less accumulated depreciation	272,349	29,769	349,319	24,773
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	63,418		63,418	
b Less accumulated amortization	5,728	57,690	9,956	53,462
13 Other assets (attach statement)				
14 Total assets		213,745		133,475
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement) SEE STMT 6		24,931		47,345
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		121,699		93,565
20 Other liabilities (attach statement)				
21 Partners' capital accounts		67,115		-7,435
22 Total liabilities and capital		213,745		133,475

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-74,550	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):				
3	Guaranteed payments (other than health insurance)	248,457	7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize): a Depreciation $ SEE STATEMENT 8	1,300
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation $ b Travel and entertainment $ 1,876 SEE STATEMENT 7	1,802	8	Add lines 6 and 7	1,300
		3,678	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	176,285
5	Add lines 1 through 4	177,585			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	67,115	6	Distributions: a Cash	
2	Capital contributed: a Cash			b Property	
	b Property				
3	Net income (loss) per books	-74,550	7	Other decreases (itemize):	
4	Other increases (itemize):				
			8	Add lines 6 and 7	
5	Add lines 1 through 4	-7,435	9	Balance at end of year. Subtract line 8 from line 5	-7,435

Form **1125-A**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
▶ Go to *www.irs.gov/Form1125A* for the latest information.

OMB No. 1545-0123

Name
ROCKY MOUNTAIN AMBULANCE SERVICE LL

Employer identification number
83-0329720

1	Inventory at beginning of year	1	
2	Purchases	2	71,666
3	Cost of labor	3	863,660
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 9	5	100,554
6	Total. Add lines 1 through 5	6	1,035,880
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,035,880

9a Check all methods used for valuing closing inventory:
- (i) ☐ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2017, or tax year beginning ..... , ending .....

▶ Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2017

A Principal business activity: SERVICE

B Principal product or service: AMBULANCE

C Business code number: 621900

Type or Print

Name of partnership: ROCKY MOUNTAIN AMBULANCE SERVICE LL

Number, street, and room or suite no. If a P.O. box, see the instructions.: 731 BROADWAY

City or town, state or province, country, and ZIP or foreign postal code: SHERIDAN WY 82801

D Employer identification number: 83-0329720

E Date business started: 03/27/2000

F Total assets (see the instructions): $ 213,745

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ .....

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3

J Check if Schedules C and M-3 are attached ..... ☐

Caution. *Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income	1a	Gross receipts or sales	1a	1,938,594	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 1,938,594
	2	Cost of goods sold (attach Form 1125-A)			2 950,520
	3	Gross profit. Subtract line 2 from line 1c			3 988,074
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6 4,925
	7	Other income (loss) (attach statement)			7
	8	Total income (loss). Combine lines 3 through 7			8 992,999
Deductions (see the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 47,126
	10	Guaranteed payments to partners			10 254,210
	11	Repairs and maintenance			11 15,480
	12	Bad debts			12
	13	Rent			13 128,944
	14	Taxes and licenses			14 75,245
	15	Interest SEE STATEMENT 1			15 18,648
	16a	Depreciation (if required, attach Form 4562)	16a	7,351	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 7,351
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18 7,078
	19	Employee benefit programs			19 31,448
	20	Other deductions (attach statement) SEE STATEMENT 2			20 265,461
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 850,991
	22	Ordinary business income (loss). Subtract line 21 from line 8			22 142,008

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of partner or limited liability company member ▶ _____ Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: EVERETT J. MOHATT	Preparer's signature	Date	Check ☒ if self-employed	PTIN: P00404222
Firm's name ▶ MOHATT, JOHNSON & GODWIN LLP			Firm's EIN ▶	83-0232295
Firm's address ▶ PO BOX 603 SHERIDAN, WY 82801-0603			Phone no.	307-672-6494

For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2017)

DAA

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☐ Domestic limited partnership		
c	☒ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other ▶		
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X
3	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
4	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
6	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10	At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X

Schedule B Other Information *(continued)*

		Yes	No
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See Instructions		X
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	X	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See Instructions		X
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See Instructions ▶		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a	Did you make any payments in 2017 that would require you to file Form(s) 1099? See Instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶ 0		
20	Enter the number of partners that are foreign governments under section 892. ▶ 0		
21	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22	Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶ | Identifying number of TMP ▶

If the TMP is an entity, name of TMP representative ▶ | Phone number of TMP ▶

Address of designated TMP ▶

Schedule K Partners' Distributive Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	142,008
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	254,210
	5	Interest income	5	10
	6	Dividends: a Ordinary dividends	6a	
		b Qualified dividends 6b		
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) 9b		
	c	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
Deductions	12	Section 179 deduction (attach Form 4562)	12	14,106
	13a	Contributions SEE STATEMENT 3	13a	416
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶ SEE STATEMENT 4	13d	20,944
Self-Employment	14a	Net earnings (loss) from self-employment	14a	363,876
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	790,459
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	16b	
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Passive category ▶ e General category ▶ f Other ▶	16f	
		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income		
	i	Passive category ▶ j General category ▶ k Other ▶	16k	
	l	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16l	
	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	849
	b	Adjusted gain or loss	17b	-500
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties – gross income	17d	
	e	Oil, gas, and geothermal properties – deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses SEE STATEMENT 5	18c	3,991
	19a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
	20a	Investment income	20a	10
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement) SEE STATEMENT 6		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					1	360,762
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		305,342	55,420			

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash		8,717		124,737
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) SEE STMT 7				1,549
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	311,277		302,118	
b	Less accumulated depreciation	272,574	38,703	272,349	29,769
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)	55,588		63,418	
b	Less accumulated amortization	1,544	54,044	5,728	57,690
13	Other assets (attach statement)				
14	Total assets		101,464		213,745
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year		139,100		
17	Other current liabilities (attach statement) SEE STMT 8		17,454		24,931
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				121,699
20	Other liabilities (attach statement)				
21	Partners' capital accounts		-55,090		67,115
22	Total liabilities and capital		101,464		213,745

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	122,205	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest $	
3	Guaranteed payments (other than health insurance)	235,866	7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation $ SEE STATEMENT 10 1,300	1,300
a	Depreciation $				
b	Travel and entertainment $ 1,790 SEE STATEMENT 9 2,201	3,991	8	Add lines 6 and 7	1,300
5	Add lines 1 through 4	362,062	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	360,762

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-55,090	6	Distributions: a Cash	
2	Capital contributed: a Cash			b Property	
	b Property				
3	Net income (loss) per books	122,205	7	Other decreases (itemize):	
4	Other increases (itemize):				
			8	Add lines 6 and 7	
5	Add lines 1 through 4	67,115	9	Balance at end of year. Subtract line 8 from line 5	67,115

Form **1125-A**
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at *www.irs.gov/form1125a.*

OMB No. 1545-0123

Name
ROCKY MOUNTAIN AMBULANCE SERVICE LL

Employer identification number
83-0329720

1	Inventory at beginning of year	1	
2	Purchases	2	85,457
3	Cost of labor	3	754,164
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 11	5	110,899
6	Total. Add lines 1 through 5	6	950,520
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See Instructions	8	950,520

9a Check all methods used for valuing closing inventory:
- *(i)* ☐ Cost
- *(ii)* ☐ Lower of cost or market
- *(iii)* ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See Instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2016, or tax year beginning ..... , ending .....

▶ Information about Form 1065 and its separate instructions is at *www.irs.gov/form1065.*

OMB No. 1545-0123

2016

A Principal business activity: SERVICE	Type or Print	Name of partnership: ROCKY MOUNTAIN AMBULANCE SERVICE LL	D Employer identification number: 83-0329720
B Principal product or service: AMBULANCE		Number, street, and room or suite no. If a P.O. box, see the instructions.: 731 BROADWAY	E Date business started: 03/27/2000
C Business code number: 621900		City or town, state or province, country, and ZIP or foreign postal code: SHERIDAN WY 82801	F Total assets (see the instructions): $ 101,464

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☒ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ .....

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3

J Check if Schedules C and M-3 are attached ..... ☐

Caution. *Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income	1a	Gross receipts or sales	1a	1,457,005	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 1,457,005
	2	Cost of goods sold (attach Form 1125-A)			2 800,149
	3	Gross profit. Subtract line 2 from line 1c			3 656,856
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	Total income (loss). Combine lines 3 through 7			8 656,856
Deductions (see the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9 23,247
	10	Guaranteed payments to partners			10 180,644
	11	Repairs and maintenance			11 4,842
	12	Bad debts			12
	13	Rent			13 125,550
	14	Taxes and licenses			14 67,782
	15	Interest SEE STATEMENT 1			15 13,483
	16a	Depreciation (if required, attach Form 4562)	16a	11,154	
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 11,154
	17	Depletion (Do not deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18 8,852
	19	Employee benefit programs			19 28,200
	20	Other deductions (attach statement) SEE STATEMENT 2			20 120,926
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 584,680
	22	Ordinary business income (loss). Subtract line 21 from line 8			22 72,176

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member manager ▶ _____ Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	EVERETT J. MOHATT				P00404222
	Firm's name ▶ MOHATT, JOHNSON & GODWIN LLP			Firm's EIN ▶	83-0232295
	Firm's address ▶ PO BOX 603 SHERIDAN, WY 82801-0603			Phone no.	307-672-6494

For Paperwork Reduction Act Notice, see separate instructions. Form **1065** (2016)

DAA

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☐ Domestic limited partnership		
c	☒ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other ▶		
2	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X
3	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
4	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
6	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10	At any time during calendar year 2016, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X

Schedule B Other Information *(continued)*

		Yes	No
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See Instructions		X
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	X	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a	Did you make any payments in 2016 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶ 0		
20	Enter the number of partners that are foreign governments under section 892. ▶ 0		
21	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22	Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶		Identifying number of TMP ▶	
If the TMP is an entity, name of TMP representative ▶		Phone number of TMP ▶	
Address of designated TMP ▶			

Schedule K Partners' Distributive Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	72,176
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	180,644
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
		b Qualified dividends 6b		
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) 9b		
	c	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
Deductions	12	Section 179 deduction (attach Form 4562)	12	
	13a	Contributions	13a	
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶ SEE STATEMENT 3	13d	18,417
Self-Employment	14a	Net earnings (loss) from self-employment	14a	238,385
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	525,485
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	16b	
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Passive category ▶ e General category ▶ f Other ▶	16f	
		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income		
	i	Passive category ▶ j General category ▶ k Other ▶	16k	
	l	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16l	
	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	2,275
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties – gross income	17d	
	e	Oil, gas, and geothermal properties – deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses SEE STATEMENT 4	18c	1,806
	19a	Distributions of cash and marketable securities	19a	200
	b	Distributions of other property	19b	
	20a	Investment income	20a	
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement) SEE STATEMENT 5		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					1	234,403
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		234,403				

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	(a)	(b)	(c)	(d)
1 Cash		10,608		8,717
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	311,277		311,277	
b Less accumulated depreciation	261,423	49,854	272,574	38,703
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)			55,588	
b Less accumulated amortization			1,544	54,044
13 Other assets (attach statement)				
14 Total assets		60,462		101,464
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year		162,876		139,100
17 Other current liabilities (attach statement) SEE STMT 6		21,746		17,454
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		-124,160		-55,090
22 Total liabilities and capital		60,462		101,464

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	69,070	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):				
3	Guaranteed payments (other than health insurance)	164,827	7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): a Depreciation $ SEE STATEMENT 8	1,300
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation $ b Travel and entertainment $ 615 SEE STATEMENT 7	1,191	8	Add lines 6 and 7	1,300
		1,806	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	234,403
5	Add lines 1 through 4	235,703			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-124,160	6	Distributions: a Cash	200
2	Capital contributed: a Cash	200		b Property	
	b Property				
3	Net income (loss) per books	69,070	7	Other decreases (itemize):	
4	Other increases (itemize):		8	Add lines 6 and 7	200
5	Add lines 1 through 4	-54,890	9	Balance at end of year. Subtract line 8 from line 5	-55,090

Form **1125-A**
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at *www.irs.gov/form1125a.*

OMB No. 1545-0123

Name: ROCKY MOUNTAIN AMBULANCE SERVICE LL

Employer identification number: 83-0329720

1	Inventory at beginning of year	1	
2	Purchases	2	59,262
3	Cost of labor	3	667,662
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 9	5	73,225
6	**Total.** Add lines 1 through 5	6	800,149
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	800,149

9a Check all methods used for valuing closing inventory:
- *(i)* ☐ Cost
- *(ii)* ☐ Lower of cost or market
- *(iii)* ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

Rocky Mountain Ambulance Service LL
731 Broadway
Sheridan, WY 82801

[X] Your Form 7004 extension for Form 1065 for tax year ending December 31, 2021 is being filed electronically with the IRS by the services of Mohatt, Johnson & Godwin LLP.

[X] Your extension was accepted by the IRS on 03/14/22. The Submission ID number assigned to your extension is 830504202207304610 50.

[ ] You elected to pay the balance due on the extension using electronic funds withdrawal.

[ ] Electronic funds withdrawal was not selected. The balance due must be paid by March 15, 2022.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Addendum 3,

RMA Request for Proposal Response of 7/28/22

VA | U.S. Department of Veterans Affairs

Sheridan VA Health Care System
1898 Fort Road, Sheridan, WY 82801

Date July 11, 2022,

In Reply Refer To: 666/136K

Ref: Rocky Mountain Ambulance
731 Broadway Street
Sheridan, WY 82801

Dear Sirs,

This letter is to inform of the excellent service Rocky Mountain Ambulance (RMA) has provided the Sheridan Veterans Administration over the current contact period.

Annually RMA perform hundreds of transports for this facility. These can range from within the Sheridan catchment area, to facilities hundred of miles away. We have found RMA to be professional and at the same time very accommodating. Due to extenuating circumstances, the Sheridan VA may request last minute cancellations, delayed pickups, and other last-minute changes. RMA has been very understanding. In addition to transporting between facilities, RMA also provides critical emergent transports for Veterans from their residents to Sheridan Memorial.

In these many years, we have never received a complaint of their services. Once the necessary information is provided, and they commit to a transport, it is as good as done. The Sheridan VA does not need to do any additional follow-up.

The owner of the RMA, Troy Goodwin, is very responsive to any inquiries. We had met face-to-face periodically in the past but now any interaction is done over the phone to address any of the limited concerns or questions we may have.

The services and relationship with RMA has been very valuable to the success of the Sheridan VA. They have been instrumental in the care of our Veterans. We appreciate their efforts and hope to continue our relationship into the future.

Sincerely,

John Purtill
Sheridan VA Mobility Manager

Sheridan High School

Scott Cleland, Principal
Levi Jensen, Assistant Principal
Casey O'Connor, Assistant Principal
Kasey Garnhart, Activities Director

July 13th, 2022

City and County of Sheridan,

It is with great pleasure that I write this letter of recommendation on behalf of Rocky Mountain Ambulance LLC to continue to serve as the local ambulance provider for the city of Sheridan and surrounding Sheridan county communities. Rocky Mountain Ambulance has been a tremendous supporter of Sheridan High School Activities and the Sheridan High School Booster Club. For 12 years Rocky Mountain Ambulance has sat standby at all of Sheridan Bronc varsity football games at no charge. Rocky Mountain Ambulance has provided an essential service that we are very grateful for at Sheridan High School. In addition to their tremendous EMS service, Troy, Tom and company truly live up to their slogan of "Neighbors Helping Neighbors" in all that they do. The staff provides tremendous care and are continuously available during times of need.

In addition to their EMS services, they are essential in providing educational coursework to the community through their CPR and First Aid, ACLS, PALS, PEARS, PHTLS, and AMLS classes. Many of these course offerings are difficult to enroll in and we are fortunate to have them offered within our community.

My experiences with Rocky Mountain Ambulance have been top notch and we hope to see them continue in this capacity in the future.

In addition to the care they provide, they have been a great supporter of our athletic and activity programs through their involvement as a booster club corporate sponsor. They are community minded and true servants of the community.

If you have any questions regarding Rocky Mountain Ambulance candidacy to continue to serve the community of Sheridan I would be happy to answer any and all inquiries you may have.

kasey.garnhart@scsd2.com
307-672-2495 ext. 3106
Kasey Garnhart
Activities Director
Sheridan High School

07/14/2022

To Whom It May Concern,

Rocky Mountain Ambulance has provided the Sheridan Recreation District with medical services for Little Guy Football free of cost for many years. During my seven years at the Sheridan Recreation District Rocky Mountain Ambulance has been a true community partner and supporter. It is obvious they care about the health and safety of youth in our community. As an organization they have always been flexible when we have weather delays or reschedules for Little Guy Football.

I'm writing this letter in support of Rocky Mountain Ambulance. They have provided a quality community service for many years, and have shown immense support for the Sheridan Recreation District. EMT's have provided professional care when players are injured during Little Guy Football. Rocky Mountain Ambulance truly cares about the health and safety of everyone in our community and would do a great job continuing to provide an ambulance service in Sheridan.

Sincerely,

Seth Ulvestad
Executive Director
Sheridan Recreation District
307-674-6421
seth.ulvestad@sheridanrecreation.com

I am sending you this short message in support of Rocky Mountain Ambulance (RMA).

I understand that both the City of Sheridan and Sheridan County have not renewed their respective contracts with RMA in order to investigate costs and possibly renegotiate or contract with another service. Re-visiting contracts such as this one after considerable time, ensures that public entities (in this case) are acting prudently and exercising fiduciary responsibility to the constituents. Nothing new or outrageous about this at all. However, I heard that Campbell County has put its name in the hat as a potential replacement. I'm not on board with that option.

I serve on the Board of Directors of Sheridan Motorsports Association which operates Sheridan Speedway. We have utilized RMA's services for many years without incident. They have been faithful supporters of the speedway and have provided us with the necessary safety credentials in order for us to have races. In my humble opinion, Campbell County would not serve us well. It's no secret that Sheridan and Gillette have not liked each other for decades. This is very real, whether you acknowledge it or not. And...Gillette (Campbell County) is well-known for throwing its weight around because of all the public money generated from the coal mines, etc. RMA is a Sheridan entity that cares for the community and county it serves. This is especially important when dealing with people's health and lives. There certainly may be another local service that comes to the table, but we don't need Campbell County "stealing" the show.

You are probably still in the early stages of fact and data gathering, so my comments may be premature - - but they are genuine. Rocky Mountain Ambulance has demonstrated nothing but professionalism on all levels. Please be thoughtful in how you proceed with your future decision. Sheridan can take care of Sheridan.

Thanks for listening.

Tim Lenz

751-4280

To whom it may concern:

I'm sending this in SUPPORT of Rocky Mountain Ambulance (RMA). I serve on the Board of Directors for Sheridan Motorsports Association (SMA). We operate the Sheridan Speedway at 69 Industrial Lane. We have utilized RMA's services for many years as stand-by for the speedway. Without them we simply wouldn't be able to provide dirt track racing in Sheridan County. They have always been able to work with our schedule on providing stand-by. Even on a short notice schedule change.

RMA has always shown professionalism and provided us with the necessary safety crew for the level of care we have needed at Sheridan Speedway. Their level of care has far exceeded the "Call of Duty" not just for the lives they have been involved with but our community as well. They have been supporters of our mission statement and our little slice of heaven, Sheridan County.

Thank you for taking this letter into consideration. It would be a shame to lose such a deep routed and invested medical service.

Desirae Harmon

Sheridan Motorsports Association Treasurer

Addendum 4,

RMA Request for Proposal Response of 7/28/22

EMERGENCY MEDICAL SERVICES AGREEMENT

This Emergency Medical Services Agreement (hereinafter "Agreement") is entered into by and between the City of Sheridan, a Wyoming municipal corporation (hereinafter "City"), Sheridan County, Wyoming (hereinafter "County") and Rocky Mountain Ambulance Service, LLC, a Wyoming limited liability company, (hereinafter "RMA").

RECITALS

WHEREAS, the City and County, hereinafter jointly known as "Sheridan" desire to ensure the availability of high quality emergency ambulance service to all citizens within Sheridan County, Wyoming; and

WHEREAS, RMA desires to render high quality ambulance services and other related services within Sheridan County, Wyoming; and

WHEREAS, the City and RMA entered into a contract on August 8, 2017 for ambulance services which the parties desire to update; and

WHEREAS, the County and RMA entered into a contract on June 19th, 2018 for ambulance services which the parties desire to update.

THEREFORE, the City, County, and RMA do, for good and valuable consideration, the receipt and sufficiency of which is acknowledged, agree as follows:

DEFINITIONS AND REFERENCES

"*911*" - the City operated emergency dispatch system

"*Advanced Life Support Services*" - known herein as "ALS" as defined by the Wyoming Emergency Medical Services Act of 1977.

"*Basic Life Support*" - known herein as "BLS" as defined by the Wyoming Rules and Regulations for Emergency Medical Services.

"*Emergency*" - call requests through the emergency (911) system operated by the City of Sheridan Police Department

"Emergent"- Means any call to 911 or resulting in a patient delivery to a hospital emergency room no matter the origin or receiving party of such call.

"Non-Emergent" – means any call not otherwise classified as Emergent.

"*Emergency Management Services*" - known herein as "EMS"

"*Health Insurance Portability and Accountability Act*" - known herein as "HIPAA"

"*Office of Emergency Medical Services*" - known herein as "OEMS"

"*Response Time*" - means the total elapsed time from the moment a 911 or seven digit emergency call is communicated to RMA until the first responding ambulance arrives at the scene where emergency services are desired.

"*Reflex Time*" - means the elapsed time measured from the moment the City's 911 communication center attempts to contact RMA until RMA confirms that it received the call and is initiating its response.

"*Service Area*" - the entire Sheridan County, Wyoming.

"*Sheridan*" - when referenced herein is the County and City, jointly.

ARTICLE 1 - DESIGNATIONS

1.1 RMA Agreement Manager. RMA designates _____ to be the RMA Agreement Manager. The RMA Agreement Manager contact information is:

_____

_____

Sheridan, Wyoming, 82801

(307) _____

1.2 Sheridan Agreement Manager. The Sheridan designates _____ to be the Sheridan Agreement Manager. The Sheridan Agreement Manager contact information is:

_____

_____

Sheridan, Wyoming, 82801

(307) _____

ARTICLE 2 - RMA RIGHTS AND OBLIGATIONS

2.1 Emergency Ambulance Services. RMA shall provide emergency ground ambulance and ALS services for the Service Area regardless of the financial status of the patient.

2.1.1 Ambulance Standards, Equipment and Supplies. All ambulances shall be ALS certified with the necessary equipment and supplies. Ambulance standards, equipment and supplies shall meet Wyoming Emergency Medical Services Act of 1977, W.S. 33-36-101 et.seq., the Department of Health EMS Rules and Regulations, and any other rules or regulations adopted by the State of Wyoming, which are incorporated herein as if fully set forth.

2.1.1.1 Equipment and Supplies. RMA shall supply all ambulances with the necessary supplies and equipment to meet RMA's Agreement obligations and provide required BLS and ALS services.

2.1.1.2 Radios. Ambulance radios shall be located in all responding ambulances. Radios shall utilize a _____ mHz system and meet WYOLINK requirements. All ambulance radios shall have the capability to communicate directly with 911 dispatchers, fire units and City ambulance units.

2.1.1.3 Fleet Size. RMA shall provide 3 ALS certified operational ambulances.

2.1.1.4 Fleet Specifications. At least 1 ambulance in the fleet shall be four-wheel drive capable. All ambulances shall be constructed to transport 2 patients, as well as the 2 RMA response staff without exceeding the original equipment manufacturers specified maximum gross vehicle weight while fully equipped and fueled.

2.1.1.5 Maintenance Plan. RMA shall keep records demonstrating that each ambulance is being maintained pursuant to the manufacturer's recommended maintenance schedule.

2.1.1.6 Replacement Plan. RMA shall establish a proposed ambulance replacement plan which shall be approved by the Sheridan Agreement Manager.

2.1.1.7 Licensing, Insurance and Certifications. No ambulance shall be used unless properly licensed, insured and certified as required by Wyoming Statute and this Agreement.

2.1.2 Availability. ALS ambulance services shall, without interruption, operate 24 hours per day, 7 days per week and 365 days per year.

2.2 Performance Requirements. RMA shall meet or exceed the following requirements:

2.2.1 Response Time. All Response Times are measured in minutes and seconds.

2.2.2 Reflex Times. RMA shall adhere to the following reflex time standards: 60 seconds for daytime responses 90% of the time, and 120 seconds for nighttime responses 90% of the time.

2.2.3 Response Time Standards. RMA shall adhere to the following response time standards:

2.2.3.1 Within the City of Sheridan municipal boundary:

a. Priority 1 (Emergent): 8 Minutes for 90% of calls

b. Priority 2 (Non-Emergent): 15 Minutes for 90% of calls

c. Despite the response times provided here, all ambulance responses shall be conducted in a reasonable and prudent manner with due regard to the safety of the public and the crews responding.

2.2.4 Response Staffing. Emergency call response shall require at least 2 people which includes 1 ALS staff member.

2.2.5 Variance Request. RMA may request a variance when emergency calls are not completed within the response time standards. Variance requests may be for delays caused by inclement weather, construction or road closures, mass casualty events or any other reason. The grant of a variance shall be at the discretion of the Sheridan Agreement Manager, however the presumption shall be that such request by RMA is valid and in good faith absent evidence to the contrary. The grant of a variance shall only be for the requested occurrence and shall not be deemed as an amendment to this Agreement.

2.2.6 RMA Personnel. RMA shall provide the necessary staff to ensure 3 ALS operational ambulances can respond to emergency calls 24 hours per day.

2.2.6.1. Personnel Standards. RMA shall ensure that a sufficient number of RMA staff are trained and certified to be able to respond to all emergency calls as required by ALS standards.

2.2.6.2. Competence and Professionalism. RMA staff shall at all times be professional in actions and appearance at all times.

2.2.6.3. Criminal Acts. Any RMA staff member who is investigated for any criminal act of violence, alcohol, or drug use at any time shall immediately be placed on administrative leave or terminated at the discretion of RMA. If no criminal charges are brought against the RMA staff member, that individual may resume their duties. Any RMA staff member who pleads guilty, nolo contendere or is found guilty of committing a criminal act of violence, alcohol, or drug use while within their scope of employment of RMA, shall be immediately dismissed.

2.3 Reporting. RMA shall provide the Sheridan Agreement Manager with the following Reports:

(a) A daily staffing report made no later than 7:30 a.m. to the Sheridan Agreement Manager of how many crews will be available for emergency responses and the name and contact information for each shift supervisor;

(b) Maintenance and service reports described in Article 2.1.1.4 on a quarterly basis beginning immediately upon the date of this Agreement;

(c) Monthly performance reports including average response times for all ambulance responses, number of responses and number of transports originating from the City 911 dispatch center described in Article 2.5.1;

(f) Proof of compliance with all insurance requirements described herein;

2.3.1 Electronic Data System. RMA's electronic data system shall be capable of producing the following reports which shall be utilized to measure response time compliance:

(a) Average response times for all responses within the Service Area;

(b) Detailed response time reports;

(c) Response and transport modes- emergent vs. non-emergent responses;

(d) Any delayed response causes;

(e) Reasons for multiple ambulance responses to a single call;

(f) Any instances of mechanical ambulance failures when effecting response, transport or patient care;

(g) Any instances where no ambulances are available for immediate call response;

(h) Any complaints filed with RMA regarding response to calls or patient care;

2.3.2 Patient Care Records. Patient care records shall be completed per the State of Wyoming OEMS standards. All records shall be kept for 7 years before destruction. Release of patient care records to any party shall only be done when in compliance with any and all applicable privacy and confidentiality laws.

2.3.2.1 Business Associate. If under HIPAA, RMA is a "business associate" it shall appropriately safeguard any protected health information.

2.3.2.2 HIPAA. RMA shall abide by all terms and requirements of HIPAA and related Federal and State laws governing patient records.

2.3.2.3 Both parties shall execute necessary HIPAA waivers and releases which are attached as **Exhibit ____**.

2.4 Medical Director. RMA shall retain a medical director pursuant to Wyoming Statute.

2.5 Quarterly Meeting. The RMA Agreement Manager shall meet quarterly with the Sheridan Agreement Manager to discuss any concerns and coordinate strategic needs of both parties. No later than 10 days prior to such meeting, the Sheridan Agreement Manager shall provide notice of the meeting's date and time, and provide a detailed meeting agenda to the RMA Agreement Manager. The RMA Agreement Manager will either confirm such date and time or propose a new date and time for such meeting. The parties shall coordinate in good faith until an acceptable date and time for such meeting is agreed upon. Otherwise, all reports and coordination

of collection described below shall be submitted through email and discussed via phone call as needed by the parties.

2.6 RMA Permits and Licenses. RMA shall be solely responsible for obtaining and holding all required federal, state and local licenses and permits required to perform the duties under this Agreement for itself and its staff. RMA shall ensure that all necessary renewals are made on time. RMA shall provide certificates of good standing or other similar documentation verifying compliance within a reasonable time period upon request.

ARTICLE 3 – CITY AND COUNTY RIGHTS AND OBLIGATIONS

3.1 Payment.

3.1.1 RMA shall submit monthly invoices to the City in the amount of $ _____. City shall pay the invoice within 10 days after receipt. City shall deduct any incurred penalties described in Article 8.3.3.2 from each monthly payment.

3.1.2 RMA shall submit monthly invoices to the County in the amount of $ _____. County shall pay the invoice within 10 days after receipt.

3.2 9-1-1 System. City shall operate and maintain a 911 emergency response system.

3.3 City Ambulance. The City shall provide (1) ALS certified ambulance and the necessary staff. The ambulance and crew shall be trained and equipped to be able to respond to the fourth call to the 911 system when the 3 RMA ambulances are en-route to other locations in the Service Area.

3.4. Inspections and Audits. The Sheridan Agreement Manager or designee shall have the right to inspect or audit, with reasonable notice, the operations of RMA, the RMA facility, RMA equipment and supplies and RMA records. Such inspection shall occur, if at all, no more frequently than quarterly, and shall not extend to any financial records or any information of which inspection would constitute a HIPAA violation.

3.4.1 Notice of Inspection or Audit. The Sheridan Agreement Manager shall notify RMA (5)days before any inspection or audit occurs. Notice shall be in writing and delivered as allowed in Article 10. _____. The notice shall provide the date, time and purpose of the inspection. Inspections shall only occur, unless otherwise agreed by RMA, Monday through Friday between 8:00 a.m. and 5:00 p.m.

3.4.2 Sheridan Inspection. Sheridan shall be responsible for damage to any equipment or supplies which occurs during an inspection or audit. Sheridan shall not unreasonably interfere with RMA's ability to conduct business, remove any equipment, supplies or records (tangible or intangible) from the RMA premise without RMA's written approval.

ARTICLE 4 - TERM

4.1 Term. This Agreement shall be for a term of 3 years. It shall automatically renew for an additional 3 year period until either party provides notice 30 days prior to the term expiration of its intent to renegotiate or terminate this Agreement. A notice of intent to renegotiate shall not terminate this Agreement. The parties shall operate under the terms described herein until a new Agreement has been negotiated or this Agreement is terminated.

ARTICLE 5 - DECLARED EMERGENCIES

5.1 Declared Emergency. In the event of the Governor of the State of Wyoming or a FEMA declared emergency in which ambulance service is required, RMA shall make all ambulances, crews, equipment and supplies available to the County Emergency Response Coordinator for use and deployment. In such an event, performance standards shall be waived until such allocated resources are returned to RMA.

