



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Senior Resource Association DATE: 7/1/2019

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 COCPN 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 AMBULANCE SERVICE: Senior Resource Association, Inc.

MAILING ADDRESS: 4385 43rd Avenue

CITY Vero Beach COUNTY Indian River

ZIP CODE: 32967 BUSINESS PHONE: 772-469-3151

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

Private Non-Profit

3. MANAGER'S NAME: Karen Deigl

ADDRESS: 694 14th Street Vero Beach Florida 32960

PHONE #: 772-473-2935

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

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Karen Deigl	694 14th Street	CEO
Jennifer Johnson	1876 Grey Falcon Cir SW	CFO
Cheryl Stephens	8132 NW Greenbank Cir	CPO

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

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
Phil Matson	1801 27th Street	772-226-1455
Sharyne Wishard	4225 43rd Avenue	772-226-3857
Beth Martin	1800 27th Street	772-226-1287

6. FUNDING SOURCE: Federal Transit Administration, FDOT, Local County Govt. BOCC

7. RATE SCHEDULE ATTACHED? YES NO N/A

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

4385 43rd Avenue Vero Beach FL 32967

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

XG-25M Front Mounted Mobile Radio

1. RADIO FREQUENCY (ies)

2. RADIO CALL NUMBER(s)

T2500 700 Megahertz

Goline & Community Coach Vehicle #

Edx 800 Megahertz (will be going away)

Goline & Community Coach Vehicle #

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

FROM AMBULANCE

FROM BASE STATION

9-1-1 Emergency Dispatch

9-1-1 Emergency Dispatch

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

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. 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 Including:
 - Service Type, Base Rate, Mileage, Waiting and Special Charges

v. **NOTARIZED STATEMENTS Fill in Statements as applicable.**

E or E1 APPLICANTS

I, Karen Deigl, the representative of
Applicant Name

Senior Resource Association, 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.

APPLICANT SIGNATURE

DATE

Before me personally appeared the said _____ 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 ____ day of _____, 201__.

NOTARY PUBLIC My commission expires: _____

Transportation Disadvantaged Trust Fund
Service Rates - Indian River County
2019-2020

Community Transportation Coordinator: Senior Resource Association, Inc.

Effective Date: 07/01/2019

Type of Service Provided	Unit (Passenger Mile or Trip)	Cost per Unit
Ambulatory	Trip	\$24.64
Wheelchair	Trip	\$42.24
Group Rate-Per Passenger	Trip	\$18.22
Group Rate-Per Group	Trip	\$23.84

