



Bonner County Ambulance District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

August 6, 2025

Memorandum

CONSENT AGENDA

To: Bonner County Ambulance Service District Board

Adopting the Order of the Agenda As Presented

A suggested Motion would be: Based on the information before us, I move to Adopt the Order of the Agenda as presented.

Consent Agenda

The Consent Agenda Includes:

- 1) Bonner County Ambulance Service District Minutes July 23, 2025
- 2) Invoices: Acrisure Insurance (\$9,267); SIF (\$28,126)

A suggested Motion would be: Based on the information before us, I move to approve the Consent Agenda as presented.

Recommendation Acceptance: ☐ Yes ☐ No

Asia Williams, Chair

Date



Bonner County
Board of Ambulance Service District

Brian Domke

Asia Williams

Ron Korn

**MINUTES FOR THE BONNER COUNTY
AMBULANCE SERVICE DISTRICT**

July 23, 2025 – 9:00 AM – 10:00 AM

Bonner County Administration Building

1500 Highway 2, Third Floor Conference Room, Sandpoint, ID

On Wednesday, July 23, 2025, the Bonner County Board of Ambulance Service District met for their regularly scheduled meeting. Commissioners Domke, Williams, and Korn were present. Commissioner Williams called the meeting to order at 9:09 a.m.

ADOPT THE ORDER OF AGENDA AS PRESENTED / AMENDED

Commissioner Korn made a motion to adopt the Order of the Agenda as presented. Commissioner Domke seconded the motion.

Roll Call Vote: Commissioner Williams – Yes; Commissioner Korn – Yes; Commissioner Domke – Yes. The motion carries.

CONSENT AGENDA – Action Item

1) Bonner County Ambulance Service District Minutes July 2, 2025

Commissioner Domke made a motion to adopt the Consent Agenda as presented. Commissioner Korn seconded the motion.

Roll Call Vote: Commissioner Korn – Yes; Commissioner Domke – Yes; Commissioner Williams – Yes. The motion carries.

BCASD – Sarah Nixon

1) Action Item: Discussion/Decision Regarding FY25 Claims Batch #41, **Totaling \$43,845.92**

Commissioner Korn made a motion to approve payment of the FY25 BCASD Claims in Batch #41, totaling \$43,845.92 Commissioner Domke seconded the motion.

Roll Call Vote: Commissioner Domke – Yes; Commissioner Williams – Yes; Commissioner Korn – Yes. The motion carries.

MISCELLANEOUS BUSINESS - Action Items / Discussion / Decision / Recommendation

1) Task List: Review & Updates

- Commissioner Williams discussed scheduling a meeting with a broker regarding insurance. She also is planning to schedule a meeting with HR regarding claims.

2) Budget Forecasts

Chief Lindsey discussed current cash on hand as well as insurance.

Public Comment*

No public comment

The meeting was adjourned at 9:14 a.m.

Clerk: *Lauren Reichenbach*

By _____
Commissioner Asia Williams, Chair

Date



Bonner County Ambulance District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

August 6, 2025

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Payment of invoice 20383 to Acrisure Insurance Services in the amount of \$9,267.00 for the first installment of our Auto Insurance.

Auditing Review: _____

Email is attached verifying that auditing has verified that the funds to cover this item are within the budget; this is required for any expenditure/budget adjustment request.

Risk Review: _____

If applicable, email is attached verifying that all Risk questions/concerns have been resolved and that it has been approved. This includes new equipment/assets to be insured or contracts requiring insurance for review.

Legal Review: _____

Email is attached verifying that all legal questions/concerns have been resolved and that it has been approved.

Distribution: _____ Original to BOCC

_____ Copy to Bonner County EMS

A suggested Motion would be: Based on the information before us, I move to approve the payment of the Acrisure Insurance invoice in the amount of \$9,267.00.

Recommendation Acceptance: ☐ Yes ☐ No

Asia Williams, Chair

Date



Acrisure Northwest Partners Insurance Services, LLC

Invoice #	Date
20383	5/27/2025
Account Number	Amount Due
BONNCOU-04	\$9,267.00

Pay Online at: www.Acrisure.com/Northwest-Pay/

Make checks payable and remit to:

ACRISURE NORTHWEST PARTNERS INSURANCE SE
P.O. Box 103600
Pasadena, CA 91189-3600

Bonner County Emergency Medical Services
521 S Division Ave
Ste 131
Sandpoint, ID 83864--2092

For overnight / courier processing, remit to:

JP Morgan Chase
Attn: ACRISURE NORTHWEST PARTNERS INSURANCE SE & 103600

2710 Media Center Drive
Building #6 Suite # 120
Los Angeles, CA 90065

Detach and return top portion with check payment. Please include invoice number on check memo line.



