



Roll Call Number

21-1425

Agenda Item Number

34

Date September 13, 2021

APPROVING AGREEMENT FOR EMT TRAINING AND AGREEMENT FOR
PARAMEDIC TRAINING BETWEEN FIRE DEPARTMENT AND DES MOINES AREA
COMMUNITY COLLEGE

WHEREAS, the City of Des Moines Fire Department requires EMT and paramedic education and training for the Fire Training Academy; and

WHEREAS, the EMT and paramedic training at Des Moines Area Community College (DMACC) have been determined to best meet the needs of the Fire Department and the Academy classes; and

WHEREAS, the cost of such EMT education and training at DMACC is \$9,989.00 for classes beginning in January 2022 and running through February 2022, and a Co-Sponsored Training agreement for such services is on file in the City Clerk's Office; and

WHEREAS, the cost of such paramedic education and training at DMACC is \$115,213.00 for classes beginning in May 2022 and running through October 2022, and a Co-Sponsored Training agreement for such services is on file in the City Clerk's Office; and

WHEREAS, the Chief of the Fire Department recommends approval of such agreements.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that:

1. The Co-Sponsored Training Agreement Between the City of Des Moines and Des Moines Area Community College for EMT training, a copy of which is on file in the City Clerk's Office, is hereby approved and the Fire Chief is hereby authorized and directed to execute such Agreement on behalf of the City and the City Clerk is hereby directed to attest to his signature.
2. The Co-Sponsored Training Agreement between the City of Des Moines and Des Moines Area Community College for paramedic training, a copy of which is on file in the City Clerk's Office, is hereby approved and the Fire Chief is hereby authorized and directed to execute such Agreement on behalf of the City and the City Clerk is hereby directed to attest to his signature.



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Date September 13, 2021

(Council Communication No. 21-387)

Moved by Boesen to adopt.

APPROVED AS TO FORM:

/s/ Ann DiDonato
Ann DiDonato, Assistant City Attorney

Table with 5 columns: COUNCIL ACTION, YEAS, NAYS, PASS, ABSENT. Rows include COWNIE, BOESEN, GATTO, GRAY, MANDELBAUM, VOSS, WESTERGAARD, and TOTAL.

CERTIFICATE

I, P. Kay Cmelik, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED APPROVED
J. M. Franklin Cownie Mayor

P. Kay Cmelik City Clerk



CO-SPONSORED TRAINING AGREEMENT

As of the last signature date below, Des Moines Area Community College ["DMACC"] and the Des Moines Fire Department (DMFD) ["CO-SPONSOR"], hereby agree as follows:

