



Stanislaus Consolidated Fire Protection District

3324 Topeka Street

Riverbank, CA 95367

Phone: (209) 869-7470 Fax: (209) 869-7475

Email: admin@scfpd.us

www.scfpd.us

Jonathan Goulding
President
BOS District 2

Brandon Rivers
Vice President
Waterford

Greg Bernardi
Director
BOS District 1

Charles E. Neal
Director
Riverbank

Steven Stanfield
Director
BOS District 1

AGENDA

Thursday, August 17, 2023 at 6:00 p.m.

REGULAR AND CLOSED SESSION MEETINGS OF THE STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT BOARD OF DIRECTORS

Station 26 Meeting Room, 3318 Topeka Street, Riverbank, CA

(THE AGENDA PACKET IS POSTED AT EACH SCFPD LOCATION AND AT WWW.SCFPD.US)

1. CALL TO ORDER

President Goulding

2. PLEDGE OF ALLEGIANCE

President Goulding

3. INVOCATION

Pastor Charles E. Neal with Riverbank Assembly of God Church

4. ROLL CALL

Board President: Goulding
Board Vice President: Rivers
Director: Bernardi
Director: Neal
Director: Stanfield

5. APPROVAL OF AGENDA – at this time, a Board Member may pull an item from the agenda

6. CONFLICT OF INTEREST DECLARATION – Declaration by Board of Director members who may have a conflict of Interest on any scheduled agenda item is to declare their conflict at this time.

7. PRESENTATION/ACKNOWLEDGEMENTS

Item 7.A: Employee Recognition of Years of Service

Item 7.B: New Hires/Promotions/Retiree Announcements

8. PUBLIC COMMENTS- *The Board of Directors welcomes participation in Board meetings. Matters under the jurisdiction of the Board that are not posted on the agenda may be addressed by the public. California law prohibits the Board from acting on any matter which is not on the posed agenda, unless the Board determines that it is an emergency or other situation specified in Government Code Section 54954.2. Public comments are limited to three (3) minutes per individual. Please make your comments directly to SCFPD Board President. **Comments will be accepted via Teleconference.***

ACTION CALENDAR

9. CONSENT ITEMS- *All matters listed on the Consent Calendar are considered routine and will be enacted upon by one motion unless otherwise requested by an individual Board Member or public for special consideration.*

Item 9.A: Acceptance of Warrants (Check Register) – July 2023

Recommendation: Accept by Consent Action

Item 9.B: Acceptance of Financial Reports – July 2023

Recommendation: Accept by Consent Action

Item 9.C: CalPERS Industrial Disability Retirement- Delegate Authority under Government Code 21173 to Fire Chief for IDR Determinations

Recommendation: Approve Resolution 2023-012 by Consent Action

- **Consideration of Removed of Consent Item(S)**

10. DISCUSSION ITEMS

No Discussion Items scheduled.

11. PUBLIC HEARING

No Public Hearing Items scheduled.

12. ACTION ITEMS

Item 12.A: Consideration to Approve Resolution 2022-013, Approving the Department of Forestry and Fire Protection Agreement #7FG23318 under the Volunteer Fire Assistance Program in the Amount of \$19,994.50.

Recommendation: By Roll Call Vote, Approve Resolution 2023-013.

Item 12.B: Consideration to Approve Transitioning to Life Extension Clinic Inc., DBA Life Scan Wellness Centers for the District's Annual Employee Physical Examination.

Recommendation: The Board consider approving Transitioning to Life Extension Clinic Inc., DBA Life Scan Wellness Centers for the District's Annual Employee Physical Examination

13.COMMUNICATIONS

1. Correspondence –

No Correspondence items

2. Written Staff Reports –

Item 13.2.A: Monthly Call Log

Item 13.2.B: Training

Item 13.2.C: Local 3399

3. Verbal Reports –

Item 13.3.A: Fire Chief – Monthly Verbal Board Report

Item 13.3.B: Capital Improvements – (Bernardi/Stanfield)

Item 13.3.C: Finance – (Goulding/Neal)

Item 13.3.D: Personnel – (Rivers/Stanfield)

Item 13.3.E: Fire Advisory with Modesto Fire Dept.- (Goulding/Bernardi)

4. Directors Comments – *At this time, Board Members may verbally make individual announcements, report briefly on their activities, or request an item be place on a future agenda.*

14.CLOSED SESSION

Item 14.A: Conference with Legal Counsel – Existing Litigation Pursuant to Government Code Section 54956.9 (d)(1).
Foster Farms Dairy et al. v. Stanislaus Consolidated Fire Protection District – Fifth Appellate District Case No. F084192

15.RETURN TO OPEN SESSION

16. CLOSED SESSION REPORT

17. ADJOURNMENT

The next regularly scheduled meeting of the SCFPD Board of Directors is September 21st, 2023 at 6:00 p.m. in the Station 26 Meeting Room, located at 3318 Topeka Street, Riverbank, CA

AFFIDAVIT OF POSTING

I, Amanda McCormick, Clerk of the Board of the Stanislaus Consolidated Fire Protection District, do hereby declare that the foregoing agenda for the Regular and Closed Session meetings of the Board of Director has been posted at the administrative offices, District website of the Stanislaus Consolidated Fire Protection District at least 72 hours prior to the meeting date and will also be posted at each of the District Fire Stations

Dated: August 14, 2023

Time: 3:00 p.m.

Amanda McCormick /s/

Amanda McCormick

Board Clerk

Stanislaus Consolidated Fire Protection District

ADA Compliance Statement: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Board Clerk at (209) 869-7470 or boardclerk@scfpd.us Notification 72 hours prior to meeting will enable the District to make reasonable arrangement to ensure accessibility to this meeting.

Stanislaus Consolidated Fire Protection District
Monthly Check Register
July 2023

Date	Num	Name	Memo/Description	Amount
07/02/2023	Autopay	Stericycle, Inc. Autopay	Biohazardous disposal	-379.78
07/03/2023	EFT	PG&E Online	5/16/23-6/14/23	-2,372.63
07/07/2023	EFT	WestAmerica -VISA EFT	Credit cards for 6/7/23-7/7/23	-1,808.84
07/12/2023	EFT	City of Riverbank Autopay	Service for 4/17/23-6/13/23	-175.10
07/12/2023	EFT	City of Riverbank Autopay	Service for 4/17/23-6/13/23	-170.92
07/12/2023	EFT	MID	Service for 6/1/23-6/30/23	-2,166.36
07/12/2023	EFT	City of Riverbank Autopay	Service for 4/17/23-6/13/23	-170.92
07/15/2023	EFT	Gilton Solid Waste Management, Inc.	Service for June 2023	-115.33
07/15/2023	EFT	Gilton Solid Waste Management, Inc.	Service for June 2023	-129.85
07/15/2023	EFT	Gilton Solid Waste Management, Inc.	Service for June 2023	-129.85
07/17/2023	EFT	City of Modesto- Fleet	Fleet maintenance from Jan - April 2023	-15,556.12
07/18/2023	EFT	V A L I C	Group # 41114	-5,380.25
07/18/2023	EFT	Valley First Credit Union	Payroll Deduction	-417.59
07/18/2023	EFT	Unio	Union Dues	-2,826.28
07/18/2023	10408	Franklin Templeton Financial Services	529 College Plan	-160.00
07/18/2023	EFT	Burton's Fire, Inc EFT	Replace pump panel	-34.33
07/18/2023	EFT	City of Modesto- Utilities Autopay	Service for 5/22/23-6/26/23	-134.75
07/18/2023	EFT	Quinones, Peter EFT	HSA July 2023	-249.00
07/18/2023	EFT	Bussell, Rick EFT	HSA July 2023	-608.33
07/18/2023	EFT	Kronos - EFT	Cloud Migration	-6,240.00
07/18/2023	EFT	Ayera Technologies, Inc. EFT	Service for July 2023	-834.00
07/18/2023	EFT	Patrick Clark Consulting EFT	Service for 6/1/23-6/30/23	-225.00
07/18/2023	EFT	Zimmerman, Megan EFT	Services for 6/6-7/5/2023	-4,375.35
07/18/2023	EFT	Mister Car Wash EFT	June was services	-200.00
07/18/2023	EFT	Deep Clean Crew EFT	Cleaning service at HQ	-385.00
07/18/2023	EFT	Summers, Shawn EFT	Reimbursement	-190.26
07/18/2023	EFT	Cornish, Thomas EFT	Reimbursement	-250.00
07/18/2023	EFT	V A L I C	Group # 41114	-5,380.25
07/19/2023	EFT	City of Modesto- Utilities Autopay	Service for 5/23/23-6/28/23	-201.41
07/25/2023	EFT	Verizon Wireless	June 16-July 15, 2023	-1,951.18
07/26/2023	EFT	V A L I C	Employee Contributions	-5,380.25
07/26/2023	EFT	Valley First Credit Union	Payroll Deduction	-417.59
07/26/2023	EFT	Stanislaus Consolidated Firefighters Unio	Union Dues	-2,826.28
07/26/2023	10409	Franklin Templeton Financial Services	529 College Plan	-160.00
07/26/2023	EFT	Wessels, Cody EFT	Reimbursement	-54.95
07/26/2023	EFT	Baker, Byron EFT	Reimbursement	-49.95
07/26/2023	EFT	City Of Modesto- Admin Autopay	Admin Contract for July 2023	-30,966.58
07/26/2023	EFT	Leighton, Ryan EFT	Education Reimbursement	-1,000.00
07/26/2023	10434	Turlock Scavenger	Disposal service 7/1/23-7/31/23	-131.85

07/26/2023	EFT	Leslie, Joshua	EFT	Reimbursement	-84.00
07/26/2023	EFT	CVRMT	EFT	July 2023 Contributions	-5,100.00
07/26/2023	10433	Smith Heating & Air Conditioning		AC Repair St 22	-110.00
07/26/2023	EFT	Best Best & Krieger	EFT	Legal services for July 2023	-4,338.46
07/26/2023	EFT	FRMS Fire Risk Management Services		Employee benefits for August 2023	-80,424.98
07/27/2023	10411	AT&T CALNET 2/3		6/13/23-7/12/23	-2,236.89
07/27/2023	10413	C.A.P.F.		August 2023 Long term disability	-1,352.00
07/27/2023	10410	All-Star Fire Equipment Inc.		Pipe kit	-2,973.39
07/27/2023	10415	Engineered Fire Systems, Inc		Plan review for June 2023	-2,000.00
07/27/2023	10430	Valley P & S, Inc.		Station Supplies	-580.58
07/27/2023	10432	Wilson Family Plumbing		Repair leaking water line St 22	-326.16
07/27/2023	10422	O'Reilly Auto Parts		Misc repairs	-74.11
07/27/2023	10427	Sal's Inflatable Services, Inc.		Repairs to boat 24	-388.06
07/27/2023	10424	R & K Automatic Gate & Access		Replace parts for gate at St 22	-644.41
07/27/2023	10419	Hunt & Sons, Inc		Fuel	-11,435.37
07/27/2023	10417	Gate-Or-Door		Repairs to gate at St 22	-1,061.25
07/27/2023	10423	PAYCHEX		Complete Analysis and monitoring services	-223.90
07/27/2023	10412	Azevedo's Auto Service		Repair to window on Tahoe	-222.81
07/27/2023	10426	Regional Government Services		Contract services for June 2023	-718.75
07/27/2023	10425	Ray's Janitorial Supply		Station Supplies	-1,994.56
07/27/2023	10420	Mid Valley IT Online		Monthly IT service	-7,716.06
07/27/2023	10421	Neal, Charles E.		July 20, 23 Board Meeting- regular	-100.00
07/27/2023	10428	Stanislaus County EMS Agency		EMS First responder certifications	-393.00
07/27/2023	10429	The Toll Roads Violation Dept.		Toll road fee	-9.00
07/27/2023	10431	Waterford Farm Supply, Inc.		6155	-9.70

Monday, Aug 14, 2023 08:33:11 AM GMT-7 - Accrual Basis

Stanislaus Consolidated Fire Protection District
Budget vs. Actuals FY 2023-2024
July 1, 2023 through July 30, 2023 8%

