

**Crest Forest Fire Protection District
DISTRICT PROFILE SUMMARY SHEET**

District Contact Person(s):

Michael B. Sherman, Fire Chief

Address:

**P.O. Box 3220
Crestline, CA 92325**

E-mail Address:

crf3200@aol.com

Website Address:

www.cffd.org

Date of Formation:

October 3, 1929

Principal Act:

**Fire Protection District Law set forth in Health and Safety
Code Section 13800 et seq.**

Improvement District(s): YES NO

If yes, please indicate name and define area of service (include map).

**PM-A and PM-1 exclusion zone within CFFPD; both together
encompass our entire District (Map included)**

Governing Body:

Self governing/ 5 member Board of Directors. Elected within District.

Membership:

**Lelah Spindler, Board President
Shawn Bauer, Vice President
Chuck Gibbs, Director
Jerome "Punch" Ringhofer, Director
Mark Machal, Director**

Public Meetings:

**Third Tuesday of each month
7:00 P.M. District Headquarters
23407 Crest Forest Drive, Crestline, CA**

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SERVICES

Currently Authorized Powers (Services):

SERVICE	FUNCTIONS
Fire Protection	Structural, watershed, suppression, prevention, rescue, communications, supplemental ambulance manpower[B1]

Latent Powers (Services) -- those services authorized by the Agency's principal act, but not activated through the LAFCO process:

SERVICE	FUNCTIONS
NA	

Area Served: **23 Square Miles/approx. 14,720 Acres** (map attached)

Population: **21,902; Defined by 2000 Census and tax rolls**

Registered Voters: **7,606** As Of **September 8th, 2008**

Services Provided Outside Agency Boundaries:

SERVICE	PROVIDED TO WHOM	DATE OF CONTRACT	SUNSET DATE
ALS Ambulance Transport	ICEMA Designated area		N/A
Fire Suppression	County Fire		N/A
Rescue	County Fire		N/A
Medical Emergency Response	County Fire		N/A

Special charges for service outside boundaries:

Standard Ambulance Transport Fees established by the San Bernardino County Board of Supervisors and adopted by the CFFPD Board of Directors

Special policies for providing service outside boundaries: **Mutual Aid Contracts**

SPHERE OF INFLUENCE

Established:

LAFCO Number	Resolution No./ Date Adopted	Location
1345	No. 956 / 4/11/73	

CHANGES:

LAFCO Number	Resolution No./ Date Adopted	Type Of Change	Location
NA			

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MUNICIPAL SERVICE REVIEW

I. Growth and Population

1. Population Information

- a) Existing within agency boundary (21,902, 2000 census and tax rolls)
- b) Projected within agency boundary (Annual average growth of 1.3%, Crest Forest Community Plan)
- c) Existing and projected within sphere of influence (Same as Above)

2. General Plan (Crest Forest Community Plan, April 12th, 2007)

- a) Same as Above

3. Identify Significant Growth Areas - NONE

II. Present and planned capacity of public facilities and adequacy of public services, including infrastructure needs or deficiencies

1. Capital Improvement Plans/Studies - Part of 2009 Strategic Planning Process

2. Water Service Plans/Studies - NA

- a) Supply and demand information

3. Sewer Service Plans/Studies - NA

- a) Capacity and demand information

4. Age and Condition of Facilities - NA

- a) Water supply and distribution system
- b) Wastewater collection and treatment

5. Capacity Analysis

- a) Number of service units available – 8 fire engines 4 ambulances
- b) Number of service units currently allocated – 6 fire engines 2 ambulances
- c) Total number of service units within agency boundaries – Same as Above
- d) Total number of service units outside agencies boundaries. - NONE

Are there out-of-agency contracts? Mutual Aid Is the out-of-agency rate different than the in-agency rate for service? UNKNOWN

6. Future Development

- a) What additional infrastructure is needed? NONE
- b) Description of additional facilities - NA
- c) How will it be funded? - NA
- d) Is there a schedule for improvement? Part of 2009 Strategic Planning Process

7. Reserve Capacity

- a) What is the policy? NA
- b) Are there inter-ties with other agencies? Mutual Aid

