



GRINNELL PUBLIC SAFETY COMMITTEE REGULAR SESSION
MEETING
MONDAY, MARCH 16, 2026, AT 5:30 PM
IN THE COUNCIL CHAMBERS ON THE 2ND FLOOR OF CITY HALL
AND VIA ZOOM
[HTTPS://ZOOM.US/J/93471083591?PWD=Y4BBGCROYTKI35UB61RK
YBNHWXKAIL.1](https://zoom.us/j/93471083591?pwd=Y4BBGCROYTKI35UB61RKYBNHWXKAIL.1)

MEETING ID: 934 7108 3591
PASSCODE: 736668

Join Zoom Meeting

TENTATIVE AGENDA

A. Roll Call:

B. Perfecting and Approval of Agenda:

C. Committee Business:

1. Consider approval of a street closure request blocking off the road just east of Central Park downtown, Park Street between 3rd and 4th Avenue, on June 20, 2026 from 8:00 A.M.–2:00 P.M. for a collaborative safety fair that will be open to the public and for all ages.
2. Consider approval of a Memorandum of Understanding for Paramedic Intercept with East Poweshiek Ambulance Service.
3. Consider approval of a Memorandum of Understanding for Paramedic Intercept with Sully Rural Fire.

D. Inquiries: Public Comment

Visitors may address the Council/Board at this time; however, comments will be limited to 2 minutes. As per Iowa's Open Meetings Law, Council/Board can only listen during public comments and cannot take any action on items that are not posted on the agenda. Council may take issues under advisement and if needed refer them to a department head, Mayor's committee, or add them to a future agenda.

E. Adjourn:

Any person with a disability who requires a modification or accommodation in order to participate in the meeting, or any person with limited English proficiency (LEP) who requires language assistance to communicate with the City Council during the meeting, should contact the City Clerk, (641) 236-2600 or adevig@grinnelliowa.gov, no fewer than two business days prior to the meeting to enable the City of Grinnell to make reasonable arrangements to assure accessibility or language assistance for the meeting.



**Memorandum of Understanding: Paramedic Intercept
East Poweshiek Ambulance Service & the Grinnell Fire Department**

Effective Date:

Purpose:

- The purpose of this Memorandum of Understanding (MOU) is to outline procedures for requesting advanced life support assistance by the departments listed within this MOU. It details which party will be responsible for billing of the patient, and payment to be made to the assisting agency.

Memorandum of Understanding:

- If either party requires an advanced life support response from the other party, they may request an ALS response to be dispatched for assistance.
- All requests must be made through Poweshiek County Dispatch.
- Neither organization will be required to respond if doing so prevents them from providing adequate coverage within their own district. This may be due to staffing or apparatus availability at the time of request.
- If requesting ALS tier during transport, both agencies must switch to a common radio channel to ensure they are able to communicate with each other.
- Any additional assistance that may be provided by either party that does not qualify as advanced life support tiering should be referred to the procedures outlined in the mutual aid agreement between the two departments.
- The patient will remain in the apparatus of the originating agency throughout the transportation unless mechanical issues would prevent the apparatus from completing the transportation.
- Both agencies will be required to submit a patient care report for the incident per state requirements.
- The service that originated the call will be responsible for billing the patient appropriately for reimbursement.
- The agency providing ALS assistance will be responsible for submitting an invoice to the originating agency in the amount of \$250.00 for services rendered and will not generate a bill to the patient for their service. Invoices may also be generated by the agency's billing service.
- This fee will not be dependent on the originating agency receiving reimbursement from the patient or their insurance.
- All payments will be expected to be settled within 60 days of the receipt of invoice.
- All invoices must include the agency name, address, incident number, and an invoice number.