ARTICLE 6 - INSURANCE AND INDEMNIFICATION

6.1 Insurance. RMA shall maintain insurance coverage in amounts and with terms accepted as required by Wyoming Statute and Wyoming EOMS. Insurance amounts and conditions must meet the following criteria:

6.1.1 Commercial General Liability Insurance. RMA shall obtain and maintain continuously in effect at all times during the term of this Agreement and all renewals, at RMA's sole expense, comprehensive general liability insurance of not less than the sum of One Million dollars ($1,000,000.00) for any claimant for each claim arising out of a single transaction or occurrence, or the sum of Two Million dollars ($2,000,000.00) for all claims of all claimants arising out of a single transaction or occurrence protecting RMA, and the City and County against any and all liability from RMA's actions under this Agreement. Said insurance shall name the City and County as an additional insured. Lessee shall provide that the insurance company or companies immediately send the Sheridan Agreement Manager a Certificate of Insurance evidencing the requisite coverage and all renewal and cancellation notices. Said insurance policies shall provide for a minimum of (10) business days' notice to the Sheridan Agreement Manager in the event of cancellation, nonrenewal, or a material change in the terms thereof.

6.1.2 Automobile Insurance. RMA shall obtain and maintain Business Automobile Liability Insurance with a minimum of $2,000,000.00 for each accident and $2,000,000 aggregate on RMA owned, leased, hired, or assigned vehicles used in the performance of RMA work and services under this Agreement. This requirement shall apply to any ambulance leased from the City or County.

6.1.3 Property Damage. RMA shall obtain and maintain Property Liability Coverage in the amount of $100,000 for property damage claims arising out of any 1 transaction or occurrence

6.1.5 Worker's Compensation. RMA shall maintain Workers Compensation Insurance to cover obligations imposed by federal and state statutes.

6.1.6 Evidence of Insurance and Requirements. RMA shall provide proof of insurance to the Sheridan Agreement Manager, in the amounts listed above, by July 1st of each fiscal year which demonstrate compliance with Article 6 of this Agreement and showing the City and County as additional insured.

6.2 Indemnification

To the fullest extent permitted by law, RMA shall defend, indemnify and hold harmless the City and County, including but not limited to its agents and employees, from all actions, proceedings, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by an action or failure to act of of RMA, its officers, employees, subcontractors or agents. In the event that any action, suit or proceeding related to the services performed by RMA or any officer, agent, employee, subcontractor or agent under this Agreement is brought against RMA, officer, employee, subcontractor or agent, RMA shall notify the Sheridan Agreement Manager with a copy of the complaint. This indemnity provision shall not be construed in any way to limit the scope, magnitude and applicability of the insurance provisions in Article 6.1.

ARTICLE 7 – RATES AND CHARGES

7.1 RMA Rates and Charges. RMA shall bill patients in accordance with the rates set forth in **Exhibit** _____. RMA shall provide the Sheridan Agreement Manager with notice of any rate changes immediately upon implementation.

ARTICLE 8 – BREACHES, REMEDIES AND DAMAGES

8.1 Minor Breach. Sheridan or RMA may declare a minor breach of this Agreement in the following circumstances:

(a) Any breach of this Agreement which does not constitute a material breach.

8.2 Material Breach.

8.2.1 Material Breach by RMA. Subject to Section 8.3 below, Sheridan may declare a Material Breach of this Agreement in any of the following circumstances:

(a) Failure of RMA to maintain ALS certification or to remain in substantial compliance with requirements of applicable federal and state laws, rules and regulations; or

(b) Intentionally, knowingly or upon the finding of an established pattern of supplying false or misleading reports, data or in or supplying reports, data or information so incomplete to effectively mislead the City; or

(c) Any violation of federal, state or local law by an owner of RMA which involves the use or possession of illegal drugs or alcohol or a crime alleging fraud, embezzlement, theft or other financial related offense;

(d) Failure of RMA to maintain insurance in accordance with this Agreement.

8.2.2 Material Breach by Sheridan. Subject to Section 8.3 below, Sheridan may declare a Material Breach of this Agreement in any of the following circumstances:

(a) Failure of Sheridan to pay any amount due to RMA withing the time frame stated herein;

(b) Sheridan's creation or amendment of any municipal ordinance, county resolution, or similar action by the City or County which substantially expands or contracts requirements for RMA's performance of obligations or alters any payment to or cost incurred by RMA hereunder.

8.3 Remedies for Material or Minor Breach.

8.3.1 Remedies for Minor Breach. In the event of a minor breach by any party, the non-breaching party shall give the breaching party written notice setting forth with reasonable specificity the minor breach. The breaching party shall have 5 days from the date of receipt of the notice to provide the non-breaching party with a written Plan to Remedy the minor breach. The Plan to Remedy shall include the date in which the minor breach shall be resolved. The non-breaching party shall have 5 days from the date of receipt of the Plan to Remedy to approve, deny or request changes. Failure to remedy the minor breach within the time described in the Plan to Remedy shall be deemed a material breach.

8.3.2 Objection to Minor Beach. Should the breaching party object to the non-breaching party's determination that a minor breach occurred, the breaching party shall have 5 days from the date of receipt of the notice of minor breach to inform the non-breaching party in writing of the breaching party's objection and basis for the objection. The non-breaching party shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a minor breach. If the parties cannot reach a resolution to the minor breach or the appropriate Plan to Remedy, either party may request the matter be submitted to arbitration for resolution.

8.3.2.1 Prohibition of Legal Action. Both parties are prohibited from disputing any findings regarding a minor breach through litigation or court review. The Arbitrator's decision shall not be appealable or reviewable; provided, the issue that gave rise to the claim of a minor breach may be used in any future declaration of a material breach or court proceeding.

8.3.3 Remedies of Material Breach. In the event of a material breach by any party, any non-breaching party shall give the breaching party written notice setting forth with reasonable specificity the material breach. The breaching party shall have 5 days from the date of receipt of the notice to provide the non-breaching party a written Plan to Remedy the material breach. The

Plan to Remedy shall include the date on which the material breach shall be resolved. The non-breaching party shall have 5 days from the date of receipt of the Plan to Remedy to approve, deny or request changes to the plan. A denial of the Plan to Remedy shall act as a termination of this Agreement per the terms described in Article 9.1.

8.3.4 Objections to Material Beach. Should the breaching party object to the non-breaching party's determination that a material breach occurred, the breaching party shall have 5 days from the date of receipt of the notice of material breach to inform the non-breaching party in writing of the breaching party's objection and basis for the objection. The non-breaching party shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a material breach. If the parties cannot reach a resolution to the material breach or the appropriate Plan to Remedy, either party may request the matter be submitted to arbitration for resolution, such arbitrator's decision being subject to litigation or court review.

8.3.5 Performance Penalty. The following penalties shall be assessed by Sheridan without the requirement of declaring a minor or material breach of the Agreement. Sheridan shall provide notice to RMA within 5 days of Sheridan discovering the performance violation. Should RMA not object to the performance violation, Sheridan shall assess the penalty and deduct the penalty from the quarterly payment described in Article 3.1.

8.3.5.1 Performance Penalty Objection. Should RMA object to Sheridan's determination that a performance violation occurred, RMA shall have 5 days from the date of receipt of the notice of a performance violation to inform the Sheridan Agreement Manager in writing of RMA's objection and basis for the objection. Sheridan shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a performance violation. If the parties cannot reach a resolution, either party may request the matter be submitted to arbitration for resolution.

8.3.5.2 Performance Penalties:

i. $100.00 per minute for any emergency response within the City municipal boundary with response time over 12 minutes from the time the crew calls themselves en-route (not from the pre-page or acknowledgement of the page).

ii. $150.00 for failure to timely and accurately report being on scene if occurrence happens more than three times within (30) days.

iii. $250.00 for not having required equipment on each ALS Ambulance as required by State EMS.

iv. $500.00 for use of an ambulance that is illegal, unethical or that compromises the intended use of the ambulance or reflects adversely on the City or RMA.

v. $250.00 for not responding to an emergency request for service (either electronically or by radio) within 150 seconds of acknowledgement of the

page for service and an additional $ 250.00 for failure to respond within 180 seconds of acknowledgement of page.

vi. $500.00 for leaving the scene of an incident when assisting the City without prior authorization from Incident Command of that scene, provided that Incident Command has identified itself to at least one RMA crew member on scene.

vii. $500.00 for failure to notify the Sheridan Fire Department of being next up which results in a Sheridan Fire Department response.

8.3.6 Arbitration. Arbitration as referenced by this Agreement shall be binding on the parties and conducted in accordance with the following terms:

(a) Each party shall submit to the other its proposed arbitrator within 5 days after arbitration is requested.
(b) The two arbitrators shall designate a third person to be the third arbitrator.
(c) The arbitrators shall issue a scheduling order and require necessary disclosures.
(d) The decision of the arbitrators shall be final, binding and conclusive. Neither party shall have the right to appeal the decision.
(e) Arbitration shall not be available -for failure to renew this Agreement.

ARTICLE 9 - TERMINATION

9.1 Causes of Termination. This Agreement may be terminated by:

(a) Mutual Agreement of the Parties;

(b) Material Breach of this Agreement, terminable by any non-breaching party;

(c) Bankruptcy or Dissolution of RMA;

(d) Failure to renew the term per Article 4;

(e) Changes in federal, state or local law adversely affecting any party, provided that the terminating party has made a good faith attempt to negotiate a reasonable, in such terminating party's sole discretion, revision to the agreement.

(e) Order of a Court.

9.1.1 Right of Termination. Any party hereto may terminate this Agreement without cause. Notice of termination must be given 6 months prior. Notice shall be in accordance with Article 10.9.

ARTICLE 10 - GENERAL TERMS

10.1 Assignment. RMA shall not assign or transfer any portion of this Agreement to any other party without first obtaining written consent from Sheridan. Sheridan shall not unreasonably withhold its approval for a requested assignment or transfer. Any assignee or transferee must be financially secure, meet all federal, state and local requirements for emergency ambulance services, and have demonstrable experience in the field of medical emergency responses.

10.2 Compliance with Laws and Regulations. Both parties shall ensure that their ambulances, staff, services and obligations described herein are in compliance with all applicable federal, state and local laws, rules and regulations. Each party shall be solely responsible for ensuring it is familiar with all applicable federal, state and local laws, rules and regulations. Compliance shall include all OSHA, Wyoming Department of Health, Wyoming Department of Labor, or any Federal Agency rules and regulations governing COVID-19.

10.2.1 Federal or State Law, Rule or Regulation Changes. Should the Federal or State laws, rules or regulations be amended or adopted which creates an adverse or material financial impact on either party, this Agreement may be renegotiated. The Parties agree to negotiate in good faith a revision to this Agreement, subject to Section 9.1 above.

10.2.2 Venue and Jurisdiction. Any legal action between the parties shall be filed in the Fourth Judicial District for the State of Wyoming.

10.2.3 Governing Law. This Agreement shall be governed by the laws of Wyoming.

10.3 Force Majeure. Neither party shall be liable for failure to perform under this Agreement if:

(i) the failure to perform was caused by an impediment beyond its reasonable control; and

(ii) that the impediment could not reasonably have been avoided or overcome.

Such examples could include but is not limited to acts of God, acts of nature, acts of terrorism, government orders, epidemics or quarantine restrictions. The party to invoke this clause may not do so unless it has given notice to the other party no later than 21 business days following its awareness of the force majeure event and provided a report of the actions taken to address the impediment.

10.4 Severability. Should any portion of this Agreement be determined by a court to be illegal or unenforceable, the remainder of the Agreement shall continue in full force and effect, so long as such does not adversely affect any party in a material manner.

10.5 Entire Agreement. This Agreement represents the entire Agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral. In the event of a conflict or inconsistency between the language in this Agreement and the language of any attachment or incorporated documents, the language of this Agreement shall control

10.6 Non-Waiver. Any waiver by the City, County or RMA of any breach of any covenant herein to be kept and performed shall not be deemed as a continuing waiver and shall not operate to prevent the City, County or RMA from declaring a forfeiture for any succeeding breach, either of the same or other covenant.

10.7 Modification. No modification of the terms of this Agreement shall be effective unless such modification is in writing and signed and dated by the parties.

10.8 Notices. All notices shall be in writing and delivered either by first class mail with postage prepaid, in person, or by email. Notice shall be deemed delivered up being received. Notices may be delivered to:

CITY:	RMA
Sheridan Agreement Manager	RMA Agreement Manager
_____	_____
_____	_____
Sheridan, WY 82801	_____
_____	_____

10.10 Governmental Immunity. Nothing in this Agreement shall in any way be deemed a waiver of any of the requirements or immunities provided by the Wyoming Governmental Claims Act. The City and County specifically retain all immunities and defenses available to them as governmental entities pursuant to W.S. § 1-39-101, et seq and other applicable law.

10.11 No Third Party Beneficiary. This Agreement is for the benefit of the parties hereto and is not intended for the benefit of any third party and shall not be construed as such.

10.12 Independence of this Agreement RMA is an independent contractor and nothing herein is intended, or should be construed as creating a relationship of partners, agency, representative, or employee/employer for any purpose. No RMA agent, subcontractor or employee shall be held or construed to be an employee of the City or County.

10.13 Agreement of Construction. This Agreement has been negotiated between the parties and no preference shall be given to any party should the construction of any term of this Agreement be required by a Court.

10.14 Counterparts. This Agreement may be executed in counterpart. Each counterpart, after execution by both parties, shall be deemed an original.

Dated this _____ day of _____, 2022.

_____
Rocky Mountain Ambulance Service, LLC

Dated this _____ day of _____, 2022.

_____

City of Sheridan Mayor, Richard Bridger

_____

Attest: Cecilia Good, City Clerk

Dated this _____ day of _____, 2022.

_____

Sheridan County, _____

_____

Attest: Eda Thompson, County Clerk

EMERGENCY MEDICAL SERVICES AGREEMENT

_____This Emergency Medical Services Agreement (hereinafter "Agreement")~~)~~ is entered into by and between the City of Sheridan, a Wyoming municipal corporation (hereinafter "City"), Sheridan County, Wyoming (hereinafter "County") and Rocky Mountain Ambulance Service, LLC, a Wyoming limited liability company, (hereinafter "RMA").

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_____**WHEREAS**, the City and County, hereinafter jointly known as "Sheridan" desire~~s~~ to ensure the availability of high quality emergency ambulance service to all citizens within Sheridan County, Wyoming; and

_____**WHEREAS**, RMA desires to render high quality ambulance services and other related services within Sheridan County, Wyoming; and

_____**WHEREAS**, the City and RMA entered into a contract on August 8, 2017 for ambulance services which ~~requires updating~~the parties desire to update; and

_____**WHEREAS**, the County and RMA entered into a contract on June 19th, 2018 for ambulance services which ~~requires updating~~the parties desire to update.

_____**THEREFORE**, the City, County, ~~-~~and RMA do, for good and valuable consideration, the receipt and sufficiency of which is acknowledged, agree as follows:

~~ARTICLE 1 -~~ DEFINITIONS ~~and~~ AND REFERENCES

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"*911*" - the City operated emergency dispatch system

"*Advanced Life Support Services*" - known herein as "ALS" as defined by the Wyoming Emergency Medical Services Act of 1977.

"*Basic Life Support*" - known herein as "BLS" as defined by the Wyoming Rules and Regulations for Emergency Medical Services.

"*Emergency*" - call requests through the emergency (911) system operated by the City of Sheridan Police Department

"Emergent"- Means any call to 911 or resulting in a patient delivery to a hospital emergency room no matter the origin or receiving party of such call.

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"Non-Emergent" – means any call not otherwise classified as Emergent.

"*Emergency Management Services*"; - known herein as "EMS"

"*Health Insurance Portability and Accountability Act*" - known herein as "HIPAA"

"*Office of Emergency Medical Services*" – known herein as "OEMS"

"*Response Time*" – means the total elapsed time from the moment a 911 or seven digit emergency call is communicated to RMA until the first responding ambulance arrives at the scene where emergency services are desired.

"Reflex Time" - means the elapsed time measured from the moment the City's 911 communication center attempts to contact RMA until RMA confirms that it received the call and is initiating its response.

"*Service Area*" - the entire Sheridan County, Wyoming.

"*Sheridan*" - when referenced herein is the ~~Sheridan~~ County and City ~~of Sheridan~~, jointly.

ARTICLE 1 - DESIGNATIONS

1.1 RMA ~~designated~~ Agreement Manager. RMA designates ~~is~~ _____ to be the RMA Agreement Manager. The RMA Agreement Manager contact information is:

_____

_____

Sheridan, Wyoming, 82801

(307) _____

1.2 Sheridan Agreement Manager. The ~~City and County~~Sheridan designates _____ to be the Sheridan Agreement Manager. The Sheridan Agreement Manager contact information is:

_____

_____

Sheridan, Wyoming, 82801

(307) _____

ARTICLE 2 - RMA RIGHTS AND OBLIGATIONS

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Commented [BM1]: RMA is open to City and County as parties to a single agreement, but has concerns as to how the agreement will operate. For example, what is City and County are not in agreement on items like termination, breach, whether RMA is in compliance, inspections, etc. This seem to create potential conflicts throughout the agreement.

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Commented [BM2]: This should be a city official, not part of a law enforcement or fire/rescue department. Utilizing other first responders in this manner creates an inherent conflict as many of the responsibilities overlap and competing departments will be responsible for monitoring commercial metrics.

2.1 Emergency Ambulance Services. RMA shall provide emergency ground ambulance and ALS services for the Service Area regardless of the financial status of the patient.

2.1.1 Ambulance Standards, Equipment and Supplies. All ambulances shall be ALS certified with the necessary equipment and supplies. Ambulance standards, equipment and supplies shall meet Wyoming Emergency Medical Services Act of 1977, W.S. 33-36-101 et.seq., the Department of Health EMS Rules and Regulations, ~~see: https://health.wyo.gov/publichealth/ems/rules-and-scope-of-practice/ems-rules-and-regulations/~~ and any other rules or regulations adopted by the State of Wyoming, which are incorporated herein as if fully set forth.

2.1.1.1 Equipment and Supplies. RMA shall supply all ambulances with the necessary supplies and equipment to meet RMA's Agreement obligations and provide required BLS and ALS services. ~~Sheridan and RMA shall establish a basic equipment and supply list for each ambulance. These lists shall be designated as Schedule A, updated periodically by the parties and incorporated herein.~~

~~2.1.1.21.1~~ Radios. Ambulance radios ~~and Mobile Computer Terminals~~ shall be located in all responding ambulances. Radios shall utilize a _____ mHz system and meet WYOLINK requirements. All ambulance radios shall have the capability to communicate directly with 911 dispatchers, fire units and City ambulance units.

~~2.1.1.1.2 Automatic Vehicle Location. All ambulances shall be Automatic Vehicle Location (AVL) capable. The AVL system must be compatible with the City 911 emergency call system.~~

2.1.1.~~32~~ Fleet Size. RMA shall provide ~~3~~ 23 ALS certified operational ambulances. ~~and 1 additional operational ambulance which may be ALS or BLS certified for a total of 34 ambulances.~~

2.1.1.~~43~~ Fleet Specifications. At least ~~50%~~1 ambulance in ~~of~~ the fleet shall be four-wheel drive capable. All ambulances shall be constructed to transport 2 patients, as well as the 2 RMA response staff without exceeding the original equipment manufacturers specified maximum gross vehicle weight while fully equipped and fueled.

2.1.1.~~54~~ Maintenance Plan. RMA shall keep records demonstrating that each ambulance is being maintained pursuant to the manufacturer's recommended maintenance schedule.

2.1.1.~~65~~ Replacement Plan. RMA shall establish a proposed ambulance replacement plan which shall be approved by the Sheridan Agreement Manager. ~~No ambulance shall exceed 250,000 miles unless otherwise approved by the Sheridan Agreement Manager. Ambulances possessed by RMA at the time of entering this Agreement which would be in violation herein, shall not be required to be replaced immediately. RMA shall provide a replacement plan for~~

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Commented [BM3]: RMA is already required to meet state requirements, incorporated herein, this is duplicative.

Commented [BM4]: What is the purpose? Reporting is not handled in ambulance.

Commented [BM5]: No reason for City to track ambulances. This is an unecesary expense.

Commented [BM6]: These numbers exceed national averages.

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Commented [BM7]: Again, exceeds national requirements... often lighter 2WD ambulanced out perform 4WD in adverse conditions.

~~grandfathered ambulances. RMA may, at its discretion, purchase or lease previously owned ambulances.~~

2.1.1.~~7~~6 ~~-~~Licensing,~~-~~ Insurance and Certifications. No ambulance shall be used unless properly licensed, insured and certified as required by Wyoming Statute and this Agreement.

2.1.2 Availability. ALS ambulance services shall, without interruption, operate 24 hours per day, 7 days per week and 365 days per year.

~~2.2 **Non-Emergency Ambulance Services.** RMA shall provide non-emergency ground ambulance services for third parties per terms, conditions and fee structures agreed to between RMA and the third party.~~

~~2.2.1 Effect on Emergency Services. RMA shall not provide non-emergency ambulance services, to any other party, events, disaster drill or transportation of patients not originating from a 911 emergency call, which would limit RMA's ability to meet the terms and conditions of this Agreement.~~

2.~~2~~3 Performance Requirements. RMA shall meet or exceed the following requirements:

2.~~2~~3.1 Response Time.~~-~~ All Response Times are measured in minutes and seconds.

2.~~2~~3.2 Reflex Times. RMA shall adhere to the following reflex time standards: 60 seconds for daytime responses 90% of the time, and 120 seconds for nighttime responses 90% of the time.

2.~~2~~3.3 Response Time Standards. RMA shall adhere to the following response time standards:

2.~~2~~3.3.1.~~-~~ ~~-~~Within the City of Sheridan municipal boundary:

a. Priority 1 (Emergent): 8 Minutes for 90% of calls

b. Priority 2 (Non-Emergent): 15 Minutes for 90% of calls

c. Despite the response times provided here, all ambulance responses shall be conducted in a reasonable and prudent manner with due regard to the safety of the public and the crews responding.

2.~~2~~3.~~4~~4.~~-~~ Response Staffing. Emergency call response shall require at least 2 people which includes 1 ALS staff member.

2.~~2~~3.~~5~~4.~~-~~ Variance Request. RMA may request a variance when emergency calls are not completed within the response time standards. Variance requests may be for delays

Commented [BM8]: RMA ambulances either meet DOT requirements or not. It is perfectly reasonable to have a replacement plan in place, but utilizing mileage is an arbitrary metric. IF RMA is in compliance w/DOT and other regulations as stated above and incorporated herein, then this is in conflict.

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Commented [BM9]: This is a private business call of RMA, and does not belong in this agreement. Again, either RMA meets the metrics set forth or it does not. Both City and County have remedies in the event of breach as described below.

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Commented [BM10]: RMA acknowledges that a metric to maintain standards is appropriate, but is concerned that these arbitrary time frames create pressure for ambulance crews to take unecessary risk. Further, the very existence of arbitrary response "times" can be used in potential litigation against RMA. RMA proposes revisiting these standards and modifying in a manner advantageous to both parties.

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caused by inclement weather, construction or road closures, mass casualty events or ~~other unavoidable delays~~any other reason.~~-~~ The grant of a variance shall be at the discretion of the Sheridan Agreement Manager, however the presumption shall be that such request by RMA is valid and in good faith absent evidence to the contrary. ~~-~~The grant of a variance shall only be for the requested occurrence and shall not be deemed as an amendment to this Agreement.

2.~~23~~.6.~~5~~ RMA Personnel. RMA shall provide the necessary staff to ensure 3 ALS operational ambulances can respond to emergency calls ~~between the hours of 7:00 AM and 7:00 PM Mountain Standard Time; RMA shall provide the necessary staff to ensure 2 ALS operational ambulances can respond to emergency calls between the hours of 7:00 PM and 7:00 AM Mountain Standard Time~~24 hours per day.~~.~~

2.~~23~~.6~~5~~.1. Personnel Standards. RMA shall ensure that a sufficient number of RMA staff are trained and certified to be able to respond to all emergency calls as required by ALS standards.

2.~~23~~.6~~5~~.2.~~2~~ Competence and Professionalism. RMA staff shall at all times be professional in actions and appearance at all times.

2.~~23~~.6~~5~~.~~3~~1. Criminal Acts. Any RMA staff member who is investigated for any criminal act of violence, alcohol, or drug use at any time shall immediately be placed on administrative leave or terminated at the discretion of RMA. If no criminal charges are brought against the RMA staff member, that individual may resume their duties. Any RMA staff member who pleads guilty, nolo contendere or is found guilty of committing a criminal act of violence, alcohol, or drug use while within their scope of employment of RMA, shall be immediately dismissed.

2.~~3~~4.~~ -~~ Reporting. RMA shall provide the Sheridan Agreement Manager with the following Reports:

(a) A daily staffing report made no later than 7:30 a.m. to the Sheridan Agreement Manager of how many crews will be available for emergency responses and the name and contact information for each shift supervisor;

(b) Maintenance and service reports described in Article 2.1.1.4 on a quarterly basis beginning immediately upon the date of this Agreement;

(c) Monthly performance reports including average response times for all ambulance responses, number of responses and number of transports originating from the City 911 d~~i~~espatch center described in ~~Article~~ 2.5.1;

~~(d) Annual equipment and supplies report described in Article 2.1.1.1;~~

Commented [BM11]: These numbers exceed national average by 100% to 200%. National average is 1 for every 25,000 in population. This is not a negotiable matter for RMA as RMA cannot guarantee 3 ambulances 24 hours. RMA will not enter into a contract of which it will be in breach upon signing.

Commented [BM12]: Which standards?

Commented [BM13]: How is this measured? Who decides?

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Commented [BM14]: What is the purpose here, can we only require the daily report when RMA will be in noncompliance. Also, RMA does not provide personal records of nonmanagement to 3Ps

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~~(e) Provide all ambulance maintenance standards for each ambulance;~~

(f) Proof of compliance with all insurance requirements described herein;

~~(g) RMA shall provide Sheridan with an annual report of the equipment and supplies on each ambulance. The report shall state the age of all supplies and equipment and the date that any service or maintenance was performed on any equipment. See "Schedule A".~~

~~(h) Any other reports requested by the Sheridan Agreement Manager which can be provided by the Electronic Data System.~~

2.~~3~~45.1. ~~—~~Electronic Data System. RMA's electronic data system shall be capable of producing the following reports which shall be utilized to measure response time compliance:

(a) Average response times for all responses within the Service Area;

(b) Detailed response time reports;

(c) Response and transport modes- emergent vs. non-emergent responses;

(d) Any delayed response causes;

(e) Reasons for multiple ambulance responses to a single call;

(f) Any instances of mechanical ambulance failures when effecting response, transport or patient care;

(g) Any instances where no ambulances are available for immediate call response;

(h) Any complaints filed with RMA regarding response to calls or patient care;

2.~~3~~45.2. Patient Care Records. Patient care records shall be completed per the State of Wyoming OEMS standards. All records shall be kept for 7 years before destruction. Release of patient care records to any party shall only be done when in compliance with any and all applicable privacy and confidentiality laws.

2.~~3~~45.2.1. Business Associate. If ~~-~~under HIPAA, RMA is a "business associate" it shall appropriately safeguard any protected health information.

2.~~3~~45.2.2. HIPAA. RMA shall abide by all terms and requirements of HIPAA and related Federal and State laws governing patient records.

2.~~3~~45.2.3. Both parties shall execute necessary HIPAA waivers and releases which are attached as **Exhibit ____.**

Commented [BM15]: Again, mandated by state law. Sheridan has right to audit. Further, this is duplicative of the Reporting immediately above.

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Commented [BM16]: RMA must be in compliance w/ state law, what purpose does this provision serve? Sheridan has right to audit to ensure compliance.

Commented [BM17]: This is a direct HIPAA violation.

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2.~~4~~6 ~~—~~**Medical Director**. RMA shall retain a medical director pursuant to Wyoming Statute.~~———————~~

2.~~5~~7 ~~—~~**Quarterly Meeting~~RMA Authorized Managers~~**.

~~———————~~2.7.1 ~~The~~ The RMA Agreement Manager shall meet ~~no more often than~~ quarterly with the Sheridan Agreement Manager to discuss any concerns and coordinate strategic needs of both parties. No later than 10 days prior to such meeting, the Sheridan Agreement Manager shall provide notice of the meeting's date and time, and provide a detailed meeting agenda to the RMA Agreement Manager~~RMA~~. The RMA Agreement Manager ~~RMA~~ will either confirm such date and time or propose a new date and time for such meeting. The parties shall coordinate in good faith until and acceptable date and time for such meeting is agreed upon. ~~The RMA Agreement Manager shall meet every 2 weeks with the Sheridan Agreement Manager, submit all reports required by this Agreement, and coordinate City collection described~~ Otherwise, all reports and coordination of collection described below shall be ~~addressed~~submitted through email and discussed via phone call as needed by the parties. ~~by this Agreement in~~ Article 3.1.1~~.~~

~~———————2.7.2 RMA shall designate a shift supervisor for each shift and provide that person's contact information to the Sheridan Agreement Manager. The shift supervisor must be ALS certified.~~

2.~~6~~8 ~~—~~**RMA Permits and Licenses**. RMA shall be solely responsible for obtaining and holding all required federal, state and local licenses and permits required to perform the duties under this Agreement for itself and its staff. RMA shall ensure that all necessary renewals are made on time. RMA shall provide certificates of good standing or other similar documentation verifying compliance within a reasonable time period upon request.

~~———~~

ARTICLE 3 – CITY ~~and~~ AND COUNTY RIGHTS AND OBLIGATIONS

3.1 Payment.

3.1.1 RMA shall submit ~~quarterly~~ monthly invoices to the City in the amount of $ _____. City shall pay the invoice within 10~~45~~ days after receipt.~~–~~ City shall deduct any incurred penalties described in Article 8.3.3.2 from each ~~quarterly~~ monthly payment.

3.1.2 RMA shall submit ~~quarterly~~ monthly invoices to the County in the amount of $ _____. County shall pay the invoice within 10~~45~~ days after receipt.

3.2 9-1-1 System. City shall operate and maintain a 911 emergency response system.

3.3 City Ambulance. The City shall provide (1) ALS certified ambulance and the necessary staff. -The ambulance and crew shall be trained and equipped to be able to respond to the fourth call to the 911 system when the 3 RMA ambulances are en-route to other locations in the Service Area~~, between the hours of 7:00 AM and 7:00 PM ; the ambulance and crew shall be trained and equipped to be able to respond to the third call to the 911 system when the 23 RMA~~

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Commented [BM18]: Duplicative, the Sheridan Agreement Manager is supplied this information daily under 2.4.
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~~ambulances are en-route to other locations in the Service Area between the hours of 7:00 PM and 7:00 AM. This shall be known as (the "4th Call").~~

Commented [BM19]: This defined term is not used elsewhere.

~~3.3.1 City Collection. RMA shall, on behalf of the City, act as the billing and collection agent for all City ambulance responses. City charges to patients shall follow the fee schedule set forth in **Exhibit** _____. City shall submit the charges to RMA within 3 business days of service. RMA shall collect the fees as part of its fee billing and collection system. City acknowledges that there is no guarantee of collection from patients, their insurance companies or government programs.~~

~~3.3.2 Collected Fees. Any City-charged fee collected by RMA shall be delivered to the City within (10) days after receipt of funds by RMA.~~

Commented [BM20]: This is not RMA responsibility. This creates additional administrative costs on RMA. Further, requirement of delivery to City within 10 days is extreme contrast to quarterly invoices and 45 day turn around for invoices from RMA to City proposed above.