	Actual	Budget	Total over Budget	% of Budget
Income				
Development Fees		30,000.00	-30,000.00	0.00%
Fire Investigator Reimb. FIU		165,000.00	-165,000.00	0.00%
Fire Recovery USA		30,000.00	-30,000.00	0.00%
Grant reimbursements		289,695.00	-289,695.00	0.00%
Interest		22,500.00	-22,500.00	0.00%
Miscellaneous Reimbursements	7,283.56	45,000.00	-37,716.44	16.19%
Other Revenue			0.00	
AMR - First Responder Svcs	4,105.00	40,000.00	-35,895.00	10.26%
Cell Tower Rent		16,500.00	-16,500.00	0.00%
First Responder Services		20,000.00	-20,000.00	0.00%
Total Other Revenue	\$ 4,105.00	\$ 76,500.00	-\$ 72,395.00	5.37%
Prevention Revenue		150,000.00	-150,000.00	0.00%
Fire Hydrant Water Flows	193.00		193.00	
Plan reviews			0.00	
Riverbank/Modesto	8,843.50		8,843.50	
Waterford/Hickman	322.50		322.50	
Total Plan reviews	\$ 9,166.00	\$ 0.00	\$ 9,166.00	
Total Prevention Revenue	\$ 9,359.00	\$ 150,000.00	-\$ 140,641.00	6.24%
Property Tax & Assessments			0.00	
CEQA		35,000.00	-35,000.00	0.00%
Riverbank	15,270.42		15,270.42	
Total CEQA	\$ 15,270.42	\$ 35,000.00	-\$ 19,729.58	43.63%
FHA in-lieu-of tax app.		1,100.00	-1,100.00	0.00%
Other Taxes		766,507.00	-766,507.00	0.00%
Property Tax (Secured)		3,163,530.00	-3,163,530.00	0.00%
Property Tax (Unsecured)		152,175.00	-152,175.00	0.00%
Property Tax - Unitary		54,739.00	-54,739.00	0.00%
Property Tax-prior unsecured		4,000.00	-4,000.00	0.00%
Special Assessment		8,174,966.00	-8,174,966.00	0.00%
Special Assessment-PY		25,000.00	-25,000.00	0.00%
Relief		26,350.00	-26,350.00	0.00%
Supplemental Property Tax		40,000.00	-40,000.00	0.00%
Total Property Tax & Assessments	\$ 15,270.42	\$ 12,443,367.00	-\$ 12,428,096.58	0.12%
QuickBooks Payments Sales	2,957.33		2,957.33	
RDA Revenue			0.00	
RDA - Residual		250,000.00	-250,000.00	0.00%
RDA pass-through		179,000.00	-179,000.00	0.00%
Total RDA Revenue	\$ 0.00	\$ 429,000.00	-\$ 429,000.00	0.00%
Total Income	\$ 38,975.31	\$ 13,681,062.00	-\$ 13,642,086.69	0.28%

Gross Profit	\$	38,975.31	\$	13,681,062.00	-\$	13,642,086.69	0.28%
Expenses							
60000 Serv & Supp		103.39				103.39	
Chart of Accounts						0.00	
5000 Salaries & Benefits		333,587.55				333,587.55	
5020 Overtime		116,508.38		1,200,000.00		-1,083,491.62	9.71%
Overtime Reimbursements		-95,350.49				-95,350.49	
Total 5020 Overtime	\$	21,157.89	\$	1,200,000.00	-\$	1,178,842.11	1.76%
5030 Retirement						0.00	
5031 Retirement				927,911.00		-927,911.00	0.00%
5032 Employee CalPERS							
Reimb.		-45,545.81				-45,545.81	
5033 Administrative Fee				1,250.00		-1,250.00	0.00%
5036 Side Fund Principal				530,000.00		-530,000.00	0.00%
5037 Side Fund Interest				301,047.00		-301,047.00	0.00%
5039 GASB 68 reporting requirement				1,400.00		-1,400.00	0.00%
Total 5030 Retirement	-\$	45,545.81	\$	1,761,608.00	-\$	1,807,153.81	-2.59%
5040 Employee Group Insurance						0.00	
5041 Medical Insurance		55,280.45		763,752.00		-708,471.55	7.24%
5042 Vision Insurance		1,005.38		12,000.00		-10,994.62	8.38%
5043 Dental Insurance		6,081.42		73,000.00		-66,918.58	8.33%
5044 Life Insurance		997.50		12,100.00		-11,102.50	8.24%
5045 LTD Insurance		1,352.00		14,000.00		-12,648.00	9.66%
5047 Vol Life Ins		15.38				15.38	
5048 Central Valley Ret. Med Trust		5,100.00		60,100.00		-55,000.00	8.49%
Total 5040 Employee Group Insurance	\$	69,832.13	\$	934,952.00	-\$	865,119.87	7.47%
5050 Retiree Group Insurance		8,503.78		120,000.00		-111,496.22	7.09%
5060 Workers' Compensation Insurance						0.00	
5061 Workers' Compensation		159,742.75		657,197.00		-497,454.25	24.31%
Total 5060 Workers' Compensation Insurance	\$	159,742.75	\$	657,197.00	-\$	497,454.25	24.31%
Salaries & Wages						0.00	
5010 Salary & Wages				4,795,281.00		-4,795,281.00	0.00%
5011 Haz Mat Pay		230.76		3,000.00		-2,769.24	7.69%
5011-1 Swift Water		1,692.24		22,000.00		-20,307.76	7.69%
5011-2 Bilingual Pay		138.48		1,800.00		-1,661.52	7.69%
5011-3 Education Pay		7,056.44		72,912.00		-65,855.56	9.68%
5012 Employee Medical Waiver		17,313.13		190,511.00		-173,197.87	9.09%
5015 Everbridge former hiplink		88.32		1,200.00		-1,111.68	7.36%
5016 FLSA		7,953.08		111,847.00		-103,893.92	7.11%
5017 Leave Time Buy-Back		22,304.16		274,417.00		-252,112.84	8.13%
5018 Uniform Allowance		4,076.76		58,257.00		-54,180.24	7.00%

5019 Payroll Tax Expense	7,265.17	93,978.00	-86,712.83	7.73%
5029 Group-Term Life				
Insurance	0.00		0.00	
Total Salaries & Wages	\$ 68,118.54	\$ 5,625,203.00	-\$ 5,557,084.46	1.21%
Total 5000 Salaries & Benefits	\$ 615,396.83	\$ 10,298,960.00	-\$ 9,683,563.17	5.98%
6000 Services & Supplies			0.00	
6020 Clothing & PPE	6,789.13		6,789.13	
6021 Badges & Emblems		1,000.00	-1,000.00	0.00%
6022 Safety Clothing		105,755.00	-105,755.00	0.00%
6023 Replacement Clothing / Uniforms		500.00	-500.00	0.00%
Total 6020 Clothing & PPE	\$ 6,789.13	\$ 107,255.00	-\$ 100,465.87	6.33%
6050 Household Expense	1,240.85	6,100.00	-4,859.15	20.34%
6051 Station Supplies	1,672.28	12,500.00	-10,827.72	13.38%
6052 Bottled Water		3,700.00	-3,700.00	0.00%
6053 Oxygen Service		1,000.00	-1,000.00	0.00%
6054 Furnishings & Appliances		2,800.00	-2,800.00	0.00%
Total 6050 Household Expense	\$ 2,913.13	\$ 26,100.00	-\$ 23,186.87	11.16%
6060 Insurance			0.00	
6061 Fiduciary Insurance	68,960.00	154,941.00	-85,981.00	44.51%
Total 6060 Insurance	\$ 68,960.00	\$ 154,941.00	-\$ 85,981.00	44.51%
6080 Equipment Maint. & Repairs			0.00	
6081 Vehicle Maint & Repair	200.00	245,000.00	-244,800.00	0.08%
Tahoe	222.81		222.81	
10-01 Ford Expedition	2,914.05		2,914.05	
13-01 SSLQ22 Pierce Quint	3,239.49		3,239.49	
15-01 SSLE26 Pierce Type 1	56.07		56.07	
15-02 SSLE21 Pierce Type 1	95.26		95.26	
Boat 24	451.13		451.13	
Total 6081 Vehicle Maint & Repair	\$ 7,178.81	\$ 245,000.00	-\$ 237,821.19	2.93%
6082 Radio & Pager Maint & Repair		18,524.00	-18,524.00	0.00%
6083 Small Engine		1,850.00	-1,850.00	0.00%
6084 Handlight Repairs		1,500.00	-1,500.00	0.00%
6086 SCBA Equipment Maint. & Repairs	6,007.38	19,050.00	-13,042.62	31.53%
6087 Rope Rescue Equipment		5,188.00	-5,188.00	0.00%
6088 Water Rescue		45,441.00	-45,441.00	0.00%
6089 - Confined Space		1,000.00	-1,000.00	0.00%
6089 -1 Hose Program		60,350.00	-60,350.00	0.00%
6089 -2 Firefighting Equip	2,593.54	30,000.00	-27,406.46	8.65%
6089 -3 Non-Firefighting Equip		10,000.00	-10,000.00	0.00%

6089 -4 Class A Foam Replacement		8,220.00		-8,220.00	0.00%
Total 6080 Equipment Maint. & Repairs	\$ 15,779.73	\$ 446,123.00	-\$ 430,343.27		3.54%
6090 Maintenance - Buildings		40,000.00		-40,000.00	0.00%
6090-20 Main Office	385.00			385.00	
6090-21 St. 21	1,061.25			1,061.25	
6090-22 St. 22	851.57			851.57	
Total 6090 Maintenance - Buildings	\$ 2,297.82	\$ 40,000.00	-\$ 37,702.18		5.74%
6100 Medical Supplies	33.17			33.17	
6101 Medical Supplies		7,727.00		-7,727.00	0.00%
6102 Paramedic Program	1,745.00	80,000.00		-78,255.00	2.18%
6103a AED Maintenance Certification		27,700.00		-27,700.00	0.00%
6104 Masimo Certification		4,386.00		-4,386.00	0.00%
6405 Lucas Maintenance		2,610.00		-2,610.00	0.00%
Total 6100 Medical Supplies	\$ 1,778.17	\$ 122,423.00	-\$ 120,644.83		1.45%
6110 Memberships				0.00	
6111 Memberships	41.04	12,363.00		-12,321.96	0.33%
Total 6110 Memberships	\$ 41.04	\$ 12,363.00	-\$ 12,321.96		0.33%
6120 Miscellaneous Expense	9.00			9.00	
6122 Food	269.69	2,000.00		-1,730.31	13.48%
6125 Travel & Lodging		5,000.00		-5,000.00	0.00%
6127 Board Member Meeting Allowance	300.00	8,000.00		-7,700.00	3.75%
6128 Executive Development	283.68	2,500.00		-2,216.32	11.35%
Total 6120 Miscellaneous Expense	\$ 862.37	\$ 17,500.00	-\$ 16,637.63		4.93%
6130 Office Expense				0.00	
6131 Stationary / Business Cards		1,015.00		-1,015.00	0.00%
6132 Postage	79.85	1,000.00		-920.15	7.99%
6133 Office Supplies		5,075.00		-5,075.00	0.00%
6134 Printer Supplies		2,000.00		-2,000.00	0.00%
6135 Computer Equipment		6,090.00		-6,090.00	0.00%
Total 6130 Office Expense	\$ 79.85	\$ 15,180.00	-\$ 15,100.15		0.53%
6140 Prof. & Specialized Services				0.00	
6141 Accounting/Auditing Expense		131,950.00		-131,950.00	0.00%
6141-2 Administrative	30,966.58	396,313.00		-365,346.42	7.81%
6142 Record Destruction Service		1,100.00		-1,100.00	0.00%
6143 Legal	4,338.46	150,000.00		-145,661.54	2.89%
6144 Sunpro Fire RMS		7,000.00		-7,000.00	0.00%
6145 IT Services Contract	7,716.06	101,500.00		-93,783.94	7.60%
6147 Pre-Employment Screening	500.00	25,000.00		-24,500.00	2.00%
6148 Ladder Testing		4,500.00		-4,500.00	0.00%