1. **PURPOSE OF AGREEMENT:** The purpose of this agreement is to provide for the delivery of an educational program co-sponsored by DMACC and DMFD at DMFD Training facilities.
2. **DESCRIPTION AND SCHEDULE OF EDUCATIONAL PROGRAM:** The co-sponsored education program is entitled : DMFD EMT Recruit Class and involves the following activities: Training, testing and coordination of clinical requirements. The event shall occur on the following date(s): Estimate start date January 2022 through February 2022 within the following hours: 0800-1515 classroom/varying hours for field and clinical not to exceed 40hr/week using the following DMACC equipment: DMACC will provide books and testing materials to participants and the following DMACC services: Coordination, oversight and course management of an EMT Education course for DMFD selected students.
3. **CO-SPONSOR OBLIGATIONS:** CO-SPONSOR shall:
 - a) Designate the following named person as CO-SPONSOR'S agent to perform all duties of CO-SPONSOR and conduct all communications and coordination with DMACC: Todd Francisco
 - b) Pre-register education program participants, sharing names, address, phone numbers and social security numbers with DMACC for record keeping purposes. Registration forms will be provided if needed
 - c) Not discriminate against any person on the basis of race, color, national origin, ancestry, familial status, creed, religion, sex (including pregnancy and marital status), sexual orientation, gender identity, age, disability and genetic information. Veteran status in educational programs, activities, employment practices, or admission procedures is also included to the extent covered by law.
 - d) Provide training equipment for all participants including classroom and lab components
 - e) Honor all provisions of the attached document regarding class specifics
 - f) Provide DMACC with required information about course instructors and each instructor not employed by DMACC will need to received approval prior to an course instruction
4. **DMACC OBLIGATIONS:** DMACC shall:
 - a) Designate the following named DMACC employee to serve, at DMACC's expense, as DMACC coordinator with the duty to perform all DMACC obligations specified in this agreement: Coordinator of the EMS Programs from DMACC will maintain administrative authority for the course. Notwithstanding the foregoing, DMFD recruits and employees will at all times remain under the authority of the DMFD
 - b) Provide the above named equipment and/or services on the indicated dates and times.
 - c) Des Moines Area Community College shall not engage in nor allow discrimination covered by law. This includes harassment based on race, color, national origin, ancestry, familial status, creed, religion, sex (including pregnancy and marital status), sexual orientation, gender identity, age, disability and genetic information. Veteran status in educational programs, activities, employment practices, or admission procedures is also included to the extent covered by law.
 - d) Maintain a permanent record of attendees.
 - e) Comply with all applicable privacy laws and regulations regarding participant personal information.
 - f) Require all participants to execute a Release provided by CO-SPONSOR prior to participation in a "ride-along" and deliver originals copies of same to CO-SPONSOR, in compliance with the 2013 EMS Field Experience Agreement between DMACC and the DMFD.
5. **Miscellaneous**
 - a) The parties are independent contractors and are not agents, partners, associates, or joint ventures. No employees of DMACC or CO-SPONSOR shall be considered to be an employee, agent or servant of the other party.
 - b) DMACC shall purchase and maintain insurance in accordance with insurance requirements set forth in Attachment 1 to protect DMACC and the City of Des Moines throughout the duration of this Agreement. DMACC shall not commit any act which shall invalidate any policy of insurance. DMACC shall defend,

indemnify, and hold harmless the City in accordance with the indemnification requirements set forth in Attachment 1.

c) CO-SPONSOR shall have the right to approve all class curriculum.

6. **FINANCIAL OBLIGATIONS:** CO-SPONSOR shall pay DMACC as follows prior to the first day of class:

- DMFD will pay **\$9,989** to DMACC. This fee covers books and materials, testing fees, administration fees and any misc. expenses. For this fee DMFD can enroll up to 25 students.

Des Moines Area Community College

DMACC

By: Michael Hoffman

[Name] Michael Hoffman

[Title] Executive Director Continuing Education

[Date] _____

Des Moines Fire Department

DMFD

By: John F. Tylkajt

[Name] John F. Tylkajt

[Title] Fire Chief

[Date] 9-15-21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Des Moines Area Community College 2006 S Ankeny Blvd Ankeny, IA 50021		INSURER(S) AFFORDING COVERAGE	
		INSURER A: EMCASCO INS CO	NAIC # 21407
		INSURER B: EMPLOYERS MUT CAS CO	21415
		INSURER C: UNION INS CO OF PROVIDENCE	21423
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 62584844 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			2D3-06-58	07/01/21	07/01/22	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			2E3-06-58	07/01/21	07/01/22	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2J3-06-58	07/01/21	07/01/22	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			2H3-06-58	07/01/21	07/01/22	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Professional Liability coverage. (Fire Science Program/EMT - students covered while off premises)

CERTIFICATE HOLDER Des Moines Fire Department Chief Todd Francisco 2715 Dean Ave. Des Moines, IA 50317 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CO-SPONSORED TRAINING AGREEMENT