Senior Resource Association Vehicle Inventory

SRA Vehicle Number	Year	Make	Model	Titl#	VIN#	Mileage 7/1/2019	Capacity
192	2006	FOR	16' VAN TERRA	2J1J74	1FDWEJ5L56HA26499	211,5J6	12Amb & 2 WC
194	2006	FOR	16' VAN TERRA	2J1J79	1FDWEJ5L976HA4J742	249,206	12 Amb & 2 wC
197	2005	FOR	16' VAN TERRA	2J1J8J	1FDWEJ5LX5HB248J2	2J0,482	12 Amb & 2 WC
205	2007	CVY	16' TURTLE TOP	X82999	1GBJGJ1UJ711J66J5	281,JJ5	12 Amb & 2 WC
206	2007	CVY	16' TURTLE TOP	X82997	1GBJGJ1U0711J7760	277,807	12 Amb & 2 WC
207	2007	CVY	16' TURTLE TOP	X82998	1GBJGJ1U0711J8472	288,747	12 Amb & 2 wC
208	2007	CVY	GLAVAL J1'- Bus	220295	1GBE5V1947F42246J	JJ8,458	24Amb & 2 wC
209	2007	CVY	GLAVAL J1'- Bus	220296	1GBE5V19X7F422676	J24,0JO	24Amb & 2 WC
210	2009	GMC	GLAVAL J1'- BUS	220J15	1GDE5V19J9F4027JJ	274,J40	24Amb&2 WC
211	2009	GMC	GLAVAL 31'- BUS	220J16	1GDE5V1999F4028J4	J94,859	24Amb&2 wC
21J	2009	CVY	16' VAN TERRA	X5595B	1GBJGJ1K191166J01	2J1,6J8	12Amb & 2 wC
214	2009	CVY	16' VAN TERRA	X5592B	1GBJGJ1K491167426	24J,J07	12 Amb & 2 wC
216	2009	CVY	16' VAN TERRA	X269JB	1GBJGJ1K491167460	258,88J	12Amb & 2 wC
217	2009	CVY	16' VAN TERRA	X5594B	1GBJGJ1K491166499	267,5JO	12Amb & 2 wC
218	2009	GMC	GLAVAL J1'- BUS	2J0547	1GBE5V1929F407981	40J,J29	24Amb & 2 wC
222	2009	GMC	GLAVAL J1'- BUS	2J054J	1GBE5V1949F41J18J	429,578	24Amb& 2WC
228	201J	CHBU	27' International Bus	TC6JJJ	5WEXWSKKODHJ8J661	24J,560	24Amb& 2 wC
2JO	201J	CHBU	27' International Bus	TC6JJ1	5WEXWSKK4DHJ8J66J	255,159	24Amb & 2 wC
2J2	201J	GIL	29' Gillig	TD211J	15GGE2719D1092JJ9	J18,670	26Amb & 2 wC
2JJ	201J	GIL	J5' Gillig	TD2114	15GGB2712D1180870	214,911	JOAmb & 2 WC
2J4	201J	GIL	J5' Gillig	TD2115	15GGB2714D1180871	258,764	JOAmb & 2 WC
2J5	2012	VPG	MV1	X7474B	52JMF1A65CM1012JO	68,599	JAmb & 1 WC
2J7	2012	VPG	MV1	X7475B	52JMF1A62CM101556	65,6JO	JAmb& 1 WC
2J8	2012	VPG	MV1	X7479B	52JMF1A60CM101572	70,J50	JAmb & 1 wC
2J9	201J	FRD	Champion	X7481B	1FDFE4FS6DDA92981	116,871	12Amb&2WC
241	2015	GIL	29' Gillig	TD775J	15GGE2712F1092928	407,884	26Amb&2 wC
242	2015	GIL	29' Gillig	TD7754	15GGE2712F1092929	J53,479	26Amb&2WC
24J	2015	FRD	16' TURTLE TOP	TF2J78	1FDWEJFLJFDA2806J	142,J99	12Amb&2WC
244	2015	FRD	16' TURTLE TOP	EF2R89	1FDWEJFL7FDA28065	114,675	12Amb & 2 wC
245	2016	GIL	29' Gillig	TE7J75	15GGE271JG1092986	145,022	26Amb & 2 wC
246	2016	FRD	24' Turtle Top	TF2J21	1FDFE4FS6FDAJ5294	175,1J7	15Amb & 2 wC
247	2016	FRD	24' Turtle Top	TF2J20	1FDFE4FS8FDAJ5295	199,551	15Amb & 2 wC
248	2016	FRD	24' Turtle Top	TF2J22	1FDFE4FSXFDAJ5296	274,625	15Amb & 2 wC
249	2016	FRD	29' Turtle Top Odyssey	TF2J77	1FDGF5GYGEC06851	110,26J	24Amb&2 wC
250	2016	FRD	29' Turtle Top Odyssey	EFSB41	1FDGF5GY7GEC06852	129,461	24Amb&2WC
251	2017	FRD	Champion	X42JOD	1FDFE4FS2HDCOJ161	71,J49	12Amb & 2 wC
252	2017	FRD	Turtle Top	X010JD	1FDWEJF6XHDC58874	56,812	12Amb & 2 wC
25J	2018	Freightliner	Defender	TG1798	4UZADRFDOJCKC490J	51,974	24Amb&2 wC
254	2018	Freightliner	Defender	TG1799	4UZADRFD2JCKC4904	44,015	24Amb&2WC
255	2018	Freightliner	Defender	TG1796	4UZADRFD1JeKC41J4	59,881	24Amb&2WC
257	2018	Dodge	Van	X6066D	2C7WDGBG7HR8J85JJ	8,J06	5Amb & 1 wC
258	2018	FRD	Champion	X6740D	1FDFE4FS2HDC60797	J5,682	12 Amb & 2 wC
259	2018	CVY	Defender	X6745D	1HAJGRBG0HNO08570	J4,172	8Amb&2WC
260	2018	CVY	Defender	X9244D	1HAJGRBG7HNO08467	J8,926	8Amb&2WC
261	201J	FRD	Diamond	IH81CT	1FDEEJFL9DDA5J0J9	216,654	12Amb & 2 wC
262	2014	FRD	Diamond	IH8JCT	1FDEEJFS1EDA17080	190,02J	12Amb & 2 wC

