



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: The Arc of Indian River County, Inc. **DATE:** 08/20/2021

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- This is a new application; fee is attached.
- This is a renewal of our present COPCN.
- This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A BLS ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D BLS ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

Class E Wheelchair Wheelchair/Stretcher Ambulatory Transport

Agencies that provide wheelchair transportation service only where said services are paid for in part or in whole either directly or indirectly with government funds.

Class E1 Wheelchair Wheelchair/Stretcher Ambulatory Transport

Agencies that provide wheelchair vehicle service where said services are not paid for in part or in whole either directly or indirectly with government funds.

II. COMPANY DETAILS

1. NAME OF AGENCY: The Arc of Indian River County, Inc.

MAILING ADDRESS: 1375 16th Ave

CITY Vero Beach COUNTY Indian River

ZIP CODE: 32960 BUSINESS PHONE: (772) 562-6854

2. TYPE OF OWNERSHIP(i.e. Private, Government, Volunteer, Partnership, etc.):

Non-Profit Corporation

3. MANAGER'S NAME: Heather Dales, CEO

ADDRESS: 1375 16th Ave, Vero Beach, FL 32960

PHONE #: (772) 562-6854

4. PROVIDE NAME OF OWNER(s) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

NAME ADDRESS POSITION

(Please see attached list of Board of Directors)

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

NAME ADDRESS PHONE #

Treasure Coast Automotive 1795 8th Ct, Vero Beach, FL 32962 (772) 794-9061

Level 4 Telecom 100 SW Albany Ave, Ste 110, Stuart, FL 34994 (772) 873-7753

Como Oil of Florida 1701 Commerce Ave, Vero Beach, FL 32960 (772) 562-6666

6. FUNDING SOURCE: Florida Medicaid, CDC, Private Pay

7. RATE SCHEDULE ATTACHED? YES NO N/A

8. LIST THE ADDRESS(es) OF YOUR BASE AND ALL SUB-STATIONS:

1375 16th Ave, Vero Beach, FL 32960

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

Cell phonesN/

1. RADIO FREQUENCY (ies)

N/A

2. RADIO CALL NUMBER(s)

N/A

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

N/A

FROM BASE STATION

N/A

IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:

RENEWAL APPLICANTS FOR CLASSES A-D NEED ONLY #'s 4 - 9

RENEWAL APPLICANTS FOR CLASSES E AND E-1 NEED ONLY #'s 6 – 9

- 1. Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
- 2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
- 3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.
4-5
- 4. Copy of Standard Operating Procedures.
- 5. Copy of Medical Protocols.
- 6. Copy of your insurance policy – must show coverage limits –
- 7. Vehicle Information. For each vehicle provide the following:
 - a. Make, Model, Year, Manufacturer
 - b. Mileage
 - c. VIN #
 - d. Tag Number
 - e. Passenger capacity (E/E1 classification)
 - f. Indicate ALS/BLS (A-D classification)
- 8. Personnel Roster. For each employee provide the following:
 - a. Name – Last, First and Middle Initial
 - b. Driver's License # (if commercial, specify class) & Expiration Date
ADDITIONAL INFO REQUIRED FOR A-D classifications
 - c. Emergency Medical Service Certification and # (EMT or Paramedic)
 - d. Expiration date of Certification
 - e. Whether or not has an Emergency Vehicle Operation Certificate.
- 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS Fill in Statements as applicable.

