

**CONTRA COSTA LAFCO APPLICATION
FIRE PROTECTION SERVICE CONTRACT**

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

AFFECTED PUBLIC AGENCY (APPLICANT):

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY (IES) RECEIVING SERVICE;
 OTHERS (SPECIFY) _____

AFFECTED PUBLIC AGENCY:

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY(IES) RECEIVING SERVICE;
 OTHERS (SPECIFY) _____

OTHER AFFECTED PUBLIC AGENCY(IES), IF APPLICABLE:

PUBLIC AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AGENCY FUNCTION: AGENCY PROVIDING SERVICE; AGENCY(IES) RECEIVING SERVICE;
 OTHERS (SPECIFY): _____

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

5. Please provide a description of the use (assumption/leasing) of facilities and equipment associated with the fire protection contract, including any upgrades and/or new facilities and equipment, if applicable.

6. Please provide a description of the assumption of personnel and identify current and proposed staffing:

	Service Provider		Affected Agency	
	Current	Proposed	Current	Proposed
<i>Safety</i>				
Number of paid personnel				
Number of paid reserves				
Number of non-paid reserves				
<i>Non-Safety</i>				
Number of Admin/Support				

7. Please provide a description of retirement obligation, if applicable.

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8. Please identify current data for the following:

	Service Provider	Affected Agency
District Population		
Registered Voters		
Acres/Square Miles		
Most recent ISO rating		

9. Please describe prevalent and uses in each affected agency; list predominate General Plan designations.

10. Plan for Service:

Please provide a detailed description of the plan for service pursuant to Government Code (GC) §56134(e). The plan for service should include, but not be limited to, all of the following information:

- a) The total estimated cost to provide the new or extended fire protection services in the affected territory.
- b) The estimated cost of the new or extended fire protection services to customers in the affected territory.
- c) An identification of existing service providers, if any, of the new or extended services proposed to be provided and the potential fiscal impact to the customers of those existing providers.
- d) A plan for financing the exercise of the new or extended fire protection services in the affected territory.
- e) Alternatives for the exercises of the new or extended fire protection services in the affected territory.
- f) An enumeration and description of the new or extended fire protection services proposed to be extended to the affected territory.
- g) The level and range of new or extended fire protection services.
- h) An indication of when the new or extended fire protection services can feasibly be extended to the affected territory.
- i) An indication of any improvements or upgrades to structures, roads, sewer or water facilities, or other conditions the public agency would impose or require within the affected territory if the fire protection contract is approved.
- j) Determination supported by documentation that the proposed fire protection contract meets either of the 25% thresholds.

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11. Fiscal Impact Analysis:

Pursuant to GC §56134(f) an independent fiscal impact analysis must be submitted that includes, at a minimum, a 5-year projection of revenues and expenditures. The information should include a discussion of the sufficiency of existing revenues to provide the new or extended fire protection service, costs of providing services, a comprehensive review of all retirement plans impacting the affected agencies and employees including any unfunded retirement obligations and the identification of retirement debt, if any, and the responsible agency or agencies to assume such debt. If financing is to occur, please provide any special financial arrangement between the agencies.

12. Environmental Review

What environmental review has been conducted? If exempt, please provide a copy of the agency's Notice of Exemption.

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

SIGNED: (Applicant)

NAME:

POSITION TITLE:

AGENCY NAME:

DATE:

SIGNED: (Other Affected Public Agency)

NAME:

POSITION TITLE:

AGENCY NAME:

DATE:

SIGNED: (Other Affected Public Agency)

NAME:

POSITION TITLE:

AGENCY NAME:

DATE:

REQUIRED EXHIBITS TO THIS APPLICATION:

1. Copy of the agreement/contract.
2. Resolution of Application including the following:
 - a. Required documentation contract transfers service responsibility of more than 25%

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- of an affected public agency's service area or affects more than 25% of the employees of an affected public agency pursuant to GC§ 56134(a)(1)(A) and (B)
- b. Required written agreement from affected agency (adopted resolution) and from the employee organization (letter signed by the President of the employee organization) or proof that notice was provided or delivered to each affected agency and employee organization and all documents related to the applicants hearing on the resolution of application pursuant to GC §56134(d)
 - c. Plan for service pursuant to GC §56134(e)
 - d. Independent fiscal impact analysis pursuant to GC §56134(f)
3. Map(s) showing the jurisdictional boundaries of all affected public agencies.

Please submit the completed form and related information to:

Contra Costa Local Agency Formation Commission
40 Muir Road, 1st Floor
Martinez, CA 94553
Attn: Lou Ann Texeira,
LAFCO Executive Officer
LouAnn.Teixeira@lafco.cccounty.us
(925) 313-7133