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1. **PURPOSE OF AGREEMENT:** The purpose of this agreement is to provide for the delivery of an educational program co-sponsored by DMACC and DMFD at DMFD Training facilities.
2. **DESCRIPTION AND SCHEDULE OF EDUCATIONAL PROGRAM:** The co-sponsored education program is entitled :Paramedic Training Program and involves the following activities: Training, instruction, testing and coordination of clinical requirements. The event shall occur on the following date(s): Estimated start date May 2022 through October 2022 within the following hours: 0800-1630 classroom/varying hours for field and clinical not to exceed 40hr/week using the following DMACC equipment: DMACC will provide books and testing materials to participants and the following DMACC services: Coordination, oversight and course management of a Paramedic Training Course for DMFD selected students.
3. **CO-SPONSOR OBLIGATIONS:** CO-SPONSOR shall:
 - a) Designate the following named person as CO-SPONSOR'S agent to perform all duties of CO-SPONSOR and conduct all communications and coordination with DMACC: Todd Francisco
 - b) Pre-register education program participants, sharing names, address, phone numbers and social security numbers with DMACC for record keeping purposes. Registration forms will be provided if needed
 - c) Not discriminate against any person on the basis of race, color, national origin, ancestry, familial status, creed, religion, sex (including pregnancy and marital status), sexual orientation, gender identity, age, disability and genetic information. Veteran status in educational programs, activities, employment practices, or admission procedures is also included to the extent covered by law.
 - d) Provide training equipment for all participants including classroom and lab components
 - e) Honor all provisions of the attached document regarding class specifics
 - f) Provide DMACC with required information about course instructors and each instructor not employed by DMACC will need to receive approval prior to any course instruction
4. **DMACC OBLIGATIONS:** DMACC shall:
 - a) Designate the following named DMACC employee to serve, at DMACC's expense, as DMACC coordinator with the duty to perform all DMACC obligations specified in this agreement: Paramedic Program Chair. DMACC will maintain administrative authority for the course. Notwithstanding the foregoing, DMFD recruits and employees will at all times remain under the authority of the DMFD
 - b) Provide the above named equipment and/or services on the indicated dates and times.
 - c) Des Moines Area Community College shall not engage in nor allow discrimination covered by law. This includes harassment based on race, color, national origin, ancestry, familial, creed, religion, sex (including pregnancy and marital status), sexual orientation, gender identity, age, disability and genetic information. Veteran status in educational programs, activities, employment practices, or admission procedures is also included to the extent covered by law.
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 - f) Require all participants to execute a Release provided by CO-SPONSOR prior to participation in a "ride-along" and deliver originals copies of same to CO-SPONSOR, in compliance with the 2018 EMS Field Experience Agreement between DMACC and the DMFD.
5. **Miscellaneous**
 - a) The parties are independent contractors and are not agents, partners, associates, or joint ventures. No employees of DMACC or CO-SPONSOR shall be considered to be an employee, agent or servant of the other party.
 - b) DMACC shall purchase and maintain insurance in accordance with insurance requirements set forth in Attachment 1 to protect DMACC and the City of Des Moines throughout the duration of this Agreement. DMACC shall not commit any act which shall invalidate any policy of insurance. DMACC shall defend, indemnify, and hold harmless the City in accordance with the indemnification requirements set forth in Attachment 1.

c) CO-SPONSOR shall have the right to approve all class curriculum.

6. **FINANCIAL OBLIGATIONS:** CO-SPONSOR shall pay DMACC as follows prior to the first day of class:
DMFD will pay **\$115,213** to DMACC. This fee covers instructional costs (lecture, lab, simulation) for a minimum of 632 hours up to 746 hours, books and materials, testing fees, administration fees and any misc. expenses. For the fee DMFD can enroll up to 25 students. In the event that this agreement is terminated prior to the conclusion of the 632 hours up to 746 hours of class time, DMACC shall reimburse DMFD the pro rata amount depending on the number of classroom hours (lecture, lab, simulation) less than 746 that had been provided by DMACC prior to termination.

Des Moines Area Community College

DMACC

By: Michael Hoffman

[Name] Michael Hoffman

[Title] Executive Director, Continuing Education

[Date] _____

Des Moines Fire Department

DMFD

By: John F. TeKippe

[Name] John F. TeKippe

[Title] Fire Chief

[Date] 9-15-21



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		INSURER D:	
		INSURER E:	
		INSURER F:	


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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			2E3-06-58	07/01/21	07/01/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2J3-06-58	07/01/21	07/01/22	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2H3-06-58	07/01/21	07/01/22	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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