



Policy Number 14
FIRE AND EMERGENCY SERVICES REGISTRATION

POLICY PURPOSE

- 14.1 It shall be the policy of the Municipality of the District of Shelburne to have a standard process for the registration of fire and emergency service providers servicing the Municipality.

POLICY DETAILS

- 14.2 Any emergency services provider who will, or may be, providing emergency services within the Municipality shall complete an application form, attached to this Policy as Schedule "A".
- 14.3 Registration is effective upon approval of Council.
- 14.4 Registration continues in force until withdrawn at the request of the applicant or revoked by the municipality for cause. Examples of cause include, but are not limited to, the following:
1. The applicant proves incapable of providing the services it offers to provide;
 2. The applicant's liability insurance, as required by the municipality, lapses;
 3. The applicant provides fire services for profit;
 4. The applicant, through its Board or Chief, makes a material misrepresentation to the Municipality;
 5. The applicant fails to substantially comply with its bylaws;
 6. The applicant's not-for-profit status is revoked;
 7. A financial audit reveals malfeasance with respect to the applicant's finances;
and
 8. The applicant materially breaches the terms of any Fire Services agreement it has with the Municipality;
- 14.5 Any registered emergency service provider in the Municipality shall apply to the Municipality immediately for a change in registration status, if information provided on the application form changes.
- 14.6 Registered emergency service providers shall arrange and pay for public liability insurance, including motor vehicle liability insurance through:

(including personal injury), death or property damage, including loss of use thereof, that may arise directly or indirectly from the acts or omission of the registered emergency service provider.

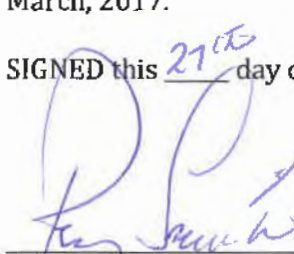
- 14.7 Each registered emergency service provider shall register its year-end date as March 31st with the Registry of Joint Stock Companies.
- 14.8 Each registered emergency service provider shall provide a Notice to Reader formatted financial report, example attached as Schedule "B", for the preceding fiscal year, confirmation of liability insurance (if not included in the Municipal insurance program) and confirmation of good standing with the Registry of Joint Stock Companies, to the Municipality no later than June 30th of each year.
- 14.9 Failure to comply with this Policy may, at the discretion of Council, constitute one form of cause for the Municipality to revoke the registration of an emergency service provider.

REPEAL

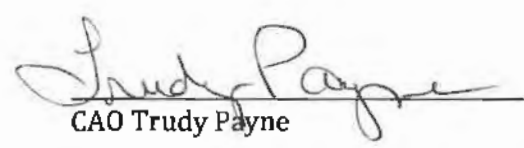
- 14.10 Fire and Emergency Services Policy adopted by Council of the Municipality of the District of Shelburne on the 27th day of October, 2014, is hereby repealed.

THIS IS TO CERTIFY that the Council of the Municipality of the District of Shelburne duly passed the policy respecting Fire and Emergency Services on the 27th day of March, 2017.

SIGNED this 27th day of July, 2020,



Warden Penny Smith



CAO Trudy Payne

Approved by Council: March 27, 2017

Effective Date: April 1, 2017

Amended Date: July 27, 2020 (S. 14.4 amended to expand on cause for revocation of registration)

SCHEDULE "A"

The Municipality of the District of Shelburne

Application for Registration as a Fire and Emergency Services Provider

Applicant: _____

Contact Person _____

Phone/Email: _____

Mailing Address: _____

Incorporated under: _____

1. Attach proof of insurance coverage AND advise on the following details:

Motor vehicle liability policy limits: _____

General liability insurance policy limits: _____

Insurance policy period: _____ to _____

Insurer: _____

2. Describe boundaries of service territory:

3. Please indicate the service that the department will provide and the level of service by placing an X in the appropriate box. N/A demotes a service not being provided by the Applicant.

SUBJECTS

CATEGORY OF SERVICE LEVEL

- | | | | | |
|---|---|---|------------------------------------|------------------------------|
| a. Fire and Fire Related Emergencies | Structural <input type="checkbox"/> | Defensive <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| b. Medical Emergencies | Registered First Responder <input type="checkbox"/> | Medical Assistance <input type="checkbox"/> | N/A <input type="checkbox"/> | |
| c. Vehicle Rescue | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|------------------------------|
| d. Water Rescue | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Ice Rescue | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. Structural/Excavation Collapse | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. High Angle Rescue | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. Hazardous Materials | Technician <input type="checkbox"/> | Operational <input type="checkbox"/> | Awareness <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. Ground Search & Rescue | Provider <input type="checkbox"/> | Assistance <input type="checkbox"/> | N/A <input type="checkbox"/> | |

4. Please note any other man-made and natural disasters not mentioned above for which the applicant has the training, equipment and command system to undertake.