6149 - Medical Exams		10,000.00	-10,000.00	0.00%
6149 -3 Personnel				
Recruitment		1,000.00	-1,000.00	0.00%
6149 -4 TeleStaff Voxeo				
contract	5,878.18	19,080.00	-13,201.82	30.81%
6149 -5 Paychex contract	4,127.80	15,453.00	-11,325.20	26.71%
6149 -6 Consultant Services	225.00	19,000.00	-18,775.00	1.18%
6149 -7 SR 911 Dispatch				
Services	46,996.00	164,487.00	-117,491.00	28.57%
6149 -8 Streamline				
Automation system		11,200.00	-11,200.00	0.00%
Total 6140 Prof. & Specialized				
Services	\$ 100,748.08	\$ 1,057,583.00	-\$ 956,834.92	9.53%
6150 Publications & Legal				
Notices			0.00	
6151 Prevention Publications		500.00	-500.00	0.00%
6152 Publications & Legal				
Notices		1,600.00	-1,600.00	0.00%
Total 6150 Publications & Legal				
Notices	\$ 0.00	\$ 2,100.00	-\$ 2,100.00	0.00%
6160 Rent & Leases - Equip.			0.00	
6162 Alarm System HQ		1,500.00	-1,500.00	0.00%
6164 Copier		2,000.00	-2,000.00	0.00%
6165 Postage Meter	89.94	750.00	-660.06	11.99%
6166 Computer Software				
Licensing		10,000.00	-10,000.00	0.00%
6167 Station 25 Lease		2,400.00	-2,400.00	0.00%
Total 6160 Rent & Leases -				
Equip.	\$ 89.94	\$ 16,650.00	-\$ 16,560.06	0.54%
6180 Small Tools &				
Instruments	85.40	5,000.00	-4,914.60	1.71%
6190 Special Departmental				
Expenses	425.00		425.00	
6191 Training Program	219.86	27,500.00	-27,280.14	0.80%
6192 Workshops & Seminars		3,000.00	-3,000.00	0.00%
6193 Volunteer / Intern				
Program		500.00	-500.00	0.00%
6193-1 Explorer Program		1,000.00	-1,000.00	0.00%
6194 Education				
Reimbursement		20,000.00	-20,000.00	0.00%
6195 -1 Prevention Expenses	2,395.00	22,500.00	-20,105.00	10.64%
6195 Prevention Education				
Program		3,000.00	-3,000.00	0.00%
6197 Life Jacket Program		500.00	-500.00	0.00%
6198 Community CPR				
Program	192.00	2,000.00	-1,808.00	9.60%
6199 -3 Fitness Equipment				
Maintenance	205.23	3,500.00	-3,294.77	5.86%
Total 6190 Special				
Departmental Expenses	\$ 3,437.09	\$ 83,500.00	-\$ 80,062.91	4.12%
6200 Transportation & Travel			0.00	
6201 Fuel & Oil	12,508.81	130,000.00	-117,491.19	9.62%

Total 6200 Transportation & Travel	\$	12,508.81	\$	130,000.00	-\$	117,491.19		9.62%
6210 Utilities				86,700.00		-86,700.00		0.00%
6219-1 T-1 Connectivity				4,488.00		-4,488.00		0.00%
6219-3 MDC, T-1 lines, Cell phones		5,096.42		63,587.00		-58,490.58		8.01%
6219-6 Wireless Internet		834.00		10,208.00		-9,374.00		8.17%
6221 St 21						0.00		
6221-4 Water & Sewer		130.09				130.09		
Total 6221 St 21	\$	130.09	\$	0.00	\$	130.09		
6222 St 22						0.00		
6222-4 Water & Sewer		196.70				196.70		
Total 6222 St 22	\$	196.70	\$	0.00	\$	196.70		
6224 St 24 Waterford						0.00		
6224-4 Water & Sewer		270.36				270.36		
Total 6224 St 24 Waterford	\$	270.36	\$	0.00	\$	270.36		
Total 6210 Utilities	\$	6,527.57	\$	164,983.00	-\$	158,455.43		3.96%
6310 Direct Assessment Reimbursement				3,500.00		-3,500.00		0.00%
6311 Property Tax Admin Charge				51,511.00		-51,511.00		0.00%
6312 SCFPD Special Benefit Assesment				3,091.00		-3,091.00		0.00%
6313 Direct Assessment - Wildan Fin				11,000.00		-11,000.00		0.00%
6314 GIS Software/Website (Cal Cad)				14,423.00		-14,423.00		0.00%
Total 6310 Direct Assessment Reimbursement	\$	0.00	\$	83,525.00	-\$	83,525.00		0.00%
Total 6000 Services & Supplies	\$	222,898.13	\$	2,485,226.00	-\$	2,262,327.87		8.97%
7000 Capital Expenditures				165,000.00		-165,000.00		0.00%
7000-A Service Dog		201.51				201.51		
7049 Station 24 Replacement				170,059.00		-170,059.00		0.00%
7800 Equipment				150,242.00		-150,242.00		0.00%
7803 Apparatus/Vehicle Replacement				425,000.00		-425,000.00		0.00%
Total 7800 Equipment	\$	0.00	\$	575,242.00	-\$	575,242.00		0.00%
Total 7000 Capital Expenditures	\$	201.51	\$	910,301.00	-\$	910,099.49		0.02%
Total Chart of Accounts	\$	838,496.47	\$	13,694,487.00	-\$	12,855,990.53		6.12%
SALES TAX		145.71				145.71		
Total Expenses	\$	838,745.57	\$	13,694,487.00	-\$	12,855,741.43		6.12%
Net Operating Income	-\$	799,770.26	-\$	13,425.00	-\$	786,345.26		5957.32%
Net Income	-\$	799,770.26	-\$	13,425.00	-\$	786,345.26		5957.32%

Stanislaus Consolidated Fire Protection District Bank Accounts and Cash Accounts

As of July 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1306-1	9,213.27
RESTRICTED FUNDS	
Riverbank Capital Facilities	0.00
20 CEQA-Riverbank [1322-8]	487,704.66
30 Dev. Fee Riverbank [0414-4]	96,892.27
Total Riverbank Capital Facilities	\$ 584,596.93
Waterford Cap. Fac. St 24 Build	0.00
25 CEQA-Waterford [0422-7]	75,716.19
35 Dev Fee-Waterford [0406-0]	4,268.44
Total Waterford Cap. Fac. St 24 Build	\$ 79,984.63
Total RESTRICTED FUNDS	\$ 664,581.56
Stanislaus County cash accounts	
7271 SCFPD General fund	
7273 Development Fees - Riverbank	28,788.21
7274 CEQA - Riverbank	0.00
7276 Development - Waterford/Hickman	42,491.86
7277 CEQA - Waterford/Hickman	-12,499.64
Total Stanislaus County cash accounts	\$ 58,780.43
WestAmerica Bank	0.00
General Checking [8845]	1,114,142.84
ASSIGNED FUNDS	
Total General Checking [8845]	\$ 4,391,113.77
Total WestAmerica Bank	\$ 4,391,113.77
Total Bank Accounts	\$ 5,140,112.49
Accounts Receivable	

RESOLUTION 2023-012

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE STANISLAUS
CONSOLIDATED FIRE PROTECTION DISTRICT OF STANISLAUS COUNTY**

WHEREAS, the Stanislaus Consolidated Fire Protection District (“District”) is a contracting agency of the California Public Employees’ Retirement System;

WHEREAS, the Public Employees’ Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he/she is classified as a local safety member is “disabled” for purposes of the Public Employees’ Retirement Law and such disability is "industrial" within the meaning of such Law:

WHEREAS, the District Board has determined may delegate authority under Government Code section 21173 to make such determinations to the incumbent of the office/position of District Fire Chief;

NOW, THEREFORE, BE IT RESOLVED:

That the District Board of Directors hereby delegates to the District Fire Chief the authority under Government Code sections 21156-21157, and related statutes as they may from time to time be amended, to make determinations of disability on behalf of the District, as well as whether such disability is industrial, and to certify such determinations and all other necessary information to the California Public Employees’ Retirement System.

I HEREBY CERTIFY that the foregoing Resolution was duly and regularly adopted by the Board of Directors and the Stanislaus Consolidated Fire Protection District at a regular meeting of Said Board, held on the 17th of August, 2023, by the following vote:

AYES: Directors:

NOES: Directors:

ABSENT: Directors:

ABSTAIN: Directors:

Dated: August 17, 2023

Jonathan Goulding, Board President

ATTEST: The foregoing is certified to be a correct copy of the original on file in this office which has not been revoked and is now in full force and effect.

APPROVED AS TO CONTENT:

Amanda McCormick, Clerk of the Board

APPROVED AS TO FORM:

Frank Splendorio, District Counsel



Stanislaus Consolidated Fire Protection District

Rick Weigele, Fire Chief

3324 Topeka Street

Riverbank, CA 95367

Phone: (209) 869-7470 · Fax: (209) 869-7475

STAFF REPORT

TO: President Goulding and Members of the Board

FROM: Tim Tietjen, Fire Chief

SUBJECT: Adoption of Resolution 2023-013 Approving the Department of Forestry and Fire Protection Agreement #7FG23318

DATE: August 17, 2023

BACKGROUND

During the Spring, Staff applied for equipment funding through the CALFIRE Volunteer Fire Assistance Grant (VFA). The program is a federally funded grant program which allows California to provide local and rural fire departments with minor firefighting, training, safety equipment and communication funding. The program is not intended for major equipment or apparatus purchases or capital repairs.

The VFA program has a 50/50 match requirement, which means the applying department must be able to meet the intended grant award and guidelines set forth for funding. The grant awards a minimum of \$500 up to \$20,000 in funding when awarded to qualifying agencies.

The Fire District has taken advantage of this opportunity numerous times in the past, which has allowed our department to purchase equipment and acquire training that is necessary to operate within the wildland suppression environment.

DISCUSSION

During the submission of the grant, the project outlined was to increase safety equipment within the following areas: obtain 52 wildland coats, 7 turnout jackets, and 7 pairs of turnout boots. This equipment would allow the District to increase its operational effectiveness.

Recently, the District was notified that we were successful in obtaining the necessary funding for the designated project.

FISCAL IMPACT:

The overall cost of the project is \$39,989.00, of which the VFA grant will pay \$19,994.50. The matching funds owed by the District are budgeted for in the FY 23/24 approved Preliminary Budget in existing equipment accounts #6089-2 & #6089-3 and are included in the FY 23/24 Final Budget proposal.

RECOMMENDATION:

Staff recommends adoption of Resolution 2023-013 Approving the Department of Forestry and Fire Protection Agreement #7FG23318 to accept the Cooperative Forestry Assistance ACT of 1978 Volunteer Fire Assistance (VFA) Program funding as outlined above.

**BEFORE THE BOARD OF DIRECTORS OF THE
STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT
COUNTY OF STANISLAUS, STATE OF CALIFORNIA**

IN THE MATTER OF:

Resolution Number: 2023-13

Approving the Department of Forestry and Fire Protection Agreement #7FG23318 for services from the date of last signatory on page 1 of the Agreement to June 30, 2024 under the Volunteer Fire Assistance Program of the Infrastructure Investment and Jobs Act of 2021.

BE IT RESOLVED by the Board of Directors of the Stanislaus Consolidated Fire Protection District, that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date to be entered on page 1 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this Agreement, under the Volunteer Fire Assistance Program of the Infrastructure Investment and Jobs Act of 2021 during the State Fiscal Year 2023-24 up to and no more than the amount of \$19,994.50.

BE IT FURTHER RESOLVED that Tim Tietjen, Fire Chief of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Stanislaus Consolidated Fire Protection District.

I HEREBY CERTIFY that the foregoing resolution 2022-010 was duly adopted by the Board of Directors by the following vote:

AYES:	Directors:
NOES:	Directors:
ABSTAIN:	Directors:
ABSENT:	Directors:

Jonathan Goulding, Board President

ATTEST:

APPROVED AS TO FORM:

Amanda McCormick, Board Clerk

Frank Splendorio, District Counsel

-----CERTIFICATION OF RESOLUTION-----

ATTEST:

I Amanda McCormick, Clerk of the Board of the Stanislaus Consolidated Fire Protection District, County of Stanislaus, California do hereby certify that this is a true and correct copy of the original Resolution Number 2023-013.



**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
 Lower Tier Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 CFR §§ 180.300, 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal or civil fraud, privacy, and other statutes may be applicable to the information provided.

(Read instructions on page two before completing certification.)

