



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 1: Santa Clarita Valley, Antelope Valley (3 incorporated cities, 46 Unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision emergency ambulance transportation services in Emergency Operating Area 1. EOA 1 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 1 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 2: (City of Monrovia)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Falck Mobile Healthcare Inc. dba Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban and rural areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>After Schaefer Ambulance Services, Inc. filed for bankruptcy in 2019 and defaulted on the Agreement. Care Ambulance Service was assigned area due to proximity and needs with permission from the California Emergency Medical Services Authority for the provision of emergency ambulance transportation services in Emergency Operating Area 2. In 2022, the corporate name of Care Ambulance Service, Inc. was changed to Falck Mobile Healthcare, Inc. dba Care Ambulance Service in a Los Angeles County corporate director change process.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 3: East County, Pomona Valley (11 incorporated cities, 10 unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Falck Mobile Healthcare Inc. dba Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 3. In 2022, the corporate name of Care Ambulance Service, Inc. was changed to Falck Mobile Healthcare, Inc. dba Care Ambulance Service in a Los Angeles County corporate director change process.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 4: San Gabriel Valley (10 incorporated cities, 10 unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Falck Mobile Healthcare Inc. dba Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban areas only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <i>Include intent of local EMS agency and Board action.</i></p> <p><i>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 4. In 2022, the corporate name of Care Ambulance Service, Inc. was changed to Falck Mobile Healthcare, Inc. dba Care Ambulance Service in a Los Angeles County corporate director change process.</i></p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <i>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</i></p> <p><i>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</i></p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 5: Southeast County, Gateway Cities (19 incorporated cities, 12 unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Falck Mobile Healthcare Inc. dba Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban and rural areas only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 5. In 2022, the corporate name of Care Ambulance Service, Inc. was changed to Falck Mobile Healthcare, Inc. dba Care Ambulance Service in a Los Angeles County corporate director change process.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 6 (City of Compton)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains Urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Following a Request for Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 7: South Bay Cities (9 incorporated cities, 12 unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Following a Request for Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 7.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 8 (City of Redondo Beach)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request for Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 8.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 9: West County (10 incorporated cities, 31 unincorporated areas).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request for Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 9.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Alhambra</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Alhambra Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Alhambra has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Arcadia</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Arcadia Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Arcadia has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Avalon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Avalon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Avalon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>



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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Beverly Hills</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Beverly Hills Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Beverly Hills has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Burbank</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Burbank Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Burbank has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Culver City</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Culver City Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Culver City has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Downey</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Downey Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Downey has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of El Segundo</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">El Segundo Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">El Segundo has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Glendale</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Glendale Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Glendale has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Hermosa Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Hermosa Beach Fire Department Length of operation prior to 1981 Hermosa Beach entered into an agreement with Los Angeles County Fire Department as of January 1, 2018, for fire protection and ALS services. The City of Hermosa Beach maintained their emergency ambulance transportation service through an agreement with McCormick Ambulance.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Hermosa Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991, they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits. The City subcontracted with McCormick Ambulance Services to provide emergency ambulance transportation on January 1, 2018.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of La Verne</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">La Verne Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">La Verne has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Long Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Long Beach Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Long Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Los Angeles</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Los Angeles has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Manhattan Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Manhattan Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Monterey Park</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Monterey Park Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Monterey Park has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Fernando</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Los Angeles Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Fernando has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Gabriel</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Gabriel has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Marino</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of San Marino Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Marino has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Santa Monica</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Santa Monica Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Santa Monica has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Sierra Madre</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">City of Sierra Madre Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of South Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of South Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>South Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Torrance</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Torrance Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Torrance has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Vernon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Vernon Fire Department prior to October 21, 2020. On October 21, 2020, the City of Vernon entered into an agreement with the Los Angeles County Fire Department to provide fire protection and ALS services. Los Angeles County Fire utilizes Exclusive Operating Area #5 for transportation in the City of Vernon which is operated by Falck Mobile Healthcare, Inc. dba Care Ambulance Service.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Vernon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits. On October 21, 2020, ALS services were given to the Los Angeles County Fire Department and the City of Vernon relinquished their rights under the Health and Safety Code 1797.224; Falck Mobile Healthcare, Inc. dba Care Ambulance Service was temporarily assigned to provide transportation services until an RFP can be conducted.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981 and ended on October 21, 2020.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2021-2022)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of West Covina</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of West Covina Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>West Covina has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.</p>