Duration of Agreement, Change of Status, and Withdrawal from the MOU:

- Both parties must agree to the terms of this memorandum of understanding at the time of signing for it to be valid.
- This MOU will remain valid until either party chooses to end the agreement, or to alter the terms of the agreement.
- Either party may open discussions about changing the MOU at any time during the duration of the agreement, however, any changes need to be accepted by both parties and the agreement amended.
- If either party wishes to terminate the MOU, they may do so. Termination should be in writing and provide at least 30 days of notice prior to the termination.
- The MOU may be terminated by either party in the event of non-payment of the fee for assistance.
- If there are significant changes to response capabilities or staffing of either party, or any change in status of the transport level authorized by the State of Iowa for either party, the MOU may be terminated immediately.
- The agreement will be effective on the signing of the MOU by representatives of each agency.

Authorizing Signatures:

By signing this memorandum, all parties agree to the terms outlined within, and agree to follow the terms throughout the duration of the MOU.

East Poweshiek Ambulance Service:

Traci Smith - Director [Signature] 5/22/25
Name/Title Printed Signature Date

Grinnell Fire Department:

Name/Title Printed Signature Date

Representative from the City of Grinnell:

Name/Title Printed Signature Date

**Memorandum of Understanding: Paramedic Intercept
Sully Rural Fire and Ambulance & the Grinnell Fire Department**

Effective Date: Feb. 4 2026

Purpose:

- The purpose of this Memorandum of Understanding (MOU) is to outline procedures for requesting advanced life support assistance by the departments listed within this MOU. It details which party will be responsible for billing of the patient, and payment to be made to the assisting agency.

Memorandum of Understanding:

- If either party requires an advanced life support response from the other party, they may request an ALS response to be dispatched for assistance.
- All requests must be made through the services' dispatch center.
- Neither organization will be required to respond if doing so prevents them from providing adequate coverage within their own district. This may be due to staffing or apparatus availability at the time of request.
- If requesting ALS tier during transport, both agencies must switch to a common radio channel to ensure they are able to communicate with each other.
- Any additional assistance that may be provided by either party that does not qualify as advanced life support tiering should be referred to the procedures outlined in the mutual aid agreement between the two departments.
- The patient will remain in the apparatus of the originating agency throughout the transportation unless mechanical issues would prevent the apparatus from completing the transportation.
- Both agencies will be required to submit a patient care report for the incident per state requirements.
- The service that originated the call will be responsible for billing the patient appropriately for reimbursement.
- The agency providing ALS assistance will be responsible for submitting an invoice to the originating agency in the amount of \$250.00 for services rendered and will not generate a bill to the patient for their service. Invoices may also be generated by the agency's billing service.
- This fee will not be dependent on the originating agency receiving reimbursement from the patient or their insurance.
- All payments will be expected to be settled within 60 days of the receipt of invoice.
- All invoices must include the agency name, address, incident number, and an invoice number.


Duration of Agreement, Change of Status, and Withdrawal from the MOU:

- Both parties must agree to the terms of this memorandum of understanding at the time of signing for it to be valid.
- This MOU will remain valid until either party chooses to end the agreement, or to alter the terms of the agreement.
- Either party may open discussions about changing the MOU at any time during the duration of the agreement, however, any changes need to be accepted by both parties and the agreement amended.
- If either party wishes to terminate the MOU, they may do so. Termination should be in writing and provide at least 30 days of notice prior to the termination.
- The MOU may be terminated by either party in the event of non-payment of the fee for assistance.
- If there are significant changes to response capabilities or staffing of either party, or any change in status of the transport level authorized by the State of Iowa for either party, the MOU may be terminated immediately.

Authorizing Signatures:

By signing this memorandum, all parties agree to the terms outlined within, and agree to follow the terms throughout the duration of the MOU.

Sully Ambulance:

<u>Corey Van Kester - Director</u>	<u></u>	<u>2-4-26</u>
Name/Title Printed.	Signature.	Date

Grinnell Fire Department:

_____	_____	_____
Name/Title Printed.	Signature.	Date

Representative from the City of Grinnell:

_____	_____	_____
Name/Title Printed.	Signature.	Date
