



FIRE MEDICAL RESCUE DEPARTMENT

SPECIAL EVENTS - PARTIAL COST RECOVERY AGREEMENT

For the purpose of this agreement, "PARTIAL COST RECOVERY" is calculated by the internal audit established rate, times the hours of additional personnel deployed, where the actual or potential use of Fire Medical Rescue Department emergency scene management, fire suppression, emergency medical services, rescue, hazardous materials, and/or WMD is anticipated.

The Tempe Fire Medical Rescue Department and: _____
Name of Company/Organization

An Arizona (please check): individual, sole proprietorship, partnership, corporation, association, enter into this agreement, subject to the conditions herein, for Fire Medical Rescue Department personnel for the following event:

Name of person(s) making request: _____

Telephone number (office): _____ Cell #: _____ Fax #: _____

Event Location: _____ Contact person at the Event: _____
Cell # for contact person: _____

EXPECTED attendance – per day _____ & If a multiple day event, expected total attendance: _____

Specific duties: _____
Use of Fire Medical Rescue vehicle. _____

If more room is needed to indicate day/date information, please include a separate sheet. Any significant changes to dates/days/start or end time will require an amended Agreement or letter on letterhead indicating changes.

Check the day(s) of the week needed & indicate dates, start & end times. M T W TH F SAT SUN

Date:	Start Time:	End Time:	
Date:	Start Time:	End Time:	Special Instructions:
Date:	Start Time:	End Date:	
Date:	Start Time:	End Date:	

Will alcohol be served? YES or NO
This as well as forecasted temperatures can directly influence the staffing required.

BILLING INFORMATION:

RATE OF PAY:
\$65.00 per hour / per employee + \$48.75 (3/4 hour setup, equip check-out and return) +0.2 X \$65.00 per hour of the event (logistics).
Following the event, the Special Events Office will send an invoice for City services incurred for this event.

Person responsible for payment: _____ Phone: _____
Billing address: _____

RESTRICTIONS:

The primary concerns of the Tempe Fire Medical Rescue Department (TFMRD) regarding special event deployments are protecting the employee from hazards that may result directly or indirectly by the deployment, conflicts of interest that may arise from the deployment, liability and risk management concerns, and providing a professional service to the community. TFMRD members are deployed on duty at Special Event anticipated areas of risk but are sworn and have duty to act and may be dispatched as the closest available resource for an emergency.

In response to these concerns, the Tempe Fire Medical Rescue Department prohibits employees from working special event deployments in the following situations:

1. Outside the Tempe City limits.



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2. Where the Special Event Vendor restricts the employee from performing his/her duty as a Tempe Fire Medical Rescue employee, or where a uniformed Fire Medical Rescue employee is required to perform non-public safety related work.
3. Where the work involves a labor dispute of the Special Event Vendor and a former employee.
4. At locations where the Special Event Vendor will not hire an adequate number of Fire Medical Rescue employees or establish adequate security measures to safely handle the assignment.
5. When the employment involves the Fire Medical Rescue employees in endorsing any commercial product or service while identified as a Tempe Fire Medical Rescue employee.
6. When risks or insurance matters have not been adequately addressed.
7. In exchange for free or reduced rent.

The Tempe Fire Medical Rescue Department reserves the right to cancel or terminate any Special Event Partial Cost Recovery Agreement in an emergency or other situations as determined by the Tempe Fire Medical Rescue Chief or designee.

A completed and approved Special Event Partial Cost Recovery Agreement must be on file with the Tempe Fire Medical Rescue Department PRIOR to any special event deployment being performed.

There is a two-hour minimum payment, per employee, for all special event partial cost recovery assignments. If the event or assignment is canceled, the Tempe Fire Medical Rescue Department Special Event Coordinator, Tom Prigge, 480-858-7292 must be notified at least 24 hours prior to the scheduled start time identified on Page 1 of this agreement to cancel the employees. **Failure to cancel service within 24 hours will result in a two-hour minimum charge per employee.** For emergency assistance call 480-858-7292.

The person responsible for payment herein, and the company or organization receiving the services identified above, shall indemnify, defend, release and hold harmless the City of Tempe, the Tempe Fire Medical Rescue Department, and their officers, agents, employees and officials from and against any and all claims, damages, liabilities, costs and expenses, including attorney fees, arising out of performance of services under this agreement.

_____ **I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE RESTRICTIONS. (Please initial)**

If there are any questions, please contact the Special Event Coordinator, Tempe Fire Medical Rescue Department, 480-858-7292.

This agreement is effective ____/____/____, through ____/____/____

Tempe Fire Medical Rescue Department

Authorized Person **OR** Person Responsible for Payment

Date

Company Name

To be completed by TFMRD personnel **The required number of personnel will be determined by the Fire Medical Rescue Department**

Deputy Chief:	Engine:	Medic Cart:	First Aid Tent:	Logistics:	HM Cart:
Captain:	Bike Team:	Boat Team:	EMS Standby ALS:	MSU:	HM Support:
Other:	Walking Team:	Cust. Serv.:	EMS Standby BLS:	Fire Inspect:	HM Sweep:

To be completed by TFMRD personnel **Report start and end times for the required positions**

Command:	Tents:	Engine:	Carts:	Bikes:
Boat:	HM:	Rad. Portals:	Cars:	Other:

Contact: Kyle Carman, Deputy Chief, Tempe Fire Medical Rescue Department
Phone 480-858-7292 or Email: Kyle_Carman@tempe.gov