Almedina, Luis	A	4	53	5	2	1	7	9	4	1	5	0	8	11/15/2023
B elizaire, Leda	B	4	2	6	5	2	0	6	9	8	6	6	1	E 10/6/2019
Blazuk, John Joseph	B	4	2	2	4	7	0	5	0	3	7	5	0	8 10/15/2020
Baranski, Robert	B	6	5	2	7	6	6	4	2	2	6	9	0	E 7/29/2025
Brown, Thomas	B	6	5	0	8	3	6	5	5	1	6	7	0	B 5/7/2026
Bryant, Thalia	B	6	5	3	8	0	0	6	8	5	5	8	0	E 2/18/2020
Bynoe, Katilya	B	5	0	0	5	1	4	7	4	8	3	2	0	B 9/12/2021
Cantrell, Anthony	C	5	3	6	8	0	3	6	3	3	3	8	0	8 9/18/2027
Cazeau, Hosny	C	2	0	0	3	2	0	6	5	0	4	4	0	A 2/4/2021
Cicero, Frank	C	2	6	0	2	5	6	4	6	3	3	4	0	8 9/14/2023
Collins, Iris	C	4	5	2	4	0	2	6	5	7	9	7	0	8 8/17/2019
Eastup, Raymond	E	2	3	1	7	2	6	3	4	2	1	2	0	E 6/12/2023
Edwards, Durval	E	3	6	3	1	6	0	5	9	1	2	2	0	B 4/2/2023
Forste, Robert	F	6	2	3	7	6	6	4	7	3	6	3	0	C 10/3/2022
Francois, Pierre	F	6	5	2	6	7	6	6	9	0	9	5	0	E 3/15/2022
Freckleton, Tanya	F	6	2	4	8	1	3	8	2	6	4	9	0	8 4/29/2022
Garcia, Luis	G	6	2	0	5	3	4	6	6	3	3	8	0	A 9/18/2019
Gonzalez, Hector	G	5	2	4	3	2	6	5	9	0	1	8	0	E 1/18/2027
Gonzalez, Roberto	G	5	2	4	7	2	0	6	3	4	6	2	1	B 12/22/2022
Grehan, Nancy	G	6	5	0	6	3	2	7	2	6	7	2	0	B 5/12/2019
Gutierrez Chavez, Gildardo	G	3	6	2	2	8	0	7	7	1	6	4	0	8 5/4/2027
Heindl, Michael	H	5	3	4	5	5	0	5	8	2	8	6	0	8 8/6/2021
Hill Claude	H	4	0	0	1	0	3	5	6	0	5	4	0	A 2/14/2020
Hamsher, Aaron	H	5	2	6	0	1	3	6	0	0	1	8	0	B 1/18/2028
Houston, Richard	H	2	3	5	7	5	4	4	7	3	3	2	0	A 9/12/2022
Jasper, Terri	J	2	1	6	8	1	2	6	0	7	1	6	0	8 6/16/2024
Jean-Baptiste, Jean-Juste	J	5	2	2	4	2	0	6	3	2	5	7	0	A 7/17/2021
Keat, Steven	K	3	0	0	7	9	0	5	5	4	4	4	0	8 12/4/2023
Kline, John	K	4	5	0	4	6	2	6	0	2	0	4	0	A 6/4/2026
