

**NORTH COAST EMS**  
**MEMORANDUM OF UNDERSTANDING FOR DESIGNATION AS A**  
**FIRST RESPONDER PROVIDER AGENCY**

This agreement is entered into by and between **North Coast Emergency Medical Services** agency, 3340 Glenwood Street, Eureka, California, hereinafter referred to as “**NCEMS**”, and \_\_\_\_\_, hereinafter referred to as “**PROVIDER.**”

WHEREAS, **NCEMS** is designated the local emergency services agency by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** may designate First Responder service providers within the counties they serve as the local emergency medical services agency, and

WHEREAS, **PROVIDER** seeks designation as a First Responder Service Provider by **NCEMS** in accordance with the terms and conditions set forth herein; therefore,

IT IS MUTUALLY AGREED AS FOLLOWS:

I. Term:

This agreement shall begin on \_\_\_\_\_, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. **PROVIDER** Agrees:

- A. To provide First Responder coverage of its response area whenever possible.
- B. To have and maintain a First Responder supply and equipment inventory compliant with **NCEMS** policies and standards, incorporated herein by reference, and to have said supplies and equipment readily available for First Responder personnel who answer calls to the sick and injured.
- C. To assure, at a minimum, initial and continuous first aid training following the State EMS Authority Public Safety First Aid training regulations for all responders.
- D. To assure continuous compliance with all **NCEMS** policies and procedures pertaining to First Responder service and record keeping, incorporated herein by reference.

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(continued)

E. To appoint the following liaison to NCEMS:

\_\_\_\_\_  
Liaison Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Email Address

F. To assure that this liaison shall be diligent in disseminating any information from **NCEMS** to all First Responder personnel affiliated with or sponsored by **PROVIDER**.

G. To recognize that law, regulation, and **NCEMS** policy pertaining to First Responder service may be incomplete, and that this agreement may require amendment as applicable law, regulation, and policy become effective.

III. Designation by **NCEMS**:

Execution of this agreement by all the parties designates **PROVIDER** as a First Responder Service Provider by **NCEMS**.

**EXECUTED BY THE PARTIES**

By:

\_\_\_\_\_  
For PROVIDER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Provider Mailing Address

\_\_\_\_\_  
Phone Number

By:

\_\_\_\_\_  
For NCEMS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Larry Karsteadt

\_\_\_\_\_  
Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title