3.4. Inspections and Audits. The Sheridan Agreement Manager or designee shall have the right to inspect or audit, with reasonable notice, the operations of RMA, the RMA facility, RMA equipment and supplies and RMA records. Such inspection shall occur, if at all, no ~~t~~more frequently than quarterly, and shall not extend to any financial records or any information of which inspection would constitute a HIPAA violation.

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Commented [BM21]: What specific records?

3.4.1 Notice of Inspection or Audit. The Sheridan Agreement Manager shall notify RMA (5-)days before any inspection or audit occurs. Notice shall be in writing and delivered as allowed in Article 10. _____. The notice shall provide the date, time and purpose of the inspection. Inspections shall only occur, unless otherwise agreed by RMA, Monday through Friday between 8:00 a.m. and 5:00 p.m.

3.4.2 Sheridan Inspection. Sheridan shall be responsible for damage to any equipment or supplies which occurs during an inspection or audit. Sheridan shall not unreasonably interfere with RMA's ability to conduct business, remove any equipment, ~~or~~ supplies or records (tangible or intangible) from the RMA premise without RMA's written approval.

ARTICLE 4 - TERM

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4.1 Term. This Agreement shall be for a term of 3 years. It shall automatically renew for an additional 3 year period until either party provides notice 30 days prior to the term expiration of its intent to renegotiate or terminate this Agreement. A notice of intent to renegotiate shall not terminate this Agreement. The parties shall operate under the terms described herein until a new Agreement has been negotiated or this Agreement is terminated.

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ARTICLE 5 - DECLARED EMERGENCIES

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5.1. Declared Emergency. In the event of the Governor of the State of Wyoming or a FEMA declared emergency in which ambulance service is required, RMA shall make all ambulances, crews, equipment and supplies available to the County Emergency Response

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Coordinator for use and deployment.– In such an event, performance standards shall be waived until such allocated resources are returned to RMA.

Commented [BM22]: What is an appropriate fee structure in this event?

ARTICLE 6 - INSURANCE ~~and~~ AND INDEMNIFICATION.

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6.1 ~~—~~Insurance. RMA shall maintain insurance coverage in amounts and with terms accepted as required by Wyoming Statute and Wyoming EOMS. Insurance amounts and conditions must meet the following criteria:

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6.1.1 Commercial General Liability Insurance. RMA shall obtain and maintain continuously in effect at all times during the term of this Agreement and all renewals, at RMA's sole expense, comprehensive general liability insurance of not less than the sum of One Million dollars (~~,~~$1,000,000.00) for any claimant for each claim arising out of a single transaction or occurrence, or the sum of Two Million dollars ($2,000,000.00) for all claims of all claimants arising out of a single transaction or occurrence protecting RMA, and the City and County against any and all liability from RMA's actions under this Agreement. Said insurance shall name the City and County as an additional insured. Lessee shall provide that the insurance company or companies immediately send the Sheridan Agreement Manager a Certificate of Insurance evidencing the requisite coverage and all renewal and cancellation notices. Said insurance policies shall provide for a minimum of (10) business days' notice to the Sheridan Agreement Manager in the event of cancellation, nonrenewal, or a material change in the terms thereof.

6.1.2 Automobile Insurance. RMA shall obtain and maintain Business Automobile Liability Insurance with a minimum of $2,000,000.00 for each accident and $2,000,000 aggregate on RMA owned, leased, hired, or assigned vehicles used in the performance of RMA work and services under this Agreement. This requirement shall apply to any ambulance leased from the City or County.

6.1.3 Property Damage. RMA shall obtain and maintain Property Liability Coverage in the amount of $100,000 for property damage claims arising out of any 1 transaction or occurrence

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6.1.5 Worker's Compensation. RMA shall maintain Workers Compensation Insurance to cover obligations imposed by federal and state statutes.

6.1.6 Evidence of Insurance and Requirements. RMA shall provide proof of insurance to the Sheridan Agreement Manager, in the amounts listed above, by July 1st of each fiscal year which demonstrate compliance with Article 6 of this Agreement and showing the City and County as additional insured.

6.2 Indemnification

To the fullest extent permitted by law, RMA shall defend, indemnify and hold harmless the City and County, including but not limited to its agents and employees, from all

actions, proceedings, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by an action or failure to act of of RMA, its officers, employees, subcontractors or agents. In the event that any action, suit or proceeding related to the services performed by RMA or any officer, agent, employee, subcontractor or agent under this Agreement is brought against RMA, officer, employee, subcontractor or agent, RMA shall notify the Sheridan Agreement Manager with a copy of the complaint. This indemnity provision shall not be construed in any way to limit the scope, magnitude and applicability of the insurance provisions in Article 6.1.

ARTICLE 7 – RATES AND CHARGES

7.1 RMA Rates and Charges. RMA shall bill patients in accordance with the rates set forth in **Exhibit** _____. RMA shall provide the Sheridan Agreement Manager with notice of any rate changes immediately upon implementation.

~~**7.2 RMA Billing and Collection.** RMA shall be solely responsible for patient and third-party payors for services provided. RMA shall collect for services on behalf of the City per Article 3.~~

ARTICLE 8 – BREACHES, REMEDIES AND DAMAGES

8.1 Minor Breach. Sheridan or RMA may declare a minor breach of this Agreement in the following circumstances:

(a) Any breach of this Agreement which does not constitute a material breach.

8.2 Material Breach.

8.2.1 Material Breach by RMA. Subject to Section 8.3 below, SSheridan may declare a Material Breach of this Agreement in any of the following circumstances:

(a) Failure of RMA to maintain ALS certification or to remain in substantial compliance with requirements of applicable federal and state laws, rules and regulations; or

(b) Intentionally, knowingly or upon the finding of an established pattern of supplying false or misleading reports, data or in or supplying reports, data or information so incomplete to effectively mislead the City; or

~~(c) Failure of RMA to provide data required by this Agreement;~~

~~(d) Repeated failure of RMA staff to conduct themselves in a professional and courteous manner;~~

~~(e) Repeated failure to maintain equipment or supplies in accordance with industry standard maintenance practices or this Agreement;~~

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Commented [BM23]: No issue is listing examples of ipso facto material breaches, but need specificity. Further, there needs to be an arbitration clause in reference to material breaches as there is in the event of minor breaches.
Commented [BM24]: This is not an ipso facto material breach.
Commented [BM25]: This is not an ipso facto material breach; and it is vague.
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Commented [BM26]: This is not an ipso facto material breach.

(ce) Any violation of federal, state or local law by an owner of RMA which involves the use or possession of illegal drugs or alcohol or a crime alleging fraud, embezzlement, theft or other financial related offense;

(df) Failure of RMA to maintain insurance in accordance with this Agreement.;

8.2.2 Material Breach by Sheridan. Subject to Section 8.3 below, Sheridan may declare a Material Breach of this Agreement in any of the following circumstances:

(a) Failure of Sheridan to pay any amount due to RMA withing the time frame stated herein;

(b) Sheridan's creation or amendment of any municipal ordinance, county resolution, or similar action by the City or County which substantially expands or contracts requirements for RMA's performance of obligations or alters any payment to or cost incurred by RMA hereunder.

~~(g) Failure to correct a minor breach as required by Article 8.3;~~

~~(h) Any failure in performance required by this Agreement which is determined by Sheridan to constitute a substantial and imminent threat to the public health and safety;~~

~~(i) More than 3 failures within a calendar year to provide services which are subject to performance penalties described in Article 8.3.3~~

~~(j) Any other material breach of this Agreement;~~

8.3 Remedies for Material or Minor Breach.

8.3.1 Remedies for Minor Breach. In the event of a minor breach by ~~RMA~~any party, the ~~Sheridan Agreement Manager~~any non-breaching party shall give the breaching party ~~RMA~~ written notice setting forth with reasonable specificity the minor breach. The breaching party ~~RMA~~ shall have 5 days from the date of receipt of the notice to provide the non-breaching party~~Sheridan Agreement Manager~~ with a written Plan to Remedy the minor breach. The Plan to Remedy shall include the date in which the minor breach shall be resolved. The ~~Sheridan Agreement Manager~~non-breaching party shall have 5 days from the date of receipt of the Plan to Remedy to approve, deny or request changes. Failure to remedy the minor breach within the time described in the Plan to Remedy shall be deemed a material breach.

8.3.2 ~~RMA~~ Objection to Minor Beach. Should the breaching party ~~RMA~~ object to ~~Sheridan's~~ the non-breaching party's determination that a minor breach occurred, the breaching party ~~RMA~~ shall have 5 days from the date of receipt of the notice of minor breach to inform the non-breaching party~~Sheridan Agreement Manager~~ in writing of the breaching party's ~~RMA's~~ objection and basis for the objection. ~~Sheridan~~ The non-breaching party shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a minor breach. If the

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Commented [BM28]: This is not an ipso facto material breach.
Commented [BM29]: This arbitrary, and gives Sheridan the power to declare anything a material breach.
Commented [BM30]: This is not an ipso facto material breach.
Commented [BM31]: This is circular... Sheridan may declare material breach in the event of any material breach.
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parties cannot reach a resolution to the minor breach or the appropriate Plan to Remedy, either party may request the matter be submitted to arbitration for resolution.

8.3.2.1 Prohibition of Legal Action. Both parties are prohibited from disputing any findings regarding a minor breach through litigation or court review. The Arbitrator's decision shall not be appealable or reviewable; provided, the issue that gave rise to the claim of a minor breach may be used in any future declaration of a material breach or court proceeding.

8.3.32 Remedies of Material Breach. In the event of a material breach by RMAany party, the any non-breaching party Sheridan Agreement Manager shall give RMA the breaching party written notice setting forth with reasonable specificity the material breach. The breaching party RMA shall have 5 days from the date of receipt of the notice to provide the non-breaching party Sheridan Agreement Manager a written PPlan to RRemedy the material breach. The PPlan to RRemedy shall include the date on which the material breach shall be resolved. The non-breaching party Sheridan shall have 5 days from the date of receipt of the PPlan to RRemedy to approve, deny or request changes to the plan. A denial of the Plan to Remedy shall act as a termination of this Agreement per the terms described in Article 9.1.

8.3.4 Objections to Material Beach. Should the breaching party object to the non-breaching party's determination that a material breach occurred, the breaching party shall have 5 days from the date of receipt of the notice of material breach to inform the non-breaching party in writing of the breaching party's objection and basis for the objection. The non-breaching party shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a material breach. If the parties cannot reach a resolution to the material breach or the appropriate Plan to Remedy, either party may request the matter be submitted to arbitration for resolution, such arbitrator's decision being subject to litigation or court review.

8.3.53 Performance Penalty. The following penalties shall be assessed by Sheridan without the requirement of declaring a minor or material breach of the Agreement. Sheridan shall provide notice to RMA within 5 days of Sheridan discovering the performance violation. Should RMA not object to the performance violation, Sheridan shall assess the penalty and deduct the penalty from the quarterly payment described in Article 3.1.

8.3.5.13.1 Performance Penalty Objection. Should RMA object to Sheridan's determination that a performance violation occurred, RMA shall have 5 days from the date of receipt of the notice of a performance violation to inform the Sheridan Agreement Manager in writing of RMA's objection and basis for the objection. Sheridan shall have 5 days from receipt of the objection to withdraw or reassert the declaration of a performance violation. If the parties cannot reach a resolution, either party may request the matter be submitted to arbitration for resolution.

8.3.5.23.2 Performance Penalties:

i. $100.00 per minute for any emergency response within the City municipal boundary with response time over 12 minutes from the time the crew calls themselves en-route (not from the pre-page or acknowledgement of the page).

ii. $150.00 for failure to timely and accurately report being on scene if occurrence happens more than three times within (30) days.

iii. $250.00 for not having required equipment on each ALS Ambulance as required by State EMS.

iv. $500.00 for use of an ambulance that is illegal, unethical or that compromises the intended use of the ambulance or reflects adversely on the City or RMA.~~,~~

v. $250.00 for not responding to an emergency request for service (either electronically or by radio) within 150 seconds of acknowledgement of the page for service and an additional $ 250.00 for failure to respond within 180 seconds of acknowledgement of page.

vi. $500.00 for leaving the scene of an incident when assisting the City without prior authorization from Incident Command of that scene, provided that Incident Command has identified itself to at least one RMA crew member on scene.~~,~~

vii. $500.00 for failure to notify the Sheridan Fire Department of being next up which results in a Sheridan Fire Department response.

8.3.64 Arbitration. Arbitration as referenced by this Agreement shall be binding on the parties and conducted in accordance with the following terms:

(a) Each party shall submit to the other its proposed arbitrator within 5 days after arbitration is requested.
(b) The two arbitrators shall designate a third person to be the third arbitrator.
(c) The arbitrators shall issue a scheduling order and require necessary disclosures.
(d) The decision of the arbitrators shall be final, binding and conclusive. Neither party shall have the right to appeal the decision.
(e) Arbitration shall not be available ~~to c hallenge a cause of termination provided in Article 9,~~ for failure to renew this Agreement~~, or prevent the Exhibit ____ Termination Lease Agreement from being implemented.~~.

ARTICLE 9 - TERMINATION

9.1 Causes of Termination. This Agreement may be terminated by:

(a) Mutual Agreement of the Parties;~~or~~

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(b) Material Breach of this Agreement, terminable ~~per Article 8.3~~by any non-breaching party; ~~or~~

(c) Bankruptcy or Dissolution of RMA; ~~or~~

(d) Failure to renew the term per ~~Article~~ 4;

(e) Changes in federal, state or local law adversely affecting any party, provided that the terminating party has made a good faith attempt to negotiate a reasonable, in such terminating party's sole discretion, revision to the agreement. ~~or~~

(e) Order of a Court.

9.1.1 ~~Sheridan~~ Right of Termination. ~~–~~ Any party hereto ~~Sheridan reserves the right~~may ~~to~~ terminate this Agreement without cause. Notice of termination must be given 6 months prior. ~~-~~Notice shall be in accordance with Article 10.9.

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~~9.2 **Effect of Termination.** The following terms shall be binding and enforceable after the termination of this Agreement on both parties:~~

~~9.2.1 Continuous Service. In the event of termination of this Agreement by either party or order of a court, the parties shall use their best efforts to ensure continuous emergency response services to Sheridan County and the City of Sheridan. The City shall have the right to use and operate RMA ambulances, equipment, supplies and staff to ensure continuous emergency response services for a period of up to 12 months following the termination of this Agreement. The use of the ambulances, equipment, supplies and staff shall be pursuant to the lease attached as **Exhibit _____**.~~

Commented [BM32]: Respectfully, RMA will not agree to this provision; the only exception of bankruptcy on the part of RMA. This is a hard line. Should this Agreement be terminated otherwise, RMA must be to utilize/sell/lease its equipment as it sees fit.

ARTICLE 10 - GENERAL TERMS

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10.1 Assignment. RMA shall not assign or transfer any portion of this Agreement to any other party without first obtaining written consent from Sheridan. Sheridan shall not unreasonably withhold its approval for a requested assignment or transfer. ~~Provided, any~~Any assignee or transferee must be financially secure, meet all federal, state and local requirements for emergency ambulance services, and have demonstrable experience in the field of medical emergency responses.

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10.2 Compliance with Laws and Regulations. Both parties shall ensure that their ambulances, staff, services and obligations described herein are in compliance with all applicable federal, state and local laws, rules and regulations. Each party shall be solely responsible for ensuring it is familiar with all applicable federal, state and local laws, rules and regulations. Compliance shall include all OSHA, Wyoming Department of Health, Wyoming Department of Labor, or any Federal Agency rules and regulations governing COVID-19.

~~10.2.1 City Ordinance and County Resolution Amendments. The City of Sheridan and Sheridan County reserve the right to create or amend any municipal ordinance or county resolution at any time and without notice to RMA which may materially alter the terms of this Agreement. Provided, RMA shall have the right to require a renegotiation of fee described in Article 7 or the service fees described in **Exhibit** ____ if the passage of any ordinance or resolution materially alters this Agreement or creates an adverse and material financial impact upon RMA. The Parties agree to negotiate in good faith a revision to this Agreement.~~

10.2.1~~2~~ Federal or State Law, Rule or Regulation Changes. Should the Federal or State laws, rules or regulations be amended or adopted which creates an adverse or material financial impact on either party, this Agreement may be renegotiated. The Parties agree to negotiate in good faith a revision to this Agreement, subject to Section 9.1 above.~~.~~

10.2.2~~3~~ Venue and Jurisdiction. Any legal action between the parties shall be filed in the Fourth Judicial District for the State of Wyoming.

10.2.3~~4~~ ~~-~~Governing Law. This Agreement shall be governed by the laws of Wyoming.

10.3 Force Majeure.~~-~~ Neither party shall be liable for failure to perform under this Agreement if:

(i) the failure to perform was caused by an impediment beyond its reasonable control; and

~~(ii) that the impediment could not reasonably have been anticipated to occur prior to its occurrence; and~~

~~(~~ii) that the impediment could not reasonably have been avoided or overcome.

Such examples could include but is not limited to acts of God, acts of nature, acts of terrorism, government orders, epidemics or quarantine restrictionss. ~~Provided, however, a party may not invoke this clause for failing to follow Federal or State guidelines concerning epidemics or pandemics which results in a quarantine or other form of impediment. A lack of staffing is not a force majeure event.~~ The party to invoke this clause may not do so unless it has given notice to the other party no later than ~~5~~ 21 business days following its awareness of the force majeure event and provided a report of the actions taken to ~~avoid~~ address the impediment.

10.4 Severability. Should any portion of this Agreement be determined by a court to be illegal or unenforceable, the remainder of the Agreement shall continue in full force and effect, so long as such does not adversely affect any party in a material manner.~~-~~

10.5 Entire Agreement. This Agreement represents the entire Agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral. In the event of a conflict or inconsistency between the language in this Agreement and the language of any attachment or incorporated documents, the language of this Agreement shall control

Commented [BM33]: This term would allow Sheridan to negotiate any change it wishes by simply passing an ordinance or resolution.

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Commented [BM34]: Does it matter if it can be anticipated, I can anticipate weather is going to eventually cause a force majeure event, but that does not make it a non FM event. The key is whether it is avoidable, which is stated immediately below.

Commented [BM35]: Neither of these provisions is customary force majeure language. What if state/federal guidelines conflict, are unreasonable, cost prohibitive, etc.? A lack of staffing which is unable to be addressed through reasonable business means is clearly a force majeure event. RMA is under force majeure presently and will not enter into an agreement which it could forfeit such status.

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10.6 Non-Waiver. Any waiver by the City, ~~or~~ County or RMA of any breach of any covenant herein to be kept and performed ~~by RMA~~ shall not be deemed as a continuing waiver and shall not operate to prevent the City, ~~or~~ County or RMA from declaring a forfeiture for any succeeding breach, either of the same or other covenant.

10.7 Modification. No modification of the terms of this Agreement shall be effective unless such modification is in writing and signed and dated by ~~both~~ the parties.

~~**10.8 Effect of Termination.** All covenants of this Agreement that should, by their nature, survive the termination of this Agreement shall so survive.~~

10.89 Notices. All notices shall be in writing and delivered either by first class mail with postage prepaid, in person, or by email. Notice shall be deemed delivered up being received. Notices may be delivered to:

CITY:	RMA
Sheridan Agreement Manager	RMA Agreement Manager
_____	_____
_____	_____
Sheridan, WY 82801	_____
_____	_____

10.10 Governmental Immunity. Nothing in this Agreement shall in any way be deemed a waiver of any of the requirements or immunities provided by the Wyoming Governmental Claims Act. The City and County specifically retain all immunities and defenses available to them as governmental entities pursuant to W.S. § 1-39-101, et seq and other applicable law.

10.11 No Third Party Beneficiary. This Agreement is for the benefit of the parties hereto and is not intended for the benefit of any third party ~~, excepting Sheridan Memorial Hospital,~~ and shall not be construed as such.

10.12 Independence of this Agreement RMA is an independent contractor and nothing herein is intended, or should be construed as creating a relationship of partners, agency, representative, or employee/employer for any purpose. No RMA agent, subcontractor or employee shall be held or construed to be an employee of the City or County.

10.13 Agreement of Construction. This Agreement has been negotiated between the parties and no preference shall be given to any party should the construction of any term of this Agreement be required by a Court.

10.14 Counterparts. This Agreement may be executed in counterpart~~y~~. Each counterpart, after execution by both parties, shall be deemed an original.

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Commented [BM36]: Please list covenants that should survive, if there are any.

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Dated this _____ day of _____, 2022.

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_____
Rocky Mountain Ambulance Service, LLC

Dated this _____ day of _____, 2022.

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_____
City of Sheridan Mayor, Richard Bridger

_____
Attest: Cecilia Good, City Clerk

Dated this _____ day of _____, 2022.

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_____
Sheridan County, _____

_____
Attest: Eda Thompson, County Clerk

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EXHIBIT Termination Lease Agreement

This Lease Agreement ("Lease") is entered into by and between the City of Sheridan, ("City"), Sheridan County, Wyoming ("County"), known jointly as ("Sheridan") and Rocky Mountain Ambulance Service, LLC, a Wyoming limited liability company, ("RMA").

WHEREAS, the Parties entered into an Emergency Medical Services Agreement, (EMS Agreement"), which this Lease is an Exhibit thereto;

NOW, THEREFORE, in consideration of the foregoing and the covenants and conditions of the EMS Agreement, the sufficiency of which are hereby acknowledged, the parties hereby agree to the following:

1. **Condition Precedent to Lease.** The condition precedent to the effectiveness of this Lease shall be the occurrence of the condition provided by **Article 9.1** of the EMS Agreement. This Lease shall only become effective upon Sheridan providing notice within (10) days of the occurrence of the condition precedent of its intent to exercise its right to lease.

2. **Term.** The term of this lease shall commence upon the occurrence of the condition precedent and continue on a month-to month basis not to exceed (12) months.

3. **Lease Amounts**. Sheridan shall pay RMA a monthly payment for the use of all equipment owned by RMA necessary for Sheridan to provide emergency medical response services to Sheridan County, Wyoming upon the occurrence of the condition precedent. The amount paid shall be negotiated by the parties. If a monthly rental price cannot be agreed to, the rental price shall be established as follows:

a. Within (10) days after the commencement of the Lease, each party shall select an appraiser to set the monthly rental amount and shall submit in writing the name of the appraiser so selected to the other party

b. Within (20) days thereafter, the (2) appraisers shall determine the fair market value monthly rental of the Equipment and shall submit in writing their determination to both parties within (10) days. The (2) appraisers' valuations shall be averaged and that average shall be used as the monthly rental value. The appraisers' determination of the fair market value monthly rental of the Equipment shall be binding upon both Lessor and Lessee.

4. **Equipment**. RMA shall not sell, destroy or dispose of any property upon the occurrence of the condition precedent for (14) days. Sheridan shall have the right to rent any and all equipment owned, leased or otherwise controlled by RMA described in **"Schedule A"** after providing proper notice described above.

a. Sheridan shall accept the equipment "As Is" with no warranty of condition. RMA makes no representation or warranty, express or implied, as to the suitability, fitness or purpose of any equipment.

b. Sheridan shall have the right to employ RMA employees and contractors as its own to provide emergency medical services for Sheridan County.

5. **Use**. Sheridan may use the equipment for ambulance-related services within Sheridan County.

a. Prior to taking possession of equipment and materials, the parties shall jointly inspect all equipment and materials to be leased for the purposes of identifying the item's current condition.

6. **Maintenance**. Sheridan shall, at its sole expense, repair and maintain equipment to the same condition as when delivered to Sheridan, ordinary wear and tear excepted. Such repair and maintenance shall be performed in compliance with all requirements necessary to enforce all product warranty rights and with all applicable legal and regulatory requirements. Sheridan shall enter into and keep in effect during the Term those maintenance agreements with respect to the Equipment required by this Lease or thereafter required by RMA. Upon reasonable prior notice, Sheridan shall make the Equipment and all related records available to RMA for inspection during regular business hours at the location of such Equipment.

7. **Risk of Loss.** Sheridan shall bear all risk of loss, damage, theft, taking, destruction, confiscation or requisition with respect to the Equipment, however caused or occasioned, which shall occur prior to the return of such Equipment. In addition, Sheridan hereby assumes all other risks and liabilities, including without limitation personal injury or death and property damage, arising with respect to the Equipment including without limitation those arising with respect to the manufacture, purchase, ownership, shipment transportation, delivery, installation, leasing, possession, use, storage and return of such Equipment, howsoever arising, in connection with any event occurring prior to such Equipment's return in accordance with the Lease.

8. **Casualty.** If any of the Equipment shall be lost, stolen, destroyed or irreparably damaged from any cause whatsoever, or shall be taken, confiscated or requisitioned (any such event herein called an "Event of Loss"), Sheridan shall promptly notify RMA of the occurrence of such Event of Loss.

9. **Liens, Leases and Debts.** Any equipment which is subject to a lien, lease or debt shall be disclosed to Sheridan prior to the establishment of the monthly rental amount. Should the monthly rental amount for any encumbered equipment not be sufficient to satisfy RMA's monthly or yearly financial obligation or would violate the terms of any agreement, RMA may, at their sole discretion, withhold the encumbered equipment from this Agreement.

10. **Insurance**. Sheridan shall, at its sole expense, carry and maintain for all of the Equipment, insurance against such risks. Within five (5) days of Sheridan taking possession and control of the Equipment, and, from time-to-time at RMA's request, Sheridan shall deliver to RMA certificates of insurance or other evidence satisfactory to RMA showing that such insurance coverage is and will remain in effect in accordance with Article 6 of EMS Agreement.

11. **Governmental Immunity.** Nothing in this Agreement shall in any way be deemed a waiver of any of the requirements or immunities provided by the Wyoming Governmental Claims Act. The City and County specifically retain all immunities and defenses available to them as governmental entities pursuant to W.S. § 1-39-101, et seq and other applicable law.

12. **Default**. A Default may be declared by either party if: (i) Sheridan fails to make any rental payment as it becomes due in accordance with the terms of this Lease and any such failure continues for a period of ten (10) days after written notice to the Sheridan Agreement Manager from RMA; or (ii) Sheridan violates any covenant, term, or provision of this Lease, and such violation shall continue for a period of ten (10) days after written notice to the Sheridan Agreement Manager from RMA.

a. Remedies. If a Default is declared and not cured, the parties' remedies are as follows:
   i. Sheridan may terminate this Agreement 30 days after the delivery of written notice of termination;

ii. RMA may terminate this Agreement 45 days after the delivery of written notice of termination;
iii. Either party may take the necessary action to cure the default and charge the costs of cure to the other;
iv. Request renegotiation of the Agreement.

13. **Notices**. All notices shall be delivered in accordance with Article 10.9 of the EMS Agreement.

14. **No Third Party Beneficiary**. This Agreement is for the benefit of the parties hereto and is not intended for the benefit of any third party, excepting Sheridan Memorial Hospital, and shall not be construed as such.

15. **Independence of this Agreement** RMA is an independent contractor and nothing herein is intended, or should be construed as creating a relationship of partners, agency, representative, or employee/employer for any purpose. No RMA agent, subcontractor or employee shall be held or construed to be an employee of the City or County.

16. **Agreement of Construction**. This Agreement has been negotiated between the parties and no preference shall be given to any party should the construction of any term of this Agreement be required by a Court.

17. **Counterparts.** This Agreement may be executed in counterparts. Each counterpart, after execution by both parties, shall be deemed an original.

Dated this _____ day of _____, 2022.

_____
Rocky Mountain Ambulance Service, LLC

Dated this _____ day of _____, 2022.

_____
City of Sheridan Mayor, Richard Bridger

~~Attest: Cecilia Good, City Clerk~~

~~Dated this _____ day of _____, 2022.~~

~~Sheridan County, _____~~

~~Attest: Eda Thompson, County Clerk~~

Addendum 5,

RMA Request for Proposal Response of 7/28/22

Clarifications and Exceptions

ORIGINAL BID PAGE #	PROPOSAL PAGE #	DETAILED DESCRIPTION OF CLARIFICATION (C) OR EXCEPTION (E)
1, et seq.	1, et seq.	(E) Any term of the RFP in conflict with the RMA Response shall be superseded by such term as stated in the RMA Response.
1, et seq.	1, et seq.	(E) RMA explicitly disclaims and by submission of its Response does not consent to be bound by any term of the RFP or its Response until a definitive agreement is reached between the parties. Neither the RFP or the RMA Response and associated documents is intended to be, or is, a definitive agreement.
7	Addendum 4	(E) Delete "9-1-1" in Section 3.1 and replace with "calls for service" and correct language to match.
18	Addendum 4	(E) Reduce dollar amounts in Section 7.6. 6., 7., & 8.

9-1-1 ADVANCED LIFE SUPPORT AMBULANCE RESPONSE AND TRANSPORT SERVICES

For Sheridan County and the City of Sheridan, WY

RFP | JULY 28, 2022

AMR®
A Global Medical Response Solution

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COVER LETTER

July 27, 2022

City of Sheridan
ATTN: Cecilia Good, City Clerk
55 Grinnell Plaza
Sheridan, WY 82801
cgood@sheridanwy.gov

RE: 911 ALS AMBULANCE SERVICES PROPOSAL

Dear Ms. Good:

In the following pages, the team at American Medical Response, Inc. DBA Guardian Flight Wyoming (Guardian Flight) presents the City of Sheridan and Sheridan County, Wyoming (the County) with our proposal for the provision of emergency ambulance services, adhering to all submission and response guidelines of your Requests for Proposal (RFP).

The commitments made within this proposal concentrate on:

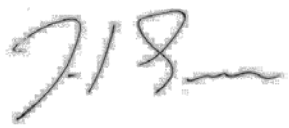
- Clinical Excellence
- Response Time Reliability
- Economic Efficiency
- Financial Stability
- Customer Satisfaction

We are pleased to demonstrate our capabilities, resources, and the experience needed to provide seamless operations. Guardian Flight is prepared to provide the necessary equipment, skilled labor, supervision, equipment, materials, and all other provisions needed to fulfill the Scope of Work (SOW).

This proposal is our best attempt to meet the EMS 911 needs of your community in a cost-effective way, but more information regarding volume and payor mix would help us to refine our proposal and provide you with the most appropriate, customized service model. We welcome the opportunity to discuss and develop a fine-tuned solution.

Please do not hesitate to contact me directly if you have any questions. I will be your point of contact for all matters relating to this RFP. I can be reached at jared.sherman@gmr.net or by telephone at 907-360-8226.

Sincerely,



Jared Sherman
VP of Operations, Northwest
C: 907-360-8226 | Email: jared.sherman@gmr.net
www.globalmedicalresponse.com

INTRODUCTION

Our team looks forward to the opportunity to build a partnership to provide the City of Sheridan and Sheridan County with reliable, efficient, and cost-effective 911 ALS ambulance service. This proposal provides a snapshot of our capabilities and offerings.

American Medical Response, Inc. DBA Guardian Flight Wyoming is the bidding entity for this proposal. We operate dozens of similar EMS systems and have the support of our parent and sister companies, providing you with a sustainable solution you can trust.

We see ourselves as more than an ambulance provider. Together with our national network of EMS professionals, we will provide this community and our public safety department partners with the depth of experience, knowledge, and expertise no other provider can match.

Our mission – and the theme of this proposal – is to increase local survivability and clinical excellence through our homegrown workforce of experienced caregivers. At its most basic level, this means sending an emergency ambulance and paramedic staff to the scene of a critical patient within minutes, using our deployment software and system experience to arrive rapidly when seconds count. But it also means much more. It means being your partner, ready to quickly respond to the needs of this community during changing conditions and emerging system needs.