III. Financial ability to provide services

1. Finance Documents/Plans for:
 - a) Two most recent adopted budgets **(Attached)**
 - b) Two most recent completed audits **(Attached)**
 - c) Service upgrades - **Part of 2009 Strategic Planning Process**
 - d) Capital improvements - **Part of 2009 Strategic Planning Process**
2. Bond Rating **UNKNOWN**
3. Revenue Sources
 - a) Identify – **District Taxes; PM-A and PM-1 Assessments; Ambulance Payments; and Grants**
 - b) Can they be expanded? **Yes, by vote**
4. Major Expenditure Categories
 - a) Identify – **See Attached Budgets**
 - b) What methods are used to control costs? **Constant Staff & Board Review; Purchasing Policy; Purchase Order System; Third Party Contracted Financial Oversight; Annual Audits**
5. Joint Financing Projects - **NONE**
 - a) Does agency participate? If so, what are they? - **NA**
 - b) What are the policies? - **NA**
 - c) Please provide a copy of the agreement. - **NA**
6. Overlapping/Duplicative Services – **Ambulance Service in PM-1 Area**
7. Rely on Other Agencies
 - a) Administrative functions - **NA**
 - b) Grant management - **NA**
 - c) In-house cost vs. outside cost - **NA**
8. Per-Unit Service Costs - **UNKNOWN**
 - a) Identify and Comparison with others
9. Identify current rates and plans. Please identify any planned rate changes. **Annual Ambulance Rate Changes based on Board of Supervisors Actions; No Tax Changes Proposed**

IV. Status of, and opportunities for shared facilities

1. Shared Facilities – **NONE KNOWN**
 - a) Existing – flood, parks, groundwater storage, etc.
 - b) Future opportunities/options
2. Duplication of Facilities – **NONE KNOWN**
 - a) Existing duplication?
 - b) Planned/future duplication?
 - c) Excess capacity available to outside customers?
 - d) Productivity ratings, if any, for staff

V. **Accountability for community service needs, including governmental structure and operational efficiencies**

1. Budget
 - a) Policies – **Public Adoption per State Law**
 - b) Policies for payment of stipend, benefits, travel, educational expenses of the governing body – **Training and Travel SOG** (attached)
 - c) Preparation/public involvement - **Public Adoption per State Law**
 - d) Analysis – revenues/reserves/expenditures – **Annual Review and Audit**

2. Governing Body
 - a) Selection process – **General Elections**
 - b) Representation (Districts, area-wide) – **Entire District**
 - c) Frequency of meetings – **Once per month**
 - d) Brown Act compliance - **Yes**
 - e) Number of elections over last decade – **One every two years**

3. Level of Service
 - a) Meets or exceeds customer needs? - **Yes**
 - b) Customer satisfaction
 - i) Surveys – **2007 Attached**
 - ii) Complaint tracking - **Yes**

4. Customer/Community Access
 - a) Hours – **24x7**
 - b) Newsletters – **Internal Only**
 - c) Website - **Yes**
 - d) Media coverage - **Yes**
 - e) Cable/public access TV - **Yes**

5. Regular Progress Reports
 - a) Budget – major projects – **Major Expenditure Spreadsheet; Updates to Board**
 - b) Operations – **Monthly Chiefs' Reports to the Board**
 - c) Voter participation – **Elections and Surveys Only**

6. Does the agency recommend any government structure options (consolidation, reorganization, status quo)? **Not at this time**
 - a) Benefit to customers - **NA**
 - b) Services to be provided - **NA**
 - c) What would the hurdles be to consolidation/reorganization? - **NA**

7. Does the agency have strategies or policies for future service delivery? - **Part of 2009 Strategic Planning Process**
 - a) Strategies for directing growth
 - b) Infill
 - c) Conservation
 - d) Annexation policies
 - e) Policies related to providing service outside agency boundaries

8. Operational Efficiencies

a) Staffing Levels – **28 Career & 35 PCFs**

b) Technology (e.g. billing systems) - **NA**

c) Joint Powers Agreements - **PASIS and FAIRA**

i) Identify and describe – **On Sphere of Influence Update**

ii) Please provide copy of agreement - **Attached**

iii) Generally describe service area – **District-wide**

iv) Describe any specific policies related to the agreement – **Workers
Compensation and Liability Insurance**

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MANDATORY FIVE YEAR SPHERE OF INFLUENCE UPDATE

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INTRODUCTION: The questions on this form are designed to obtain data about the entity's existing sphere of influence to allow the Commission and its staff to begin to assess the mandated sphere update process. You are encouraged to include any additional information that you believe is pertinent to the process. Use additional sheets where necessary and/or include any relevant documents.