- A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)	
SIGNATURE	DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Instructions for Certification

- (1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
- (3) The prospective lower tier participant must provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 CFR Parts 180 and 417. You may contact the Department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it may not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department or agency with which this transaction originated.
- (6) The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the General Services Administration's System for Award Management Exclusions database.
- (8) Nothing contained in the foregoing shall be construed to require establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (9) Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**State of California
Department of Forestry and Fire Protection (CAL FIRE)
Cooperative Fire Protection
GRANT AGREEMENT**

APPLICANT:

PROJECT TITLE: Volunteer Fire Assistance

GRANT AGREEMENT: 7GF23318

PROJECT PERFORMANCE PERIOD is from date upon approval through June 30, 2024.

Under the terms and conditions of this Grant Agreement, the applicant agrees to complete the project as described in the project description, and the State of California, acting through the Department of Forestry & Fire Protection, agrees to fund the project up to the total state grant amount indicated.

PROJECT DESCRIPTION: Cost-share funds awarded to provide assistance to rural areas in upgrading their capability to organize, train, and equip local forces for fire protection.

Total State Grant not to exceed \$ **\$19,994.50** (or project costs, whichever is less).

**The Special and General Provisions attached are made a part of and incorporated into this Grant Agreement.*

**STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION**

Stanislaus Consolidated Fire Protection District
Applicant

By _____
Signature of Authorized Representative

Title Jonathan Goulding, Board President

By _____
Title: **David Scheurich**
Staff Chief, Cooperative Fire Programs

Date August 17, 2023

Date _____

CERTIFICATION OF FUNDING

GRANT AGREEMENT NUMBER	PO ID	SUPPLIER ID
FUND 0001	FUND NAME General Fund	
PROJECT ID 354023DG2012171	ACTIVITY ID SUBGNT	AMOUNT OF ESTIMATE FUNDING \$ \$19,994.50
GL UNIT 3540	BUD REF 001	CHAPTER 12
PROGRAM NUMBER 9999000FED	ENY 2023	ADJ. INCREASING ENCUMBRANCE \$ 0.00
ACCOUNT 5340580	ALT ACCOUNT 5340580002	ADJ. DECREASING ENCUMBRANCE \$ 0.00
REPORTING STRUCTURE 35409206	SERVICE LOCATION 92749	UNENCUMBERED BALANCE \$ \$19,994.50

I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance.

Signature of CAL FIRE Accounting Officer

Date

**VOLUNTEER FIRE ASSISTANCE PROGRAM
TERMS AND CONDITIONS**

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

STATE OF CALIFORNIA
Natural Resources Agency

Agreement for the Volunteer Fire Assistance Program of the
Cooperative Forestry Assistance Act of 1978

THIS AGREEMENT, made and entered between the STATE of California, acting through the Director of the Department of Forestry and Fire Protection hereinafter called "STATE", and STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT hereinafter called "LOCAL AGENCY", covenants as follows:

RECITALS:

1. STATE has been approved as a passthrough agent of the United States Department of Agriculture, (USDA), Forest Service for the purpose of administering the Volunteer Fire Assistance program in California, hereinafter referred to as VFA, authorized by the Cooperative Forestry Assistant Act of 1978 (PL 95-313, 92 Stat, 365, 16 U.S.C. 2106 as amended).
2. This is a subaward under the 2023 Volunteer Fire Assistance Grant #23-DG-11052012-171 awarded to STATE by the Forest Service on August 3, 2023. The Federal Assistance Listing for the award is 10.698, Cooperative Fire Program. This subaward is funded solely with Federal funds and is subject to the Office of Management and Budget (OMB) guidance in subparts A through F of 2 CFR Part 200, as adopted and supplemented by the USDA in 2 CFR Part 400, and under certain terms and conditions to LOCAL AGENCY to assist LOCAL AGENCY to upgrade its fire protection capability.
3. LOCAL AGENCY desires to participate in said VFA and agrees to the terms and conditions specified in the Procedural Guide for Volunteer Fire Assistance Program 2023.

NOW THEREFORE, it is mutually agreed between the parties as follows:

4. **APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. LOCAL AGENCY may not commence performance until such approval has been obtained.**
5. **INCORPORATION: The Procedural Guide for Volunteer Fire Assistance Program 2023, submitted Application for Funding and associated Grant Assurances are hereby incorporated by reference as part of the Grant Agreement.**
6. **TIMELINESS: Time is of the essence in this Agreement.**
7. **FORFEITURE OF AWARD: LOCAL AGENCY must return this Agreement and required resolution properly signed and executed to STATE at the email address specified in paragraph 12, with a timestamp no later than December 1, 2023 or LOCAL AGENCY will forfeit the funds.**

8. GRANT AND BUDGET CONTINGENCY CLAUSE: It is mutually understood between the parties that this **Agreement** may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the **Agreement** were executed after that determination was made.

This **Agreement** is valid and enforceable only if sufficient funds are made available to the STATE by the United States Government for the **State Fiscal Year 2023** for the purpose of this program. In addition, this **Agreement** is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this **Agreement** in any manner.

The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this **Agreement** shall be amended to reflect any reduction in funds.

The STATE has the option to invalidate the **Agreement** under the 30-day cancellation clause or to amend the **Agreement** to reflect any reduction in funds.

9. REIMBURSEMENT: STATE will reimburse LOCAL AGENCY, from funds made available to STATE by the Federal Government, an amount not to exceed **\$19,994.50** on a 50/50 matching funds basis, for the performance of specific projects and/or purchase of specific items identified in Proposed Project, Application for Funding, attached hereto. **Reimbursement will be only for those projects accomplished and/or items purchased between THE LAST SIGNATORY DATE ON PAGE 1 and JUNE 30, 2024.** This sum is the sole and maximum payment that STATE will make pursuant to this Agreement. **LOCAL AGENCY must bill STATE at the e-mail address specified in paragraph 12, with a timestamp no later than September 1, 2024 in order to receive the funds.** The bill submitted by LOCAL AGENCY must clearly delineate the projects performed and/or items purchased. A vendor's invoice and proof of payment to vendor(s) must be included for items purchased.
10. LIMITATIONS: Expenditure of the funds distributed by STATE herein is subject to the same limitations as placed by the VFA, upon expenditure of United States Government Funds. Pursuant to 2CFR200.313 Equipment, subject to the obligations and conditions set forth in that section; title to any equipment and supplies acquired under this **Agreement** vests with the LOCAL AGENCY. For any equipment items over \$5,000, the federal government may retain a vested interest in accordance with paragraph 17 below.
11. MATCHING FUNDS: Any and all funds paid to LOCAL AGENCY under the terms of this **Agreement**, hereinafter referred to as "VFA Funds", shall be matched by LOCAL AGENCY on a dollar-for-dollar basis, for each project listed on attachment(s) hereto identified as "Proposed Project". No amount of unpaid "contributed" or "volunteer" labor or services shall be used or consigned in calculating the matching amount "actually spent" by LOCAL AGENCY.

LOCAL AGENCY shall not use VFA Funds as matching funds for other federal grants, including Department of Interior (USDI) Rural Fire Assistance grants, nor use funds from other federal grants, including USDI Rural Fire Assistance grants, as matching funds for VFA Funds.

12. ADDRESSES: The mailing addresses of the parties hereto under the terms of the Agreement are:

LOCAL AGENCY: Stanislaus Consolidated Fire Protection District
3324 Topeka St
Riverbank, CA 95367
Attention: Austin Lunde
Telephone Number(s): 209-869-7470
E-mail alunde@scfpd.us

STATE: **Department of Forestry and Fire Protection**
Grants Management Unit, Attn: Megan Esfandiary
P. O. Box 944246
Sacramento, California 94244-2460
PHONE: (916) 894-9845
E-MAIL: Megan.Esfandiary@fire.ca.gov

13. PURPOSE: Any project to be funded hereunder must be intended to specifically assist LOCAL AGENCY to organize, train, and/or equip local firefighting forces in the aforementioned rural area and community to prevent or suppress fires which threaten life, resources, and/or improvements within the area of operation of LOCAL AGENCY. Project funds are not to be used for research and development.
14. COMBINING: In the event funds are paid for two or more separate, but closely related projects, the 50/50 cost-sharing formula will be applied to the total cost of such combined projects.
15. OVERRUNS: In the event that the total cost of a funded project exceeds the estimate of costs upon which this Agreement is made, LOCAL AGENCY may request additional funds to cover the **Agreement** share of the amount exceeded. However, there is no assurance that any such funds are, or may be, available for reimbursement. Any increase in funding will require an amendment.
16. UNDERRUNS: In the event that the total cost of a funded project is less than the estimate of costs upon which this **Agreement** is made, LOCAL AGENCY may request that additional eligible projects/items be approved by STATE for **Agreement** funding. However, there is no assurance that any such approval will be funded. Approval of additional projects/items, not listed on the Proposed Project application, made by STATE, will be in writing and will require an amendment.
17. FEDERAL INTEREST IN EQUIPMENT: The Federal Government has a vested interest in any item purchased with VFA funding in excess of \$5,000 regardless of the length of this **Agreement**, until such time as the fair market value is less than \$5,000. The VFA percentage used to purchase the equipment will be applied to the sale price and recovered for the Government during the sale. This percentage will remain the same even following depreciation. The Federal Government may not have to be reimbursed if the disposal sale amounts to a fair market value of less than \$5,000. LOCAL AGENCY will notify STATE of the disposal of such items.

18. EQUIPMENT INVENTORY: Any single item purchased in excess of \$5,000 will be assigned an VFA Property Number by the STATE. LOCAL AGENCY shall forward a copy of the purchase documents listing the item, brand, model, serial number, any LOCAL AGENCY property number assigned, and a LOCAL AGENCY contact and return address to STATE at the address specified in paragraph 12. The STATE will advise the LOCAL AGENCY Contact of the VFA Property Number assigned.
19. AUDIT: LOCAL AGENCY agrees that the STATE, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this **Agreement**. LOCAL AGENCY agrees to maintain such records for possible audit for a minimum of five (5) years after final payment, unless a longer period of records retention is stipulated. LOCAL AGENCY agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, LOCAL AGENCY agrees to include a similar right of the State of California to audit records and interview staff in any subcontract related to performance of this **Agreement**. (GC 8546.7, PCC 10115 et seq., CCR Title 2, Section 1896).
20. DISPUTES: In the event of any dispute over qualifying matching expenditures of LOCAL AGENCY or audit findings, the dispute will be decided by STATE and its decision shall be final and binding.
21. MONITORING: LOCAL AGENCY agrees to the monitoring of activities as necessary by STATE to ensure that the award is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the agreement; and that performance goals are achieved.
22. INDEMNIFICATION: LOCAL AGENCY agrees to indemnify, defend, and save harmless, the STATE, its officers, agents, and employees, from any and all claims and losses, accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this **Agreement**, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LOCAL AGENCY in the performance of this **Agreement**.
23. CIVIL RIGHTS: LOCAL AGENCY agrees to comply with civil rights requirements as detailed in the Complying With Civil Rights Requirements brochure (FS-850) and the And Justice For All poster (AD-475A). The poster is to be placed at all public point of contact/reception areas.
24. DRUG-FREE WORKPLACE REQUIREMENTS: LOCAL AGENCY will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed **Agreement** will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the **Agreement**.

Failure to comply with these requirements may result in suspension of payments under the **Agreement** or termination of the **Agreement** or both and LOCAL AGENCY may be ineligible for funding of any future State **Agreement** if the department determines that any of the following has occurred: (1) the LOCAL AGENCY has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

25. **TERM: The term of the Agreement SHALL COMMENCE ON THE LAST SIGNATORY DATE ON PAGE 1 and continue through June 30, 2024.**
26. **TERMINATION:** This **Agreement** may be terminated by either party giving 30 days written notice to the other party or provisions herein amended upon mutual consent of the parties hereto.
27. **AMENDMENTS:** No amendment or variation of the terms of this **Agreement** shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or **Agreement** not incorporated in the **Agreement** is binding on any of the parties.
28. **INDEPENDENT CONTRACTOR:** LOCAL AGENCY, and the agents and employees of LOCAL AGENCY, in the performance of this **Agreement**, shall act in an independent capacity and not as officers or employees or agents of the STATE or the Federal Government.
29. **INDIRECT RATE:** LOCAL AGENCY may not assess an indirect rate in excess of their Federally approved Negotiated Indirect Cost Rate Agreement (NICRA), a de minimis rate if LOCAL AGENCY does not have an approved NICRA, or the VFA program cap rate of 10%, whichever is lesser. LOCAL AGENCY may also elect not to assess an indirect rate. The approved indirect cost rate at the time of execution is 0%.