PERFORMANCE: FULFILLING OUR PROMISES

Our hard-working and experienced team enables us to continuously fulfill our obligations to the community and remain accountable and transparent. Our proposal continues this tradition of excellence with new tools and technology.

- We consistently meet or exceed response times.
- Clinical performance is foremost in our culture, and we strive to improve survivability.
- We provide completely customizable reporting for transparency and accountability.

RESPONSIVENESS: NIMBLE, PROACTIVE AND ADAPTABLE

The ability to flex with evolving needs and challenges is crucial to maintaining a quality system. AMR is willing and able to respond to the needs of the community and the changing requirements of healthcare today.

- Our local leaders are always available via telephone or in-person to address project needs.
- We have developed innovative programs like the Earn While You Learn program to address staffing shortages.

FORMAL PROPOSAL

2.1 The bidder shall submit:

1. Statement of qualifications

Guardian Flight Wyoming will provide emergency ambulance coverage for City of Sheridan and Sheridan County residents and visitors 24 hours a day, 7 days a week, 365 days a year. We are experienced in developing partnerships with communities to work together in identifying your needs, assessing data and providing solutions. We will build a customized plan based on the needs of your community to meet demands and provide comprehensive, responsive coverage while remaining cost efficient. These goals are at the heart of our mission of providing care at a moment's notice.

2. Full name, address, telephone number, and other means of contact of the Contractor

American Medical Response, Inc. DBA Guardian Flight Wyoming

10888 South 300 West

South Jordan, UT 84095

801-619-4900

Contact: Matt Strauss

307-871-7461

3. Identify the local office that will be responsible for this service

Guardian Flight will secure a local base in Sheridan County upon contract award. We currently have a base nearby in Lander, Wyoming.

4. Summary of the Contractor's general qualifications, background, number of employees, office locations, etc.

Guardian Flight is a part of the Global Medical Response, Inc. (GMR) family of companies. GMR is an industry leading medical transportation company founded in 2018 by combining the industry leaders in air, ground, managed medical transportation, and community, industrial/specialty and wildland fire services.

With more than 35,000 employees, GMR teams deliver compassionate, quality medical care, primarily in the areas of emergency and patient relocation services in the United States and around the world. Each of our companies have long histories of proudly serving the communities where we live. In addition to Guardian Flight, GMR companies include the following: American Medical Response (AMR), Rural Metro Fire, Air Evac Lifeteam, REACH Air Medical Services, Med-Trans Corporation, and AirMed International.

Combined, we treated 10 million patients last year utilizing 8,600 ground vehicles, 111 fire vehicles, 352 rotor-wing aircraft and 109 fixed-wing aircraft. We are the largest medical transport company in the world, focusing on intimate and high-service solutions at a local level. With the extensive resources and experience of GMR, we are able to work with our partners to develop integrated solutions to patient transportation that cover ground, rotor-wing and fixed-wing modalities.

Providing Care to the World at a Moment's Notice

In 2018, our organization joined with the nation's leading private air ambulance providers to form **Global Medical Response, Inc. (GMR)**, making AMR part of a global company reaching millions of patients in 150 countries and every state. This level of stability and support is unmatched in EMS today.

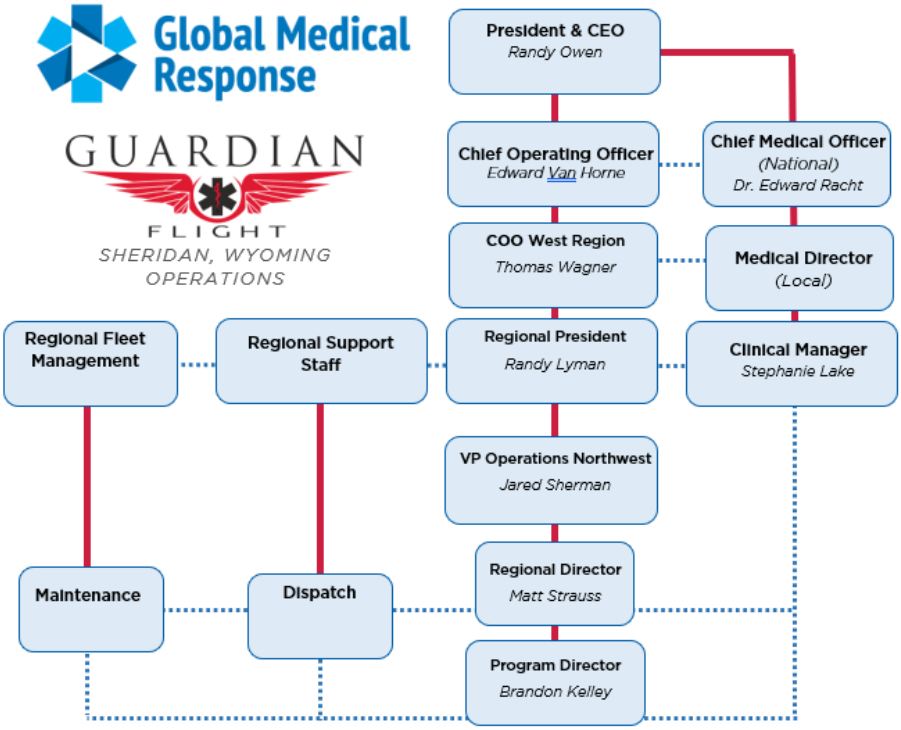
- **50** STATES COVERED
- **379** AIR BASE LOCATIONS
- **65** COMMUNICATION CENTERS
- **48** FIRE STATIONS

35,600
CLINICIANS & SUPPORT PERSONNEL

8,600 GROUND VEHICLES
352 ROTOR-WING AIRCRAFT
109 FIXED-WING AIRCRAFT

With more than 35,000 employees, GMR was created by combining the industry leaders in air, ground, managed medical transportation and community, industrial/specialty and wildland fire services. This national support provides AMR with an unprecedented access to a depth of industry resources, financial backing, disaster response teams and a pool of certified personnel.

5. An organizational chart naming the Contractor, principals and a detailed summary that clearly identifies each team member that will be used to serve this contract, their responsibilities and the nature of work that each will perform. Resumes of all team members shall be included that highlights each member's experience and qualifications as they relate to this contract.



Resumes of key staff are attached.

6. Identify the year in which the Contractor was established and began providing services.

See response to Section 4.

7. List your agencies Standard & Poor's, Dunn & Bradstreet or AM Best (or comparable) rating. If this is not available then provide financial information sufficient, at a minimum of five (5) years to determine financial stability of the Contractor to provide sustainable service.

As a part of the Global Medical Response family, Guardian Flight has the strength and support of a solid financial foundation. GMR is a financially healthy and stable organization with approximately $235 million cash on hand and $360 million available on our line of credit.

8. Describe any plans to sell or merge by the Contractor.

Guardian Flight has no plans to sell or merge. The City of Sheridan and Sheridan County can depend on us as your partner and a fixture in the community.

9. Provide a comprehensive listing of all services you provide,

Our enhanced scale and breadth of service capabilities make us the partner of choice. Our programs and services provide delivery of seamless, reliable and quality patient care. GMR is committed to providing the best resources to help our communities focus on the well-being

of others by providing a wide variety of service offerings that can help you manage patients more effectively.

Guardian Flight can operate as in-network solutions to coordinate and align resources to further enhance capture / catchment initiatives to expand specialty service lines. With a customized approach, we can create beneficial networks that overlay with your goals and growth / expansion strategies to better leverage rotor-wing, fixed-wing, and critical care ground transportation, as well as other complementary services.

Our mobile integrated health (MIH) programs enhance the hospital-to-home paradigm for patient care and support post-acute clinical needs and other patient care aspects. The MIH approach is to utilize the right provider in the right setting to prevent unplanned or urgent healthcare needs for your patient populations. Examples include post-discharge projects to reduce readmissions for chronic care conditions and frequent user initiatives to engage patients in a more proactive manner and by providing alternative non-emergency room care settings for ongoing clinical needs.

In addition, we offer comprehensive transportation solutions to meet a variety of patient and service needs. Descriptions of our core levels of transportation services are on the following page.

LEVEL	DESCRIPTION	
Critical Care Transport	Transportation of a critically injured or ill patients by ground ambulance, with staff including critical care RNs.	
Advanced Life Support (ALS)	ALS services are provided by paramedics to patients who require cardiac monitoring or intravenous fluids and medications during transport.	
Basic Life Support (BLS)	BLS services are provided by EMTs for patients who require medical monitoring during transport (includes lift assist).	
Behavioral Health Transports	Behavioral Health Transports offers an improved level of service for facilities and customers, economical and superior transportation alternatives, and reduced liability and increased safety.	
Bariatric Transport	Critical Care, ALS, or BLS services provided in special vehicles with stretchers capable of handling patients up to 1,200 pounds.	
Wheelchair Van	ADA compliant specialized vehicles capable of transporting a patient in a wheelchair, suitable for patients who do not require monitoring during transport.	
Ambulatory transports	Other forms of transport and assistance for patients who are ambulatory and do not require monitoring (comfort chair, taxi, shuttle van, sedan, etc.).	
Lyft™ Ride-Share	AMR's partnership with Lyft™ provides enterprise-dashboards and easy ordering for a low-cost alternative to taxi vouchers for ED discharges or similar rides.	
Rotor Wing and Fixed Wing Services	We can arrange both domestic and international fixed- wing air ambulance and short distance rotor wing medical services. All flights are staffed by highly qualified and experienced medical crews and accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS).	

Disaster Support Services

Guardian Flight, together with its sister companies under the umbrella of GMR, is the nation's most experienced and best-prepared provider of emergency evacuations and disaster support. Our crews will always be in attendance with resources, equipment and highly trained skills to support the needs of all City of Sheridan and Sheridan County residents and visitors.

We can commit to this pledge because we have a proven track record of excellent performance with our 911 service areas during these catastrophic events. Whether for planned evacuations, emergency evacuations or medical support during an event, we have always answered the call at a moment's notice.

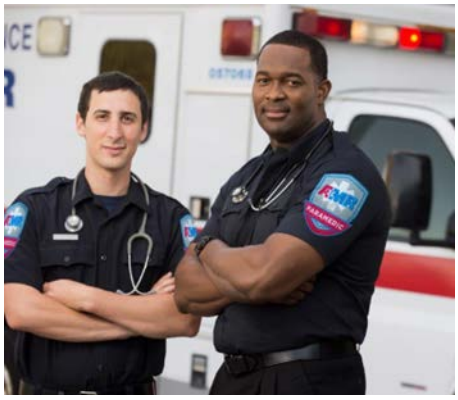
Since August 2007, GMR has held a prime contractor agreement with FEMA to provide comprehensive EMS response in the 48 contiguous states. We work closely with local first responders and community stakeholders before, during and after these emergency events to ensure the highest level of safety for your residents.

Under this contract, we provide a full array of ground ambulance, air ambulance, paratransit services, medical personnel, communications, incident management teams and logistics to supplement the local, federal and military response to a disaster event. We keep a national database of employees and vehicles available for deployment at all times.

We also commit to take part in local disaster drills, including mock incidents for active shooter, mass casualty incidents (MCIs), natural disaster and other training. Every member of our team is trained in FEMA Incident Command System (ICS) and National Incident Management System (NIMS) courses to better collaborate with local, regional and national responders during disasters and other unplanned events.

10. Describe any history the Contractor has in providing EMS ambulance transport services with a public entity.

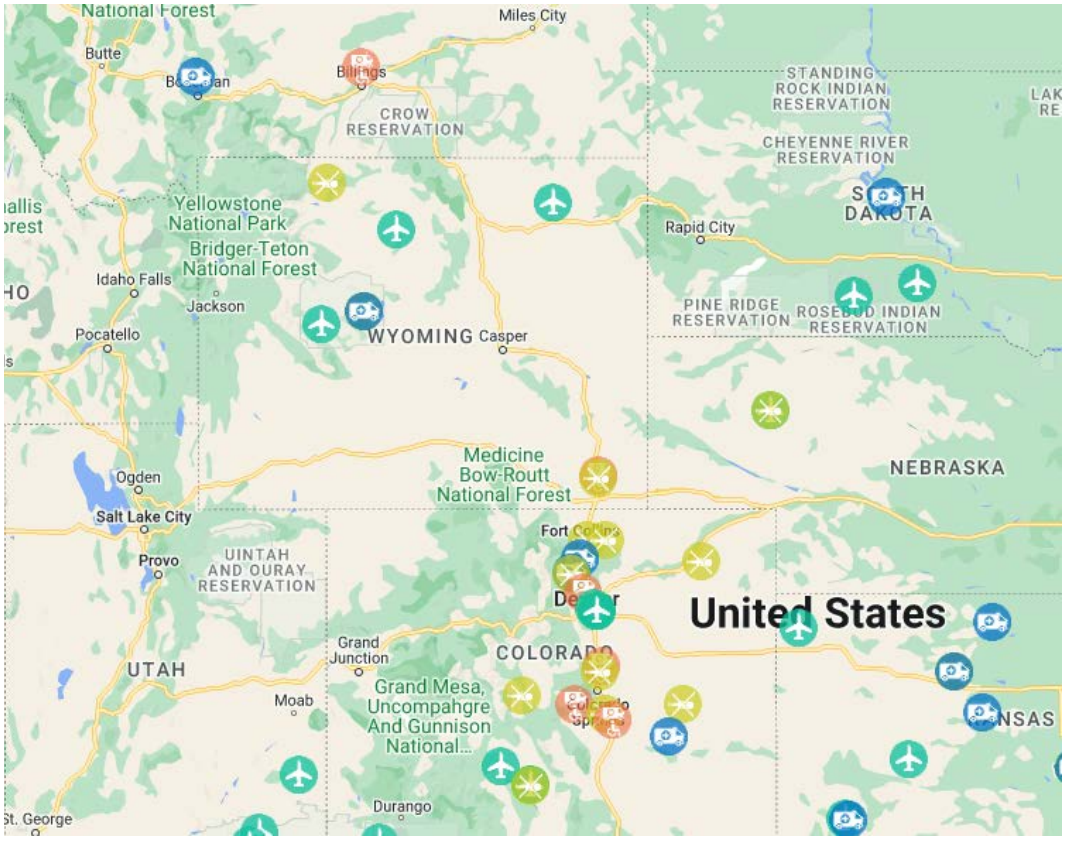
We are honored to be America's leading provider of ground medical transportation, with approximately 4,600 contracts with communities, government agencies, healthcare providers and insurers to provide ambulance transport services. This includes more than 230 EMS agreements. From primary 9-1-1 ALS coverage to BLS support and backup, we work closely with each municipality and our first responder partners to provide reliable response times and superior patient outcomes.



We have included a list of communities with similar population to the City of Sheridan and Sheridan County where our company is the contracted EMS provider.

Community Served	Population
SPRINGFIELD, MA	154,596
BRIDGEPORT, CT	146,417
NAPA COUNTY, CA	139,417
WACO, TX	133,964
TOPEKA, KS	125,904
HARTFORD, CT	123,628
MANCHESTER, NH	112,525
PUEBLO, CO	111,750
WATERBURY, CT	108,672
BOULDER, CO	107,353
WICHITA FALLS, TX	104,576
EL CAJON, CA	103,285
DONA ANA COUNTY, NM	102,296
TEMPLE, TX	76,256

The map below shows our bases in neighboring communities.



11. Describe the process necessary to set up the needed service in Sheridan County. How many times have you been through this process?

Guardian Flight and its parent company, Global Medical Response, provide EMS for hundreds of municipalities across the United States, and as such we have extensive experience in establishing EMS ambulance transport services for public entities. The size variance in our coverage areas (large urban centers to smaller rural communities) further articulates our ability as an experienced EMS provider to customize our services to the needs of this community.

Guardian Flight has local leadership with proven experience in emergency ambulance service, customer focused behaviors, clinical superiority, and knowledge of system contract relationships. We have a strong and stable operation, including a state-of-the-art dispatch center, a comprehensive training program, and certified mechanics within our fleet facilities. We have the capacity to provide back-up vehicles and crews during times of unusually high peak demand or disaster response from our sister operations.

With multiple operations in the region and across the state, Guardian Flight is poised to move seamlessly upon contract award. Our contract transition approach, streamlined through decades of EMS startups, requires that we evaluate the necessary assets – both human and physical – and match our capabilities to the defined standards. This allows us to confidently offer services that we know we can deliver, creating sustainable models for service that benefit the entire system.

To provide a seamless transition of providers and prevent disruption to employees, we will take every measure to retain the current EMS workforce. Upon award, Guardian Flight will begin to host community "town hall" meetings with the current field personnel, giving them information and resources for joining our team. Any and all members of the incumbent workforce that desire to continue their careers in the system (and meet all local, state and company criteria) will receive first and full consideration. The circumstances that potentially will disqualify an employee from being retained include failure of a drug screening, background check, driving requirements or a physical ability test.

12. How quickly can a staffed ambulance be restored to service if it is placed out of service due to staffing issues?

Guardian Flight can typically return an ambulance to service within 24-48 hours. In the Sheridan area, we would pull assets from operations in Cheyenne or Denver for coverage. Guardian Flight intends to subcontract with local mechanics for routine repair and maintenance, while non-routine issues would be performed by our Billings maintenance fleet technicians.

Unique Data Tools

Guardian Flight uses GMR's technology and proven industry methodologies to maximize the efficiency of our resources, keeping ambulances and staff ready to respond to each call.

SYSTEM STATUS MANAGEMENT

System status management (SSM) is the ability to put ambulances in the right place, at the right time and have them ready for the next call.

Our data-driven, people-focused approach to system status management in the City of Sheridan and Sheridan County includes:

- Understanding Call Demand. GMR utilizes Operations Planning and Analytics Platform (OPAP), which is a scheduling software that enables us to track all calls and build schedules according to call demand. This software will ensure we provide adequate coverage, while simultaneously certifying that we do not have excess capacity. Additionally, this software will generate analytical data that will be examined daily, allowing us to effectively review our scheduling.
- Understanding Our Resources. We track our ambulances and constantly determine which are available for 911 response.

When done correctly, a patient in any area of Sheridan County who calls 911 will receive the properly staffed and equipped ambulance at a moment's notice. This is extremely important with critical Advanced Life Support (ALS) calls, such as cardiac arrest, strokes, trauma and others. Our deployment plan – and the process to monitor and refine it – has been carefully constructed to consider every nuance of this system and protect this community.

BUILDING A CUSTOMIZED PLAN

As mentioned previously, we use an enhanced software program to monitor the deployment of our resources throughout the County and ensure continuous response-time compliance. OPAP allows us to monitor system concerns in real-time, creating immediate solutions through improvement processes and technologies. This unique planning program will ensure we continuously meet and exceed our response-time commitments to the city, as well as generate on-demand reports.

Maintaining Reserve Capacity

We also will continue to follow our proven plans to maintain reserve capacity, letting us increase deployment and staffing should temporary system overload persist.

- Using OPAP and understanding system dynamics, we have built a call-in process for additional staff
- We complete a system check every three months to ensure resources are adequate or if additional resources should be added

- We always provide consistent baseline staffing to meet demand
- Our field supervisors are authorized to add additional ambulances when needed
- We maintain sufficient reserve ambulances, equipment and supplies to quickly field additional ambulances
- Our fleet maintenance team keeps our fleet mechanically response-ready
- We have developed mutual aid agreements/MOUs with area providers to ensure the system operates at peak efficiency
- We require every employee sign up for at least one call shift which assists in covering the night shift when office staff is not available to surge

13. Describe the relevant experiences related to emergency care for the past five (5) years. Include your ability to meet service demands, contract modifications after the initial contract, and service size. At a minimum provide the following information:

a. A list of five (5) service references along with a detailed summary of the services provided

i. The Sheridan Area reserves the right to contact the references without prior notification.

b. Identify sub-contractors used for emergency response, if any, that will be used for this service. Outline what their responsibilities will be and their qualifications

c. Provide a list of information that you will routinely require for your work and the extent of any assistance required from City/County staff

Experience Managing High-Performance EMS

Guardian Flight and its sister companies under the umbrella of Global Medical Response serve more than 230 EMS operations across 40+ states. More than 50 of these serve populations over 100,000 and several have populations greater than 1 million. We are happy to provide information on any of these contracts if helpful to your review process.

LARAMIE COUNTY AND THE CITY OF CHEYENNE, WYOMING

Since 1998, we have been the 9-1-1 ALS emergency ambulance provider for the City of Cheyenne and Laramie County. We operate under a high-performance contract with stringent response time requirements, which we consistently meet month after month.

Our Laramie County coverage model includes an integrated response with rural volunteer fire and EMS departments and Cheyenne Fire Rescue. We assess the needs of patients, treat any emergent life threats and transport patients to Cheyenne Regional Medical Center (CRMC) for advanced care. Our relationship with our first responders includes joint in-house training, supply restocking, shared purchasing power and more.

We are an active participant in community events, providing more than 700 hours in standby coverage and CPR training at events, schools, drills and other community gatherings.

In addition, we provide emergent and non-emergent interfacility transports to over fifty outlying hospitals and attend regional clinical quality committees. We have built robust partnerships with our hospital partners, including clinical programs and public outreach.

Contact:

Dr. Doug Schmitz, Medical Director, 3615 Wild Rose Trail, Cheyenne, WY 82007

307-575-0187

BOULDER COUNTY AND THE CITY OF BOULDER, COLORADO

Since January 2012, we have operated a robust local 9-1-1 system for the city of Boulder, the city of Longmont and Boulder County. During our years of service, our experienced local leadership team (which shares some senior members with our Cheyenne operation) has proven its commitment to providing exceptional service across the Front Range.

We are highly integrated within the Boulder County system and have lent a helping hand in times of local disasters, such as the 2013 Boulder Floods, the 2016 Cold Springs Fire and the 2020 Calwood Fire. During these devastating floods, AMR responded with 23 ALS units within the first 12-hour operational period. In the following weeks, we allocated additional units from GMR operations in Texas, Nevada, and Arizona to assist with the response.

We have fostered a robust relationship with local system partners throughout the City of Boulder and Boulder County. We provide hundreds of hours a month of free training for all agencies in the service area.

Contact:

Dr. Shannon Sovndal, Medical Director, 4747 Arapahoe Ave., Boulder, CO 80303

720-470-9454

NAPA COUNTY, CALIFORNIA

American Medical Response (AMR) has been honored to serve as Napa County's 911 exclusive paramedic ambulance provider – and partner in public safety – since January 2, 2012. AMR is committed to providing an exceptional level of clinical care and customer service while exceeding all response time requirements and community needs. We are locally based, right here in Napa, to serve the community.

In our role as the exclusive 911 ambulance provider, AMR partners with fire departments, law enforcement agencies and various community organizations to enhance public safety and community services to Napa County residents and visitors. In addition to AMR providing all 911 ambulances in Napa County, AMR is the sole provider of paramedic first response services outside of the cities of Napa and American Canyon.

Contact:

Dr. Karen Relucio, Public Health Officer, 2344 Old Sonoma Road, Bldg G, Napa, CA 94559

707-253-4270

CITY OF PUEBLO, COLORADO

We have served as the City of Pueblo's ambulance provider since 1994, providing emergency and non-emergency medical transport service for the region.

We employ more than 100 paramedics and EMTs in Pueblo and handle an average of 35,000 calls annually. We provide ALS, BLS, standby for special events, wheelchair, onsite medical and mobile integrated healthcare services. Within the City and County of Pueblo, the EMS system response is tiered, with area fire agencies first responding to render care prior to ambulance arrival. We open our doors to every agency within the County to offer a variety of medical training, from merit courses and refreshers to monthly continuing education units. We also provide ambulance tours, education to nursing homes, community CPR classes, an annual safety festival, conference speakers and numerous other activities in the EMS community.

Contact:

Barbara Huber, Fire Chief

719-553-2825

Pierre, South Dakota

AMR Pierre South Dakota provides emergency and non-emergency medical transport service for Hughes and Stanley Counties in central South Dakota. Founded in 2001, AMR Pierre South Dakota employs approximately 14 paramedics and EMTs and handles on average 1,100 transports annually.

AMR Pierre South Dakota participates in a number of public service activities and provides ambulance standby services for events ranging from state rodeo finals to motocross races. The operation also offers CPR classes on an as-needed basis.

Contact:

Dr. Thomas Huber, Hughes County Medical Director, 521 E Sioux Ave., Pierre, SD 57501

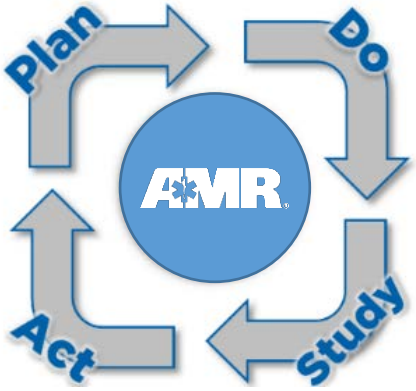
605-945-0390

14. Describe your customer service philosophy.

People deliver all the care and make all the difference. Guardian Flight embraces this fact and believes quality EMS is primarily knowledge management, supported by a working, integrated environment where professionals thrive. Our team of field personnel for City of Sheridan and Sheridan County will consist of state certified EMTs, paramedics, field supervisors, offline supervision and leadership personnel.

Guardian Flight prides itself on partnering with leading physicians and clinicians focused on supporting the delivery of progressive patient care and continuous improvement throughout Wyoming.

CONTINUOUS QUALITY IMPROVEMENT



We will work with the City of Sheridan and Sheridan County and our first responder agencies to implement and maintain a comprehensive CQI program. We have developed and maintained a customizable process that encourages collective problem identification and solutions from all levels of our organization, especially the local community. Our CES team will administer this process under the guidance of the ESD and our medical director with ongoing input from our internal action committees.

Our multifaceted approach to quality improvement for City of Sheridan and Sheridan County includes the following:

- Clinical Education Services (CES) personnel, who identify and develop training methods to implement new procedures, improve performance, and address individual training needs while supporting the Medical Director and system protocols
- A team of Field Training Officers (FTOs) to help maintain performance standards, conduct training, monitor performance in the field, and participate in peer review audits
- A stringent screening program for new employees, careful review of equipment needs, and physician-approved protocols
- A comprehensive orientation academy that is followed by FTO-facilitated field training, evaluation, and continued mentorship, as well as in-house continuing education programs
- Monitoring, coaching, and feedback by FTOs, Field Supervisors, and Clinical Education personnel
- Retrospective analysis of clinical performance, patient care reports, and Key Performance Indicators (“KPIs”)
- Compliance with all relevant County, state, and federal regulations
- Utilization of the Plan-Do-Study-Act cycle, a proven framework for reviewing and responding to opportunities for improvement

15. Provide a rate schedule that the Contractor will use to invoice for services. What is your current collection rate on those invoices?

Guardian Flight takes pride in providing the communities we serve with fair pricing which takes the client’s need for conserving resources in mind. To that end, it is our goal to provide cost-efficient service with our technological resources and exceed expectations with outstanding performance.

To provide the services in the RFP, the highest level of patient care and comfort available in the industry today as well as hire and retain the most qualified workforce, we require an annual subsidy, thereby minimizing your risk and placing the responsibility of equipping the system to succeed on Guardian Flight. This creates a sustainable system while ensuring consistent patient satisfaction.

The annual subsidy would be $1,530,000 with a 5% increase per year. This assumes market rate billing and collection rates consistent with local healthcare economics. This includes $10,000 that would be earmarked for a Clinical Upgrade Fund. In the event that the City wishes to upgrade its clinical equipment, those funds would be applied toward the cost of upgrades.

Guardian Flight would be happy to discuss alternative service models that would provide excellent coverage and service while reducing the subsidy cost.

> 16. Acceptance of RFP terms: a proposal submitted in response to this RFP shall constitute a binding offer. The autograph signature of a person who is legally authorized to execute a contractual obligation on behalf of the Contractor shall indicate acknowledgement of this condition. A submission in response to this RFP acknowledges acceptance by the Contractor of all terms and conditions as set forth herein. A Contractor shall identify clearly and thoroughly any variations between its proposal and the RFP in the cover letter. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.

Guardian Flight understands and acknowledges the terms of the RFP.

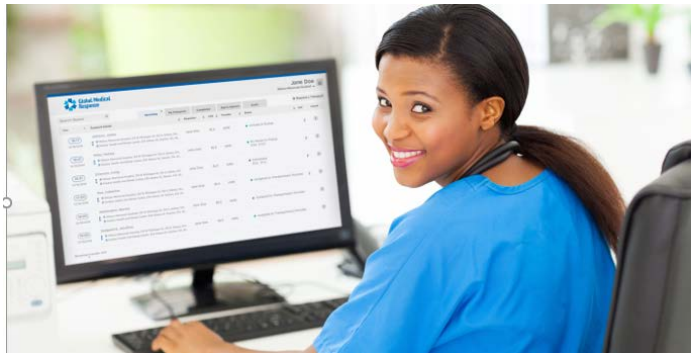
> 17. Use of Subcontractors/Partners: There may be areas for use of Subcontractors or Partners in this project. If a bidder is utilizing this approach, the proposal must list the Subcontractors/Partners, their area(s) of expertise, and include all other applicable information herein requested for each Subcontractor/Partner. Please keep in mind that the Sheridan Area will contract solely with the Contractor, therefore Subcontractors/Partners remain the Contractor's sole responsibility.

Guardian Flight may use local subcontractors to perform ambulance repairs.

INNOVATIVE SOLUTIONS

Transportation Management Platform

GMR and our family of companies have designed and developed a customized online ordering tool that can significantly streamline the non-emergency rideshare, wheelchair, ground ambulance, rotor and fixed wing ordering process. One of the key strengths of this tool is its ability to allow hospitals to customize the necessary information required to order medical transportation, ensuring quicker service request processing. Unlike other online solutions, our online tool is specifically designed and built around your approved standards and specifications. In addition, we were the first solution to be adopted and available on the Epic App Orchard. We have integrated our solution with Cerner, as well.



The proprietary algorithm and customizable workflow rules assist the user to create the transport request based on a few simple clinical questions. When applicable, the system can automatically generate and attach electronic Physician Certification Statement (PCS) forms for Medicare compliance. GMR's online ordering tool can also integrate with hospital electronic health record (EHR) systems, including Epic and Cerner, to populate certain patient demographic information, save keystrokes and reduce transcription errors.

Our transportation management platform is proven to increase hospital throughput and improve patient satisfaction. In addition, this technology can create hospital efficiencies that result in decreased labor costs, improved value and billing capture, and reduced staff burden in managing discharged patients. Our transportation management platform technology achieves these benefits through the following time-tested processes and proven attributes:

- Real Time Data. Users get real time updates and estimated arrival times of transporting vehicles. This saves hospital personnel time often lost or lagged when continual check-in calls and repeat follow-ups are needed with providers to determine status. With our transportation management platform, a quick look at the dashboard gives a full picture of the day's progress and eases administrative burden.
- Cost Effective & Easy to Implement. Requests are assigned the right and most appropriate level of service early in the ordering process. Right assignment minimizes the need for potentially cumbersome realignment of wrong-fit transportation solutions, resulting in cost efficiency for hospital-responsible transports. Also, facility responsible transports can be routed to a department leader or house supervisor for approval, thereby reducing facility spend on transportation.

NEW FEATURE - RAPIDCALL™ VOICE ACTIVATION BUTTON

We are excited to launch our new Rapid Call solution to offer specialty service line leaders, hospital supervisors and affiliated sending facilities the ability to request emergent and non-emergent rotor services with the push of a button. Please take a moment to view the video link associated with the QR Code. A caregiver can simply **press the Rapid Call button** and say "**launch helicopter**" to initiate a flight request.

