Vital Care Ambulance LLC

To the respected members of the City Council:

The Concho County Hospital has recently requested to contract with Vital Care Ambulance LLC to provide ambulance transport services for their hospital for the purpose of transporting their emergent patients to a facility of higher-level care. To accomplish this, the Texas Department of State Health Services requires (1) a letter of approval from the Eden City Council. This would allow us to assist your county's hospital on an "as-needed" basis. This will lighten the load on your hospital.

My husband, Ethan Crumby Co - CEO (EMT Basic), and I, Serena Allison Crumby CEO (EMT Paramedic), have a combined 12 years of EMS experience in various busy 911 services, including having served Concho County for 5 years. Our company has the capability to staff a substation with quality employees, many of whom are local and already familiar with the county and hospital. Additionally, we have plans to provide CPR training classes, and first aid classes. We pride ourselves in being community oriented and would love to be a part of Concho County.

We appreciate the Concho County Hospital for approaching us with this opportunity, and we look forward to serving this community once again. We welcome any questions you may have and thank you for your time and consideration.



City of Eden 120 Paint Rock Street PO Box 915 Eden, Texas 76837 Off: (325) 869-2211 Fax: (325) 869-5075

| AGENDA ITEM REQUEST FORM |
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| Submitted by Serena Crumby/ Vital Care Ambulance LLC |
| Agenda Item Request for letter of approval |
| Agenda Item Kequest for letter of approval |
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| Is this item requested to a citizen request? No |
| If yes, NameAddress |
| Phone number |
| Has a public hearing been conducted in the past in connection with this item? No |
| If yes, approximate date or year |
| If no public hearing, has this item been considered by council in the past? No |
| Has this item been considered by a board or commission? No |
| If yes, approximate date or year |
| Information about this request which Council / Staff may find helpful: |
| See attached document. |
| Requesting letter of approval by City Council for Vital Care Ambulan |
| to contract with Concho County Hospital |
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| Agenda Preparation Action |
| Research needed by Department(s). |
| Date referred: |
| Date presented for agenda preparation: |
| Slated for Council's agenda on |
| Council apprised of progress on this item on following date(s): |
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