30. MEDIA: LOCAL AGENCY shall acknowledge STATE and USDA Forest Service support in any publications, audiovisuals and electronic media developed as a result of this award.

It is encouraged to give public notice of the receipt of this award and announce progress and accomplishments, acknowledging STATE and USDA Forest Service support. Follow direction in USDA Supplemental 2 CFR 415.2.

31. ASSIGNMENT: This Agreement is not assignable by LOCAL AGENCY either in whole or in part.

California Department of Forestry and Fire Protection
2023-2024 Application for Funding Cooperative
Forestry Assistance Act of 1978
Volunteer Fire Capacity (VFC) Program
Agreement # 7GF 23318



A. Department/Organization

Organization Name: Stanislaus Consolidated Fire Protection District
Contact's First Name: Austin Contact's Last Name: Lunde
Street Address: 3324 Topeka Street
Mailing Address: 3324 Topeka Street
City: Riverbank County: Stanislaus Zip Code: 95367
State: California CAL FIRE Unit: TCU - Tuolumne-Calaveras Unit
Phone Number: (209) 869-7470 Email Address: alunde@scfpd.us
Unique Entity ID: 782120240

To check to see what your UEI Number is, or to apply for one, please visit the [SAM.GOV](https://sam.gov) website.

B. Area to be served by award (include areas covered by contract or written mutual aid agreements).

Number of Communities: 5 Area: 217.00 square miles
Congressional District #: CA-#10
Population: 50,000 Annual Budget: \$ 13,510,372.00
Latitude N 37 ° 44 ' 10 " Longitude W 120 56 10 "

(Latitude must be between 32 and 42 degrees. Longitude must be between 114 and 125 degrees. Latitude and Longitude minutes and seconds must be between 0 and 60. Use a central point in the Applicant's service area for the general area covered by the project).

All projects **MUST** have a project area.

C. Activity: Annual number of emergency incidents.

Fire: 649 + EMS: 4,404 + Other: 2,125 = Total: 7178

D. Indian Tribal Community (If project includes an Indian Tribal Community, please provide):

Population: Size (acres): # of structures:

Distance to nearest fire station (miles):

CAL FIRE USE ONLY (Formula-driven)

Total Application Request (up to 50%; \$500 minimum, \$20,000 maximum)

Project Total Cost: \$ 39,989.00

Amount Funded for this Agreement: \$19,994.50 *ME*

E. Proposed Project (List individual items for funding. Include tax and shipping in unit cost):

	Type	Item	Quantity	Unit Cost	Item Total
1.	Safety - Wildland	Wildland Coat	52	\$ 207.00	\$ 10,764.00
2.	Safety - Structural	Structure Turnout Jacket	7	\$ 1,950.00	\$ 13,650.00
3.	Safety - Structural	Structure Turnout Pant	7	\$ 1,600.00	\$ 11,200.00
4.	Safety - Structural	Structure Boot	7	\$ 625.00	\$ 4,375.00
5.					\$ 0.00
6.					\$ 0.00
7.					\$ 0.00
8.					\$ 0.00
9.					\$ 0.00
10.					\$ 0.00
11.					\$ 0.00
12.					\$ 0.00
13.					\$ 0.00
14.					\$ 0.00
15.					\$ 0.00
16.					\$ 0.00
17.					\$ 0.00
18.					\$ 0.00
19.					\$ 0.00
20.					\$ 0.00
21.					\$ 0.00
22.					\$ 0.00

F. CAL FIRE USE ONLY (Formula-Driven)

Project Total Cost: \$ 39,989.00

G. Additional Information. 1. Briefly describe the area to be served: fire protection system, water system, equipment, facilities, staffing, hazards, etc. and purpose of proposed project. 2. How will the request(s) maintain or bring your organization into compliance with NFPA 1977? (Limited to space below)

Stanislaus Consolidate Fire Protection District serves two cities (Riverbank and Waterford) and five unincorporated communities (Empire, Hickman, Airport Tract, Beard Tract, and La Grange). The district covers approximately 217 square miles on the east side of Stanislaus County. Of the response area, 80% of the district covers rural response areas with no hydrant infrastructure located in the wildland setting. The other 20% covers urban and suburban that areas, which are heavily populated with residences as well with commercial and industry. The district responds daily on an automatic and mutual aid basis with TCU, which encompasses the eastern side of the fire district. The fire district is comprised of a network of river systems, recreational lakes, as well as miles of irrigation canals for numerous agricultural areas. The district currently staffs 5 stations with 3 personnel each, assigned to 4 type 1 engines and 1 quint. 4 of these stations cross staff 2 type 6 engines, 2 type 3 engines, and 2 water tenders on an annual basis. The purpose of our proposed project is to provide all personnel with a second wildland coat, which will allow for a coat to be washed during a shift while the other is placed on the rig. Also funds will replace expired ppe, which will continue to keep NFPA 1977 compliance.

In addition to the original request(s), Applicants may list alternative projects for excess or unused funds, which the State will review during the initial application process. The State will determine which of the Applicant's projects are eligible for funding if excess or unused funds become available. Upon advance written approval by the State, the applicant may use additional/excess funding up to the contract maximum amount to purchase State approved items in listed order of priority on their application.

Deviations from the original application are considered an amendment and require prior approval before the amended expenditures can be made.

The funds will be only for those projects accomplished and/or items purchased between Agreement Approval Date and June 30, 2024. The Recipient agrees to provide CAL FIRE with itemized documentation of the Agreement project expenditures and bill CAL FIRE as soon as the project is complete, but no later than September 1, 2024.

The Recipient gives CAL FIRE or any authorized representative access to examine all records, books, papers, or documents relating to the Agreement. The Recipient shall hold harmless CAL FIRE and its employees for any liability or injury suffered through the use of property or equipment acquired under this Agreement. The applicant certifies that to the best of the applicant's knowledge and belief, the data in this application is true.

I certify that the above and attached information is true and correct:


Original Signature Required: Grantee's Authorized Representative

5-1-23
Date Signed

Printed Name: Tim Tietjen

Title: Fire Chief

Executed on: 5-1-23
Date

at Riverbank
City

Organization Name: Stanislaus Consolidated Fire Protection District

Grant Assurances for Cooperative Forestry Assistance Act of 1978
Volunteer Fire Capacity (VFC)

Organization Name: Stanislaus Consolidated Fire Protection District

Contact's First Name: Austin

Contact's Last Name: Lunde

Street Address: 3324 Topeka Street

Mailing Address: 3324 Topeka Street

City: Riverbank

County: Stanislaus

Zip Code: 95367

State: California

CAL FIRE Unit: TCU - Tuolumne-Calaveras Unit

Phone Number: (209) 869-7470

Email Address: alunde@scfcpd.us

UEI Number: 782120240

As the duly authorized representative of the applicant, I certify that the applicant named above:

1. Has the legal authority to apply for the Volunteer Fire Capacity grant, of the Cooperative Forestry Assistance Act of 1978 and has the institutional, managerial and financial capability to ensure proper planning management, and completion of the grant.
2. Will assure that grant funds are used only for items requested and approved in the application.
3. Assures that all wildland fire response employees (full-time, part-time, or volunteer) are fully equipped with appropriated wildland fire response personal protective equipment that meets NFPA 1977, *Standard on Protective Clothing and Equipment for Wildland Fire Fighting*, and are trained to a proficient level in the use of the personal protective equipment. Wildland fire suppression safety clothing, and equipment includes:
 - Safety helmet
 - Goggles
 - Ear Protection
 - Fire-resistant (i.e. Nomex) hood, shroud, or equivalent face and neck protection
 - Fire-resistant (i.e. Nomex) shirt and pants
 - Gloves
 - Safety work boots
 - Wildland fire shelter
 - Communications Equipment
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain for themselves or others, particularly those with whom they have a family, business or other ties.
6. Will comply with all applicable requirements of all other Federal laws, Executive orders, regulations, Program and Administrative requirements, policies, and other requirements governing this program.
7. Will comply with USDA Forest Service Civil Rights requirements.

See the [Forest Service Civil Rights literature](#) on their web page.

8. Understands that failure to comply with any of the above assurances may result in suspension, termination, or reduction of grant funds.

In compliance with NFPA 1977 and trained in the use of Wildland PPE.

Not in compliance with NFPA 1977, but applying for grant funding to purchase Wildland PPE and/or provide required training.

The undersigned represents that he/she is authorized by the above named applicant to enter into this agreement for and on behalf of the said applicant.

Printed Name of Authorized Agent: Austin Lunde

Signature of Authorized Agent: 

Title of Authorized Agent: Fire Captain

Date: 05/01/2023

Submission requires an unsigned and signed application.

1. Please complete and save an **unsigned** application.
2. In addition, please **sign and date** an application (electronic or wet signature OK).
3. On one email, please attach both the **unsigned** and **signed** applications and submit to CALFIRE.GRANTS@FIRE.CA.GOV.

Electronic copies must be submitted by May 4, 2023 at 11:59pm.



United States Department of Agriculture

AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

program.intake@usda.gov.

This institution is an equal opportunity provider.

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y reprimir o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al **(866) 632-9992**. Envíe su formulario o carta completos al USDA por

correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; o

correo electrónico:

program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

If the publications or materials are too small to permit the use of the full statement, at a minimum include the following statement, in print size no smaller than the text: *"This institution is an equal opportunity provider."*

What does the Forest Service do to ensure compliance with nondiscrimination responsibilities?

The Forest Service will conduct reviews of your programs and activities on a periodic basis to ensure that they comply with Civil Rights laws. The USDA will receive, investigate, and adjudicate claims alleging violation of Civil Rights laws by recipients of USDA assistance.

What Federal Civil Rights laws must you follow to ensure compliance?

U.S. Code	Statute	Prohibits Discrimination on the Basis of:
(42 U.S.C. 2000d–2000c)	Title VI of the Civil Rights Act of 1964	Race, Color, or National Origin (including LEP)
(20 U.S.C. 1681–1686)	Title IX of the Education Amendments of 1972	Sex (in educational programs and activities)
(42 U.S.C. 6101 et seq)	Age Discrimination Act of 1975, as amended	Age
(29 U.S.C. 794)	Section 504 of the Rehabilitation Act of 1973, as amended	Disability

For More Information

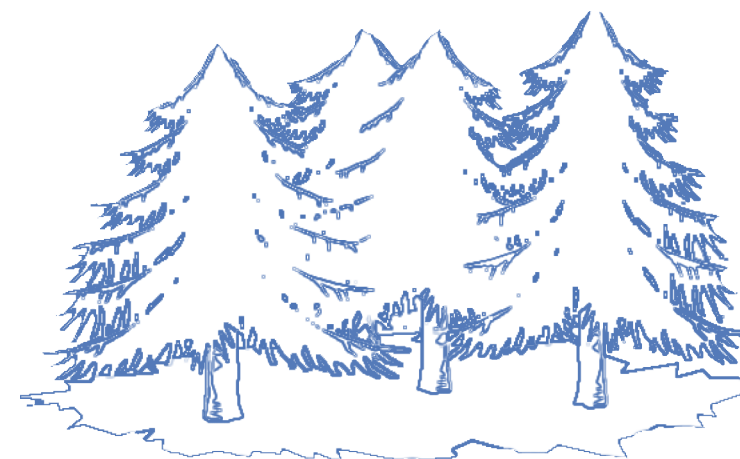
The Forest Service is your partner in providing equal opportunity to the public. For more information, please contact your local Forest Service office.

USDA is an equal opportunity provider, employer, and lender.

Grants and Agreements

Complying With Civil Rights Requirements

Your Responsibilities as a Partner
With the Forest Service



“ Simple justice requires that public funds, to which all taxpayers of all races contribute, not be spent in any fashion which encourages, entrenches, subsidizes, or results in racial discrimination. ”

— President John F. Kennedy, in his 1963 message calling for the enactment of Title VI of the Civil Rights Act



Who is required to comply with Federal Civil Rights laws?