Invoice #	Account Number	Date	Amount Due
20383	BONNCOU-04	5/19/2025	\$9,267.00

Commercial Package

Policy Number: VFNU-TR-0035682

Effective: 5/19/2025 to 5/19/2026

Item #	Policy Eff Date	Due Date	Trans	Description	Amount
844700	5/19/2025	6/20/2025	NEWB	New Commercial Pkg - Installment 1 of 4	\$9,267.00
Total Invoice Balance:					\$9,267.00

Account Name: Bonner County Emergency Me

Pay Now

Acrisure Branch Location:
19401 40th Ave. W. #440 Lynnwood, WA 98036



Bonner County Ambulance District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

August 6, 2025

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Payment of statement 29904779 to State Insurance Fund in the amount of \$28,126.00 for the installment premium. This will be paid from account 99918-6210 Workman's Compensation Insurance.

Auditing Review: _____

Email is attached verifying that auditing has verified that the funds to cover this item are within the budget; this is required for any expenditure/budget adjustment request.

Risk Review: _____

If applicable, email is attached verifying that all Risk questions/concerns have been resolved and that it has been approved. This includes new equipment/assets to be insured or contracts requiring insurance for review.

Legal Review: _____

Email is attached verifying that all legal questions/concerns have been resolved and that it has been approved.

Distribution: _____ Original to BOCC
_____ Copy to Bonner County EMS

A suggested Motion would be: Based on the information before us, I move to approve the payment of the State Insurance Fund in the amount of \$28,126.00.

Recommendation Acceptance: ☐ Yes ☐ No

Asia Williams, Chair

Date



1005402500050300010001010000



Amount Due: \$28,126.00
Payment Due Date: 08/05/2025
Statement Date: 07/11/2025

Page 1 of 1

POLICY STATEMENT

Bonner County EMS
521 S Division Ave Ste 131
Sandpoint, ID 83864-2092

Customer Relations Team
(208) 332-2137

Policy Number: 648526

Statement Number: 30103505

Now available: pay online, no log in needed.

Credit cards accepted for accounts up to \$25,000 in premium and EFT payments for all account sizes. Create an account to schedule payments, submit payroll reports, and more. Visit <https://www.idahosif.org> to get started.

Summary of Activity

Beginning Balance	+ Charges	- Payments/Credits	= Current Statement Balance
\$0.00	\$28,126.00	\$0.00	\$28,126.00

Financial Transactions

Policy / Reporting Period	Transaction Date	Description	Charges/Credits
01/01/2025 - 01/01/2026	07/11/2025	Installment premium	\$28,126.00

To Ensure Proper Payment, Detach Here and Return Bottom Section with Check - Include Policy Number on Check

Bonner County EMS
521 S Division Ave Ste 131
Sandpoint, ID 83864-2092

Policy #: 648526
Statement #: 30103505
Amount Due: \$28,126.00
Payment Due Date: 08/05/2025

Amount Enclosed

\$ _____

☐ "X" Box if Address Change

New Address: _____

New Phone #: _____

Remit payment to:

STATE INSURANCE FUND
PO BOX 990002
BOISE, IDAHO 83799-0002

Use our website www.idahosif.org to
submit payroll reports, view policy details
and pay your bill.

701

000648526

030103505

002812600



Board of Bonner County
Ambulance Service District

Brian Domke

Asia Williams

Ron Korn

August 6, 2025

BONNER
COUNTY CLERK
Item #1

MEMORANDUM

To: Board of Bonner County Ambulance Service District

Re: FY25 BCASD Claims in Batch #43

The Auditor's Office presented the FY25 BCASD Claims Batch #43, **Totaling \$45,209.18**

A suggested Motion would be: Based on the information before us, I move to approve payment of the FY25 BCASD Claims in Batch #43, totaling \$45,209.18

