

STANISLAUS LAFCO

Stanislaus Local Agency Formation Commission

1010 – 10th Street, 3rd Floor ♦ Modesto, CA 95354

(209) 525-7660 ♦ FAX (209) 525-7643

www.stanislauslafco.org

FILING REQUIREMENTS FOR SUBMITTING FIRE SERVICE CONTRACT APPLICATIONS

This checklist is provided as a guide for the preparation of a complete application packet to LAFCO. **You are required to consult with LAFCO staff prior to the submittal of the completed application.** If you have any questions regarding your proposal or preparation of your application packet, please contact the LAFCO staff at (209) 525-7660.

- ___ 1. Application form completed with **original signatures** and required attachments.
- ___ 2. Filing fee (deposit) payable to Stanislaus LAFCO. (See [Schedule of Fees and Deposits.](#))
- ___ 3. Vicinity Map and Contract Area Map (8½"x11" paper) showing the existing and proposed service areas and identifying acreages involved.
- ___ 4. Resolution of Application based on one of the following:
 - ___ For a public agency that is not a state agency, a copy of the resolution of application adopted by the legislative body of the public agency proposing to provide new or extended services outside the public agency's current jurisdictional boundaries.
 - ___ For a public agency that is a state agency, the application shall be initiated by the director of the state agency proposing to provide new or extended services outside the agency's current jurisdictional boundaries and be approved by the Director of Finance.
 - ___ For a local agency under contract with a state agency for the provision of fire protection services and proposing to provide new or extended services by the expansion of the existing contract or agreement, the application shall be initiated by the public agency that is a local agency and be approved by the Director of Finance.
- ___ 5. Plan for Services, prepared pursuant to Government Code Section 56134(e) demonstrating the agency's ability to provide services, level and range of those services, need for improvements or upgrading of facilities, and a financing plan. *Section 56134e is summarized on Page 4 of the application.*
- ___ 6. Independent Fiscal Analysis, prepared pursuant to Government Code Section 56134(f), that includes an analysis of the Plan for Services; documentation of how the costs of the existing service provider compare to the costs of service provided in service areas with similar populations, similar geographic and similar level and range of services; and a determination of costs expected to be borne by the public agency providing new or extended fire services.
- ___ 7. For applications with lengthy support documents, digital copies may be requested for the Commission.

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APPLICATION FOR FIRE SERVICE CONTRACT

NAME OF PROPOSAL: _____

APPLICANT:

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

APPLICANT'S REPRESENTATIVE:

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

AGENCIES INVOLVED:

Agency to provide fire protection service: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

Agency to provide fire protection service:* _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

Agency to receive fire protection service: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

Agency to receive fire protection service:* _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

**If Necessary*

LAFCO Use Only:

Proposal Name: _____ LAFCO Application No. _____

Submittal Date: _____ Cert. of Filing Date: _____

LAFCO Filing Fee: \$ _____ Fees Paid? _____ Yes _____ No

100% Property Owners Consent? _____ Yes _____ No

QUESTIONNAIRE

Please answer the following questions related to the proposed fire protection contract. The information will allow the Commission and staff to adequately assess the contract. Please provide any additional information that may be applicable (Additional sheets are okay).

A. General description of proposed contract and its terms:

B. Describe the affected jurisdictional boundaries (acreage) and number of employees that will have a change in employment status. Will the new contract affect more than 25% of employees of any public agency or transfer responsibility for more than 25% of an agency's jurisdictional boundaries? Explain:

C. Proposed services and anticipated level of service for all agencies:

D. New services being provided that are not currently being provided, if any. (If any please describe):

E. Specify any special arrangements or terms related to the Fire Protection District:

F. Please provide a description of the assumption of assets, liabilities, leasing of facilities and equipment if applicable:

G. Please provide a description of the assumption of personnel and/or retirement obligation, if applicable:

H. Location and Assessor's Parcel Numbers (attach additional sheets if necessary):

I. PLAN FOR SERVICES

A resolution of application submitted shall be submitted with a plan which shall include all of the following information (pursuant to Government Code Section 56134e):

- 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 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 completed.
- j. A determination, supported by documentation that the proposed fire protection contract meets the 25% thresholds described in Section 56134(a)

J. LAND USE

- i. Area Affected by Proposal (Gross Acres): _____
- ii. Land Uses of Area to be served:

