

SAN BERNARDINO LAFCO APPLICATION FORM FOR FIRE PROTECTION CONTRACTS

A certified copy of the resolution of application from the public agency requesting approval of the fire protection contract must be submitted together with this application form.

AFFECTED PUBLIC AGENCY (APPLICANT):

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY RECEIVING SERVICE;

OTHERS (SPECIFY) _____

AFFECTED PUBLIC AGENCY:

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY RECEIVING SERVICE;

OTHERS (SPECIFY) _____

OTHER AFFECTED PUBLIC AGENCY, IF APPLICABLE:

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY RECEIVING SERVICE;

OTHERS (SPECIFY) _____

The following questions are designed to obtain information related to the fire protection contract to allow the Commission and staff to adequately assess the contract. You may include any additional information which you believe is pertinent. Please use additional sheets where necessary.

1. Please provide a description of the fire protection contract and the general terms of the agreement.

2. A) Please provide a description of the services to be provided including an assessment of the level of service, whether it is anticipated to increase, be the same level of service, or reduced.

- B) Are any of the services identified above "new" service to be provided by the affected agency that is proposed to provide the service? YES NO. If yes, please provide a description of the new service(s) to be provided and an explanation of how the affected agency will provide the service, including funding.

3. Please provide a description of any special arrangements related to the fire protection contract such as start-up cost, if applicable.

4. Please provide a description of the assumption of assets and liabilities, if applicable.

5. Please provide a description of the use (assumption/leasing) of facilities and equipment for the fire protection contract.

6. Please provide a description of the assumption of personnel and/or retirement obligation, if applicable.

7. Plan for Service:

Please provide a detailed description of the plan for service. The response should include, but not be limited to, all of the following information:

- a) The total estimated cost to provide the new or extended fire protection services in the affected territory.
- b) The estimated cost of the new or extended fire protection services to customers in the affected territory.
- c) An identification of existing service providers, if any, of the new or extended services proposed to be provided and the potential fiscal impact to the customers of those existing providers.

- d) A plan for financing the exercise of the new or extended fire protection services in the affected territory.
- e) Alternatives for the exercises of the new or extended fire protection services in the affected territory.
- f) An enumeration and description of the new or extended fire protection services proposed to be extended to the affected territory.
- g) The level and range of new or extended fire protection services.
- h) An indication of when the new or extended fire protection services can feasibly be extended to the affected territory.
- i) An indication of any improvements or upgrades to structures, roads, sewer or water facilities, or other conditions the public agency would impose or require within the affected territory if the fire protection contract is completed.

8. Fiscal Impact Analysis:

An independent fiscal impact analysis must be submitted that includes, at a minimum, a five year projection of revenues and expenditures. The information should include a discussion of the sufficiency of general existing revenues to provide the new or extended fire protection service, and the costs to provide the service, a comprehensive review of all retirement plans impacting the affected agencies and employees including any unfunded retirement obligations and the identification of retirement debt, if any, and the responsible agency or agencies to assume such debt. If financing is to occur, please provide any special financial arrangement between the agencies.

CERTIFICATION

As a part of this application, the following affected public agency/agencies:

(Affected public agency[ies])

Agree to defend, indemnify, hold harmless, promptly reimburse San Bernardino LAFCO for all reasonable expenses and attorney fees, and release San Bernardino LAFCO, its agents, officers, attorneys, and employees from any claim, action, proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it.

This indemnification obligation shall include, but not be limited to, damages, penalties, fines and other costs imposed upon or incurred by San Bernardino LAFCO should San Bernardino LAFCO be named as a party in any litigation or administrative proceeding in connection with this application.

The agency signing this application will be considered the proponent for the proposed action(s)

and will receive all related notices and other communications. I understand that if this application is approved, the Commission will impose a condition requiring the applicant to indemnify, hold harmless and reimburse the Commission for all legal actions that might be initiated as a result of that approval.

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this evaluation of service extension to the best of my ability, and that the facts, statement and information presented herein are true and correct to the best of my knowledge and belief.

SIGNED: (Applicant) _____
NAME: _____
POSITION TITLE: _____
AGENCY NAME: _____
DATE: _____

SIGNED: (Other Affected Public Agency) _____
NAME: _____
POSITION TITLE: _____
AGENCY NAME: _____
DATE: _____

SIGNED: (Other Affected Public Agency) _____
NAME: _____
POSITION TITLE: _____
AGENCY NAME: _____
DATE: _____

REQUIRED EXHIBITS TO THIS APPLICATION:

1. Copy of the agreement/contract.
2. Resolution of Application including the following:
 - a. Required documentation contract transfers service responsibility of more than 25 percent of an affected public agency's service area or affects more than 25 percent of the employees of an affected public agency pursuant to Government Code Section 56134(a)(1)(A) and (B)
 - b. Required written agreement from affected agency (adopted resolution) and from the employee organization (letter signed by the President of the employee organization) or proof that notice was provided or delivered to each affected agency and employee

- organization and all documents related to the applicants hearing on the resolution of application pursuant to Government Code Section 56134(d)
- c. Certified plan for service pursuant to Government Code Section 56134(e)
 - d. Independent fiscal impact analysis pursuant to Government Code Section 56134(f)
3. Map(s) showing the jurisdictional boundaries of all affected public agencies.

Please forward the completed form and related information to:

Local Agency Formation Commission for San Bernardino County
215 North D Street, Suite 204
San Bernardino, CA 92415-0490
PHONE: (909) 388-0480 • FAX: (909) 885-8170

krm – 8/17/2016