LaPuente-Zorilla, Nelson	L	1	5	3	6	2	6	8	1	0	8	2	0	E 3/2/2022
Laster, Artatius	L	2	3	6	0	0	5	6	9	5	1	8	0	8 1/18/2027
Lawler, Jacquelyn	L	4	6	0	4	2	7	5	6	5	4	7	0	8 2/7/2025
Lawrence, Rebecca	L	6	5	2	7	3	1	6	4	7	8	2	0	B 8/2/2019
Mage, Christine	M	2	0	0	1	1	3	6	5	6	2	4	0	8 4/4/2021
Mandara, George	M	5	3	6	3	0	1	7	2	0	5	6	0	A 2/16/2027
Millar, Rosemary	M	4	6	0	7	2	6	5	8	8	6	4	0	E 10/4/2025
Murphy, Charles	M	6	1	0	1	5	2	4	3	1	0	1	0	B 3/21/2022
Normil, Pierre	N	6	5	4	6	6	2	5	5	0	0	6	0	C 1/6/2024
Orsek, Robert J	O	6	2	2	7	7	0	4	7	4	1	2	0	C 11/12/2022
Perna!, Lyn	P	6	5	4	5	2	1	6	9	9	0	1	0	B 11/1/2026
Powers, Clarissa	P	6	2	0	1	0	6	6	9	5	8	5	0	A 3/5/2020
Radford, Jessica	R	3	1	6	4	2	1	7	4	8	6	4	0	E 10/4/2025
Ramirez, Ricardo	R	5	6	2	7	2	0	7	8	2	7	0	0	8 7/30/2024
Reed, Connie	R	3	0	0	1	1	5	5	0	8	7	8	0	B 10/18/2020
Richards, Carrol	R	2	6	3	1	1	5	6	3	9	1	9	0	8 11/19/2021
Robinson, Arnetha	R	1	5	2	0	0	4	5	8	9	1	8	0	8 11/18/2020
Ryan, Patricia	R	5	0	0	6	9	3	5	8	8	0	9	0	A 8/29/2022
Scott,Barrington	S	3	0	0	0	6	0	5	7	1	8	9	0	B 5/29/2020
Sears, Tony	S	6	2	0	8	0	4	7	5	3	3	8	0	B 9/18/2022
Shelly, Annie	S	4	0	0	0	4	7	6	0	8	1	0	0	8 8/30/2025
Simmons, Kimberly	S	5	5	2	5	1	2	8	8	6	6	8	0	E 5/8/2025
Stephenson, Chris	S	3	1	5	1	0	2	8	8	1	0	0	0	E 3/20/2021
Storey, Joesceffis	S	3	6	0	4	2	0	6	0	3	7	5	0	A 10/15/2022
Szoyka, Robert	S	2	0	0	7	6	1	6	5	0	1	5	0	B 1/15/2023
Terpak, Peter	T	6	1	2	6	6	0	4	6	2	5	5	0	8 7/15/2025
Urena, Pedro	U	6	5	0	6	6	5	6	4	1	3	7	0	8 4/17/2023
Westcarth, Rudolph	W	2	3	2	7	2	1	5	1	2	9	5	0	A 8/15/2024
Wheeler, James	W	4	6	0	4	5	3	6	2	1	3	6	0	A 4/16/2025
Wright, Kathy	W	6	2	3	5	1	7	7	0	9	3	0	0	E 11/30/2021