If you receive Federal funds or assistance, such as a grant or agreement, from the U.S. Department of Agriculture(USDA), Forest Service, by law you must provide equal opportunity for all people to participate in the programs and activities you offer. For example, you should not deny or exclude anyone from programs, services, aids, or benefits. Also, you must not retaliate in any manner against a person who files a complaint or opposes any unlawful or discriminatory practice. The back of this brochure shows Federal Civil Rights laws that apply.

This brochure provides a basic overview of your responsibilities for ensuring nondiscrimination in the delivery of your programs and activities to the public on bases covered by Federal law. These bases include race, color, national origin, sex (in educational programs or activities), age, and disability.

What are some types of Federal funding and assistance?

- Federal monies given by grants, subgrants, cooperative agreements, challenge cost-share agreements, cost-reimbursable agreements, or loans
- Training presented by a Federal agency
- Loan/temporary assignment of Federal personnel (e.g., a Forest Service employee instructing a course at a local university)
- Loan or use of Federal property at below market value

Are you a recipient of Federal funding and assistance?

You are a recipient if, through a partnership with the Forest Service, you receive Federal funding or assistance (either directly or through another recipient) to conduct a program you offer to the public.

Recipients include:

- Any individual receiving Federal funding or assistance
- A State or local government

- American Indian or Alaska Native individual, tribe, corporation, or organization
- Any public or private agency, institution, or organization (e.g., *university, college, or nonprofit*)

What are your responsibilities for complying with Federal Civil Rights laws?

As a partner with the Forest Service, your responsibilities for complying with Federal Civil Rights laws include, but are not limited to:

- Signing a nondiscrimination assurance clause certifying that you will comply with Civil Rights laws (SF-424B or SF-424D). If you have subrecipients, obtain a signed assurance from them. An example of a subrecipient is a local community organization receiving a subgrant from a State forestry agency.
- Displaying the “And Justice for All” U.S. Department of Agriculture poster (AD-475A) in your public reception areas or other areas visible to the public. Contact your local Forest Service office to obtain copies.
- Including in any of your publications and outreach materials related to a grant or agreement project, a statement of affiliation with the Forest Service, e.g., “This publication made possible through a grant from the USDA Forest Service.” OR “This research was conducted in cooperation with the USDA Forest Service.” OR “This research was funded by a grant from the USDA Forest Service.”
- Providing program information in alternative formats for people with disabilities and in alternative languages for people with Limited English Proficiency (LEP), as appropriate to your customer base.
- Developing a language access plan to translate or interpret vital documents free of charge to your customers when needed or requested by local members of the public with LEP. Visit <http://www.lep.gov/lepbrochure.pdf>.
- Identifying a person to be responsible for ensuring your program is in compliance with Civil Rights requirements.

- Reviewing all your policies, procedures, and practices to ensure they do not limit participation on the basis of race, color, national origin, age, disability, or sex (in educational programs and activities).
- Evaluating the accessibility of your programs and facilities. If they are not now accessible, develop a transition plan for making them accessible and then carry out the plan as appropriate.
- Ensuring that your staff understands their Civil Rights responsibilities, including their role in the USDA complaint process.
- Providing outreach to a wide variety of communities to ensure diversity if you advertise or market your program.
- Providing the Forest Service with demographic information on program participation based on race, national origin, sex, age, and disability, where applicable.
- Including the following statement about nondiscrimination and how to file a complaint in your publications and outreach materials:

“In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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Stanislaus Consolidated Fire Protection District

3324 Topeka Street

Riverbank, CA 95367

Phone: (209) 869-7470 · Fax: (209) 869-7475

www.scfpd.us

STAFF REPORT

TO: President and Members of the Board of Directors

FROM: Tim Tietjen, Fire Chief

SUBJECT: Proposal to Transition to Life Extension Clinic Inc., DBA Life Scan Wellness Centers for District Employee Annual Physicals.

DATE: August 17, 2023

Background:

Per Article IV, Section 4-1, of the Local 3399 Memorandum of Understanding, employees may be required to have medical examinations to determine fitness for duty. These physicals allow the District to properly evaluate and determine whether employees meet physical and work-related safety requirements, and that they can perform the essential functions of their job. The District currently requires the safety employees to complete their annual physical examinations between the months of July and November. In previous years, the District has used Kaiser Permanente to complete these examinations.

The Modesto Fire Department currently utilizes Life Extension Clinic Inc., DBA Life Scan Wellness Centers for their employees' annual physicals. The Life Scan Wellness physical program is a three-component exam that includes ultrasound imaging, a cardiopulmonary/fitness evaluation, and a physical examination. The ultrasound exam evaluates the different organs for tumors, masses, cysts, enlargements, organ failure, and other critical conditions.

Discussion:

The District is presenting this to the Board to request approval to transition from previous methods of employee physical examinations to participating in Life Scan Wellness' comprehensive physical program. As an MST partner, the District is able to piggyback and enable our employees to receive their physical exams while Life Scan Wellness is facilitating Modesto Fire Departments employee exams this coming October.

Life Scan Wellness physicals are comprehensive and in-depth. By using a combination of a thorough medical examination, ultrasound imaging, cardiopulmonary testing, blood work laboratory analysis, and fitness analysis, they are able to detect major medical conditions before the onset of catastrophic consequences.

Life Scan Wellness Centers has been in business over 23 years with a background in early detection and prevention-based wellness physicals for government agencies specializing in public safety personnel. Life Scan has contracted with over 450 government agencies throughout the United States. Life Scan is a nationally recognized expert and educator regarding the health and fitness of police and firefighters.

The District believes this would tremendously benefit both the employees and District management to ensure the employees' health and wellness, and their ability to carry out their duties while remaining safe.

Financial Impact:

The transition from Kaiser based physicals to Life Scan Wellness physicals will result in a net increase of approximately \$10,000. There is a potential for long term workers compensation savings through early

diagnostic prevention and treatment of potential employee medical conditions.

Recommendation:

The Board consider approving Transitioning to Life Extension Clinic Inc., DBA Life Scan Wellness Centers for the District's Annual Employee Physical Examination



**EMPLOYEE PREVENTION &
WELLNESS PHYSICALS
PATIENT PACKET**

*Please complete your patient packet and
bring it with you to your Life Scan physical*

LIFE SCAN WELLNESS CENTERS

Prevention & Wellness Physicals

LIFE SCAN WELLNESS PROGRAM

Comprehensive Medical Exam

- *Firefighter Physical Exam*
- *Vital Signs*
- *Vision and Hearing*
- *Skin Cancer assessment*
- *Consultation with review of results, recommendations, and a personalized health plan*

Ultrasound Imaging

- *Echocardiogram (Heart with function)*
- *Carotid Arteries*
- *Aorta and Aortic Valve*
- *Liver, Pancreas, Gall Bladder, Kidneys, and Spleen (Internal Organs)*
- *Ovaries/Uterus*
- *Testicular/Prostate*
- *Bladder*
- *Thyroid*

Cardio Pulmonary:

- *Cardiac Exercise Stress Test with EKG*
- *Electrocardiogram*
- *Pulmonary Function Test*

Laboratory Analysis:

- *Comprehensive Metabolic Panel*
- *Complete Blood Count*
- *Lipid Panel (cholesterol)*
- *Thyroid Panel*
- *Hemoglobin A1C and Glucose*
- *Urinalysis*
- *Men: PSA Prostate Cancer Marker*
- *Men: Testosterone Levels*
- *Women: CA-125 Ovarian Cancer Marker*

Fitness Analysis

- *Metabolic Analysis*
- *Strength Testing*
- *Endurance Evaluation*
- *Flexibility Test*
- *Diet and Nutritional Recommendations*
- *Personal Exercise Prescription*

LIFE SCAN

Wellness Centers

Our confidential Wellness Program is designed to provide you with a tool to be proactive with your own health. It is a valuable health and fitness assessment concept that is proven to identify major medical conditions before the onset of catastrophic consequences. It is our experience that heart attacks, strokes, cancer, and other equally devastating diseases can be prevented through early detection! Our early detection program gives you and your family the opportunity for medical intervention before it is too late!

LIFE SCAN WELLNESS PROGRAM

There are three parts to your Life Scan appointment that include Ultrasound Imaging, Physical Exam, and Cardiopulmonary/Fitness Evaluation.

1. **ULTRASOUND:** Life Scan uses ultrasound, an extremely safe way to take “pictures” of arteries and organs. Ultrasound uses sound waves to produce images of the body. Ultrasound does not use any form of radiation. The ultrasound specialists will thoroughly discuss the results of each test with you. The exam will evaluate the different organs for tumors, masses, cysts, enlargements, organ failure, and other critical conditions. The organs include the thyroid, heart, liver, pancreas, gall bladder, spleen, kidneys, bladder, and reproductive organs. The exam will also evaluate overall heart and valve function, efficiency, size, motion, and for potential carotid artery blockages and the aorta for aneurysms.
2. **CARDIOPULMONARY/FITNESS EVALUATION:** Our exercise physiologist will perform a pulmonary function test to assess your lung capacity for respiratory health. This test helps determine if you are able to wear a respirator for job-related duties, it also is critical in the analysis of lung-related health conditions such as asthmas, bronchial conditions, and pulmonary diseases. They will also evaluate your heart activity with a resting electrocardiogram and cardiac stress test. Your functional capacity levels such as muscular strength, endurance, and flexibility and discuss your diet and nutritional habits will then be assessed. They will then propose a personal “Fitness Prescription” based upon your fitness, diet, cardiovascular, and exercise needs.
3. **PHYSICAL EXAM:** The Life Scan comprehensive physical combines the results from the Ultrasound and Cardio-Pulmonary testing to evaluate your total health status. You will receive an extensive “head-to-toe” physical exam that focuses on an in-depth assessment of medical conditions, blood work analysis, blood pressure, vision, and hearing. You will receive education on existing and potential medical problems, health risks, stress factors, diet, and overall recommendations for medical interventions and/or healthy lifestyle changes.

The cornerstone of the Life Scan Wellness Program is based upon the premise that “Knowledge is Power.” Understanding your own health and knowing the steps you can take to get healthy and stay healthy will change the course of your health legacy. The Life Scan medical team can give you this knowledge and provide you critical medical advice. However, your health depends on what you do with this knowledge. We encourage you to follow the advice and recommendations of Life Scan’s medical team. **Take charge of your own health. Make it your priority...it could save your life!**

Sincerely,

Patricia Johnson

Patricia Johnson
CEO/President
Life Scan Wellness Centers

LIFE SCAN

Wellness Centers

Dear Life Scan Patient,

Welcome to the Life Scan Wellness Program!

In an effort to provide you with the most extensive wellness program to you there are several requirements that must be met prior to your visit.

❖ **Blood Draws: Must be done at least 5 days prior to your Life Scan appointment**

- You must bring your Requisition form to the draw station, which is provided in your packet. Fill out Name, Birth Date, Department name in the ID box and Phone Number **BEFORE GOING TO THE LABCORP.**
- Any Labcorp Patient Service Center.
- There is no appointment needed to have your blood drawn at the Labcorp Laboratory.
- Fasting Required: Minimum 10 hours
 - ✓ You may drink water
 - ✓ Take your medications as normal.
- Labs will not be reviewed until time of appointment. It is the patients' responsibility to contact Life Scan for results on labs if appointment is missed.

❖ **Life Scan appointment requirements:**

- Wear athletic clothes and shoes.
- Women: Sports bra is recommended.
- Complete all forms provided in your packet prior to your Life Scan appointment.
- Please fast for your Life Scan appointment 4hrs.
 - ✓ You must have a full urinary bladder in order to visualize certain areas of the body. Please drink 20+ ounces of water at least 45 minutes prior to your appointment time.

❖ **No Tobacco use 4 hours prior to your Life Scan appointment.**

In order to provide you with the most comprehensive health-assessment program available, we ask that you follow the directions provided in your packet completely. If there is any reason why you cannot complete the indicated requirements, health or otherwise, please notify our staff by phone as soon as possible.

Thank you very much. We look forward to seeing you!

