	MENT UNDER SUBSECTION 6(3) OF THE AMBULANCE ACT, R.S.O. 1990, c.A. 19, as amended, his, 2021
BETWE	EN:
THE CO	DRPORATION OF HALDIMAND COUNTY ("HALDIMAND COUNTY")
AND:	
and pro	AS Haldimand County and wish to agree as between them on both criteria cess for the provision and payment for land ambulance services provided by each of them for lefit of the other:
Now Th	perefore be it agreed that:
1.	If, during the term of this agreement, either Haldimand County or receives a cafrom the other to provide land ambulance services within the geographical boundaries of the other (cross border ambulance services) Haldimand County or, as the case may be, is entitled to recover costs under the following circumstances:
a	The applicable standard cost per call for those calls which are coded by the applicable Central Ambulance Communications Center ("CACC") as Codes "3" and "4" (or equivalent in an alternate Prioritization Protocol, and, which have a valid T4 time in the Ambulance Dispatch Reporting System (ADRS) database.
b	The applicable standard cost per call for those calls which are coded by the applicable CACC as Codes "1" or "2" (or equivalent in an alternate Prioritization Protocol), which have a valid T5 time in the ARDS database and a patient was transported, and are not identified as repatriation calls.
c.	No payment per ambulance call for those calls which are coded by the applicable CACC as Codes "1" or "2" (or equivalent in an alternate Prioritization Protocol) and are identified as repatriation calls. Repatriation calls are those identified as Codes "1" or "2" (or equivalent in an alternate Prioritization Protocol) and which have been determined through agreement of the Emergency Medical Services Chiefs, or their designates in each municipality, as the return of a municipality's resident to his\her home municipality in the home municipality's ambulance.
d	Half of the applicable standard cost per call for those calls which are coded by the applicable

CACC as a Code "8" (or equivalent in an alternate Prioritization Protocol) and where the standby location was within the geographical boundary of the other party's municipality.

- 2. The applicable standard cost per call referred to in paragraph 1 above shall be the rates as established by the Ontario Regional and Single Tier Treasurer's Group as amended annually for the preceding year.
- 3. Within ninety (90) days of the conclusion of each calendar year, each party shall forward the details of the inter-municipality calls performed to the other party. The parties shall have sixty (60) days to verify the calls are accurately assigned to their municipality and come to agreement on the net cost for inter municipal ambulance services. The invoice shall be payable within sixty days of the parties coming to agreement on the net cost for inter- municipal land ambulance services in the calendar year with interest thereafter at a rate of 8% per annum.
- 4. The Agreement shall have a term of ten (10) years commencing January 1, 2022 continuing until to December 31, 2031.
- 5. Despite Section 4, this agreement may be terminated at any time by either party upon sixty (60) days written notice to the other party if there is a material change of legislation or funding of either party's inter municipal ambulance service by the Ministry of Health (or any successor thereto)
- 6. The parties agree that this agreement is entered into without prejudice or precedent with respect to the settlement of costs for inter municipal ambulance service prior to the date of the commencement of this agreement.
- 7. This agreement may be executed in counterpart.
- 8. This agreement ensures to the benefit of, and binding upon the successors and assigns of the parties.
- 9. The Agreement shall be interpreted in accordance with the laws of the Province of Ontario.
- 10. Any notice required under the is Agreement shall be delivered by hand or by Fax as follows

## A: To Haldimand County: Manager of Emergency Services/Fire Chief **Haldimand County Paramedic Services** 11 Thorburn St. S. Cayuga, ON NOA 1EO Attention: Jason Gallagher Fax: 289-674-0396 B: To \_\_\_\_\_: Paramedic Chief Paramedic Services Address: Fax: 905-426-1316 ) Corporation of Haldimand County ) Mayor Clerk ) (Municipality/Territory Rep ) Mayor/Chief

) Clerk/Senior Administrative Officer