

City of South Daytona
Office of the City Manager

1672 S. Ridgewood Avenue • South Daytona, FL 32119 • 386/322-3014



MEMORANDUM

To: James L. Gillis Jr., City Manager
From: Becky Witte, Deputy City Clerk
Re: Consideration of approving Resolution No. 2024-13, authorizing the City Manager to sign the renewal of the City of South Daytona's Certificate of Public Convenience and Necessity (CoPCN) with Volusia County to provide closest unit emergency medical response.
Date: April 30, 2024

Pursuant to Florida Statutes 401.25, Volusia County provides a license for organizations, such as our Fire Department to provide the closest unit emergency response. The license is called a Certificate of Public Convenience and Necessity (CoPCN) and is renewed every other year.

The attached Resolution authorizes the City Manager to execute the renewal and agrees to the following:

1. The applicant agrees to utilize and adhere to emergency medical dispatch (EMD) services and protocols under the direction of the EMS medical director for the duration of the certificate.
2. The applicant agrees to utilize the EMS medical director employed or contracted by the County of Volusia for the duration of the certificate.
3. The applicant affirms that their agency is, and shall continue to comply with, all federal, state, and local laws, regulations, and ordinances for the duration of the certificate.
4. The non-transport certificate holder shall provide closest unit emergency medical response as required in the Code of Ordinances for the County of Volusia, Florida for the duration of the certificate.

Our Fire Department is highly trained and more than capable of providing the services described. Staff recommends the Council approve Resolution No. 2024-13, authorizing the City Manager to renew the City of South Daytona's Certificate of Public Convenience and Necessity (CoPCN) with Volusia County.

RESOLUTION NO. 2024-13

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SOUTH DAYTONA, FLORIDA, AUTHORIZING THE CITY MANAGER TO SIGN THE RENEWAL OF THE CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, ADVANCED LIFE SUPPORT, NON-TRANSPORT; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, Pursuant to Florida Statutes 401.25, the County of Volusia provides a mechanism for organizations wishing to obtain a Certificate of Public Convenience and Necessity (CoPCN); and

WHEREAS, the Certificate of Public Convenience and Necessity (CoPCN) allows for the City of South Daytona Fire Department to provide the closest unit emergency response; and

WHEREAS, the City of South City Council finds it is in the best interest of the Citizens of South Daytona to renew the Certificate of Public Convenience and Necessity (CoPCN) and authorize the City Manager to execute the application and associated documents.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF SOUTH DAYTONA, FLORIDA:

Section 1. The City Manager of the City of South Daytona is hereby authorized to execute and submit the application for Certificate of Public Convenience and Necessity (CoPCN).

Section 2. That this Resolution shall become effective immediately upon its adoption.

THIS RESOLUTION APPROVED ON FIRST AND ONLY READING this 14th day of May 2024 by the City Council of the City of South Daytona, Florida.

CITY OF SOUTH DAYTONA, FLORIDA

William C. Hall, Mayor

ATTEST: _____
James L. Gillis Jr, City Manager

APPROVED AS TO FORM AND LEGALITY:

Wade C. Vose, City Attorney



Application signature page for initial, renewal, or modification of:

Certificate of public convenience and necessity, advanced life support, non-transport

(Form EMA-22-CoPCN non-transport, revised March 2024)

The applicant shall ensure the application on the web portal (https://vcservices.vcgov.org/EMA_COPCN/) reflects current information and forward the original, executed signature page to the Emergency Medical Administration division office. The web portal shall be maintained and reflect changes as they occur throughout the life of the certificate.

1. If the application is for new, expanded, or reduced service, and the applicant is a local government provider, a duly adopted resolution from the applicant's commission or council is attached.
2. The applicant agrees to utilize and adhere to emergency medical dispatch (EMD) services and protocols under the direction of the EMS medical director for the duration of the certificate.
3. The applicant agrees to utilize the EMS medical director employed or contracted by the County of Volusia for the duration of the certificate.
4. The applicant affirms that their agency is, and shall continue to comply with, all federal, state, and local laws, regulations, and ordinances for the duration of the certificate.
5. The non-transport certificate holder shall provide closest unit emergency medical response as required in the Code of Ordinances for the County of Volusia, Florida for the duration of the certificate.
6. The applicant shall adhere to any modifications to the certificate made by the county council at the time of the public hearing.

Application signature page for initial, renewal, or modification of: certificate of public convenience and necessity, advanced life support, non-transport

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Form *EMA-22-CoPCN non-transport*, revised March 2024

The affiant is the duly authorized administrator for the applicant with the authority to make representations herein required for a new application, a renewal application, or modification(s) to an existing certificate. Furthermore, the affiant understands the above requirements for a certificate of public convenience and necessity and agrees to abide by the provisions of, and any additional terms administered by, the Volusia County Council for the duration of the certificate.

CHIEF ADMINISTRATIVE OFFICER	SIGNATURE	DATE
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STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ (date), by _____ (name and title of person), who is personally known to me or who has produced _____ (type of identification), as identification.

Affix stamp/seal	_____ (Signature of notary)
	_____ (Name typed, printed or stamped)
	_____ (Title or Rank)
	_____ (Serial number if any)