Jennifer Connelly
Administrative Director

Please read all included material. If you any questions, call our office at
Tampa: (813) 876-0625

LIFE SCAN

Wellness Centers

Patient Name: _____
Last First Middle Initial

Patient last 4 digits of SS# and/or Employee ID#: _____

Birth Date: _____ Age _____ Circle One: Male Female

Employer: _____

Position or Title: _____ Station or Work Area: _____

Exam Date: _____

Current Estimated Weight: _____ lbs. Height: _____ ft. _____ in.

Address: _____

City _____ State _____ ZIP _____

Contact Phone Number: _____

Alternate Contact Phone Number: _____

Email Address: _____

Can we send you your results via email? Yes ___ No ___

Primary Care Physician _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Physician _____ Specialty _____ Phone _____

Physician _____ Specialty _____ Phone _____

YES NO I authorization Life Scan to release my medical records to my personal email address and/or medical provider.

Signature _____ Date _____

LIFE SCAN

Wellness Centers

CONFIDENTIAL HISTORY & HEALTH RISK APPRAISAL

Patient Name _____ DOB _____ Date _____

Allergies (food, drug etc) _____

Symptoms Check symptoms you currently have or have had in the past year.

<p>GENERAL</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> Fevers</p> <p><input type="checkbox"/> Forgetfulness</p> <p><input type="checkbox"/> Frequent Headaches</p> <p><input type="checkbox"/> Weight loss > 10lbs</p> <p><input type="checkbox"/> Nervousness</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Sweats</p> <p><input type="checkbox"/> Weight gain > 10lbs</p> <p>MUSCLE/JOINT/BONE</p> <p><u>Pain, Weakness, Numbness</u></p> <p><input type="checkbox"/> Arms <input type="checkbox"/> Hips</p> <p><input type="checkbox"/> Back <input type="checkbox"/> Legs/Knees</p> <p><input type="checkbox"/> Feet <input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Hands <input type="checkbox"/> Shoulders</p> <p>SKIN</p> <p><input type="checkbox"/> Bruise easily</p> <p><input type="checkbox"/> Rash/Hives</p> <p><input type="checkbox"/> Itching</p> <p><input type="checkbox"/> Change in moles</p> <p><input type="checkbox"/> Sore that won't heal</p>	<p>GASTROINTESTINAL</p> <p><input type="checkbox"/> Appetite poor</p> <p><input type="checkbox"/> Bowel changes</p> <p><input type="checkbox"/> Frequent constipation</p> <p><input type="checkbox"/> Frequent Diarrhea</p> <p><input type="checkbox"/> Excessive hunger</p> <p><input type="checkbox"/> Excessive thirst</p> <p><input type="checkbox"/> Excessive gas</p> <p><input type="checkbox"/> Hemorrhoids</p> <p><input type="checkbox"/> Indigestion</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Rectal bleeding</p> <p><input type="checkbox"/> Stomach pain</p> <p><input type="checkbox"/> Vomiting blood</p> <p><input type="checkbox"/> Severe heartburn</p> <p>CARDIOVASCULAR</p> <p><input type="checkbox"/> Chest pain</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Irregular heart beat</p> <p><input type="checkbox"/> Low blood pressure</p> <p><input type="checkbox"/> Poor circulation</p> <p><input type="checkbox"/> Rapid heart beat</p> <p><input type="checkbox"/> Swelling of ankles</p> <p><input type="checkbox"/> Varicose veins</p>	<p>EYE, EAR, NOSE, THROAT</p> <p><input type="checkbox"/> Bleeding gums</p> <p><input type="checkbox"/> Blurred vision</p> <p><input type="checkbox"/> Crossed eyes</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p><input type="checkbox"/> Double vision</p> <p><input type="checkbox"/> Earache</p> <p><input type="checkbox"/> Ear discharge</p> <p><input type="checkbox"/> Hay fever</p> <p><input type="checkbox"/> Hoarseness</p> <p><input type="checkbox"/> Loss of hearing</p> <p><input type="checkbox"/> Nosebleeds</p> <p><input type="checkbox"/> Persistent Cough</p> <p><input type="checkbox"/> Ringing in ears</p> <p><input type="checkbox"/> Sinus problems</p> <p><input type="checkbox"/> Vision - Flashes</p> <p><input type="checkbox"/> Vision - Halos</p> <p>GENITO-URINARY</p> <p><input type="checkbox"/> Blood in urine</p> <p><input type="checkbox"/> Frequent urination</p> <p><input type="checkbox"/> Lack of bladder control</p> <p><input type="checkbox"/> Painful urination</p> <p><input type="checkbox"/> Sexual Concerns</p>	<p>MEN only</p> <p><input type="checkbox"/> Breast lump</p> <p><input type="checkbox"/> Erection difficulties</p> <p><input type="checkbox"/> Lump in Testicles</p> <p><input type="checkbox"/> Penis discharge</p> <p><input type="checkbox"/> Sore on penis</p> <p>WOMEN only</p> <p><input type="checkbox"/> Abnormal Pap Smear</p> <p><input type="checkbox"/> Bleeding between periods</p> <p><input type="checkbox"/> Breast lump</p> <p><input type="checkbox"/> Endometriosis</p> <p><input type="checkbox"/> Extreme menstrual pain</p> <p><input type="checkbox"/> Hot flashes</p> <p><input type="checkbox"/> Infertility</p> <p><input type="checkbox"/> Nipple discharge</p> <p><input type="checkbox"/> Painful intercourse</p> <p><input type="checkbox"/> PMS</p> <p><input type="checkbox"/> Abnormal Vaginal discharge</p> <p>Date of last Menstrual period _____</p> <p>Are you pregnant? _____</p> <p>Number of Children _____</p>
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Other Concerns:

Conditions you currently have or have had in your lifetime				TESTS AND PROCEDURES:
<input type="checkbox"/> AIDS	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Prostate Problem	(Please indicate most recent approximate date/year.)
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Psychiatric Care	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Depression	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Rheumatic Fever	Test
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	Approx Date
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Stroke	<input type="checkbox"/> Physical Exam
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Dental Exam
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Goiter	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Exercise Stress Test
<input type="checkbox"/> Asthma	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Colonoscopy/Flexible Sigmoidoscopy
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Gout	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Stool Test (for blood)
<input type="checkbox"/> Breast Lump	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Neuromyalgia	<input type="checkbox"/> Typhoid Fever	<input type="checkbox"/> Digital Rectal Exam (prostate check) - Male
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Chest X ray
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Hernia	<input type="checkbox"/> Panic-disorder	<input type="checkbox"/> Vaginal infections	<input type="checkbox"/> TB Test
<input type="checkbox"/> Cancer	<input type="checkbox"/> Herpes	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Mammogram
<input type="checkbox"/> Cataracts	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Polio	<input type="checkbox"/> Warts	<input type="checkbox"/> Pap Smear -Female
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Polymyalgia		

Do you feel pain in your chest when you do physical activity? Yes No (if yes please explain) _____

FAMILY HISTORY

Have parents, siblings, grandparents had any of the following? If adopted and history unknown, check here ____.

	Yes	No	Relationship		Yes	No	Relationship
Arthritis/Gout				High Blood Pressure			
Asthma				High Cholesterol			
Cancer (type)				Kidney Disease			
Chemical Dependency				Liver Disease			
Diabetes				Mental Illness			
Heart Disease				Tuberculosis			
Heart attack before 55				Other			

If either parent or sibling is deceased, Please list relationship to you, age at death, and cause of death.

Hospitalizations, Surgeries & Major Illness or Injuries

(other than normal vaginal childbirth)

			Women: Number of Pregnancies: ____		
Year	Hospital/Injury/Surgery	Reason for Hospitalization and Outcomes	Year of Birth:	Gender:	Complications, if any:

Weeks of gestation: _____

Social History/Health Habits

	Y	N	
Have you ever smoked?			Chew? Yes / No
Number of years you smoked?			Number of years chewed?

Occupational

Occupation:	Do you currently smoke?
Numbers of years at current position?	Number of packs per day
Number of years with current occupation?	When did you stop smoking?

Medications (state reason for taking medication)

	Do you drink beer, hard liquor, or wine?
	Number of years
	Beer ____ cans/ounces/glasses per day/week (circle which ever applies)
	Liquor ____ cans/ounces/glasses per day/week (circle which ever applies)
	Wine ____ cans/ounces/glasses per day/week (circle which ever applies)
	How many times a (Day/Week/Month) do you eat out at Fast foods? /D/W/M Restaurants? /D/W/M

Vitamins and Supplements

	Do you consume Caffeine beverages?
	Coffee? (specify amount below)
	Soda/soft drinks?
	Tea? (unsw/sw) Energy Drinks?
	How many oz/glasses/bottles of water do you drink per day?
	Do you exercise? How often?

I certify that the above information is correct to the best of my knowledge. I will not hold Life Scan or any members of the Life Scan staff responsible for any errors or omission that I may have made in the completion of this form

Signature: _____ Date: _____
 Reviewed By: _____ Date: _____

PATIENT HEALTH SCREENING QUESTIONNAIRE

Name: _____ Age: _____ Gender: M F

Height: _____ Weight: _____ lbs. Goal weight: _____ lbs.

Stage 1 - Known Diseases (Medical Conditions)

- List the medications you take on a regular basis. _____
- Do you have diabetes?.....No Yes
 - a) if yes, please indicate if it is insulin-dependent diabetes mellitus (IDDM) or non-insulin-dependent diabetes mellitus (NIDDM)....IDDM NIDDM
 - b) if IDDM, for how many years have you had IDDM? _____ years
- Have you had a stroke?No Yes
- Has your doctor ever said you have heart trouble?No Yes
- Do you take asthma medication?No Yes
- Are you or do you have reason to believe you may be pregnant?No Yes
- Is there any other physical reason that prevents you from participating in an exercise program (e.g. cancer; severe arthritis, kidney or liver disease)?No Yes

Stage 2 - Signs and Symptoms

- Do you often have pains in your heart, chest, or surrounding areas, especially during exercise?..... No Yes
- Do you often feel faint or have spells of severe dizziness during exercise? No Yes
- Do you experience unusual fatigue or shortness of breath at rest or with mild exertion?..... No Yes
- Have you had an attack of shortness of breath that came on after you stopped exercising? No Yes
- Have you been awakened at night by an attack of shortness of breath?..... No Yes
- Do you experience swelling or accumulation of fluid in or around your ankles? No Yes
- Do you often get the feeling that your heart is beating faster, racing, or skipping beats, either at rest or during exercise? No Yes
- Do you regularly get pains in your calves and lower legs during exercise which are not due to soreness or stiffness?..... No Yes
- Has your doctor ever told you that you have a heart murmur?..... No Yes

Stage 3 - Cardiac Risk Factors

- Do you smoke cigarettes daily, or have you quit smoking within the past two years?.No Yes
 - If yes, how many cigarettes per day (or did you smoke in the past two years)? _____/day
- Has your doctor ever told you that you have high blood pressure..... No Yes
- Has your father, mother, brother, or sister had a heart attack or suffered from cardiovascular disease before the age of 55?..... No Yes
 - a) If yes, Was the relative male or female? _____
 - b) At what age did he or she have the stroke or heart attack? _____
 - c) Did this person die suddenly as a result of the stroke or heart attack?..... No Yes
- Have you experienced menopause before the age of 45?..... No Yes
 - If yes, do you take hormone replacement medication?..... No Yes

Stage 4 - Exercise Intentions

- Does your job involve sitting for a large part of the day?..... No Yes
- What are your current activity patterns?
 - a) Frequency: _____ exercise sessions per week
 - b) Intensity: Sedentary Moderate Vigorous
 - c) History: <3 months 3-12 months >12 months
 - d) Duration: _____ minutes per session

What types of exercises do you do?: _____
 Do you want to exercise at a moderate intensity (e.g. brisk walking) or at a vigorous intensity (e.g. jogging)?.....Moderate Vigorous

Typically on regular day I eat:

- ___ Breakfast
- ___ Snack
- ___ Lunch
- ___ Snack
- ___ Dinner
- ___ Snack

Typical Work Day diet

Typical Work Day drinks

Typical Off Day diet

Typical Off Day drinks

REVIEWED BY LIFE SCAN EXERCISE PHYSIOLOGIST _____ DATE _____

PATIENT HEALTH QUESTIONNAIRE - PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(circle 0 - 3 to indicate your answer)

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
ADD COLUMNS				

TOTAL OF ALL COLUMNS _____
(add all columns)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

(Circle answer below)

Not difficult at all Somewhat Difficult Very difficult Extremely difficult

Reviewed by Nurse Practitioner _____ Date _____

Comments

THE EPWORTH SLEEPINESS SCALE

The Epworth Sleepiness Scale is widely used in the field of sleep medicine as a subjective measure of a patient's sleepiness. The test is a list of eight situations in which you rate your tendency to become sleepy on a scale of 0, no chance of dozing, to a 3, high chance of dozing. When you finish the test, add up the values of your responses. Your total score is based on a scale of 0 – 24. The scale estimates whether you are experiencing excessive sleepiness that possible requires medical attention.