Zoning	<input type="checkbox"/> City <input type="checkbox"/> County
General Plan Designation	<input type="checkbox"/> City <input type="checkbox"/> County
Use of Proposal Area	

K. BOUNDARIES AND ASSESSMENT

- i. Is the property contiguous to the existing City or District boundary?: Yes No
(Contiguous is defined by Govt. Code Section 56031)
- ii. Is the project co-terminus with:
 - Assessor's Parcel boundaries? Yes No
 - Legal lot boundaries? Yes No

- L. Is the Proposal completely surrounded by the fire agency providing services?
 Yes No

Please Describe: _____

M. POPULATION AND HOUSING

- i. Estimated Population of area to be served: _____
- ii. Estimated Number/Type of Dwelling Units within the proposed area:
 Existing: _____ Proposed (if any): _____

CERTIFICATION

I certify, under penalty of perjury, under the laws of the State of California, that the information contained in this application is true and correct. I acknowledge and agree that the Stanislaus Local Agency Formation Commission is relying on the accuracy of the information provided and my representations in order to process this application proposal.

Print Name: _____ Title: _____
 Signature: _____ Date: _____

- City or District Applicant
- Property Owner Applicant
- Applicant's Representative/Agent (Proof of authority must be provided)

INTERESTED PERSONS AND/OR AGENCIES

Please complete if any persons and/or agencies are requesting to be notified of the project. If more than two interested agencies, please provide the name and information, on a separate page.

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Title: _____

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INDEMNITY AGREEMENT

As part of this application, the applicant agrees to defend, indemnify, hold harmless and release the Stanislaus Local Agency Formation Commission (LAFCO), its officers, employees, attorneys, or agents from any claim, action or proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul, in whole or in part, LAFCO's action on a proposal or on the environmental documents submitted to support it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney fees, and expert witness fees that may be asserted by any person or entity, including the applicant arising out of or in connection with the application.

Date: _____

APPLICANT OR APPLICANT'S REPRESENTATIVE:
(Proof of authority must be provided)

Signature: _____

Name: _____

Title: _____

Agency: _____

Address: _____

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COMPLIANCE WITH POLITICAL EXPENDITURE AND CONTRIBUTION DISCLOSURE REQUIREMENTS

Effective January 1, 2008: Pursuant to Government Code Sections 56700.1 and 57009 of the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000, and 82015 and 82025 of the Political Reform Act, applicants for LAFCO approvals and those opposing such proposals are required to report to LAFCO all political contributions and expenditures with respect to the proposal that exceed \$1,000. By your signature to this application, you are binding the applicant to abide by these disclosure requirements. You are further agreeing that should LAFCO be required to enforce these requirements against you (or if the agency is the formal applicant, the real party in interest) that you will reimburse LAFCO for all staff cost and legal fees, and litigation expenses incurred in that enforcement process.

Date: _____

APPLICANT OR APPLICANT'S REPRESENTATIVE:
(Proof of authority must be provided)

Signature: _____

Name: _____

Title: _____

Agency: _____

Address: _____

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FINANCIAL DISCLOSURE STATEMENT

Consistent with the requirements of the State of California Fair Political Practices Commission, each applicant or their agent must complete and submit this Statement of Disclosure form with any application that requires discretionary action by Stanislaus LAFCO (Government Code §84308 of the Political Reform Act).

Person is defined as: "Any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver, syndicate, this and any other county, city and county, city, municipality, district or other political subdivision, or any other group or combination acting as a unit."

1. List the names of all persons having any ownership interest in the property involved or any financial interest in the application. (Use additional sheets if necessary.)

2. If any person identified pursuant to #1 is a corporation or partnership, list the names of all individuals owning more than 10% of the shares in the corporation or owning any partnership interest in the partnership.

3. If any person identified pursuant to #1 is a non-profit organization or a trust, list the names of any person serving as director of the non-profit organization or as trustee or beneficiary or trustor of the trust.

4. Has any person identified pursuant to #1 had \$250 or more worth of business transacted with any Commissioner or Alternate or Commission staff person within the past 12 months? Yes / No

If Yes, please indicate person's name/s:

5. Has any person identified pursuant to #1, or his or her agent, contributed \$250 or more to any Commissioner or Alternate within the past 12 months? Yes / No

If Yes, please indicate person(s) or agent(s) making contribution:

Name/s of Commissioner(s)/Alternate(s) receiving contribution:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____

Printed Name: _____

Date: _____