Global Medical Response

LEARN MORE

Automated voice prompts will inform caregivers which helicopter has been dispatched and provide an ETA, alert when the aircraft lifts off and will provide status updates every five (5) minutes while en route. Prior to launch, the GMR communications specialist will contact the requesting caregiver to answer safety / risk questions and to ensure a smooth patient handoff.

An additional enhancement will allow hospitals to monitor the aircraft location and notify groups of users — including trauma teams and on-call specialty teams regarding inbound flights — instantly via automated voice phone, SMS and/or email alerts.

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Brandon Kelley

PROGRAM DIRECTOR

SUMMARY

Integrous, dependable, and experienced public safety leader with a progressively responsible and diverse career. Active in various aspects of public safety, disaster preparedness, and incident management since 1999.

EXPERIENCE

GLOBAL MEDICAL RESPONSE **SEPTEMBER 20, 2021 – CURRENT**
NORTHWEST REGION
GUARDIAN FLIGHT

PROGRAM DIRECTOR – GUARDIAN FLIGHT WYOMING

Develops, organizes, and implements education and training programs for Global Medical Response's Northwest Region Ground and Air Operations. Direct oversight of operations in 16 states that total greater than 7,000 employees. Ensures that the organization's core values, management and supervisory skills/techniques, and clinical standards of care are maintained through the training and retraining of employees. Develops the organization's staff to their full potential through appropriate continuing education. Directs and coordinates clinical education activities by creating a safe and healthy work environment where patient care processes are consistent with national standards.

Key Contributions:

- Coordinates the daily activities of the Flight Nurse and Flight Paramedics and collaborates with Pilot Supervisors for pilot activities
- Receives medically related flight problems or issues from medical crews, aviation staff, communications center staff, customers, and patients.
- Resolves medically related problems or issues as they occur with feedback to appropriate persons or refers the issue to the appropriate person for resolution
- Recommends and implements changes to improve efficiency and effectiveness of medical staff and base performance
- Participates in the evaluation of new equipment/supplies and oversees inventory and supplies
- Oversees the base spending, remains within budget for the base and submits the required reports as defined by policy and assures proper use, maintenance, and repair of medical equipment and supplies
- Responsible for the maintenance and organization of facilities
- Conducts monthly staff meetings at assigned base in conjunction with the Safety Officer
- Ensures crew members follow policy for work related injuries and exposures

Staff Supervision:

- Accountable for medical crew licensure, certifications, and clinical requirements

- Collaborates with Clinical Manager to ensure assigned staff has the required OSHA training and TB testing to meet corporate and government compliance
- Ensures narcotic counts are completed per policy; all staff document narcotic use per policy; and reports any discrepancies immediately to the RD, VPO, and HR.
- Interviews and hires candidates for Flight Nurse and Flight Paramedic positions at the assigned base
- Assists new employees with completion of the orientation process. Monitors new employee performance by assigning a preceptor and working closely with the Clinical Manager to ensure successful transition into the position, throughout the orientation process.
- Prepares annual employee evaluations for assigned medical staff
- Carries out disciplinary action with input from the RD, VPO, and Human Resources
- Resource for the dissemination of new information and problem resolution for the medical staff

Departmental Collaboration:

- Participates in the interview process for the selection of pilots and mechanics to be assigned to the base as requested
- Collaborates with the Base Pilot Supervisor and Base Mechanic to ensure the highest level of aircraft reliability and seeks assistance from the RD and VPO as needed.
- Collaborates with the Base Pilot Supervisor and Base Mechanic for issues involving aviation or maintenance personnel

Marketing and Business Development:

- Identifies and establishes strong business relationships with all customers within the assigned area.
- Coordinates customer relations/marketing activities for the base staff.
- Ensures that relationship building activities occur with each customer through personal visits from the Program Director.

WYOMING DEPARTMENT OF HEALTH — NOVEMBER 14, 2013 – SEPTEMBER 1, 2021
OFFICE OF EMERGENCY MEDICAL SERVICES

EMS OPERATIONS SUPERVISOR/INTERIM STATE EMS DIRECTOR
ACTING STATE EMS DIRECTOR, STATE OF WYOMING

Managed the entirety of the budget process, national level responsibilities, promulgation of rule, legislative interaction, and the system design/improvement activities for Wyoming's EMS system.

EMS SUPERVISOR, STATE OF WYOMING

Responsible for the EMS program of the State of Wyoming including licensing of 3700+ members of the EMS workforce and the licensing and permitting of 100+ EMS agencies within and outside of Wyoming. Responsible for writing, promulgating, and enforcing compliance with the Rules and Regulations and enforcing the State's Statutes. Managed the EMS data system (WATRS) which involves the development, implementation, and management (including contracting) for the Statewide Patient Care Reporting system. Managed the development and quality improvement of a statewide EMS education system, including directly supervising four positions within the Office of EMS. Managed the budget (between $1-4 million dollars depending on current grant cycles, etc.), contracts, attended training, administered programs, and performed other duties as needed to serve the citizens of the State of Wyoming.

EMS-Children Coordinator

Responsible for all aspects of the management of the Emergency Medical Services for Children Grant for the State of Wyoming. Delivered resources to providers of emergency medical care for children to ensure that the children of the country receive the best possible outcomes when seriously ill or injured.

Cherokee County Fire and Emergency Services May 14, 2001 – November 7, 2013

2001 – 2003: Recruit Firefighter – Firefighter – Senior Firefighter – Fire Apparatus Operator (FAO) Acted as FAO and field preceptor for EMS operations. Duties included general firefighting activities, conducting shift in-service training, operating various fire apparatus and equipment, and supply/maintenance management.

2003 -2007: Fire Sergeant, Paramedic, and EMS Educator Acted as Sergeant with shift assignment and taught multiple courses. Supervised one to six staff members. Conducted training, managed records, incident operation command positions (including IC), and fire operations.

2008 – 2013: Shift Training Officer Conducted, scheduled, managed, and improved the training curriculum for a shift of fire crews (about 130 people), reporting directly to the Chief of Training. Responded to all calls for service where an increased risk of injury to crews may be present. Served as the Incident Safety Officer (ISO).

Bethany Salem Fire Department January 1998 – December 2008

Assistant Chief

Oversaw training on a weekly basis and kept personnel compliant with current standards. Managed and mitigated an all-hazards response environment and worked to accomplish varied public safety tasks.

EDUCATION & CREDENTIALS

Bachelor of Healthcare Administration (EMS)

December 2020
Columbia Southern University

Paramedic

May 2006
CCFES

Emergency Medical Technician

1999
Appalachian Technical College

Professional Training and Certifications

NIMS IS 100, 200, 235, 300, 700 and 800 Certifications, ACLS, PALS, CPR, EPC, Advanced Stroke Life Support, EMS Safety, EVOC, EMT/Paramedic Instructor, Harassment Prevention, Workplace Violence Prevention, Compliance, Hazard Materials, Advanced ECG Interpretation, Former Affiliate Faculty for –AHA, AAP; Licensed Paramedic in Wyoming. Nationally Registered Paramedic. NFPA FF 1, 2, CO, HM, Educator, and others. Certified grant writer and grant manager (grants USA). Rule writing and regulatory enforcement/compliance.

Stephanie N. Lake

REGIONAL CLINICAL MANAGER

SUMMARY

Progressive and solutions-oriented Clinical Education Professional with notable success developing, organizing, and implementing education and training programs. Outstanding at directing a broad range of clinical initiatives while maintaining the overall clinical excellence and ensuring the competency of all clinical services personnel. Successful at improvement of patient care and outcomes via high quality education, oversight, and development of clinical standards.

EXPERIENCE

GUARDIAN FLIGHT - NORTHWEST REGION — OCTOBER 2018- CURRENT

Regional Clinical Manager/Flight Nurse

Develops, organizes, and implements education and training programs for Guardian Flight Wyoming and South Dakota. Direct oversight of clinical operations of 7 bases in two states that total a total of 30 plus clinicians. Ensures that the organization's core values, management and supervisory skills/techniques, and clinical standards of care are maintained through the training and retraining of employees. Develops the organization's staff to their full potential through appropriate continuing education. Directing and coordinating clinical education activities by creating a safe and healthy work environment where patient care processes are consistent with national standards.

Key Contributions:

- Instrumental in increasing clinical service levels and creating standard practices to meet business needs. Prepare clinical personnel to project clinical needs and develop appropriate education plans.
- Coordinated clinical functions for acquisitions, startups, clinical improvement programs, etc.
- Responsible for development and education on credential maintenance practices, narcotics management, and clinical records retention.
- Mentor Clinical Services personnel, conduct performance and site evaluations if applicable, counsel and provide remediation plans to assigned personnel with a goal of developing a team-oriented approach with positive results.
- Help coordination and presentation of new hire orientation of all clinical employees. Complete all data entry processes for CAMTS accreditation. Data integrity by performing regular audits and correcting information as necessary.

GUARDIAN FLIGHT WYOMING — JUNE 2012 – OCTOBER 2018

Flight Nurse

Dual platform trained nurse, proficient in providing patient care in both A-Star helicopters and King Air C-90s. Management of critically ill trauma, medical, cardiac, high-risk OB and pediatric patients. Implementing and training medical staff on the use of new devices, procedures, and airframes. Familiar with ventilator management, RSI, intubation, surgical airways, blood administration, invasive blood pressure monitoring, IO, and IABP.

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Key Contributions:

- Help open and establish new bases coming online in the Wyoming, North Dakota, and Montana footprint.
- Coordinated bag systems for air frames across the footprint.
- Responsible for development and education on credential maintenance practices, narcotics management, and clinical records retention.
- Help teach at new hire orientation for all clinical employees. Helped with flight orientation of all new hires flying in Wyoming.

SAGE WEST HEALTH CARE — JULY 2010 – JULY 2013

1320 Bishop Randall Dr.

Lander, WY 82520

ER/ICU RN

Performed triage assessments, including initial stabilization with IV starts, labs draw, EKG, assisting with airway management, mixing critical drips, coordinating care, stabilization, and interventions on patients in the ER. Responsible for admitting patients in the ER, cleaning beds, stocking ER, charges, and putting in ordering in the computer system. Responding to the medical/surgical floor and ICU for rapid response and code blues. Admitting and managing critical patients in the ICU on vents, drips and monitoring telemetry of the medical floor patients. Also floating to all units during staffing shortages which included, medical/surgical, OB, rehab, surgery, and psych. Currently employed at this facility PRN.

EDUCATION & CREDENTIALS

ASSOCIATES OF SCIENCE IN NURSING

May 2010

Certified Emergency Nurse
Certified Critical Care RN

TECHNICAL SKILLS

Proficient at Microsoft Office, Excel, Ninth Brain, Image Trend

Professional Training and Certifications
NIMS IS 100, 200, 700 and 800 Certifications, ACLS instructor, PALS instructor, BLS, ABLS, TNCC, TPATC, PATC, and NRP

Proposal for Sheridan-Area Ambulance Services

Northeast Wyoming Ambulance Service, LLC.

July 28, 2022

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Ian Jones- AMC 50

Angela Phillips- WCHS 50

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Introduction

Campbell County Health (CCH) in Gillette, WY and Sheridan Memorial Hospital (SMH) in Sheridan, WY propose the formation of a jointly funded limited liability corporation (LLC), known as Northeast Wyoming Ambulance Service (NEWAS), to contract with the Sheridan-area to provide ambulance services for the City of Sheridan and Sheridan County. The LLC will utilize the expertise of Campbell County Health-Emergency Medical Services (CCH-EMS) to manage comprehensive EMS operations within the Sheridan-area. The LLC will be governed by a board comprised of three appointed members from both healthcare organizations, and be jointly funded by each at 50%-50% for capital and operating expenses. The LLC will employ a manager to oversee the EMS operations of the LLC, who in turn utilize the staff and resources of CCH-EMS to provide reliable, high-quality EMS services to those in need.

1 – Statement of Qualifications

CCH-EMS has been providing EMS services in Campbell County since October 1975. In that year, the Campbell County Hospital District (CCHD) was formed, and as part of the district's responsibilities, EMS services were provided in Gillette and the northern half of Campbell County. CCH-EMS started as a primarily volunteer EMS agency with one ambulance providing basic life support (BLS) care. Since that time, CCH-EMS has added staff and ambulances, transitioned to a full-time 24/7/365 operation, and increased its capabilities to provide advanced life support (ALS) and critical care EMS services to a growing community and region. In 2001, CCH-EMS expanded its service area to include all of Campbell County and the town of Wright in response to an increase in population, and industrial activity at local coal mines and oil/gas fields. In July of 2021, CCH-EMS again expanded operations into Weston County and provides full-service EMS to the county's residents, as well as those of Newcastle, Osage, and Upton. Most recently, in May of 2022, CCH-EMS began providing interfacility transfer (IFT) services for patients of SMH who require healthcare at other facilities. CCH-EMS is a well-qualified and experienced EMS agency that is positioned to provide full-service EMS to the Sheridan-area. Our expertise comes from providing these services for 47+ years to communities throughout northeast Wyoming similar in size and demographics to the Sheridan-area. Utilizing the combined knowledge and resources of CCH and SMH, the LLC will contract with CCH-EMS to provide these same reliable high-quality and cost-effective services to the Sheridan-area.

2 – Contact Information

2.1 – Contractor Contact Information

The Northeast Wyoming Ambulance Service, LLC will be formally established in the fall of 2022 upon being awarded the contract for ambulance services for the Sheridan-area. Upon formation of the LLC, a 6-member board will be appointed and contact information for the board members will be provided to the Sheridan-area. Current contacts for the organizations that will appoint members to the board are:

CCH

Matt Shahan, CEO
501 South Burma Avenue
Gillette, WY 82716
307-688-1524
matt.shahan@cchwyo.org

Chris Beltz, Urgent & Emergent Services Director
501 South Burma Avenue
Gillette, WY 82716
307-688-1184
christopher.beltz@cchwyo.org

SMH

Mike McCafferty, CEO
1401 West 5th Street
Sheridan, WY 82801
307-672-1044
307-752-4555
mikemccafferty@sheridanhospital.org

3 –Proposal

Utilizing CCH-EMS as a subcontractor to provide EMS services to the Sheridan-area, NEWAS proposes to staff three ambulances to respond to the ~ 3000 calls for service anticipated during each year of the contract period. Each ambulance will be staffed with a minimum of two EMS providers, one of which will be a licensed paramedic in the state of Wyoming. Each ambulance crew will work a rotating 24-hour shift from a single base location within city limits to ensure prompt/immediate response to all requests for emergency service. Each crew will have the capability of providing the appropriate level of care (BLS – ALS) to patients as determined by the EMS providers, and with input from emergency care physicians on-duty at Sheridan Memorial Hospital. Each quarter, CCH-EMS will evaluate call and transport volumes, as well as IFT and special event standby request, to determine adjustments in the number of staffed ambulances needed to maintain its ability to respond to three concurrent 911 calls. CCH-EMS at its discretion may add or reduce the number of staffed ambulances each shift in order to maintain the ability to respond to three concurrent 911 calls, as well as complete IFTs and special event standbys.

As part of this proposal and contract for services, NEWAS requires the Sheridan-area (City and County of Sheridan) to pay the sum of funds currently appropriated in Fiscal Year 2023 for EMS services. In future fiscal years during the contract period, this amount may be negotiated upon by the Sheridan-area and NEWAS to ensure the continued ability to provide EMS operations. Additionally, CCH-EMS will require any EMS ambulances, vehicles, and equipment owned by the Sheridan-area to be made available for use either through donation or lease.

4 – Local Office Contact

EMS Manager
Shawna Cochran
P.O. Box 3011
502 Stocktrail Avenue
Gillette, WY 82716
307-688-1161
shawna.cochran@cchwyo.org

CCH-EMS Shift Supervisor
307-688-1160

Sheridan EMS Charge Medic
307-696-0438

5 – Summary of Contractor's General Qualifications and Background

In 2021, CCH-EMS responded to 4822 requests for services and transported 3194 patients. To accomplish this, CCH employs 69 EMS professionals working a rotating 24-hour shift at four base locations (Gillette, Wright, Newcastle, and Sheridan). The operations are managed by a leadership team consisting of a director, manager, two shift supervisors, and 4 charge medics. CCH-EMS currently employs 31 paramedics, 11 intermediate EMTs, 13 advanced EMTs, and 14 EMTs and will employ an additional ~ 20 licensed EMS providers to staff the expanded operations in the Sheridan-area. CCH-EMS has established itself as a leader in providing highly reliable ALS and critical care level EMS service in a culture of engagement. This agency provides exceptional care to patients through a highly engaged workforce and will use its staff of 70+ EMS providers to work collaboratively and cooperatively with the resources necessary to facilitate CCH-EMS to provide 911 response, IFT, and specialty care operations in the Sheridan-area.

6 – Organizational Charts

Exhibit 6.A – Campbell County Health Organizational Chart

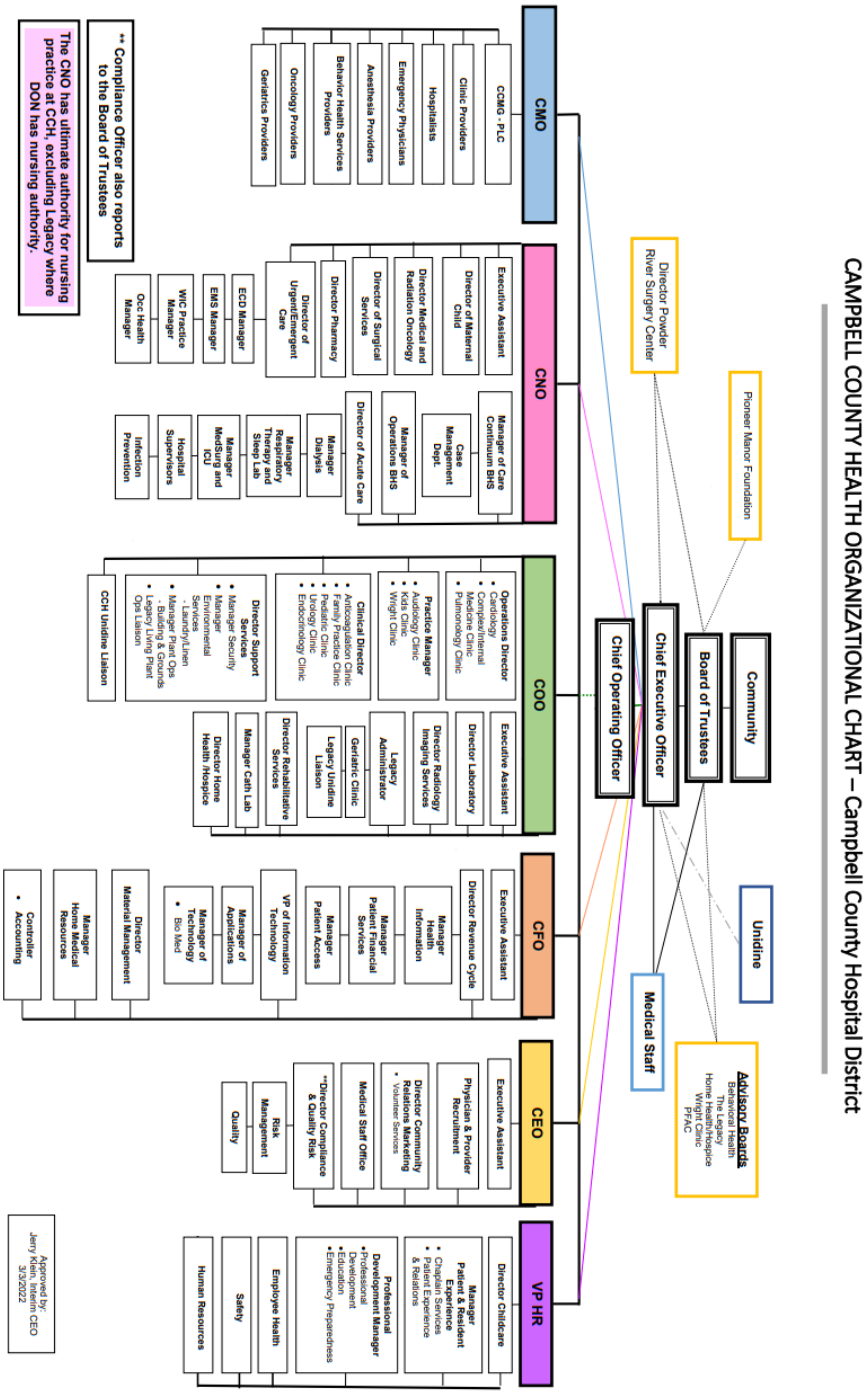
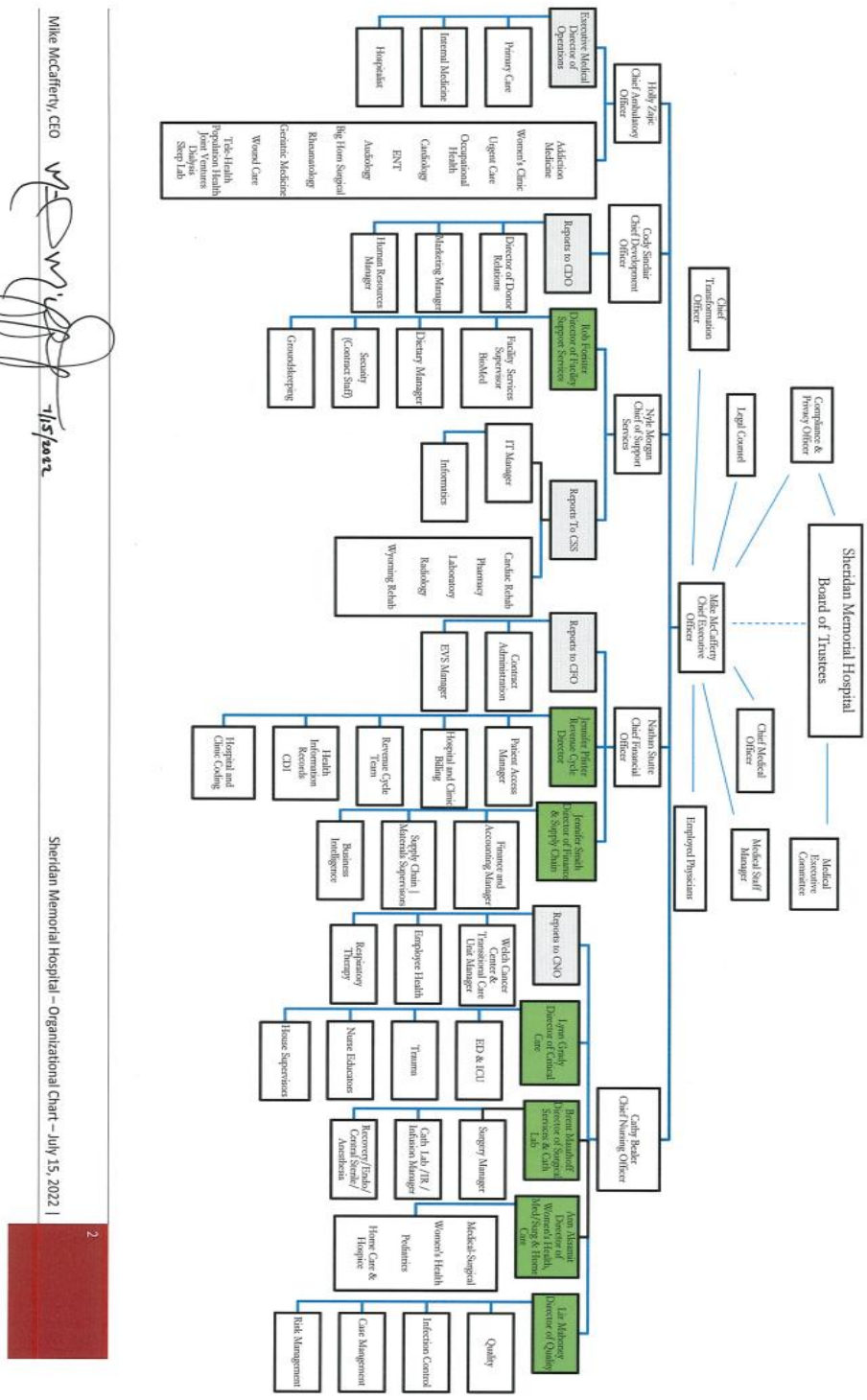


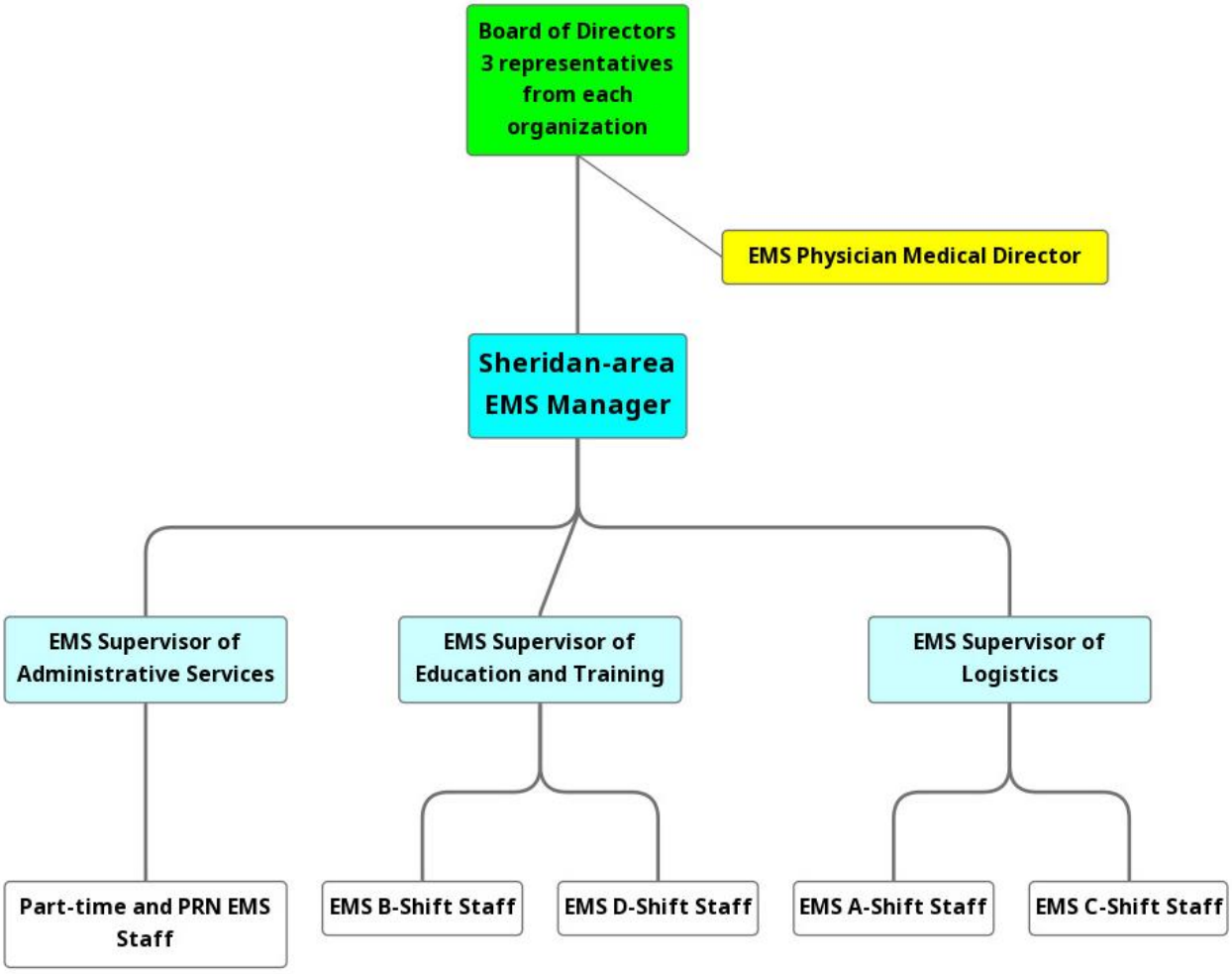
Exhibit 6.B – Sheridan Memorial Hospital Organizational Chart



Mike McCafferty, CEO 7/15/2022

Sheridan Memorial Hospital – Organizational Chart – July 15, 2022 | 2

Exhibit 6.C – Northeast Wyoming Ambulance Service Organizational Chart



6.1 – Job Descriptions

CCH Director of Urgent and Emergent Services

JOB SUMMARY

Working in conjunction with the Chief Nursing Officer, the Director of Urgent & Emergent Care Services (UES) provides planning, direction, organization, and leadership in the delivery of services within the assigned departments. The director supervises the managers of assigned departments, and acts as a liaison between other hospital departments, medical staff, executive leadership, and stakeholders within the communities served. Also, ensures effective communication, fiscal responsibility, and compliance with applicable laws, regulations, and standards in the delivery of quality patient care.

PRIMARY JOB DUTIES

1. Maintains professional license and professional standards related to clinical practice, staffing, and continuing education.
2. Promotes service excellence in all interactions.
3. Collaborates with executive leaders, medical staff, and managers of the UES departments. Plans, coordinates, and facilitates appropriate-level clinical care through integrated operations and effective use of staff and resources.
4. Provides leadership and direction regarding improving organizational culture and implementing change within span of control.
5. Develops and maintains professional working relationships with inter- and intra-department personnel, executive leaders, patients/families/visitors, community leaders and organizations, and all CCH stakeholders.
6. Acts as a liaison between executive leadership, clinical staff, medical staff, and stakeholders within the communities served to ensure exceptional service within the overall healthcare system.
7. Facilitates development of department goals and objectives that are inline with the organization’s strategic plan.
8. Provides direction and accountability in achievement of goals and objectives.
9. Provides leadership and consultation to those who plan and administer patient care.
10. Evaluates the human resource needs in the UES departments, and actively participates in recruitment, hiring, and retention activities.
11. In conjunction with UES department managers, is responsible for ensuring employee evaluations and disciplinary actions are completed in accordance with policies and procedures.

12. Develops and monitors the operating and capital budgets of the UES departments.
13. Ensures department managers operate assigned departments within budgetary and productivity parameters.
14. Develop marketing strategies in partnership with Community Relations staff.
15. Actively participates in hospital committees and patient care improvement teams.
16. Keeps abreast of current developments in patient care and provides and coordinates in-service training of employees.
17. Evaluates patient care delivery systems and oversees the continuous quality improvement efforts
18. Sits on Leadership Council and participates in the Administrator-on-Call rotation.
19. Performs other duties as assigned.
20. Complies with the hospital's Corporate Compliance Program including, but not limited to, the Code of Conduct, laws and regulations, and hospital policies and procedures.
21. Must be free from governmental sanctions involving health care and/or financial practices.

JOB SPECIFICATIONS

1. Education: Graduation from/completion of an accredited health program with focus in nursing, emergency medical services, or another related field. Bachelor's degree required within three years of date of hire; equivalent work experience may be considered.
2. Licensure: Current professional clinical license in the state of Wyoming and maintain required continued medical education annually.
3. Certifications: See Cardiopulmonary Resuscitation Certification Policy and Certifications/Education Requirements Policy.
4. Experience: Minimum 10 years of healthcare experience, five of which are in management.
5. Essential Technical/Motor Skills: Ability to speak, write, and understand the English language. Must be able to communicate effectively and coherently with members of the public, co-workers and other healthcare employees, and patients and family members face-to-face and using electronic communication devices. Ability to use critical thinking and hand-eye coordination to perform essential technical job-related procedures. Ability to walk, hike, run, climb on, and carry equipment and patients on uneven terrain and surfaces, both indoors and outdoors. Ability to safely and defensively drive company owned vehicles.
6. Interpersonal Skills: Ability to communicate needs and desires appropriately with co-workers and supervisors. Acts in an unbiased fashion towards others, keeping personal prejudices out of the work place, while striving to understand and respect the attitudes

and beliefs of others. Ability to maintain composure under stressful conditions and react in a positive, constructive manner when confronted with negative situations. Ability to take command of emergency situations, and act decisively and confidently without hesitation.