5. Are there any limits (other than what has already been identified) on the level of service that can or will be provided by the applicant in respect to any of the subjects listed above? If so, please indicate:

6. Does the applicant have the equipment to perform the services checked above?

Yes No

7. Does the applicant have the training or experience necessary to perform the services checked above?

Yes No

8. Is the applicant a Mutual Aid Emergency Service Provider to this Municipality?

Yes No

If Yes, please indicate the municipal unit in which the applicant is located: _____

9. APPLICANT

MUNICIPALITY

Date

Date of Approval of Registration Application

Signature of Applicant

Date

Signature of Related Body Representative
(such as Fire Commission, if applicable)

Signature of CAO or designate

Please note: Explanation of the terminology used in this registration form is provided in the Information from the Office of the Fire Marshal included as Addendum "B" in the Guide Respecting Fire and Emergency Services in the *Municipal Government Act* Resource Binder, a copy of which is available from the Municipality of the District of Shelburne upon request. To register, a department must be incorporated and hold any valid liability insurance that is required by municipal policy. The department must operate on a not-for-profit basis. The registration does not make the department an agent of the Municipality of the District of Shelburne. This registration may be modified by applying to the municipality for a change in registration status. Municipality of the District of Shelburne may revoke this registration for cause.

(name of Department)

INDEX TO FINANCIAL STATEMENTS

(unaudited)

for the period ending March 31, _____

<u>SUBJECT</u>	<u>PAGE</u>
Notice to Reader	1
Balance Sheet	2
Statement of Revenue and Accumulated Surplus	3
Notes to Financial Statements	4

NOTICE TO READER

On the basis of information provided by management of the Fire Department, we have completed the balance sheet of _____ as at March 31, _____, and the statement of revenue and accumulated surplus for the year then ended.

We have not performed an audit or a review engagement in respect of these financial statements and, accordingly, we express no assurance thereon.

Readers are cautioned that these statements may not be appropriate for their purposes.

_____, Nova Scotia

Date

Auditor

Auditor

BALANCE SHEET
as of March 31, 2017

(Unaudited)

2015

2014

ASSETS

Current

Cash and Bank	\$ -	\$ -
Accounts Receivable - Note 1	\$ -	\$ -
Receivable from the Municipality of Shelburne	\$ -	\$ -

Property, Plant, and Equipment at cost
No amortization recorded

\$ -	\$ -
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<u>\$ -</u>	<u>\$ -</u>
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LIABILITIES

Current

Demand Term Loan - Note 2

<u>\$ -</u>	<u>\$ -</u>
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ACCUMULATED SURPLUS

Contributed Surplus	\$ -	\$ -
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Accumulated Surplus - per statement	<u>\$ -</u>	<u>\$ -</u>
	<u>\$ -</u>	<u>\$ -</u>

<u>\$ -</u>	<u>\$ -</u>
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STATEMENT OF REVENUE AND ACCUMULATED SURPLUS
as of March 31, 2017

	(Unaudited)	
	2015	2014
REVENUE		
Municipality of Shelburne	\$ -	\$ -
Area Rates	\$ -	\$ -
Other Municipalities	\$ -	\$ -
DNR receipts	\$ -	\$ -
Donations	\$ -	\$ -
Fund Raising	\$ -	\$ -
	\$ -	\$ -
	<u>\$ -</u>	<u>\$ -</u>
EXPENDITURES		
Bad debt recovery	\$ -	\$ -
Bank fees	\$ -	\$ -
Term debt - Principal	\$ -	\$ -
Term debt - Interest	\$ -	\$ -
Dues and fees	\$ -	\$ -
Gear and equipment	\$ -	\$ -
Fund raising expense	\$ -	\$ -
Power	\$ -	\$ -
Insurance	\$ -	\$ -
Vehicle expense	\$ -	\$ -
Office supplies	\$ -	\$ -
Non-eligible portion of HST	\$ -	\$ -
Communications	\$ -	\$ -
Building repairs and maintenance	\$ -	\$ -
Salaries and benefits	\$ -	\$ -
Training	\$ -	\$ -
	\$ -	\$ -
	<u>\$ -</u>	<u>\$ -</u>
OPERATING SURPLUS	\$ -	\$ -
Principal reduction in term loan	\$ -	\$ -
	<u>\$ -</u>	<u>\$ -</u>
EXCESSS REVENUES OVER EXPENDITURES	\$ -	\$ -
Accumulated Surplus		
Beginning of year	\$ -	\$ -
	<u>\$ -</u>	<u>\$ -</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ -</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS
as of March 31, 2017

	(Unaudited)	
	2015	2014
1. Accounts Receivable		
HST recoverable	\$ -	\$ -
Funds misappropriated	\$ -	\$ -
	\$ -	\$ -
Less: allowance for doubtful accounts	\$ -	\$ -
	\$ -	\$ -
 2. Demand Term Loan		
Bank _____	\$ -	\$ -
- Demand note with agreement for repayment in monthly installments of _____ including interest calculated at bank's prime rate plus _____ % per annum.		
- security is a guarantee from _____ _____ for _____.		
 3. _____	\$ -	\$ -
 4. _____	\$ -	\$ -