E or E1 APPLICANTS

I, Heather Dales, CEO, the representative of
Applicant Name

The Arc of Indian River County, Inc., do hereby attest that the
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

A-D APPLICANTS

I, _____, the representative of
Applicant Name

_____, do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

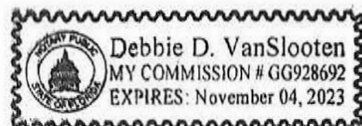
ALL APPLICANTS

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

[Signature] 08/20/2021
APPLICANT SIGNATURE DATE

Before me personally appeared the said Heather Dales who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 20th day of

August 2021.
[Signature] My commission expires: 11/04/2023
NOTARY PUBLIC



The Arc of Indian River County, Inc.
COPCN Renewal Application - Section II.4.
List of Board of Directors

Name	Address	Position
A.J. Brackins	2800 Ocean Drive, Vero Beach, FL 32963	Chair
Mary Beth Vallar	2100 Indian Creek Boulevard East, A-205, Vero Beach, FL 32966	Vice Chair
Michael Burns	3545 Ocean Drive, Vero Beach, FL 32963	Treasurer
Anni Vuorenkoski Dagleish	1255 42nd Sqare, #102, Vero Beach, FL 32960	Director
Herb Hinkle	97 Cache Cay Drive, Vero Beach, FL 32963	Director
Cathy LaCroix	836 Norfolk Pine Lane, Vero Beach, FL 32963	Director
Jeffrey Petersen	660 Beachland Blvd, Vero Beach, FL 32963	Director
Dillon Roberts	979 Beachland Blvd, Vero Beach, FL 32963	Director
Ed Smith	1342 Riverside Lane, Vero Beach, FL 32963	Director

The Arc of Indian River County, Inc.
COPCN Renewal Application - Section IV.7.
Vehicle Information

Make	Model	Year	Manufacturer	Mileage	VIN #	Tag #	Passenger Capacity
Chevrolet	Express G3500	2012	GM	114,033	1GB3G2BG5C1113671	X2046C	8 Ambulatory & 2 Wheelchairs
Chevrolet	Uplander	2008	GM	114,744	1GBDV13W38D152405	X4689D	4 Ambulatory & 1 Wheelchair
Chevrolet	Express G3500	2016	GM	42,306	1GB3G2BG7F1287942	X8284C	8 Ambulatory & 2 Wheelchairs
Chevrolet	Express G4500	2016	GM	72,155	1GB6GUBG4G1282739	X2248D	10 Ambulatory & 2 Wheelchairs
Chevrolet	Express G4500	2016	GM	75,490	1GB6GUBG2G1127641	X7812C	12 Ambulatory & 2 Wheelchairs
Chevrolet	Express G3500	2016	GM	48,066	1GB3G2BG8F1287948	X8283C	8 Ambulatory & 2 Wheelchairs
Chevrolet	Express G3500	2016	GM	45,869	1GB3G2BG0F1286566	X8285C	8 Ambulatory & 2 Wheelchairs

The Arc of Indian River County, Inc.
COPCN Renewal Application - Section IV.8.
Personnel Roster

Last Name	First Name	MI	Florida DL #	DL Exp Date
Alford	Robert	J.	A416-770-77-219-0	6/19/2023
Anunziato	Anthony	F.	A552-006-42-189-0	5/29/2022
Coleman	Evelyn	D.	C455-204-82-672-0	5/12/2029
Knight	Cheryl	A.	K523-101-89-763-0	7/23/2028
Miller	Jacqueline	M.	M460-433-69-650-0	4/30/2027
Peart	Christine	V.	P630-118-71-948-0	12/8/2028
Rodgers	Melissa	M.	R326-553-74-752-0	7/12/2028
Streeter, Jr.	John	E.	S363-465-42-324-0	9/4/2026
Smith	Shonnica	L.	S530-792-75-542-0	2/2/2027
Stanton	Laura	B.	S353-522-60-767-0	7/27/2028
Tinico	Moises	D.	T521-544-73-412-0	11/12/2025

The Arc of Indian River County, Inc.
COPCN Renewal Application - Section IV.9.
2021 Fee Schedule

Service Type	Base Rate	Mileage	Waiting & Special Charges
Transportation (Ambulatory)	\$9.18 per trip	1 way	N/A
Transportation (Non-Ambulatory)	\$13.00 per trip	1 way	N/A