7. Essential Physical Requirements: Lift and carry loads greater than 75 lbs. Full range of body motion including: pushing, pulling, reaching, climbing, balancing, kneeling, stooping, bending, sitting, standing, and walking for extended periods. May require static holding in any position with multiple physical activities performed simultaneous with aerobic endurance. Successfully complete functional job analysis.
8. Essential Mental Abilities: Simple and complex reading and writing, memorization, basic math skills, perception and computation, judgment, reasoning, analyzing, problem solving and decision making. Must exercise considerable judgment and make critical, time-sensitive decisions.
9. Essential Sensory Requirements: Corrected vision and hearing to normal range.
10. Exposure to Hazards: OSHA CATEGORY I. TASK THAT INVOLVE EXPOSURE TO BLOOD, BODY FLUIDS, OR TISSUES. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes of them, are Category I Tasks. Use of appropriate protective measures is required for every employee engaged in Category I Tasks. Potential exposure to communicable diseases, hazardous materials, extreme environmental conditions, high places, fatigue/boredom, high-pressure/stressful situations, and repetitive tasks.
11. Hours of Work: Generally, normal business hours (Monday-Friday, 0800-1700). May be required to work weekends, nights, evenings, and holidays as necessary to ensure effective departmental operations. Must participate in the Administrator-on-Call rotation, which includes nights, weekend, and holiday coverage.
12. Attends 80% of required meetings and complete mandatory education.

CCH Manager of EMS

JOB SUMMARY

Working in conjunction with the Director of Urgent & Emergent Services (UES) and the Physician Medical Director, the Manager of Emergency Medical Services provides planning, direction, organization and leadership in the delivery of services within the department of Emergency Medical Services – Ambulance. Acts as a liaison between other hospital departments and the medical staff to assure effective communication in the planning of quality patient care.

PRIMARY JOB DUTIES

1. Maintains Wyoming Paramedic license and professional standards related to clinical practice, staffing and continuing education.
2. Promotes service excellence in all interactions.
3. Collaborates with departments within UES to plan, coordinate, and facilitate appropriate-level clinical care, integrate clinical operations, and effectively utilize staff and resources.
4. Collaborates with Physician Medical Director, Shift Supervisors, and Charge Medics in developing standards for clinical practice.
5. Develops and maintains professional working relationship with inter- and intra-department personnel, acts as a liaison between EMS staff, Emergency Department staff and physicians, Walk-in Clinic staff and providers, as well as local/regional fire agencies, medical/health departments, emergency management, and law enforcement officials to ensure highest service levels for overall system.
6. Provides direction and facilitates development of department goals and objectives such as SWOT, NPSG, Productivity, and Customer Service initiatives.
7. In conjunction with the Director of UES and supervisors, is responsible for interviewing, hiring, evaluating, and disciplining staff.
8. Assists the Director of UES in developing capital, operational, and staffing budgets and works towards efficient utilization.
9. Maintains constant up-to-date knowledge and records of current protocols to develop standards for clinical practice and coordinate in-service training for employees.
10. Provides direction and facilitates development of department goals and objectives such as SWOT, NPSG, Productivity, and Customer Service initiatives.
11. Manages requirements to ensure licensure and/or accreditation of ambulance service and personnel.
12. Works with Community Relations in developing and implementing marketing strategies.
13. Assists the Director of UES in developing and monitoring the operating and capital budgets.

14. Evaluates patient care delivery systems and oversees the continuous quality improvement efforts.
15. Ensures all vehicle and equipment is maintained and utilized efficiently.
16. Conducts monthly staff meetings to ensure proper communication to all staff and resolve departmental issues as needed.
17. Must be free from governmental sanctions involving health care and/or financial practices.
18. Complies with the hospital's Corporate Compliance Program including, but not limited to, the Code of Conduct, laws and regulations, and hospital policies and procedures.
19. Performs other duties as assigned.

JOB SPECIFICATIONS

1. Education: Bachelor's Degree required within 5 years of date of hire, preferably in Administration, Paramedicine, or Health Sciences field. Completion of accredited paramedic program required Bachelor degree in related field required within 5 years of hire date.

2. Licensure / Certifications: Wyoming Office of EMS issued Paramedic license, National Registry preferred; Certifications required: See Cardiopulmonary Resuscitation Certification Policy and Certifications/Education Requirements Policy. BLS, ACLS, PALS, and NRP Provider certifications as necessary to maintain Wyoming Paramedic licensure, Instructor status(s) preferred. Must also maintain TEAM Advanced certification.

3. Experience: Minimum five years of EMS experience with two years in a supervisory position.

4. Essential Technical/Motor Skills: Ability to speak, write, and understand the English language is required. Must be able to communicate effectively and coherently with members of the public, other emergency response agencies, coworkers and other healthcare employees, and patients and family members face-to-face and using electronic communication devices. Ability to use critical thinking and hand-eye coordination to perform essential technical job related procedures. Ability to walk, hike, run, climb on, carry equipment and patients on uneven terrain and surfaces both indoors and outdoors. Ability to safely and defensively drive an ambulance. Interpersonal Skills: Ability to communicate needs and desires appropriately with coworkers and supervisors. Acts in an unbiased fashion towards others, keeping personal prejudices out of the work place, while striving to understand and respect the attitudes and beliefs of others. Ability to maintain composure under stressful conditions and react in a positive, constructive manner when confronted with negative situations. Ability to take command of emergency situation; and act decisively and confidently without hesitation. Essential Physical Requirements: Lift and carry greater than 75 lbs. Full range of body motion including: pushing, pulling, reaching, climbing, balancing, kneeling, stooping, bending, sitting, standing, and walking for extended periods. May require static holding in any position with multiple physical

activities performed simultaneous with aerobic endurance. Successfully complete functional job analysis. Essential Mental Abilities: Simple and complex reading and writing. Memorization, simple math skills. Perception/computation, judgment, reasoning, decision making analyzing and problem solving. Must exercise considerable judgment and make critical time-sensitive decisions.

5. Essential Sensory Requirements: Sufficient sensory function of vision, hearing, touch/feeling, and speech to perform duties. Exposure to Hazards: OSHA CATEGORY I. TASK THAT INVOLVE EXPOSURE TO BLOOD, BODY FLUIDS, OR TISSUES. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes of them, are Category I Tasks. Use of appropriate protective measures is required for every employee engaged in Category I Tasks. Potential exposure to communicable diseases, hazardous materials, extreme environmental conditions, high places, fatigue/boredom with shift work. Intense high-pressure situations. Repetitive tasks.

6. Other (Hours of Work): Able and willing to work hours as directed by Senior Leaders including shift work, weekends, on-call, and holidays necessary for continued operations of the department and organization.

CCH EMS Shift Supervisor

JOB SUMMARY

Works directly for the Manager of EMS and is primarily responsible for ensuring successful EMS operations during assigned shift. Shift supervisors work in conjunction with the EMS Medical Director, fellow EMS employees, employees of CCH and other healthcare facilities, and public service agencies to provide exceptional patient and family care in the pre-hospital and interfacility transfer settings. Shift supervisors lead, direct, and supervise all assigned employees in various activities including, but not limited to, patient care, documentation, training, quality improvement/assurance, public education/relation events, special event standbys, car seat inspections, and facility and ambulance maintenance. Additionally, shift supervisors are responsible for staff scheduling, coordination of vehicle maintenance, the medical supplies inventory, and medication/controlled substance inventory and chain of custody. Shift supervisors also actively participate in the planning, budgeting, and execution of the mission, vision, values, and goals of the EMS department and CCH.

PRIMARY JOB DUTIES

1. Conducts self in accordance with the CCH Standards of Excellence handbook and Code of Conduct policy.
2. Complies with the CCH Corporate Compliance Program, applicable federal/state/local laws, and policies and procedures of CCH and the EMS department.

3. Maintains respectful, professional, and courteous relationships with EMS Director, EMS Medical Director, employees of the EMS department, and employees of CCH.
4. Develops and maintains respectful, professional, and courteous relationships with community leaders and members, other healthcare facilities and their employees, and employees of the law enforcement, fire service, and mine rescue communities.
5. Supervises EMT's, AEMT's, IEMT's, paramedics, students, volunteers, and other riders assigned to their shift or floating to their shift.
6. Maintain current paramedic license issued by the Wyoming Office of EMS.
7. Maintains required certifications from the American Heart Association in Healthcare Provider CPR, ACLS, PALS, and NRP.
8. Completes all mandatory training required by CCH.
9. Maintains clinical competencies and knowledge of professional standards related to protocols, clinical practice, skill proficiency, staffing, and continuing education. Maintains valid state issued driver's license.
10. Maintains driving record standards required by the insurance provider of CCH.
11. Maintains current Certified Emergency Vehicle Operator certificate and operates vehicles in a safe and prudent manner in accordance with applicable federal, state, and local laws as well as CCH and EMS policy.
12. Must be free from governmental sanctions involving health care and/or financial practices.
13. Maintains operational readiness, professional appearance, and safety of staff, ambulances, equipment, and facilities.
14. Responds to emergencies, coordinates, and directs the activities of personnel while prioritizing provider and patient safety.
15. Fills various roles within the ICS system on emergency scenes.
16. Makes independent decisions concerning the safety of EMS employees and acts decisively when necessary to ensure patient care, public safety, and employee safety is not compromised
17. Performs medical and trauma patient assessments, establishes care priorities, and renders necessary and appropriate care within policy, protocol, and scope of practice.
18. Provides necessary patient information to receiving healthcare facilities.
19. Accurately documents assessments and treatments of patients using the WATRS reporting system in accordance with Wyoming State statutes.
20. When requested during surges in patient volumes, assist with medical treatment of patients in other departments of CCH under the direction of the MD and RN within their scope of practice as defined by the State of Wyoming.

21. Participates in shift coverage, departmental rounding, on committees, and in training and education to ensure successful operation of the EMS department and CCH.
22. Maintains up-to-date knowledge of policies, procedures, and protocols to ensure a safe and productive work environment is maintained at all times.
23. Responsible for adhering to and enforcing all organizational and department policies and procedures.
24. Initiates and participates in disciplinary procedures as appropriate.
25. Actively participates in QI/QA activities and completing the necessary documentation needed to track QI/QA measures, complete safety initiatives, and resolve service related issues for the EMS department and CCH.
26. Prepares informational, technical, investigative, and other related reports.
27. Assist in the development and justification of capital, operational, and staffing budgets.
28. Supervises and/or conducts orientation, training, and evaluation of employees, student riders, and volunteers.
29. Verify and assist in tracking employee certifications.
30. Records employee time and attendance in Kronos system
31. Applies critical thinking to problem identification and resolution related to personnel, compliance, and other EMS department issues.
32. Completes employee evaluations in cooperation with the Director of EMS.
33. Demonstrates fiscal responsibility and participates in cost containment and economical utilization of supplies and equipment.
34. Performs all primary job functions contained the paramedic job description.
35. Performs other duties as assigned.

JOB SPECIFICATIONS

1. Education: High School graduate or GED equivalent and completion of accredited paramedic education program. An associate's or bachelor's degree in related field is with five years of hire
2. Licensure: Wyoming Office of EMS issued paramedic license; National Registry preferred.
3. Certifications required: See Cardiopulmonary Resuscitation Certification Policy and Certifications/Education Requirements Policy.
4. Maintain current American Heart Association ACLS, and PALS, and NRP certifications. PHTLS/BTLS, AMLS, PEPP course certifications preferred unless required by State of WY OEMS for renewal of paramedic license.

5. Experience: Minimum of 3 years working as a paramedic for a licensed EMS agency is required. Five or more years of experience is preferred along with experience in a supervisory position and current employment with CCH-EMS.
6. Essential Technical/Motor Skills: Ability to speak, write, and understand the English language is required. Must be able to communicate effectively and coherently with members of the public, other emergency response agencies, coworkers and other healthcare employees, and patients and family members face to face and using electronic communication devices. Ability to use critical thinking and hand-eye coordination to perform essential technical job related procedures. Ability to walk, hike, run, climb on, carry equipment and patients on uneven terrain and surfaces both indoors and outdoors. Ability to safely and defensively drive an ambulance.
7. Interpersonal Skills: Ability to communicate needs and desires appropriately with coworkers and supervisors. Acts in an unbiased fashion towards others, keeping personal prejudices out of the work place while striving to understand and respect the attitudes and beliefs of others. Ability to maintain composure under stressful conditions and react in a positive, constructive manner when confronted with negative situations. Ability to take command of emergency situations and act decisively and confidently without hesitation.
8. Essential Physical Requirements: Lift and carry greater than 75 lbs. Full range of body motion including: pushing, pulling, reaching, climbing, balancing, kneeling, stooping, bending, sitting, standing, and walking for extended periods. May require static holding in any position with multiple physical activities performed simultaneous with aerobic endurance. Successfully complete functional job analysis.
9. Essential Mental Abilities: Simple and complex reading and writing. Memorization, simple math skills. Perception/computation, judgment, reasoning, decision making analyzing and problem solving. Must exercise considerable judgment and make critical time sensitive decisions.
10. Essential Sensory Requirements: Sufficient sensory function of vision, hearing, touch/feeling, and speech to perform duties.
11. Exposure to Hazards: OSHA CATEGORY I. TASK THAT INVOLVE EXPOSURE TO BLOOD, BODY FLUIDS, OR TISSUES. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes of them, are Category I Tasks. Use of appropriate protective measures is required for every employee engaged in Category I Tasks. Potential exposure to communicable diseases, hazardous materials, extreme environmental conditions, high places, fatigue/boredom with shift work. Intense high-pressure situations. Repetitive tasks. Duties may require use of computers, office equipment, and maintenance tools.
12. Employees working in healthcare facilities have the potential to be exposed to hazardous materials including: Hazardous Chemicals/Drugs, Waste Anesthetic Gases, Radiation, Latex, Biological Hazards, Respiratory Hazards and Ergonomic Hazards. See Hazardous Materials in the Workplace Policy.

13. Possess valid drivers' license and meets minimum age and driving record requirements to comply with and meet all driving insurance company requests. Emergency Vehicle Operations Course – Ambulance certification within 1 year of employment.
14. Thorough knowledge of emergency medical equipment, vehicles, and communication devices and their proper usage.
15. Thorough knowledge of State of Wyoming laws and CCH policies, procedures, and protocols governing the emergency medical services system.
16. Thorough knowledge of department policies, procedures and continuous quality improvement objectives.
17. Ability and willingness to adhere to applicable laws, policies, procedures, and protocols governing the emergency medical services system.
18. Knowledge of modern supervisory methods and practices that promote a safe and productive work environment along with respectful, professional, and courteous employee relationships.
19. Considerable knowledge of the geography of the local area.
20. Considerable knowledge of the operation and mechanical aspects of EMS vehicles and the ability to operate them safely.
21. Possess thorough knowledge of Microsoft Windows and Office products, the WATRS/ EMS Field Bridge/OWLS software programs, and numerous other software products used by CCH and the ability to chart, document, and perform various functions within each.
22. Ability to learn, understand and apply additional training and education.
23. Ability to supervise, assist, and perform training and education of EMT's, AEMT's, IEMT's, paramedics, students, and volunteers in various phases of emergency medical care and in other job-related duties and assignments.
24. Ability to supervise and evaluate the work of subordinate staff.
25. Provide a positive example for staff regarding work ethic, attitude, professional standards, interpersonal interactions, and mutual respect.

CCH EMS Charge Medic

JOB SUMMARY

Reports to the assigned Shift Supervisor and Manager. Charge Medic is primarily responsible for ensuring successful EMS operations during assigned shift as well

as any other duties as assigned. Charge Medics work in conjunction with the EMS Medical Director, fellow EMS employees, employees of CCH and other healthcare facilities, and public service agencies to provide exceptional patient and family care in the pre-hospital and interfacility transfer settings. Charge Medics lead, direct, and supervise all assigned employees on their shift in various activities including, but not limited to, patient care, documentation, training, quality improvement/assurance, public education/relation events, special event standbys, car seat inspections, and facility and ambulance maintenance. Additionally, Charge Medics are responsible for staff scheduling, coordination of vehicle maintenance, the medical supplies inventory, and medication/controlled substance inventory and chain of custody on their shift. Charge Medics also actively participate in the planning, budgeting, and execution of the mission, vision, values, and goals of the EMS department and CCH.

PRIMARY JOB DUTIES

1. Conducts self in accordance with the CCH Standards of Excellence handbook and Code of Conduct policy.
2. Complies with the CCH Corporate Compliance Program, applicable federal/state/local laws, and policies and procedures of CCH and the EMS department.
3. Maintains respectful, professional, and courteous relationships with EMS Director, EMS Manager, EMS Shift Supervisors, EMS Medical Director, employees of the EMS department, and employees of CCH.
4. Develops and maintains respectful, professional, and courteous relationships with community leaders and members, other healthcare facilities and their employees, and employees of the law enforcement, fire service, and mine rescue communities.
5. Supervises EMT's, AEMT's, IEMT's, paramedics, students, volunteers, and other riders assigned to their shift or floating to their shift.
6. Maintain current paramedic license issued by the Wyoming Office of EMS.
7. Maintains required certifications from the American Heart Association in Healthcare Provider CPR, ACLS, PALS, and NRP.
8. Completes all mandatory training required by CCH.
9. Maintains clinical competencies and knowledge of professional standards related to protocols, clinical practice, skill proficiency, staffing, and continuing education. Maintains valid state issued driver's license.
10. Maintains driving record standards required by the insurance provider of CCH.
11. Maintains current Certified Emergency Vehicle Operator certificate and operates vehicles in a safe and prudent manner in accordance with applicable federal, state, and local laws as well as CCH and EMS policy.
12. Must be free from governmental sanctions involving health care and/or financial practices.
13. Maintains operational readiness, professional appearance, and safety of staff, ambulances, equipment, and facilities.

14. Responds to emergencies, coordinates, and directs the activities of personnel while prioritizing provider and patient safety.
15. Fills various roles within the ICS system on emergency scenes.
16. Makes independent decisions concerning the safety of EMS employees and acts decisively when necessary to ensure patient care, public safety, and employee safety is not compromised
17. Performs medical and trauma patient assessments, establishes care priorities, and renders necessary and appropriate care within policy, protocol, and scope of practice.
18. Provides necessary patient information to receiving healthcare facilities.
19. Accurately documents assessments and treatments of patients using the WATRS reporting system in accordance with Wyoming State statutes.
20. When requested during surges in patient volumes, assist with medical treatment of patients in other departments of CCH under the direction of the MD and RN within their scope of practice as defined by the State of Wyoming.
21. Participates in shift coverage, departmental rounding, on committees, and in training and education to ensure successful operation of the EMS department and CCH.
22. Maintains up-to-date knowledge of policies, procedures, and protocols to ensure a safe and productive work environment is maintained at all times.
23. Responsible for adhering to and enforcing all organizational and department policies and procedures.
24. Initiates and participates in disciplinary procedures as appropriate.
25. Actively participates in QI/QA activities and completing the necessary documentation needed to track QI/QA measures, complete safety initiatives, and resolve service related issues for the EMS department and CCH.
26. Prepares informational, technical, investigative, and other related reports.
27. Assist in the development and justification of capital, operational, and staffing budgets.
28. Supervises and/or conducts orientation, training, and evaluation of employees, student riders, and volunteers.
29. Verify and assist in tracking employee certifications.
30. Records employee time and attendance in Kronos system
31. Applies critical thinking to problem identification and resolution related to personnel, compliance, and other EMS department issues.
32. Completes employee evaluations in cooperation with the Director of EMS.
33. Demonstrates fiscal responsibility and participates in cost containment and economical utilization of supplies and equipment.
34. Performs all primary job functions contained the paramedic job description.
35. Performs other duties as assigned.

JOB SPECIFICATIONS

1. Education: High School graduate or GED equivalent and completion of accredited paramedic education program. An associate's or bachelor's degree in related field is with five years of hire

2. Licensure: Wyoming Office of EMS issued paramedic license; National Registry preferred.
3. Certifications required: See Cardiopulmonary Resuscitation Certification Policy and Certifications/Education Requirements Policy.
4. If a Paramedic maintain current American Heart Association ACLS, and PALS, and NRP certifications. PHTLS/BTLS, AMLS, PEPP course certifications preferred unless required by State of WY OEMS for renewal of paramedic license.
5. Experience: Minimum of 3 years working as a paramedic/EMT for a licensed EMS agency is required. Five or more years of experience is preferred along with experience in a supervisory position and current employment with CCH-EMS.
6. Essential Technical/Motor Skills: Ability to speak, write, and understand the English language is required. Must be able to communicate effectively and coherently with members of the public, other emergency response agencies, coworkers and other healthcare employees, and patients and family members face to face and using electronic communication devices. Ability to use critical thinking and hand-eye coordination to perform essential technical job related procedures. Ability to walk, hike, run, climb on, carry equipment and patients on uneven terrain and surfaces both indoors and outdoors. Ability to safely and defensively drive an ambulance.
7. Interpersonal Skills: Ability to communicate needs and desires appropriately with coworkers and supervisors. Acts in an unbiased fashion towards others, keeping personal prejudices out of the work place while striving to understand and respect the attitudes and beliefs of others. Ability to maintain composure under stressful conditions and react in a positive, constructive manner when confronted with negative situations. Ability to take command of emergency situations and act decisively and confidently without hesitation.
8. Essential Physical Requirements: Lift and carry greater than 75 lbs. Full range of body motion including: pushing, pulling, reaching, climbing, balancing, kneeling, stooping, bending, sitting, standing, and walking for extended periods. May require static holding in any position with multiple physical activities performed simultaneous with aerobic endurance. Successfully complete functional job analysis.
9. Essential Mental Abilities: Simple and complex reading and writing. Memorization, simple math skills. Perception/computation, judgment, reasoning, decision making analyzing and problem solving. Must exercise considerable judgment and make critical time sensitive decisions.
10. Essential Sensory Requirements: Sufficient sensory function of vision, hearing, touch/feeling, and speech to perform duties.
11. Exposure to Hazards: OSHA CATEGORY I. TASK THAT INVOLVE EXPOSURE TO BLOOD, BODY FLUIDS, OR TISSUES. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes of them, are Category I Tasks. Use of appropriate protective measures is required for every employee engaged in Category I Tasks. Potential exposure to communicable diseases, hazardous materials, extreme environmental conditions,

high places, fatigue/boredom with shift work. Intense high-pressure situations. Repetitive tasks. Duties may require use of computers, office equipment, and maintenance tools.

12. Employees working in healthcare facilities have the potential to be exposed to hazardous materials including: Hazardous Chemicals/Drugs, Waste Anesthetic Gases, Radiation, Latex, Biological Hazards, Respiratory Hazards and Ergonomic Hazards. See Hazardous Materials in the Workplace Policy.
13. Possess valid drivers' license and meets minimum age and driving record requirements to comply with and meet all driving insurance company requests. Emergency Vehicle Operations Course – Ambulance certification within 1 year of employment.
14. Thorough knowledge of emergency medical equipment, vehicles, and communication devices and their proper usage.
15. Thorough knowledge of State of Wyoming laws and CCH policies, procedures, and protocols governing the emergency medical services system.
16. Thorough knowledge of department policies, procedures and continuous quality improvement objectives.
17. Ability and willingness to adhere to applicable laws, policies, procedures, and protocols governing the emergency medical services system.
18. Knowledge of modern supervisory methods and practices that promote a safe and productive work environment along with respectful, professional, and courteous employee relationships.
19. Considerable knowledge of the geography of the local area.
20. Considerable knowledge of the operation and mechanical aspects of EMS vehicles and the ability to operate them safely.
21. Possess thorough knowledge of Microsoft Windows and Office products, the WATRS/ EMS Field Bridge/OWLS software programs, and numerous other software products used by CCH and the ability to chart, document, and perform various functions within each.
22. Ability to learn, understand and apply additional training and education.
23. Ability to supervise, assist, and perform training and education of EMT's, AEMT's, IEMT's, paramedics, students, and volunteers in various phases of emergency medical care and in other job-related duties and assignments.
24. Ability to supervise and evaluate the work of subordinate staff.
25. Provide a positive example for staff regarding work ethic, attitude, professional standards, interpersonal interactions, and mutual respect

6.2 – Resumes

Christopher Beltz

OBJECTIVE

To provide full-service emergency medical services (EMS) to the Sheridan-area.

EXPERIENCE

Director of Urgent and Emergent Services, Campbell County Health, Gillette, WY 2021-present

Working in conjunction with the Chief Nursing Officer, I provide planning, direction, organization, and leadership in the delivery of services within the Emergency Care, Emergency Medical Services (EMS), Urgent Care, and Occupational Health departments. I supervise the managers of assigned departments, and act as a liaison between other hospital departments, medical staff, executive leadership, and stakeholders within the communities served. I also ensure effective coordination, fiscal responsibility, and compliance in the delivery of high-quality patient care in accordance with applicable laws, regulations, and standards.

Director of EMS, Campbell County Health, Gillette, WY 2016-2021

I lead a department of 43 EMS professionals providing pre-hospital and interfacility medical care to patients in Campbell and Weston Counties. The service area encompassed 7207 mi^2 and a combined population of ~ 54,000. I performed the roles of department liaison, spokesperson, and leader to ensure the effective allocation resources, delivery of information, and a high level of staff engagement and retention. I managed an operating budget of $2+ million dollars with revenues in excess of $5 million. My duties included producing detailed and accurate administrative reports, budget proposals, grant requests, policies and procedures, and emergency preparedness plans. My accomplishments include increasing our interfacility transfer volumes from 45 per year to 200+ per year, and increasing EMS department profits from -$85,000 to between $340,000 and $860,000 each fiscal year.

Flight Paramedic, Air Methods Corporation – Wyoming Life Flight, **Greenwood Village, CO 2015-2016**

Operating from a Bell 407 helicopter I provided critical care-level medicine for sick and injured patients in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other healthcare providers to direct operations and resources at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I completed comprehensive aircraft and equipment checks, as well as complex education and training requirements. I also applied risk management strategies utilizing safety management systems to ensure high-quality patient care and safe aircraft operations.

Paramedic, Campbell County Health, Gillette, WY 2008-2016

My primary responsibility was to develop and implement ALS-level patient care plans for patients experiencing medical illness and/or traumatic injuries in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other emergency responders to direct operations and resources of mutual aid agencies at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I also instructed providers of all levels in CPR, PALS, ACLS, and PHTLS.

Captain, Campbell County Fire Department, Gillette, WY 2009-2015

I directed and managed operations of a four-person crew at emergency scenes in an all-hazards environment. I worked collaboratively and cooperatively with various agency personnel to direct operations and resources at emergency scenes. I managed the staffing and scheduling of full time and part time firefighters and six budget accounts totaling $105,000. I completed detailed and accurate response reports, pre-fire plans, post incident reviews, fire investigation interviews, and budget proposals. I was also a lead instructor for the training division and responsible for educating department personnel to safely and effectively operate in an all-hazards environment.

Firefighter/Engineer, Campbell County Fire Department, Gillette, WY 1998-2009

I performed a multitude of functions to preserve life, stabilize emergency incidents, and conserve property. I completed training and education to ensure competency in all-hazards emergency response, and obtained specialty licensure and certifications. I maintained apparatus, equipment, and protective gear for immediate response along with a high level of physical fitness.

Lead Crew/Sawyer, United States Forest Service – La Grande Interagency Hotshots, La Grande, OR 1998-2003

I directed firefighters and aircraft in suppression activities to meet objectives on large wildland fire incidents. I worked cooperatively and collaboratively with crew members and adjoining forces to safely conduct various suppression activities. I ensured qualification of crew members through training and competency checks, performed evaluations of staff performance, and ensured completion of mission readiness activities.

EDUCATION

Laramie County Community College, Cheyenne, WY 2020-2022
Bachelor of Applied Science – Healthcare Administration

Creighton University, Omaha, NE, 2016 (Jan-May)
Certificate in Critical Care Paramedicine

Weber State University, Ogden, UT 2006-2008
Certificate in Paramedicine

Black Hills State University, Spearfish, SD 2000-2003
28 credits towards Bachelors of Applied Science – Marketing

Casper College, Casper, WY 1998-2000
Associate of Applied Science – Fire Science

LICENSES

Paramedic, State of Wyoming, Expires December 2022

COMMUNITY SERVICE

Chair, Campbell County Joint Powers Fire Board, January 2020-present

Region 1 Representative, Wyoming EMS Association, 2018-present

Member, American Red Cross Advisory Board, 2009-2011

Shawna Cochran

OBJECTIVE

To provide full-service emergency medical services (EMS) to the Sheridan-area.

EXPERIENCE

Manager of EMS, Campbell County Health, Gillette, WY 2021-Present

Oversight in overall department operations, managing staff, managing multiple base locations, managing an operating budget, capital purchases and expenditures, and evaluating the patient care delivery system. Works in conjunction with the Director of UES and Physician Medical Director to provide planning, direction and leadership in the delivery of services for the EMS department.

Shift Supervisor, CCH-EMS, March 2019 – October 2021

Oversight of ambulance maintenance, QA/QI, Equipment standardization and maintenance. Perform daily oversight of department operations, crew members, administrative functions, payroll, HR processes. Participated in budget planning, capital purchase requests, LEM goal planning, annual staff evaluations. Had the primary oversight of the Community EMS program within Campbell County and worked on the initial establishment of the program. Assisted in organizing and planning annual EMS conference.

Charge Medic, CCH-EMS, August 2018-March 2019

Perform lead medic duties including overseeing daily operations, scheduling, attending to personnel issues, dealing with truck maintenance and working directly with other members of the leadership team. Oversees logistics of ambulances and crews dispatched for 911 calls and requested for transfers. Work as an FTO for new hire's in the organization as well as a preceptor for ride along students (EMT-Paramedic Level).

Paramedic, CCH-EMS, Gillette, WY 2014-2018

My primary responsibility was to develop and implement ALS-level patient care plans for patients experiencing medical illness and/or traumatic injuries in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other emergency responders to direct operations and resources of mutual aid agencies at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I also instructed providers of all levels in CPR, PALS, and ACLS.

Senior Paramedic, International Falls Fire/Rescue/EMS, International Falls, MN 2004-2014.

Helped organize, plan, and implement initial transition from BLS to ALS licensure within the state of MN. Worked with Medical Director to write and establish initial ALS protocols. Responsible for coordinating monthly training for ALS and BLS providers. Organized and coordinated annual inspections with MN State Regulatory Board. Reviewed inventory and ordered medical supplies. FTO to all new ALS and BLS EMS providers. Worked as preceptor for various EMT and paramedics.

EDUCATION

Hennepin Technical College, Minneapolis, MN, 2019-2021

Community Paramedic Clinician Certificate

Bismarck State College (F-M Ambulance), Fargo, ND, 2008-2009

Paramedic Certificate

Rainy River Community College, International Falls, MN, 2004-2005

License Practical Nurse

LICENSES

Paramedic – National Registry, Expires March 2024

Paramedic – State of Wyoming, Expires December 2024

Community Paramedic – Certified (CP-C), Expires January 2025

COMMUNITY SERVICE

Safe Kids Car Seat Technician, 2006-Present

Member of Arrowhead EMS Board in State of MN 2012-2014

City of International Falls Charter Commission Member 2012-2014

Member of local Stroke Registry Committee for MN Dept of Health 2012-2014

Committee fundraising chair for Koochiching County ACS Relay for Life 2010-2014

Youth Group instructor/organizer for Corpus Christi Catholic Church, Newcastle, WY, 2014-2016

Brad McKee

OBJECTIVE

To provide full-service emergency medical services (EMS) to the Sheridan-area.

