



Richmond Department of Fire and Emergency Services

AWARDING OF FRANCHISES AND PERMITS APPLICATION PROCESS

Type of Franchise/Permit Requested:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Specialty Care Transport – Hospital Affiliation:
Non-Emergency Ambulance - BLS Ground Ambulance
Convalescent Ambulance - Convalescent Ambulance

Name of Applicant:

(Official Name of Organization)

Address of Applicant:

Owner/President Name of Operations:

Phone Number:

Email Address:

Mailing Address:

Website Address:

Point of Contact for Application Process:

Name:

Telephone Number:

Email Address:

Mailing Address:

Medical Director:

Name:

Telephone Number:

Email Address:

Mailing Address:

VDH On-Line EMS Medical Director's Training Course Completion Date:

Required Attachments: (Please provide a copy/document for each requirement)

1. State Registration Documents for the Organization. (i.e. Articles of Incorporation, Partnership filing, etc.)
2. Agency Organizing Documents (i.e. By-laws, Partnership Agreement, etc.)
3. Training credentials, and experience of the applicant/owner related to the operation of non-emergency ambulance services and patient care.
4. Alphabetical roster of personnel (fulltime, part-time, and volunteer) with names, VA or Nationally registered EMS provider numbers, level of certification and re-certification date.
5. Copy of Agencies Standard Operating Procedures.
6. List of vehicles owned and operated by applicant including the following information:
 - a. Chassis manufacturer
 - b. Ambulance manufacturer
 - c. Year of manufacture
 - d. Vehicle identification number
 - e. VDH-OEMS permit number (if already permitted)
7. Copy of current ambulance state inspection report for EACH certified vehicle. (Deferred if start-up company until franchise is granted).
8. Inventory of all equipment to be carried on the ambulance. Please note that non-emergency ambulance franchisees can only function at the EMT-Basic level in the City of Richmond.
9. The applicant shall have at all times in force and effect insurance coverage with a company acceptable to the city. This coverage shall provide:
 - a. Appropriate Statutory Workman's Compensation
 - b. Auto Liability (three million dollars combined single limit)
 - c. General Liability (three million dollars combined single limit)
 - d. Medical Legal Liability (three million dollars combined single limit)
10. Location(s) of base – substations – offices of operations and/or businesses in the City of Richmond.
11. Brief statement assuring the applicant will not discriminate with regard to race, color, creed, national origin, or gender.
12. An audited financial statement for the last two years of business (if the company is a start-up, then a business plan will suffice for this requirement).

13. An official criminal record of the applicant (if sole proprietorship), all partners (if partnership), or any officers, directors, or managers (if a corporation of other business entity).
14. Description of method of operation (Submit an Operation Plan for review).
15. A notarized statement certifying that the applicant is not debarred from receiving Medicare or Medicaid program, nor currently the subject of debarment proceedings and is/will remain in compliance with this ordinance, VDH-OEMS rules, and all applicable state and federal statutes and regulations.
16. Brief description of method of compliance with vehicle, facility and personnel records.
17. Statement of understanding and compliance with VDH-OEMS prehospital reporting requirements.
18. Statement of understanding of the requirement to submit a report. (Please refer to the application requirements on the website).
19. Copy of VDH-OEMS Compliant Patient Care Protocols, Policies, and Procedures (<http://www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/ems-medical-directors/>)
20. Sample: Patient Care Report
21. Sample: Vehicle Check Sheet
22. Annual non-emergency transports in year _____. (most recent year):
23. Description of contract in force with health care agencies, nursing homes, hospitals, institutions, etc.
24. Description of business strategy. (Submission of a business plan will suffice for this narrative).
25. Organizational chart with titles and names.
26. Schedule of all fees including categories of service and other fees (waiting time, etc.).
27. Such other information as may prove beneficial of the City in determining the capability of the applicant to provide service in the City of Richmond.

The above information and attachments are believed true and factual.

Attested to this date: _____

Name of Applicant: _____

By : _____

Signature: _____

Title : _____

RFD Recommendation:

Recommend Approval:

Recommend Denial:

Appointing Authority Signature

Date

Please save a copy of this form and email the completed form with all required attachments to fire@richmondgov.com or mail the application with the required attachments to:

Richmond Department of Fire and Emergency Services
201 East Franklin Street
Richmond, Virginia 23219