1. NAME OF AGENCY: **Crest Forest Fire Protection District**
2. Provide an identification of the entities that provide service to your agency. Please indicate whether they are public or private entities and include subsidiary districts in this description. Please include a description of City or District-governed agencies (i.e., redevelopment agency, development corporations, joint powers authorities, improvement districts, etc.):

Public Agencies Self-Insurance System – JPA for Workers' Compensation Coverage
County of San Bernardino – Payables, Fund Tracking, and Tax Collection
Fire Agencies Insurance Risk Authority – JPA for Liability Insurance
Fire District Association of California – Employee Benefits
Jennifer Starbuck, CPA – Audit Services
Southern California Edison – Electrical Power Utility
Southern California Gas Co. – Gas Utility
Crestline Village Water – Water Utility
Crestline/Lake Arrowhead Water Agency – Water Utility
Lake Arrowhead Community Service District – Water Utility
Valley of Enchantment Water Co. – Water Utility
BB&K – Attorneys
Charter Communications – Digital and Cable Services
Citizens' Business Bank – Banking Services
US Bank – Banking Services
Verizon – Phone Utility
Crestline Sanitation – Sewer Utility
Department of Justice – Background Checks
First American Real Estate – Assessor Parcel
Inland Empire Counties Medical Agency – Medical/Ambulance Program Oversight
Cliff's Pest Control – Pest Control
Structural Termite and Pest – Pest Control
Loma Linda University Health Care – Employee Physicals
MCI – Long distance Phone Service
Mountain Disposal – Trash Service
Sprint/Nextel – Wireless Phone Service
Xerox – Photocopier Service

3. Provide a narrative description of anticipated alterations in the agency's current sphere of influence that should be considered in this review. This identification should include any potential development that would require a sphere of influence amendment for implementation, etc. (If additional room for response is necessary, please attach additional sheets to this form.) **There are no currently anticipated alterations for the sphere of influence for the District**

4. **CITIES:** Provide an outline of negotiations with the County of San Bernardino related to any sphere change anticipated. Please include an outline of agreements on boundaries, development standards, zoning requirements, if any. This is required pursuant to Government Code Section 56425(b). **N/A**

5. **CITIES:** Provide an outline of the dates for adoption and plans for update, if any, for: **N/A**

General Plan

Elements if adopted separately

NAME _____ DATE OF ADOPTION/UPDATE PLANS

6. **CITIES/SPECIAL DISTRICTS:** For the services provided by the agency identify the appropriate document below and provide an outline of the date of adoption, schedule for update, copy of the document and copy of environmental document, if applicable:

Master Plan for Water Utility	N/A
Master Plan for Sewer Utility	N/A
Master Plan for Fire Service	In Process Currently for 2009 completion
Master Plan for Park Service	N/A
Urban Water Management Plan	N/A

~~(with copy of certification from Department of Water Resources)~~

~~Other (Please name):~~

7. **SPECIAL DISTRICTS:** Provide an outline of the following items related to the services provided by the District. This response is specifically required by Government Code Section 56425(i) et seq.

a) Provide a written statement specifying the functions and/or classes of service provided by your District.

Fire Protection/Suppression
Fire Prevention/Inspections
Fire Investigations
Public Fire Education
Design/Development Review
Medical Emergency First Response
Emergency Ambulance Transport
Hazard Materials Release First Response
Traffic Collision Emergency Response
Disaster Emergency First Response

b) Provide a written description of the nature, location and extent of the functions and/or classes of service outlined above. Where the service area is less than the boundaries of the District provide a map depiction of the location.

Emergency Ambulance Transport – All but the East end of the District – LAFCO has current maps of our ambulance boundaries

- c) Provide a brief outline of master plans adopted for each of the services listed above including a summary of their findings and the date of their adoption. If master plans are required to be filed with a County, State or Federal agency please note the date of their acceptance. Provide a copy of the master plans with this document if not previously provided to the LAFCO staff office including a copy of the environmental determination associated with the document. **NA**
8. Provide a response to the four factors outlined in Government Code Section 56425 required for a sphere of influence review outlined as follows:
- a) The present and planned land uses in the area, including agricultural and open-space lands. **The District boundaries include various land uses. Most of the land within the District consists of residential properties and small pockets of commercial and institutional uses. Some USFS properties exist within the District.**
 - b) The present and probable need for public facilities and services in the area. **Increased Population would require increased staffing for Fire and Ambulance Services, but actual District Facilities are adequate and in place at seven locations within the District.**
 - c) The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide. **As stated in "b" above, the facilities are adequate for near-future growth, but increased population will stress staffing levels for fire and ambulance services.**
 - d) The existence of any social or economic communities of interest in the area. **Lake Gregory, Crestline, Valley of Enchantment, Aqua Fria, Blue Jay, Twin Peaks, Cedarpines Park, and Rim Forest.**

CERTIFICATION

I hereby certify that the statements furnished above and in the attached supplements, exhibits, and documents present the date and information required for this mandatory review to the best of my ability, and that the facts, statements, and information presented herein are true and correct to the best of my knowledge and belief.

DATE: **September 20, 2008**


Signature of Official

Michael B. Sherman
Printed Name

Fire Chief
Title