Experience

Shift Supervisor, CCH-EMS, July 2017 – Present

Oversight of clinical performance and compliance for CCHEMS. Including QA/QI, chart reviews, training and education. In charge of new hire field training, current employee competencies, and implementation of new procedures and guidelines. Works very closely with Physician Medical Director and EMS Manager to ensure that clinical quality is consistent with the needs of the community.

Paramedic, CCH-EMS, December 2016 – July 2017

My primary responsibility was to develop and implement ALS-level patient care plans for patients experiencing medical illness and/or traumatic injuries in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other emergency responders to direct operations and resources of mutual aid agencies at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I also instructed providers of all levels in CPR, PALS, and ACLS.

Manager, Air Methods Corp – Region 4, July 2015 – January 2017

Responsible for air medical transport clinical operations, and quality for AMC Region 4, which consisted of Wyoming, Montana, Idaho, Utah, and Colorado. This responsibility was for the oversight of 8 air medical bases, and over 79 flight paramedics and flight nurses. I worked closely with local physician medical directors to ensure that base had the required documentation for DEA, and CLIA Waivers. I oversaw hiring, firing, and chart review for over 1000 flights a year. I worked with the American Red Cross to implement the carrying of blood products on all aircraft in my region. I also helped Wyoming Life Flight become trained and certified to transport HROB patients.

Clinical Base Supervisor, Air Methods Corp/Wyoming Life Flight, July 2013 – July 2015

As CBS I was responsible for the clinical operations of the fixed wing base in Casper, WY. I participated in scheduling, hiring, firing, chart review, and all clinical operations for the FW base where we operated a PC-12. I worked closely with the rotor wing CBS to ensure that clinical crew were trained to work on both platforms safely and effectively. I had direct supervisory oversight of 12 flight nurses and flight paramedics. I also actively worked as a flight line member and participated in critical care fixed wing and rotor wing transports.

Flight Paramedic, AirLife Denver, December 2011 – May 2013

Operating from a Bell 407 helicopter, Lear 35 Jet, and ground ambulance, I provided critical care-level medicine for sick and injured patients in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other healthcare providers to direct operations and resources at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I completed comprehensive aircraft and equipment checks, as well as complex education and training requirements. I also applied risk management strategies utilizing safety management systems to ensure high-quality patient care and safe aircraft operations.

Adjunct Paramedic Instructor, Casper College, August 2009 – April 2015

Work as a clinical adjunct faculty for Casper College EMS program. Utilize a combination of scenario-based training and classroom education to help educate and prepare students to become successful EMS providers.

Clinical Team Leader/Shift Supervisor, Wyoming Medical Center, June 2004 – April 2010

One of 4 CTLs Responsible for the ambulance operations of Casper, WY. 3 ALS ambulances per shift, running on average 9,000 calls a year. Oversaw clinical performance and quality for 6 EMS providers. Helped initiate a sepsis protocol and code sepsis for Wyoming Medical Center.

Paramedic/Firefighter, Hill City EMS, June 2006 – August 2008

Worked as a Firefighter 1 and 2 as well a paramedic for the Hill City Emergency Services. Responded to structure fires, wildland fires, medical emergencies. Averaged 375 calls for service a year.

Education

Casper College, Casper, WY, January 2019 – December 2020
Associates of Science – Paramedic Technology

Avera McKennan School of Emergency Services, Sioux Falls, SD, August 2005 – June 2006
Certificate in Paramedic Technology

Custer EMS, Custer, SD, September 2004 – February 2005
EMT Basic certificate

Community Service

Deacon, First Southern Baptist Church, November 2019 – Present
Tactical Paramedic, Natrona County Sheriff's Office, October 2014 – January 2017

Shane Kirsch

OBJECTIVE

To provide full-service emergency medical services (EMS) to the Sheridan-area.

Experience

Shift Supervisor, CCH-EMS, January 2022 – Present

Oversight of EMS Operations that includes Truck Maintenance, Equipment and Supplies, Scheduling and communications.

Adjunct Paramedic Instructor, Casper College, May 2020 – Present
Work as a clinical adjunct faculty for Casper College Paramedic Program. Utilize a combination of scenario based training and classroom education to help educate and prepare students to become successful EMS providers.

Paramedic, CCH-EMS, May 2019 – Present

My primary responsibility was to develop and implement ALS-level patient care plans for patients experiencing medical illness and/or traumatic injuries in the pre-hospital and interfacility transfer environments. I worked collaboratively and cooperatively with other emergency responders to direct operations and resources of mutual aid agencies at emergency scenes in the safe and appropriate delivery of care. I completed detailed patient care reports and billing documentation using a variety of software and cloud-based applications. I also instructed providers of all levels in CPR, PALS, and ACLS.

Charge Medic, CCH-EMS, April 2018- January 2022

Perform lead medic duties including overseeing daily operations, scheduling, attending to personnel issues, dealing with truck maintenance and working directly with other members of the leadership team. Oversees logistics of ambulances and crews dispatched for 911 calls and requested for transfers. Work as an FTO for new hire's in the organization as well as a preceptor for ride along students (EMT-Paramedic Level)

EMT-Intermediate, CCH-EMS, May 2018 – May 2019

Work as a full-time EMT-Intermediate for hospital based EMS system. Response area of 5000+ sq mile area. Includes 911 response and IFT to appropriate receiving facility. Safety Coach member for EMS department. Maintenance team member for ambulances and equipment. Step-up duty medic as needed. TEMS team member.

EMT-Basic, CCH-EMS, November 2011 – May 2018

Work as a PRN and full-time EMT-Basic for hospital based EMS system. Response area of 5000+ sq mile area. Includes 911 response and IFT to appropriate receiving facility.

Firefighter/EMT-B, Campbell County Fire Department, January 2013 – March 2017

Work as a FF/EMT for a combination all-risk Fire Department, with focus on 911 response to area of 5000+ sq miles. Duties included: structure fire fighting, wildland firefighting, EMS response, Haz-mat response, public education, and facilities maintenance.

Education

Casper College, Casper, WY, May 2019
Associates of Science – Paramedic Technology

Casper College, Casper, WY, May 2011
Associates of Applied Science – Fire Science

Community Experience

Volunteer Firefighter, Campbell County Fire Department, 2009-2012

Deanna Lassegard

OBJECTIVE

To oversee the medical practice, ensure competency of clinical care, and provide full-service emergency medical services (EMS) to the Sheridan-area.

Experience

Physician Medical Director, CCH-EMS, August 2020 – Present

Medical oversight for EMS operations, protocol writing and implementation, training continuing education, quality control, chart review, liaison between physicians, crews, administration.

Staff Physician, CCH July 2018- present

Staff ER physician caring for ill and injured patients in the emergency department. Additional duties and elected positions: SANE team medical director, Urgent and Emergent Charter Commission member, Pharmacy and Therapeutics committee member

Staff Physician, Monument Health, June 2019- present

Staff ER physician caring for ill and injured patients in the emergency department in Rapid City, Sturgis and Spearfish.

Education

Residency: Emergency Medicine East Carolina University at Vidant Medical Center, May 2015-July 2018
Elected Positions: Chief Resident, Co-Chair of Intern Mentorship Program, Program Evaluation Committee member
Medical School: Sanford School of Medicine, University of South Dakota, July 2010-May 2105
Elected Positions: Medical Student Association - President and Treasurer
Memberships: Women in Medicine group of Sanford School of Medicine, South Dakota State Medical Association
Awards: South Dakota chapter ACEP "Excellence in Emergency Medicine" Award, Gold Humanism Honor Society - Inductee.

Undergraduate: Bachelor of Science in Nursing (BSN) South Dakota State University, September 2004-May 2009
Elected Positions: Class of 2009 student representative to council

7 – Year of Contractor Establishment

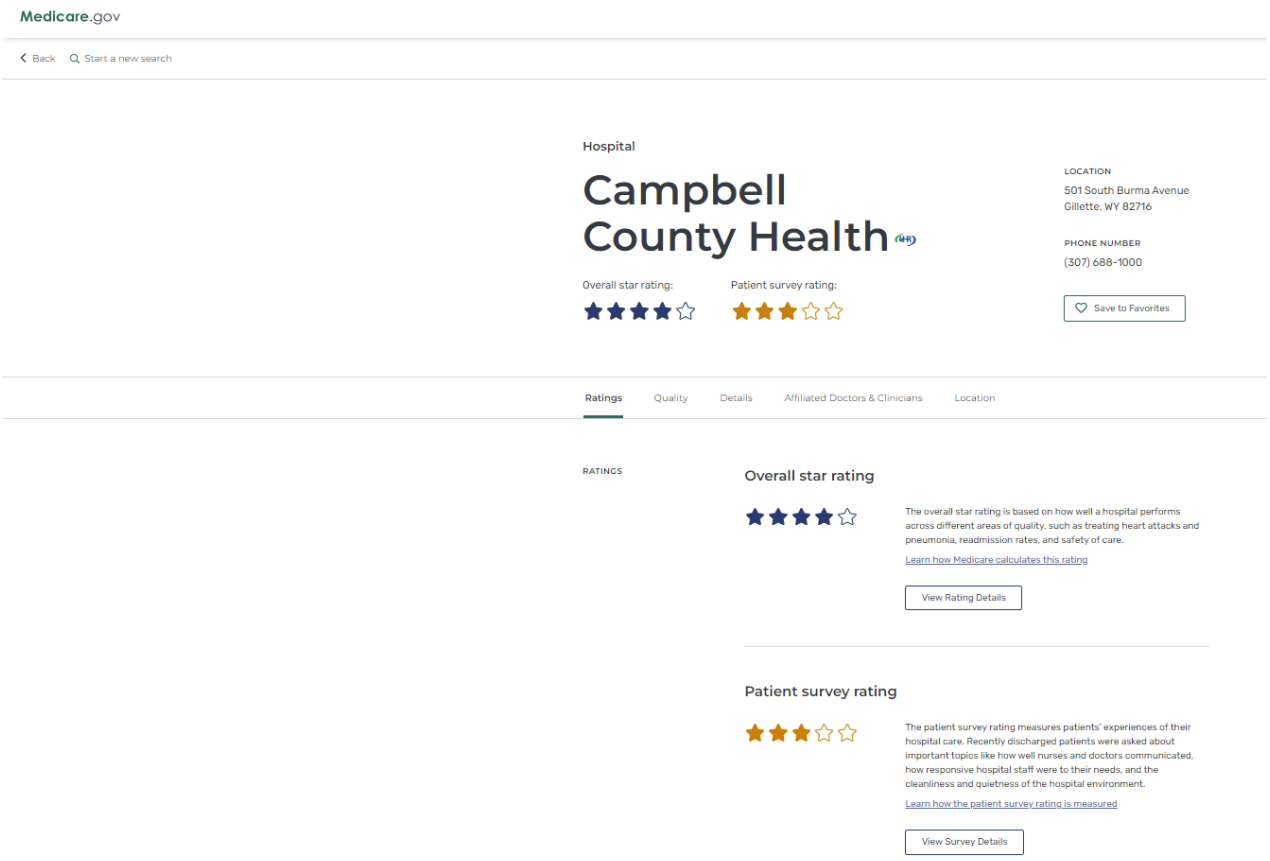
Northeast Wyoming Ambulance Service, LLC will be established in the fall of 2022 upon being awarded the contract for ambulance services for the Sheridan-area.

7.1 – Sub-contractor Year of Establishment

CCH-EMS, as part of the Campbell County Hospital District dba Campbell County Health, was established in October of 1975.

8 – Contractor Ratings

8.1 – CCH Ratings



DNV

HEALTHCARE CERTIFICATE

Certificate no.: 10000428960-MSC-CMS-USA | Initial certification date: 22 April, 2009 | Valid: 22 April, 2021 – 22 April, 2024

This is to certify that the management system of

Campbell County Memorial Hospital
501 South Burma Ave., Gillette, WY, 82716, USA

has been found to comply with the requirements of the:

NIAHO Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Milford, OH, 03 May, 2021

ACCREDITED Hospital

CMS

For the issuing office:
DNV - Business Assurance
400 Techne Center Drive, Suite 100,
Milford, OH, 45150, USA

Patrick Horine
Management Representative

Lack of fulfilment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-947-6343. www.dnvghealthcare.com

8.2 – SMH Ratings

SHERIDAN MEMORIAL HOSPITAL

1401 West 5th Street - Sheridan, WY 82801 - sheridanhospital.org

Contact:

Alan Dubberley, Communications
307-675-5877

For Immediate Release – July 27, 2022

Sheridan Memorial Hospital Earns 5-Star Award, Full Accreditation

For the second year in a row, the Centers for Medicare and Medicaid Services (CMS) announced that SMH earned an Overall 5-Star rating putting the hospital in the top 13.73% of hospitals nationwide. This recognition illustrates the organization's ongoing dedication to providing excellent healthcare for the Sheridan community. "We constantly strive for perfection, and we achieved this rating through continuous process and quality improvement initiatives. These initiatives have been successful because of the dedication and hard work of our employees," said Liz Mahoney, Director of Quality Improvement.

The rating earned this year increased by 35% in the last year, due in large part to hospital-wide improvements which include daily staffing huddles at all levels. "We are committed to empowering our frontline staff to problem solve safety and process improvement issues," said Mahoney. "Everything we do at Sheridan Memorial is driven by the desire to give the best possible care to our patients and encouraging all employees to collaborate and create positive change ensures we are meeting that goal."

"We could not have achieved the 5-Star CMS ranking without a commitment to excellence from our physicians and staff along with the help of our community partners in healthcare. We are proud to work with multiple organizations in the Sheridan area to ensure excellent health and wellness for the people of Sheridan," said Mike McCafferty, SMH CEO.

Mahoney also recognized the role community healthcare partners such as long-term care facilities and home healthcare agencies play in SMH's high ranking. "Two of the quality measures in the CMS ranking system directly relate to patient outcomes within the first 30 days after discharge from the hospital. We are grateful to partner with Sheridan organizations who are equally as committed to patient care and safety as we are."

This national award comes on the heels of SMH also earning full three-year accreditation from The Joint Commission, an accrediting body seeking to improve healthcare for the public. "Undertaking this extensive accreditation process ensures SMH continues to provide safe patient care as well as a safe environment for our employees," Mahoney stated.

"This three-year accreditation is recognized nationally as the "Gold Seal of Approval" in healthcare, and we have earned it because of the outstanding work of our physicians and staff," said McCafferty. "It demonstrates the commitment of all SMH employees to providing safe, excellent patient-centered care."

***

Please see the supplemental document provided for additional ratings of Sheridan Memorial Hospital provided by the Centers for Medicare/Medicaid Services (CMS). The title page is pictured below:

Overall Hospital Quality Star Rating

Hospital-Specific Report User Guide

July 2022 Publication

9 – Plans to Sell or Merge

Northeast Wyoming Ambulance Service, LLC does not have plans to sell or merge with any businesses during the terms of the contract with the Sheridan-area.

10 – Services Provided

10.1 – 911 Emergency Response

CCH-EMS currently responds to 911 calls in all of Campbell County and Weston County. We also respond into portions of Crook County, Johnson County, Niobrara County, Converse County, Custer County South Dakota and Powder River County Montana. In 2021 CCH-EMS had 4,818 total dispatches with 302 of them being interfacility transfers and 4,518 of them being 911 dispatches. Year to date in 2022, CCH-EMS has had 3,007 total dispatches with 287 of them being interfacility transfers and 2,720 of them being 911dispatches.

Currently CCH-EMS ambulances are staffed at 4 different base locations 24 hours a day, 7 days a week, 365 days a year. The Gillette Base responds to 911 calls with 2 primary trucks that are staffed with an ALS provider. This truck is primarily used for 911 responses as well as interfacility transfers. There is also a third ALS truck staffed from 0900-2100 Thursday-Saturday's based upon higher call volume times to help support the system. This truck is used to help with transfers, stand-by events and the higher 911 call volumes during the times it is on duty. There is one ALS truck staffed at the Wright base which is 30 miles south of the Gillette base. This truck is utilized for 911 responses, interfacility transfers, backfilling the Newcastle base during interfacility transfers as well as added manpower in Gillette during high volumes. The Newcastle base has one ALS truck staffed to be utilized for 911 responses, interfacility transfers and stand-by events. Finally, the 4th base location in Sheridan has one ALS truck staffed to cover interfacility transfers for Sheridan Memorial Hospital.

Exhibit 10.1A

CCH-EMS 2021 Volume by Call Types

Nature of Call													
	Jan.	Feb.	March	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	YTD
Abdominal Pain/Problem	13	10	16	5	6	8	14	7	14	12	15	16	136
Airport Transfer	24	36	28	23	27	27	27	30	45	32	21	24	344
Allergic Reaction	1	0	0	1	1	2	0	1	1	1	1	2	11
ALOC/AMS	11	8	7	8	10	2	8	8	12	14	12	10	110
Assault	1	2	2	1	5	2	4	2	3	7	1	5	35
Back Pain	4	6	4	3	4	4	4	8	4	4	1	7	53
Behavioral/Psych	6	9	12	10	8	13	10	9	5	19	8	13	122
Burns	0	1	0	0	2	0	1	0	1	0	0	0	5
Cancelled	14	11	16	15	9	8	16	22	27	18	17	36	209
Cardiac Arrest	3	6	5	3	2	2	3	1	2	5	3	2	37
Cardiac Arrythmia/Problem	3	3	4	2	2	1	4	2	9	6	5	10	51
Cardiovascular Problem	0	2	0	2	1	1	1	2	3	1	0	0	13
Chest Pain	18	15	9	16	11	18	14	10	16	28	6	12	173
Dehydration	0	1	0	0	1	5	2	1	1	1	1	2	15
Diabetic Emergency	0	3	3	1	5	4	4	4	3	6	8	9	50
Dizzy/Lightheaded	1	1	5	9	5	5	6	3	7	5	3	2	52
DOA	3	5	7	4	0	3	3	2	7	3	6	5	48
Environmental	2	0	0	0	0	1	1	0	0	0	0	1	5
Extremity Pain/Problem	4	8	10	7	6	8	14	11	9	7	9	9	102
Facial/Oral Complaint	1	1	0	1	1	1	1	2	0	1	0	1	10
Failure to Thrive	2	1	4	0	1	2	5	2	4	1	1	3	26
Fall	23	22	19	12	11	10	24	22	15	22	20	21	221
Fever	1	0	0	0	0	0	1	0	1	2	1	0	6
GI/GU	2	1	2	1	1	1	0	1	2	1	3	3	18
Head Injury	2	1	0	1	0	1	4	2	0	5	0	0	16
Headache/Migraine	3	1	0	0	0	1	2	2	1	0	0	0	10
Hemorrhage	2	2	0	1	1	2	2	2	3	0	1	2	18
Hospice Transfer	4	3	2	1	3	4	1	0	3	5	1	1	28
Lethargy/Weakness	2	6	5	3	6	6	18	9	6	4	1	6	72
Lift Assist	9	10	12	2	16	14	16	9	11	21	10	12	142
Medical Transfer	5	4	1	3	3	4	3	5	5	5	1	2	41
MVC	4	10	8	9	6	5	2	8	6	6	5	6	75
Nausea/Vomiting/Diarrhea	4	4	4	5	3	4	1	5	6	2	5	7	50
No Injury	4	1	3	2	1	2	0	6	3	2	1	0	25
No Other Appropriate Choice	9	8	7	2	3	5	15	5	8	9	3	3	77
No Pt found	3	3	6	7	8	11	18	15	11	9	11	12	114
OB/GYN	0	3	0	0	0	1	0	1	0	0	1	1	7
Occular Complaint	0	0	0	0	0	1	0	0	0	0	0	0	1
OOTT	12	9	13	22	24	17	28	35	36	32	39	35	302
Overdose/Drug/Intox	7	12	9	12	11	9	9	8	15	6	4	7	109
Pain - Unspecified	6	2	3	3	3	3	6	6	5	4	4	1	46
Pediatric Trauma	0	1	0	0	0	0	2	0	0	0	1	0	4
Poisoning	0	0	0	0	0	0	0	2	0	0	0	1	3
Public Assist	10	13	15	10	12	9	23	13	18	12	11	8	154
Refusal	34	31	51	50	36	33	53	44	54	60	44	56	546
Respiratory Arrest	0	0	0	0	0	0	0	1	1	0	0	0	2
Respiratory Distress	13	11	6	14	23	9	19	31	37	53	33	23	272
Return Transfer	10	11	8	7	6	6	13	11	11	14	7	9	113
Seizure	6	6	7	11	8	4	9	10	9	10	3	9	92
Sepsis	2	1	2	0	3	2	2	0	5	1	1	5	24
Sick Person	8	7	7	10	4	7	13	27	14	17	19	14	147
STEMI	0	4	1	1	0	0	1	1	4	2	0	0	14
Stroke/CVA	0	8	5	4	4	3	4	7	2	7	3	2	49
Syncope	1	2	3	2	2	3	3	5	12	4	2	4	43
Trauma - Multisystem	0	0	0	0	0	1	0	0	0	0	0	0	1
Trauma A	0	2	0	1	1	4	3	1	1	5	1	2	21
Trauma Arrest	0	0	0	0	0	0	2	0	0	0	1	0	3
Trauma B	1	3	6	4	10	14	6	7	9	6	5	3	74
Treat/Release	1	0	1	1	0	1	1	0	2	0	0	1	8
Unresponsive	3	2	1	0	0	3	2	4	1	1	0	2	19
Withdrawals	0	1	0	0	0	0	0	1	3	0	0	0	5
Totals	302	334	339	312	316	317	448	433	493	498	360	427	4579
Total Calls	311	341	356	321	348	362	483	455	517	514	373	437	4818

Exhibit 10.1B

CCH-EMS 2022-YTD Volume by Call Types

Nature of Call													
	Jan.	Feb.	March	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	YTD
Abdominal Pain/Problem	7	11	11	8	11	8	4	0	0	0	0	0	60
Airport Transfer	33	26	19	22	26	22	22	0	0	0	0	0	170
Allergic Reaction	0	3	0	2	0	2	0	0	0	0	0	0	7
ALOC/AMS	9	6	11	20	15	6	12	0	0	0	0	0	79
Assault	2	2	3	2	7	0	4	0	0	0	0	0	20
Back Pain	6	6	9	5	8	4	5	0	0	0	0	0	43
Behavioral/Psych	14	8	12	12	11	8	7	0	0	0	0	0	72
Burns	0	0	0	1	0	1	0	0	0	0	0	0	2
Cancelled	24	20	21	21	21	24	27	0	0	0	0	0	158
Cardiac Arrest	4	4	3	13	3	1	4	0	0	0	0	0	32
Cardiac Arrythmia/Problem	3	3	4	1	4	5	3	0	0	0	0	0	23
Cardiovascular Problem	2	1	1	4	1	2	1	0	0	0	0	0	12
Chest Pain	16	17	11	7	10	10	14	0	0	0	0	0	85
Dehydration	1	1	0	0	0	0	1	0	0	0	0	0	3
Diabetic Emergency	9	4	7	4	2	4	9	0	0	0	0	0	39
Dizzy/Lightheaded	4	6	12	1	9	3	7	0	0	0	0	0	42
DOA	3	6	5	4	7	1	2	0	0	0	0	0	28
Environmental	0	1	1	1	0	0	0	0	0	0	0	0	3
Extremity Pain/Problem	13	15	6	14	13	14	14	0	0	0	0	0	89
Facial/Oral Complaint	2	0	0	0	0	2	0	0	0	0	0	0	4
Failure to Thrive	2	2	1	1	0	0	0	0	0	0	0	0	6
Fall	19	21	27	26	24	29	23	0	0	0	0	0	169
Fever	0	0	1	1	0	2	0	0	0	0	0	0	4
GI/GU	2	0	0	4	1	3	1	0	0	0	0	0	11
Head Injury	1	2	1	1	1	3	0	0	0	0	0	0	9
Headache/Migraine	4	1	3	1	1	0	2	0	0	0	0	0	12
Hemorrhage	3	4	2	4	0	1	1	0	0	0	0	0	15
Hospice Transfer	7	3	1	1	4	3	3	0	0	0	0	0	22
Lethargy/Weakness	8	2	1	1	2	8	6	0	0	0	0	0	28
Lift Assist	24	21	13	17	9	10	12	0	0	0	0	0	106
Medical Transfer	4	5	3	1	2	6	5	0	0	0	0	0	26
MVC	2	6	8	6	8	12	10	0	0	0	0	0	52
Nausea/Vomiting/Diarrhea	6	6	1	2	3	9	2	0	0	0	0	0	29
No Injury	2	2	1	3	1	0	1	0	0	0	0	0	10
No Other Appropriate Choice	7	5	9	3	10	10	8	0	0	0	0	0	52
No Pt found	12	6	9	12	4	4	5	0	0	0	0	0	52
OB/GYN	0	1	0	0	0	2	2	0	0	0	0	0	5
Occular Complaint	0	0	0	0	0	1	0	0	0	0	0	0	1
OOTT	36	25	47	32	56	45	46	0	0	0	0	0	287
Overdose/Drug/Intox	15	8	10	5	13	11	10	0	0	0	0	0	72
Pain - Unspecified	3	5	5	7	8	1	3	0	0	0	0	0	32
Pediatric Trauma	0	1	0	0	0	0	0	0	0	0	0	0	1
Poisoning	0	0	0	4	0	1	1	0	0	0	0	0	6
Public Assist	12	13	15	15	22	9	8	0	0	0	0	0	94
Refusal	64	47	43	58	60	47	48	0	0	0	0	0	367
Respiratory Arrest	0	0	1	0	0	0	0	0	0	0	0	0	1
Respiratory Distress	26	9	16	9	7	22	17	0	0	0	0	0	106
Return Transfer	17	16	11	17	11	8	14	0	0	0	0	0	94
Seizure	5	17	7	3	10	12	11	0	0	0	0	0	65
Sepsis	3	4	1	1	3	2	2	0	0	0	0	0	16
Sick Person	20	17	20	20	23	11	13	0	0	0	0	0	124
STEMI	3	1	0	3	2	2	0	0	0	0	0	0	11
Stroke/CVA	6	7	6	4	4	3	3	0	0	0	0	0	33
Syncope	4	4	4	2	4	9	6	0	0	0	0	0	33
Trauma - Multisystem	0	1	0	0	0	0	0	0	0	0	0	0	1
Trauma A	2	2	3	1	2	4	1	0	0	0	0	0	15
Trauma Arrest	1	0	1	0	2	0	1	0	0	0	0	0	5
Trauma B	8	1	3	5	7	12	5	0	0	0	0	0	41
Treat/Release	0	0	1	0	0	0	0	0	0	0	0	0	1
Unresponsive	4	1	1	3	2	4	4	0	0	0	0	0	19
Withdrawals	0	0	1	1	1	0	0	0	0	0	0	0	3
Totals	484	406	413	416	455	423	410	0	0	0	0	0	3007

10.2 – Interfacility Ground Ambulance Transports

CCH-EMS seeks to meet the emergency medical transport needs of the communities we serve. This commitment to our patients and communities extends to our area hospital partners and patients. CCH-EMS committed to the safety of its crews and patients. Each transport request is evaluated utilizing a comprehensive risk mitigation tool that assists in determining the overall safety of the transport for the crew and patient. If patient condition, road conditions, or weather do not meet the safety requirements the transports may be delayed until the risk can be properly mitigated.

To best suit the needs of our hospital partners and our patients, CCH-EMS has expanded its scope of practice from that of a standard ALS ambulance service, to include specialty care. With active Physician Medical Direction, extensive training and education, quality improvement/quality assurance; CCH-EMS transports many of the patient populations that historically have been flown by air medical transport. This has allowed for lower cost transport options for our patients and a quality transport option for our area hospital partners. CCH-EMS has invested in extra training, equipment, and personnel. Ambulances are equipped with video laryngoscopes, transport ventilators, IV Pumps, and medications not found on standard ALS ambulances, including antibiotics, TXA, and vasoactive pressors. CCH-EMS crews are trained to provide high quality BLS, ALS, and Specialty Care transport. CCH-EMS are one of the few ground EMS crews in Wyoming trained to preformed critical care procedures such as medication assisted intubation, and surgical cricothyrotomy. Currently the only patient populations not captured by CCH-EMS are high risk obstetric transfers, and pediatric patients under 10kg.

CCH-EMS has completed transfers from area hospital partners to as far away as Idaho, Utah, Colorado, and South Dakota. In 2021 CCHEMS completed 302 interfacility transports and from Jan 1, 2022 to July 27, 2022 there have been 287 transports.

10.3 – Community EMS

CCH-EMS is a licensed Community EMS service through the State of WY with five licensed Community EMS Paramedic Clinicians. Currently the CEMS program is being utilized to assist in filling gaps in community healthcare by conducting home visits and providing services outside of the regular EMS scope of practice. These services include but are not limited to home safety evaluations, plan of care development, medication review and management, disease process education, in home vital sign monitoring and transmitting as well as evaluation for referral to other community services. The main goal of the Community EMS program is to increase community health and decrease readmission rates as well as reduce primary care office visits. Currently the program is only seeing patients in Campbell County, but does have a license and plan to expand into Weston County as well as eventually Sheridan County.

10.4 – Specialty Operations

CCH-EMS offers several specialty operation service lines including wildland fire, disaster, Haz-Medic, and tactical EMS response, and we perform car seat inspections/installations. These service lines help integrate CCH-EMS further into the community and make sure we are supporting the community and our partners in emergency response in the best ways we can. As such, the breakdowns of these service lines are as follow:

1. Wildland Fire Response – CCH-EMS has 11 providers that have additional training and education in regards to operating as EMS providers in the Wildland Fire environment. CCH-EMS staff training for wildland EMS includes S-130, S-190, L-180, and several of our members have practical experience as wildland firefighters with additional training and education. As of right now CCH-EMS provides services as wildland EMS in a "base camp" EMS provider role, with EMT-B and EMT-P providers on scene for wildland incidents. In the future, CCH-EMS will provide wildland EMS in the role of "Line Medic" and "Medical Unit Leader". CCH-EMS provides these services across the state, however its priority remains with its fire department partners in Campbell and Sheridan County.
2. Haz-Medic – CCH-EMS currently has an agreement with Region 1 Regional Emergency Response Team (RERT1) specializing in the organic and inorganic chemistry of Haz-Mat Response with additional training in providing care to responders working in the "hot" and "warm" zones of haz-mat incidents. This includes specialized training through the National Fire Academy, and continued medical training through self-study, along with specialized medications.
3. Tactical EMS – CCH-EMS provides tactical EMS (TEMS) services, partnering with the Gillette Police Department (GPD) and Campbell County Sheriff's Office (CCSO). The TEMS team does require all providers complete either TCCC or TECC with continuing training with those departments. This program also encourages ISBC Certified Tactical Responder (TR-C) and Certified Tactical Paramedic (TP-C) as additional training. CCH-EMS would be excited to expand this program in Sheridan county.

