

Fire and Emergency Services Newfoundland and Labrador	GENERAL POLICY MANUAL
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Section 1	Administration – Response Outside Municipal Boundary
Approval Date: January 1, 2015	Sunset Date: December 31, 2018
Regulatory Reference:	N/A
Document Reference:	N/A
Purpose	<p>To have a standard policy for the administration of a Municipal/Local Service District/Regional Service Board (Mun/LSD/RSB) special assistance funding for Response Outside Municipal Boundary that provides financial assistance to municipal/local service district/regional service board fire departments that respond to incidents outside their municipal boundaries.</p> <p>This policy is intended to provide financial assistance to help offset the cost of response to emergencies outside Mun/LSD/RSB boundaries. Nothing in this policy requires a Mun/LSD/RSB to provide service outside their boundaries.</p>
1.1.1	This policy will provide information regarding the eligibility of claims, rate of financial assistance and the application process.
1.1.2	<p>Eligibility Response to incidents outside Mun/LSD/RSB boundary. Incidents include vehicle extrication, rescue, hazardous materials response, and vehicle fires.</p> <p>Financial assistance for call shall be paid to one fire department (Mun/LSD/RSB). Only where the responding fire department is not fully equipped to handle the emergency will a second fire department be eligible under this policy.</p> <p>Where conflict exists respecting areas of jurisdiction for fire departments, the applicable Fire Protection Officer shall determine jurisdiction authority as it relates to this policy.</p> <p>Applications must be received within 60 days of date of incident or applications will be rejected.</p> <p>Confirmation of attendance at a scene may be required from the RCMP or RNC.</p>
1.1.3	<p>Ineligible Responses to incidents inside your fire department’s Mun/LSD/RSB boundary are ineligible for funding assistance.</p> <p>Structural fires in other municipalities/local service districts/regional service boards including built-up areas, such as cabin areas, forest fires, medical calls and mutual aid responses are not eligible for financial assistance under this policy.</p> <p>Municipalities/local service districts/regional service boards that submit a claim to an insurance company or other parties involved in an incident shall not be eligible for a claim under this policy.</p>

1.1.4	<p>Rate of Financial Assistance A flat rate of \$350.00 per call for the first three (3) hours. For each additional hour thereafter, a rate of \$50.00 per hour shall be eligible.</p>
1.1.5	<p>Consumables For the purpose of this policy, consumables are not eligible.</p>
1.1.6	<p>Application Process Application form to be completed and verified by the Mun/LSD/RSB representative and the fire chief. A copy of the Incident Report must accompany this application or the Online Incident Report Number must be noted on the application form. Application form and any supporting documentation must be submitted to Fire and Emergency Services, 25 Hallett Crescent, P.O. Box 8700, St. John's, NL, A1B 4J6. Original copies by mail, legible fax copies or email may be accepted.</p> <p>Response Time means the actual time request for assistance was received. Time of Termination of Incident means the actual time of returning to the fire hall.</p> <p>Upon payment to a Mun/LSD/RSB, government may initiate action to recover costs from insurance or associated parties.</p> <p>All claims shall be subject for review and audit purposes prior to payment. Municipalities/local service districts/regional service boards must be prepared to provide additional information as may be required.</p>
1.1.7	FES-NL reserves the right to deny funding as a result of non-compliance with this policy.
Attachments	Application Form



**RESPONSE OUTSIDE MUNICIPAL BOUNDARY
 CLAIM APPLICATION**

**A copy of the Incident Report must accompany this application
 Or
 The Online Incident Report Number must be noted on the application form**

PLEASE PRINT

Municipality/Local Service District/Regional Service Board:		
Fire Department Name (if different from above):		
Date of Incident: ____/____/____ Year Month Day	Type of Incident:	
Location of Incident:	Online Incident Report #:	
Time of Response:	Time of Termination of Incident:	
Response Request Received From:	Number of Response Personnel:	
Insurance Claim Submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicles Used (Example: pumper, rescue, cube van, etc.):		
		Total
Claim \$350.00 for first 3 hours		\$350.00
Additional Hours @ \$50.00 per hour x _____ Number of Hours		
Total Claim		

In making this application, I acknowledge that the above noted information is correct to the best of my knowledge.

Date

Signature of Fire Chief

In making this application, I hereby acknowledge that we have not or will not be submitting a claim to the insurance industry, other municipality or agency for funding for this incident.

Date

Authorized Signature of Town/LSD/RSB