How sleepy are you? How likely are you to doze or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. Fore each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the corresponding number for each situation in the column to the right, then total your score.

ACTIVITY	NUMBER
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (ie: theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking with someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

TOTAL SCORE: _____

Analyze Your Score

Interpretation:

0 - 7: it is unlikely that you are abnormally sleepy

8 - 9: you have an average amount of daytime sleepiness

10 – 15: you may be excessively sleepy depending on the situation and may want to consider seeking medical attention

16 - 24 : you are excessively sleepy and you should follow up with your PCP

References: Johns, MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep* 1991; 14(6):540-5.

This is a modified format of the Epworth Sleepiness Scale provided as a courtesy by Talk About Sleep, Inc
www.talkaboutslee.com

ALL PARTICIPANTS

Please read the following questions and answer them honestly.

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1.	Has your doctor ever said that you have a heart condition <u>AND</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2.	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3.	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Is your doctor currently prescribing medications for your blood pressure or a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	6.	Do you know of <u>any other reason</u> why you should not do physical activity?

I have read the above questions and have no known contraindications to exercising. I understand that I will be completing a physical fitness evaluation and submaximal stress test today as part of my exam.

Date: _____

Department: _____

Patient Name: _____ / _____
PRINT NAME SIGNATURE

Exercise Physiologist: _____ / _____
PRINT NAME SIGNATURE

Nurse Practitioner: _____ / _____
PRINT NAME SIGNATURE

Back Health History

Name: _____

Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (IF YES, GIVE DATES & EXPLANATION)

Back Health History	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant?	If Yes, EDD: _____	Last Menstrual Period: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degenerative Joint Disease?	Date(s): _____	Explain: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fractures?	Date(s): _____	Explain: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility Limitations?	Date(s): _____	Explain: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Osteoarthritis?	Date(s): _____	Explain: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wake up stiff?	Date(s): _____	Explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you exercise regularly?	What Kind: _____		
Back Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had back injuries?	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was it a workers' compensation?	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was hospitalization required?	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was surgery required?	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did it result in lost work?	Explain: _____	
	What relieved your pain following this injury?		<input type="checkbox"/> Medication	<input type="checkbox"/> Physical Therapy
Explain: _____				
What was the location of the pain?		<input type="checkbox"/> Back and Hips	<input type="checkbox"/> Radiated to Legs	<input type="checkbox"/> Radiated to Arms
Explain: _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever had a medical condition that resulted in an impairment rating or permanent restriction?		
Explain: _____				
I certify that the above information is true and complete to the best of my knowledge and grant the personnel/HR department to verify such answers. I understand that any false statement may be considered as sufficient cause for rejection or dismissal if such statement is discovered subsequent to my employment.				
Signature _____			Date _____	

Life Scan Office Use Only- DO NOT WRITE BELOW THIS LINE

Back Health History

Exercise	BOUNCE TEST Have patient lean over and bounce to touch toes several times <input type="checkbox"/> Yes <input type="checkbox"/> No Grimace or other signs of pain <input type="checkbox"/> Yes <input type="checkbox"/> No Hamstring tightness (unable to reach to at least mid-calf region) <input type="checkbox"/> Yes <input type="checkbox"/> No Unable to stand up or pushes on knees to stand up	MUSCLE STRENGTH (LYING ON MAT) <input type="checkbox"/> Yes <input type="checkbox"/> No Weakness in arms (push me, pull me is unequal) <input type="checkbox"/> Yes <input type="checkbox"/> No Weak abdominals (unable to do 5 sit ups with knees bent) <input type="checkbox"/> Yes <input type="checkbox"/> No Weak back extensors (unable to raise straight arms and legs when on stomach)
	BODY MECHANICS (Pre-employments Only) <input type="checkbox"/> Yes <input type="checkbox"/> No Able to lift and carry 30lbs minimum, or company specified _____ lbs	MUSCLE FLEXIBILITY (LYING ON MAT) <input type="checkbox"/> Yes <input type="checkbox"/> No Knee-to-Chest (unable to bring both knees to chest easily) <input type="checkbox"/> Yes <input type="checkbox"/> No Positive straight leg raise (lying flat, legs extended, unable to raise legs at least 75 degrees)
Physical Exam	POSTURAL EVALUATION <input type="checkbox"/> All Normal <input type="checkbox"/> Kyphosis (round back) <input type="checkbox"/> Leg Length discrepancy (check iliac crests) <input type="checkbox"/> Lordosis (sway back) <input type="checkbox"/> Obesity <input type="checkbox"/> Scoliosis (check shoulder level, palpate spinous processes)	GAIT ANALYSIS <input type="checkbox"/> All Normal <input type="checkbox"/> Abnormal Gait pattern (shuffles, drags toes, uneven steps, etc.) <input type="checkbox"/> Unable to semi-squat for several seconds <input type="checkbox"/> Unable to stand on one leg (other hip drops, leans over to maintain balance) <input type="checkbox"/> Unable to walk on heels (holds toes on one foot higher than the other) <input type="checkbox"/> Unable to walk on toes (rises higher on one foot than the other)
	Initials of Exercise Physiologist Completing Exercises: _____ Comments: _____	
Life Scan Practitioner: _____ Date: _____		

Dec-22										0
TOTAL	537	2	2488	123	343	698	147	1	10	4349

2023 Admin Totals (Chief, BC, Training)

Month	Fire 100	Reture/ Explosion 200	EMS/ Rescue 300	Hazardous Condition 400	Service Call 500	Good Intent 600	False Call 700	Severe Weather 800	Other 900	Shift Totals
Jan-22	9	0	15	3	4	7	1	0	0	39
Feb-22	20	0	23	4	0	8	1	0	0	56
Mar-22	9	0	14	2	1	13	2	0	0	41
Apr-22	11	0	15	2	1	4	1	0	0	34
May-22	16	0	17	1	2	11	0	0	0	47
Jun-22	12	1	22	1	4	14	0	0	0	54
Jul-22	39	0	30	3	1	13	2	0	0	88
Aug-22										0
Sep-22										0
Oct-22										0
Nov-22										0
Dec-22										0
TOTAL	116	1	136	16	13	70	7	0	0	359

July Monthly **Station Response** Summary by Station and Shift

Report Date Range: July 1 - July 31, 2023

	Fire 100	Rupture/ Explosion 200	EMS/ Rescue 300	Hazardous Condition 400	Service Call 500	Good Intent 600	False Call 700	Severe Weather 800	Other 900	Shift Totals
Station 21 (Airport)										
Shift A	9	0	26	2	2	5	3	0	0	47
Shift B	8	0	31	1	3	5	3	0	0	51
Shift C	11	0	32	0	3	4	0	0	0	50
Total	28	0	89	3	8	14	6	0	0	148
Station 22 (Empire)										
Shift A	4	0	13	1	2	0	1	0	0	21
Shift B	3	0	15	0	3	2	0	0	0	23
Shift C	2	0	18	0	2	3	1	0	0	26
Total	9	0	46	1	7	5	2	0	0	70
Station 23 (Fruityard)										
Shift A	1	0	5	0	2	0	0	0	0	8
Shift B	1	0	9	0	0	0	0	0	0	10
Shift C	2	0	0	0	0	1	0	0	0	3
Total	4	0	14	0	2	1	0	0	0	21
Station 24 (Waterford)										
Shift A	6	0	16	1	3	2	1	0	0	29
Shift B	2	0	25	1	0	4	0	0	0	32
Shift C	5	0	30	1	3	2	2	0	0	43
Total	13	0	71	3	6	8	3	0	0	104
Station 25 (La Grange)										
Shift A	1	0	0	0	0	0	0	0	0	1
Shift B	0	0	0	0	0	0	0	0	0	0
Shift C	1	0	1	0	0	2	0	0	0	4
Total	2	0	1	0	0	2	0	0	0	5

Station 26 (Riverbank)										
Shift A	2	0	28	2	5	6	1	0	0	44
Shift B	5	0	29	1	6	13	1	1	0	56
Shift C	6	0	38	1	3	7	1	0	0	56
Total	13	0	95	4	14	26	3	1	0	156

District Totals	69	0	316	11	37	56	14	1	0	504
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July Monthly **Apparatus Response** Summary by Station and Shift

Report Date Range: July 1 - July 31, 2023

Fire 100	Rupture/ Explosion 200	EMS/ Rescue 300	Hazardous Condition 400	Service Call 500	Good Intent 600	False Call 700	Severe Weather 800	Other 900	Shift Totals
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Station 21 (Airport)										
Shift A	19	0	35	3	3	7	3	0	0	70
Shift B	12	0	43	1	4	10	4	0	0	74
Shift C	17	0	40	0	3	9	1	0	0	70
Total	48	0	118	4	10	26	8	0	0	214

Station 22 (Empire)										
Shift A	13	0	18	2	4	11	1	0	0	49
Shift B	13	0	21	4	2	7	0	0	0	47
Shift C	16	0	27	0	2	11	3	0	0	59
Total	42	0	66	6	8	29	4	0	0	155

Station 23 (Fruit Yard)										
Shift A	12	0	7	1	3	3	0	0	0	26
Shift B	10	0	15	4	0	3	0	0	0	32
Shift C	12	0	10	1	0	2	0	0	0	25
Total	34	0	32	6	3	8	0	0	0	83

Station 24 (Waterford)										
Shift A	8	0	15	1	4	3	1	0	0	32
Shift B	4	0	21	1	1	4	0	0	0	31
Shift C	7	0	29	1	3	5	3	0	0	48
Total	19	0	65	3	8	12	4	0	0	111

Station 26 (Riverbank)										
Shift A	6	0	34	2	7	11	1	0	0	61
Shift B	6	0	29	1	6	16	1	1	0	60
Shift C	11	0	39	1	3	11	1	0	0	66
Total	23	0	102	4	16	38	3	1	0	187

District Totals

166

0

383

23

45

113

19

1

0

750

Prevention 2

Shift A	1	0	0	0	0	0	0	0	0	0	1
Shift B	0	0	0	0	0	0	0	0	0	0	0
Shift C	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	0	0	0	0	0	0	0	0	1

District Total

39 0 30 3 1 13 2 0 0 88



Stanislaus Consolidated Fire Protection District
 3324 Topeka Street
 Riverbank, CA 95367
 Phone: (209) 869-7470 · Fax: (209) 869-7475
www.scfpd.us

STAFF REPORT

TO: President Goulding and Members of the Board of Directors
FROM: Captain Tim Johnson, Training Officer
SUBJECT: July Training Report
DATE: August 7, 2023

Completed Training for July

- Total Hours of Training – 1,618 hours.

July Training

- Academy 2023-01 has completed weeks 13-16. The academy has been completed and members have been assigned to their shift.
- 25 members from Academy 2022-02 completed their 10-month probationary test.
- Training Hours Summary:
 - Engine Company Training: 203 hours
 Engine Company Training topics included but were not limited to hose evolutions, advanced/conventional forcible entry, and ladder evolutions.
 - Driver's Training: 96 hours
 - Policy and Procedure Review: 118 hours
 Policies reviewed: MST Aerial Maintenance, Fire Ground Strategies and Operational Modes, Water Tender Fill Sites, and Commercial Fire Attack
 - EMS: 135 hours
 - Paramedic Program (AFG Medic Program): 224 hours
 - Tech Rescue: 54 hours
 - Wildland Training: 49 hours

Scheduled August Training

- Third Quarter EMS Training
 - CPR Renewal
 - Transcutaneous Pacing/12 Lead and Intubation
 - Medical Assessment
 - CPR/AED
 - Cardiac Arrest (CPR Card with PIT crew skill)
- Image Trend Training (New PCR Program)