4. Car Seat Inspections/Installations – CCH-EMS currently has 10 certified Child Passenger Safety Technician certified by the National Child Safety program, Safe Kids Car Seat Program. CCH-EMS has successfully implemented this program in Gillette, Wright, and Newcastle, and would continue to provide this service and train additional staff for the Sheridan base location.
5. Disaster Response – CCH-EMS has applied to the American Medical Response (AMR) subcontractor list for nationwide disaster response. AMR was recently awarded the 5-year contract for nationwide disaster response, and subcontracts with different EMS agencies across the nation to provide services for large disaster response (i.e.- Hurricane Katrina, the Challenger Shuttle Disaster, 9/11,etc.)

CCH EMS is committed to providing high quality, compassionate EMS response to anyone who needs it by providing Excellence Every Day!

10.5 – Special Event Standbys

While CCH-EMS is dedicated to 911 response and IFT, we recognize the need in the communities we serve to provide services for other events in the community as well. CCH-EMS provides standby services for many different special events in the areas that we serve and are excited to continue to provide those services in the Sheridan-area. Regardless of CCH-EMS providing event standby coverage, our first commitment is to our 911 and IFT response. Generally special event standbys are performed by additional staff, separate from those providing 911 response. However, all contracts for special event standbys include a provision for CCH-EMS to utilize those ambulances for 911 responses as determined by CCH-EMS leadership. The table below shows 2022 YTD special event standbys performed by CCH-EMS.

Exhibit 10.5A 2022 YTD Special Event Standbys

Standbys													
	Jan.	Feb.	March	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	YTD
Auction	1	0	0	0	0	0	0	0	0	0	0	0	1
Demo Derby	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire Standby	7	9	8	3	7	2	4	0	0	0	0	0	40
Football Standby	0	0	1	3	2	0	0	0	0	0	0	0	6
Horse Race Standby	0	0	0	0	16	27	0	0	0	0	0	0	43
Horse Trials Standby	0	0	0	0	0	7	0	0	0	0	0	0	7
Law Enforcement	2	1	3	0	1	1	1	0	0	0	0	0	9
Mixed Martial Arts Standb	0	0	0	0	0	0	0	0	0	0	0	0	0
Motocross Standby	0	0	0	0	3	0	1	0	0	0	0	0	4
Rodeo Standby	0	0	5	2	6	0	41	0	0	0	0	0	54
Roller Derby Standby	0	0	0	0	0	0	0	0	0	0	0	0	0
Stock Car Races Standby	0	0	0	0	1	7	3	0	0	0	0	0	11
Wrestling Standby	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	10	10	17	8	36	44	50	0	0	0	0	0	175

11 – History of Public Service

CCH-EMS has been providing EMS services in Campbell County since October 1975. CCH-EMS started as a primarily volunteer, hospital based EMS agency with one ambulance providing basic life support (BLS) care. Since that time, CCH-EMS has added staff and ambulances, transitioned to a full-time 24/7/365 operation, and increased its capabilities to provide advanced life support (ALS) and critical care EMS services to a growing community and region. In 2001, CCH-EMS expanded its service area to include all of Campbell County and the town of Wright in response to an increase in population, and industrial activity at local coal mines and oil/gas fields. Education. Along with CCH-EMS' long history of public service, we also have a long history of providing EMS education for the community and our first response partners. CCH-EMS has partnered with Sheridan and Gillette Colleges to instruct courses for Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Intermediate EMT (IEMT). CCH-EMS also partners with CCMH Education and Professional Development to host EMS University, which is a 3-day regional education event with national recognized speakers teaching basic and advanced skills in emergency response.

12 – Set-up Process for Services

The following provides information on the processes CCH-EMS will complete to provide EMS services to the Sheridan-area.

1. Hiring Staff/Training Staff - To ensure successful EMS operations it is critical that the right staff are hired and trained to fill the open positions created by this new base of operations. With three ambulances staffed with two providers 24/7/365 utilizing our current shift model, CCH-EMS would need to hire at least 12 FT Paramedics, and 12 FT EMT/AEMT/IEMTs, along with 8 PRN staff. CCH-EMS would also need to hire a local physician employed in SMH's Emergency Department to act as a deputy medical director to coordinate care provided by CCH-EMS and the receiving hospital. Dr. Lassegard has approached Dr. Clay Smith about the potential of working in this capacity. The 32 new employees would be hired utilizing the same strict interview process requiring cognitive, psychomotor, and oral interviews. They would also be required to complete CCH-EMS' field training program to ensure they are able to provide high-quality clinical care within their scope of practice and according to CCH-EMS' Clinical Care Guidelines. As a result of the contract to provide IFT services for SMH, CCH-EMS already has staff hired and trained for one of the three ambulances required of this contract. This will greatly reduce the number of additional employees needed to be hired. Potential employee candidates could be hired from the local EMS pool or regionally, so long as they met the requirements for employment set forth by CCH-EMS. New employees would be required to do area familiarization and observation rides with outlying agencies as permitted by agencies. This would help develop relationships and also ensure integration into the community first response system.

If awarded the contract the CCH-EMS leadership team would work to ensure that every shift had a trained Charge Medic to oversee the clinical operations. Four additional Charge Medics would be hired to run the Sheridan operations.

2. Housing/Base of Operations – CCH-EMS has secured an apartment across the street from the hospital that could house 1 ambulance and 1 full time crew 24/7. There is also a garage to the west of the hospital that has been secured that house up to 2 more ambulances on a temporary basis. SMH has also offered temporary storage of 1 ambulance and a charting room for EMS to work in if needed. CCH-EMS could also potentially use the rental home used initially to set up the IFT truck with SMH. If awarded the contract CCH-EMS would immediately begin working to secure a more permanent base of operations until eventually a custom base could be built. During the initial start-up time CCH-EMS may seek partnerships with local agencies such as the Sheridan Fire Department to explore potential temporary housing of crews and or vehicles until permanent housing can be secured.
3. Equipment/Vehicles – CCH-EMS will need approximately 6 ambulances to be based in Sheridan to ensure adequate operational coverage. As stated in later sections of this document, any equipment currently available in Sheridan will be sought after. Fleet vehicles from other areas of the CCH-EMS system will be utilized to ensure that initially there are at least 3 ambulances available. Currently new ambulances are 1 to 2 years out from the time the order is placed. CCH-EMS may need to look at buying used vehicles to supplement the system. Medical equipment will be purchased by the LLC and split between SMH and CCH. All front line trucks will have all necessary equipment needed to ensure the same quality standard of care as the rest of the CCH-EMS System. Supplies and medications will be stored at the primary base location for re-stocking purposes. We will

utilize our current system in place for ordering and re-stocking the primary supplies and work with SMH and CCH pharmacy on a plan for re-stocking medications out of the SMH hospital pharmacy due to distance from the CCH pharmacy.

4. Communications and IT – CCH-EMS will work with Sheridan dispatch to set up the plan for paging and overall radio communications. We will also work with them on setting up our Spillman and IamResponding paging systems to allow for dispatch and navigation. We will bring in the required IT equipment for crews to effectively and efficiently document patient care reports as well as have appropriate communications with the other base locations and CCH. Education on phone numbers, proper ways to communicate and who the main points of contact will be shared with key community members, first responder groups and appropriate parties.
5. Partnerships and Community Integration - Initial planning operations will need to include meetings with key stakeholders from the community and outlying area to begin understanding the needs of the area as well as becoming educated on the unique opportunities of the region. Some of the primary first responder groups that we will need to meet and partner with will be Sheridan County SO, Sheridan Police Department, Sheridan Dispatch, Sheridan Fire, Search and Rescue, and all of the outlying Fire and First Responder agencies. We will continue our working relationship and partnership with Sheridan Memorial Hospital and along with them, work on the process of services provided on both the interfacility transfer and 911 side. Things like patient reporting to the ED, working with the trauma and cardiology teams as well as bed side hand off communication will be essential teamwork components.

With the involvement of crews participating in local events for stand-by services as well as staff members moving into the area for employment, there will also be full community integration. This will give the ability to further build relationships and partnerships with community members, understand the full needs and expectations of the area.

13 – Restoration of Services

In the event of system volume overload CCH-EMS has plans in-place to ensure that delays to emergency medical responses are minimized and service coverage is restored as quickly as possible. In the event of call volume overload, on-duty EMS crews utilize ProQA to triage requests for service based on the severity/acuity of the 911 request. An all provider page is sent out for any available local staff to respond to the base for the next pending call. At the same time, other EMS resources are diverted from the next closest system to alleviate the overload, and/or off-duty staff are recalled to staff additional ambulances in the fleet. It also allows for quick ambulance transition in the event of mechanical issues. In the event of unexpected staffing shortages (e.g. sick calls, injuries, etc.) crews can be held over until permanent coverage is found. Supervisors also provide staffing relief as needed, and a large pool of PRN employees can be called upon to fill the open positions.

14 – Relevant Past Experience

In April of 2021, CCH-EMS began its first expansion project by acquiring the Newcastle Ambulance Service in Weston County. Operations of that service officially began July 1, 2021 with the addition of 12 employees, 4 ambulances, and a new base location in Newcastle. The expansion of services required meeting with multiple different stakeholders around the community and region to understand the need for services to be provides as well as to becoming

educated on the unique opportunities surrounding the area of Newcastle and Weston County. This also included working with different first responder agencies including Weston County SO, Newcastle PD, Newcastle Volunteer Fire Department, Weston County Search and Rescue, Black Hills Life Flight, Weston County Game and Fish, as well as City of Newcastle and Weston County Dispatch.

Upon the initial start-up of services, equipment, supplies and medications were updated and brought up to the paramedic-level for standardization across the system. The IT systems were updated and standardized, in addition to working with the joint dispatch centers to update the radio systems from analog to digital. This allowed for more effective and enhanced interagency communications. Education was performed to the local hospital on capabilities of the Paramedic level crew that was now available to the community and quarterly meetings were held to ensure a good working relationship and ensuring expectations were being met by all parties. There was also expansion of specialty teams and services into the area include critical care ground transports, SafeKids car seat program, Wildland Fire Services and Community EMS. Over the past year of service, there has been integration of employees into the community as well as performing of stand-by services for community hosted events.

In May of 2022, CCH-EMS was requested by SMH to help with providing interfacility transfer services for their patients who require services at other healthcare facilities. After approximately one month of providing the service by utilizing the crews within the system, it was decided to partner with SMH and officially expand services over to the City of Sheridan for interfacility transfers only. The expansion came with onboarding 8 new staff and moving an ambulance, equipment, medications and supplies over to the area as well as setting up a temporary base location until permanent residency was available. Meetings with CCH-EMS and

SMH stakeholders to set up expectations and education on the services needed were crucial in the immediate success of the IFT service. During the first month of providing service to SMH, CCH-EMS prioritized building trusting relationships and partnerships with the staff and providers of SMH.

14.1 – Meeting local area service demands

CCHEMS has dedicated its commitment to the communities it serves time and time again. EMS leadership works collaboratively with community leaders, stakeholders and outside agencies to constantly evaluate the emergency medical transport needs of the communities. Adjustments have been made as needed to the staffing and staging of resources accordingly. In the past 7 years, CCH-EMS has upstaffed its staffing model to accommodate increased calls for service, and in some cases has added temporary extra trucks to ensure timely appropriate response to the citizens of the community. Based on distance, response times, and special events, staff and equipment can be quickly mobilized to meet the needs of the system. Examples of this include the recent NHSFR event, where CCH-EMS did multiple standbys for the largest rodeo event in North America. Newcastle operations are increased due to the influx of travelers attending the Sturgis Rally. During the 2019 cyber-attack on Campbell County Memorial Hospital (CCMH), EMS was tasked with transporting many of the patients that could not be treated due to imaging and diagnostic service being unavailable at CCMH. This was an example of EMS leaderships effective use of the Incident Command System. Another time EMS worked to fill the needs of the community was during the initial COVID-19 response. CCHEMS was tasked with standing up the only COVID-19 testing site in the community. CCHEMS was also integral in managing the initial rollout of the community vaccination efforts at CCH. The specialty operations division is another example of the commitment to fill the needs of the

community, including wildland fire EMS, tactical EMS, community EMS, car seat safe kid checks, and Hazmat EMS. The goal of CCHEMS is to be a fully integrated and utilized part of the public health system in the communities we service.

14.2 – Service References

References Include

Ian Jones- AMC

Angela Phillips- WCHS

Jeff Bender- CCFD

ED Physician Group-SMH

Austin Smith-Town of Moorcroft

Ralph Kingan- Town of Wright

Janice Urban-CCH-ED

To Whom it May Concern:

I am writing this letter in support of Campbell County Health- Emergency Medical Services (CCH-EMS) to provide EMS services to the Sheridan-area. During the last 7 years I have worked very closely with CCH-EMS in several different roles within my company to include flight medic, Area Manager and Clinical Education Manager.

Throughout the years that I have worked with CCH-EMS I have seen an overall excellent level of professionalism and reliability. Their ability to be available for their community as an ambulance service is only surpassed by their passion to inform, educate, and be engaged in those communities. Focusing not only on transporting patients but working as a professional organization within the community to promote public safety only goes to show their level of dedication to improving the community as whole. Finally, the level of clinical quality CCH-EMS strives for providing the best care possible for those in their community and giving them the best service possible.

CCH-EMS is an excellent model of an ambulance service, and I would personally highly recommend them as a high-quality ambulance service to work within your community.

Please feel free to reach me at email or phone number below if you need any further information.

Sincerely,
Ian Jones
Clinical Education Manager
Air Methods
Ian.jones@airmethods.com
307-214-5773

July 27, 2022

I am writing in support of Campbell County Health EMS expanding into the Sheridan County area. We have worked closely with CCH EMS for the past year. I feel this service would be well suited for your area and help standardize EMS services.

CCMH ambulance service work diligently to protect the interest of others and have taken tremendous pride as a member in our community. They participate in many community events. They have also been a great support system for our staff and hold a strong professionalism in all situations. The emergency responders are top notch and have formed a great working relationship with our staff at Weston County Health Services.

This service would be a great asset to your community. Please feel free to contact me if you have any further questions.

Sincerely,

Angela Phillips, BSN, RN
Director of Patient Services-WCHS
1124 Washington Blvd
Newcastle, WY 82701

Campbell County Fire Department

J.R. Fox
Deputy Fire Chief

Jeff Bender
Fire Chief

Eric Acton
Fire Marshal

July 27, 2022

Sheridan City Council
Sheridan County Commissioners

Esteemed Council and Commission Members,

I'm pleased to provide for your consideration a very positive endorsement of the services provided to our community by Campbell County Health EMS. Our agencies have worked hand in hand to deliver emergency services to Campbell County, City of Gillette and the Town of Wright for several decades.

As our agencies interact numerous times each day in a dynamic and diverse Countywide system, our personnel consistently experience CCH's ultra-professional service delivery and their commitment to quality patient care. Our citizens are blessed as CCH Managements philosophy of "doing the right thing for the patient" shines through in all circumstances. CCH's commitment to quality patient care is equaled by their commitment to system reliability. It's with great appreciation that I can say that the EMS response reliability issues that are growing throughout the state of Wyoming are foreign to the experience in Campbell County. We regularly face periods of high pressure on the system, but CCH goes to great lengths to provide redundancy to meet those demands.

As a Fire Chief I can share that the way our personnel are able to seamlessly interact with our EMS transport provider in delivering service is critical as the community perceives us one team. I am proud to share that personnel from all ranks of our department give ringing endorsement to the manner in which we work together. I'm also pleased to reference the highly collaborative nature that leadership from both of our organizations work together to meet community needs. It is not uncommon for our Duty Battalion Chiefs and the CCH EMS Supervisors to be communicating about an unexpected event or service need that arises in a shift. We find their staff to meet these needs in an extremely flexible manner and with a philosophy that is parallel to ours in assuring that the community service need is met.

It is without reservation that I vehemently recommend CCH EMS for your consideration.

Jeff Bender
Fire Chief
Campbell County Fire Department

"To provide Excellence in all Interactions through Professionalism"

106 Rohan Ave. Gillette WY 82716
(p) 307-682-5319 | (f) 307-686-2222
www.ccfire.us

SHERIDAN MEMORIAL HOSPITAL

1401 West 5th St | Sheridan, WY 82801
307.672.1000 | sheridanhospital.org

To Whom It May Concern,

As the Emergency Physicians for our county we emphasize timely, appropriate, and patient centered care. To ensure that our patients receive this care prior to arriving in our Emergency Department we need to know that the EMS service providing prehospital care shares the same values.

In working with Campbell County Health EMS over the past 6 months we have seen their commitment to excellence through the care that they provide our patients. The dedication and high standards they place on their employees has been of great benefit to our community, and we are therefore very pleased that Campbell County Health EMS has agreed to join with us in a collaborative venture to provide EMS services in Sheridan County. Working together, we are confident that SMH patients will be safely transferred to tertiary care hospitals faster and with less expense than a flight service. We believe this will also allow us to avoid the limitations that weather often places on air transport.

It is the sincere hope of the SMH emergency care providers that our proposed joint venture be selected as the 911 response service for our city and county.

Please contact us if you have any additional questions.

Sincerely,

Kevin Boaz MD PhD

Eric Smith MD

Clay Smith, MD, Dept. Chair

John Murray MD

Luke Goddard MD

Emma Schmidt, PA-C

To whom it may concern,

Hello,

My name is Austin Smith. I am a citizen of the Town of Moorcroft. I also sit on the board as a city council member and as police commissioner. I have spent the last two years as the commissioner of the fire and ambulance board and have got to see the work of our ambulance service as well as CCHEMS. They have continually worked with our basic EMS service to lend a hand in keeping our service functional and operational. They have offered paramedic intercepts to our service and it has been a world of help to our volunteer service. I have seen CCHEMS show up to Moorcroft at times when our volunteers were unavailable. I spent 10 years working on our volunteer fire and ambulance service and had the opportunity to work with CCHEMS on many occasions. They offer a great service and have excellent personnel. I believe CCHEMS would be a great asset to any community they are involved in.

Feel free to contact me with questions,

Austin Smith
C: (307)391-1177

Wright Wyoming
Energy, Community, Opportunity

July 28, 2022

To Whom It May Concern,

I am the Mayor for the Town of Wright, Wyoming and I am writing to recommend the services of the Campbell County Health-Emergency Medical Services. The Emergency Medical Services have provided excellent service to the Town of Wright Citizens. Their knowledge and response have been a great asset to the Town of Wright.

I feel confident in recommending Campbell County Emergency Medical Services.

They are discrete and have been highly trained and are also easy to work with and are willing to take the time to discuss concerns and respond to any questions the Town of Wright may have.

If you have any further questions, please feel free to contact me.

Regards,

Ralph Kingan

Ralph Kingan, Mayor Town of Wright

www.wrightwyoming.com

Town of Wright - P.O. Box 70, Wright, WY 82732
395 Lariat Way, Wright, Wyoming
Ph 307-464-1666 - Fax 307-464-0813

Campbell County Health

Excellence Every Day

July 28, 2022

To Whom It May Concern,

The Emergency department at Campbell County Memorial Hospital would like to take the time to express our sincere believe that the CCH-EMS service will be the safest choice for providing emergency medical care to the community of Sheridan County. We work closely with CCH-EMS and have for many years so have seen their contribution to our community first hand. The entire team always treats our staff here in the ED along with the patients they care for with the upmost courtesy and respect. We have one hundred percent confidence in their skill level when transporting critical patients to a higher level of care as well as when they are responding to 911 calls. Their expertise in emergency medical care and critical care for transports is only a small reason that they should be your first choice for EMS. Their dedication to excellence, unlimited compassion caring for our citizens and their tireless energy to serve can not been taken for granted.

I can't explain in words the amount of times that EMS providers have brought patients to the ED and seen our staff were extremely overwhelmed with the high volume of patients and choose to stay and help us take care of patients. This selfless service is one of the many ways the EMS providers show care and compassion not only to their patients but also to use as an emergency department. They make it clear that they value providing high quality care long after their "call" is over.

When CCH EMS staff are not responding to calls, helping in the emergency department or on inter-hospital transfers you will find them out in the community acknowledging kids for wearing their helmets while riding bikes or providing stand by services to our schools during football games.

Sincerely,

Janice Urban, BSN, RN

Janice Urban

Emergency Department, Manager
Campbell County Health
Janice.urban@cchwyo.org
307-688-1136

P.O.Box 3011
Gillette, Wyoming 82717
307-688-1000

cchwyo.org f t

14.3 – Sub-contractor Responsibilities and Qualifications

CCH-EMS will be providing services as a sub-contractor for the Northeast Wyoming Ambulance Service. As the subcontractor, CCH-EMS will assume responsibility of all EMS operations and staffing in the Sheridan-area. As an experienced EMS service that has been operating for over 47 years, CCH-EMS provides knowledge and expertise in EMS operations, top of the line education and training, and highly reliable ALS and Critical Care EMS providers.

14.4 – Information and Assistance Required for Operations

CCH-EMS works with first response agencies to provide a team-based approach that provides for the best needs of the patients we serve and the safety of the responders. CCH-EMS prides itself on working cooperatively with outside agencies, knowing that the world of first response is varied and ever-changing. CCH-EMS would require assistance and a solid working relationship with Sheridan Dispatch for dispatching services and paging, including IamResponding, Spillman access, and radio log record keeping. Additionally, CCH-EMS will on occasion request manpower assistance from law enforcement and fire agencies to lift, move, and/or extricate patients from various environments. On high-acuity calls (e.g. Charlie, Delta, Echo-level) law enforcement and/or fire personnel may be requested for the reasons stated above. CCH-EMS will also rely on Sheridan Fire and Rescue and outlying first responder agencies for extrication and technical rescue, search and rescue agencies for austere response and extraction, Wyoming Highway Patrol, Sheridan County Sheriff's Office and Sheridan Police Department for scene security, traffic control, and first responder medical aid. As mentioned previously, NEWAS will require the Sheridan-area to provide financial support as negotiated and agreed upon, plus any ambulances, vehicles, and EMS equipment owned by the Sheridan-area

through donation or lease. Finally, CCH-EMS will utilize Sheridan Fire and Rescue as the primary response agency for should a 4th concurrent 911 request occur.

Of note, CCH-EMS will provide continuing education to any interested agency, and facilitate interagency trainings including ride-alongs, EMS operations, CPR, Stop The Bleed, etc. CCH-EMS also would like to be able to incorporate ride alongs with area agencies for newly hire employees for area and operational familiarization as we feel this model allows for better working relationships with our partners in first response.

15 – Customer Service Philosophy

Campbell County Health and Sheridan Memorial Hospital both have upstanding reputations in their communities for provided excellent customer service to their patients and customers. CCH-EMS staff strives to provide a culture and environment in which the staff hold customer service and providing excellent patient care in very high regard. The crews of CCH-EMS are continuously reported going above and beyond for their patients to ensure comfort, safety and showing genuine empathy and concern for them in their time of need. Working along-side Sheridan Memorial Hospital and aligning with their mission, vision and pillar's will only allow for a better approach to patient care as well as giving the very best customer service to the residents of Sheridan County.

15.1 – Mission Statements

Northeast Wyoming Ambulance Service will use the mission statements of both Campbell County Health and Sheridan Memorial Hospital as the foundation for the service in which they provide. Having the combination of both mission statements allows for service to incorporate the values from both of the organizations into the new combined system.

Campbell County Health Mission Statement:

Serving our community by providing a lifetime of care with dedication, skill, and compassion.

Sheridan Memorial Hospital Mission Statement:

To serve our community with excellent patient-centered care.

15.2 – Vision Statement

Northeast Wyoming Ambulance Service will use the vision statements of both Campbell County Health and Sheridan Memorial Hospital as the foundation for the service in which they provide. Having the combination of both vision statements allows for service to incorporate the goals from both of the organizations into the new combined system.

Campbell County Health Vision Statement:

CCH will be the first choice for healthcare and wellness in Wyoming by providing Excellence Every Day.

Sheridan Memorial Hospital Vision Statement:

When people think of excellent healthcare, they think of Sheridan.

15.3 – Pillars and Strategic Priorities

Northeast Wyoming Ambulance Service will use the combined pillars of both Campbell County Health and Sheridan Memorial Hospital. This will allow for a broader outlook on priorities and therefore giving opportunity for even better customer service, patient care, employee satisfaction and financial stability and sustainability.

Campbell County Health Pillars:

Care – Relentless Pursuit of Safety and Quality

People – Fairness and Dedication

Service – Care and Compassion

Business – Fiscal Responsibility with Integrity and Transparency

Sheridan Memorial Hospital Pillars:

Patient Experience – Provide compassionate and respectful care.

Quality – Provide timely, effective, and reliable care.

Safety – Keep our patients and employees safe and strive for zero preventable harm.

Sustainability – Wisely manage our resources and reinvest in our mission.

16 – Rate Schedule

SEMS BLS BASE RATE EMERGENCY	CNH	1329.00	EMS SHERIDAN
SEMS ADV LIFE SUPPORT LEVEL 2	CNH	2389.50	EMS SHERIDAN
SEMS ONE HALF ALS1 BASE	CNH	1015.00	EMS SHERIDAN
SEMS ONE HALF BLS BASE RATE	CNH	665.00	EMS SHERIDAN
SEMS Non-Emergency Transfer	CNH	373.50	EMS SHERIDAN
SEMS Return Patient Transfer	CNH	182.50	EMS SHERIDAN
SEMS CRITICAL CARE TRANSPORT	CNH	2755.00	EMS SHERIDAN
SEMS ALS1 BASE RATE EMERGENCY	CNH	2028.50	EMS SHERIDAN
SEMS ALS SCENE TREAT/NO TRANSP	CNH	595.00	EMS SHERIDAN
SEMS CASIR & IMDEV INF MON HM	CNH	1554.00	EMS SHERIDAN
SEMS BAMLAN/ETESEVI INJ HOME	CNH	1554.00	EMS SHERIDAN
SEMS MCARE SCENE DEATH NOTRNSP	CNH	2389.50	EMS SHERIDAN
SEMS AMBULANCE PER MILE	CNH	3.31	EMS SHERIDAN
SEMS ALS1 BASE RATE	CNH	1220.00	EMS SHERIDAN
SEMS HOME VISIT NOS	CNH	160.00	EMS SHERIDAN
SEMS BLS BASE RATE NON EMERGEN	CNH	782.50	EMS SHERIDAN
SEMS ALS - Mileage per mile	CNH	6.00	EMS SHERIDAN

17 – Acceptance of RFP Terms

NEWAS will accept the terms of this RFP and will make every effort to be fully-operational by the end of the current contract. NEWAS will require a minimum of 90 days' notice that it has been awarded the contract in order to implement operations in the Sheridan-

area. NEWAS will regularly advise the Sheridan-area on the status of implementation and any changes to that date upon being awarded the contract.

18 – Use of Sub-contractors and Partners

CCH-EMS will be providing services as a sub-contractor for the Northeast Wyoming Ambulance Service. As the subcontractor, CCH-EMS will assume responsibility of all EMS operations and staffing in the Sheridan-area. As an experienced EMS service that has been operating for over 47 years, CCH-EMS provides knowledge and expertise in EMS operations, top of the line education and training, and highly reliable ALS and Critical Care EMS providers.

END OF SUBMISSION

CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848, Sheridan Wyoming 82801
Ph (307) 674-6483 Fax (307) 674-2195

Public Works

MEMORANDUM

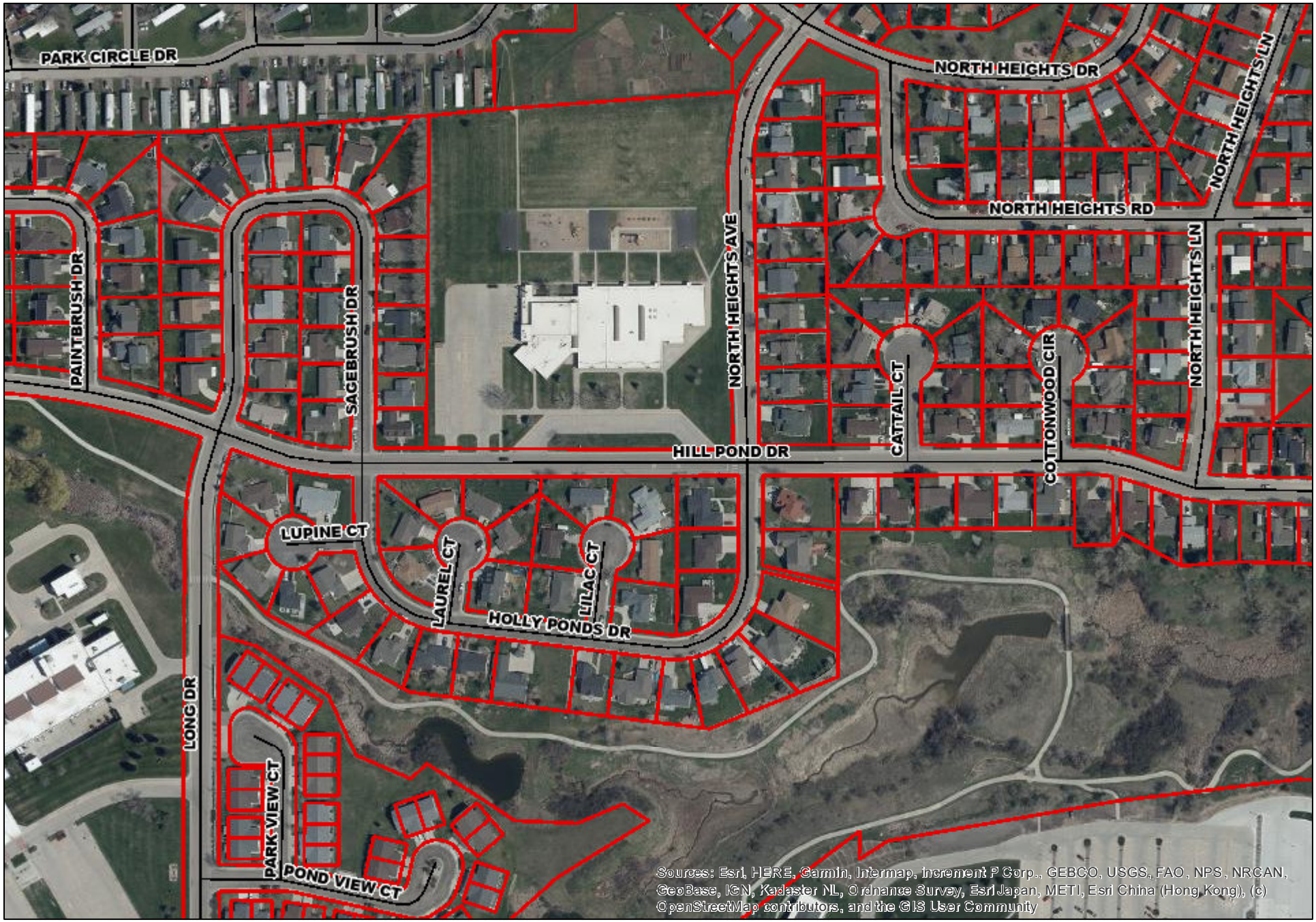
Project Name:	Consideration of the Placement of 20 MPH Signs on Holly Ponds Drive - Public Works Director Hanns Mercer
From:	Hanns Mercer, City Engineer
To:	Mayor and Council
CC:	
Date:	08/17/2022

Background:

A resident within the Holly Ponds Dr. area presented to Council at the August 15th meeting a petition, signed by a majority of the property owners along Holly Ponds Dr. and adjacent cul-de-sacs, to reduce the speed limit to 20 MPH. When high school students are released at lunchtime and in the afternoon, they attempt to circumvent the queue of vehicles at the 4-way stop at the intersection of Hill Pond Dr. by routing through Holly Ponds Dr.

Attachments

Map



CITY OF Sheridan WYOMING

N W E S

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