Recommendation Acceptance: ☐ Yes ☐ No

Asia Williams, Chair

Date

ACCOUNTS PAYABLE WARRANT REPORT

DATE: 07/31/2025 WARRANT: EMS4325 AMOUNT: \$ 45,209.18

COMMISSIONER'S APPROVAL REPORT

DRAFT

DETAIL INVOICE LIST

CASH ACCOUNT: 999

1099

EMS TREASURER/WARRANT

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
4980 AT&T MOBILITY LLC	1 99918 6900	00001		INV	07/29/2025	287297679098JUL25	178472	
		NEWEMSGEN		CELL PHONE		1,180.35		
		Invoice Net				1,180.35		
				CHECK TOTAL		1,180.35		-----
1900 AVISTA UTILITIES	1 99918 6930	00001		INV	07/24/2025	0727737636JUL25-2	178228	
	2 99918 6980	NEWEMSGEN		ELECTRIC		435.99		
		NEWEMSGEN		OTHER UTIL		27.30		
		Invoice Net				463.29		
1900 AVISTA UTILITIES	1 99918 6930	00001		INV	07/28/2025	4788807179JUL25	178275	
	2 99918 6980	NEWEMSGEN		ELECTRIC		86.19		
		NEWEMSGEN		OTHER UTIL		28.85		
		Invoice Net				115.04		
1900 AVISTA UTILITIES	1 99918 6930	00001		INV	07/29/2025	2184720000JUL25	178465	
		NEWEMSGEN		ELECTRIC		193.61		
		Invoice Net				193.61		
				CHECK TOTAL		771.94		-----
1953 BONNER GENERAL HEALTH	1 99918 6660	00001		INV	07/28/2025	125JUL25	178260	
		NEWEMSGEN		MEDICAL		1,579.48		
		Invoice Net				1,579.48		
				CHECK TOTAL		1,579.48		-----
3800 BOUND TREE MEDICAL LLC	1 99918 6660	00001		INV	07/28/2025	85854241	178266	
		NEWEMSGEN		MEDICAL		1,212.43		
		Invoice Net				1,212.43		
3800 BOUND TREE MEDICAL LLC	1 99918 6660	00001		INV	07/28/2025	85847772	178283	
		NEWEMSGEN		MEDICAL		18.21		
		Invoice Net				18.21		
3800 BOUND TREE MEDICAL LLC	1 99918 6660	00001		INV	07/29/2025	85860914	178462	
		NEWEMSGEN		MEDICAL		196.89		
		Invoice Net				196.89		
				CHECK TOTAL		1,427.53		-----
965 CANON FINANCIAL SERVIC	1 99918 9350	00001		INV	07/28/2025	41474749	178276	
	2 99918 7820	NEWEMSGEN		CAP - LEAS		88.00		
		NEWEMSGEN		CTRCT SVCS		4.08		
		Invoice Net				92.08		
				CHECK TOTAL		92.08		-----
1962 CORPORATE PAYMENT SYST	1 99918 6490	00001		INV	07/29/2025	8336JUL25	178485	
	2 99918 6720	NEWEMSGEN		EDUCATION		155.00		
		NEWEMSGEN		SM ASSETS		367.19		
		Invoice Net				522.19		
				CHECK TOTAL		522.19		-----
310 GALLS PARENT HOLDINGS		00002		INV	07/29/2025	031961962	178468	

DETAIL INVOICE LIST

CASH ACCOUNT: 999

1099

EMS TREASURER/WARRANT

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
	1 99918 7710	NEWEMSGEN		UNIFORMS		1,086.99		
		Invoice Net				1,086.99		
						CHECK TOTAL	1,086.99	-----
4606	GRIPTION TIRES INC	00001		INV	07/28/2025	72647	178264	
	1 99918 7040	NEWEMSGEN		REPAIR		948.62		
		Invoice Net				948.62		
4606	GRIPTION TIRES INC	00001		INV	07/28/2025	72646	178273	
	1 99918 7040	NEWEMSGEN		REPAIR		4,335.23		
		Invoice Net				4,335.23		
4606	GRIPTION TIRES INC	00001		INV	07/28/2025	72562	178284	
	1 99918 7040	NEWEMSGEN		REPAIR		141.21		
		Invoice Net				141.21		
						CHECK TOTAL	5,425.06	-----
2219	GRIZZLY GLASS CENTER	00001		INV	07/28/2025	WOH0174229	178272	
	1 99918 7040	NEWEMSGEN		REPAIR		1,060.00		
		Invoice Net				1,060.00		
						CHECK TOTAL	1,060.00	-----
3799	HENRY SCHEIN	00001		INV	07/28/2025	44239027	178261	
	1 99918 6660	NEWEMSGEN		MEDICAL		599.86		
		Invoice Net				599.86		
3799	HENRY SCHEIN	00001		INV	07/28/2025	44029308	178269	
	1 99918 6660	NEWEMSGEN		MEDICAL		68.94		
		Invoice Net				68.94		
3799	HENRY SCHEIN	00001		INV	07/28/2025	44047665	178270	
	1 99918 6660	NEWEMSGEN		MEDICAL		130.33		
		Invoice Net				130.33		
3799	HENRY SCHEIN	00001		INV	07/28/2025	43822012	178277	
	1 99918 6660	NEWEMSGEN		MEDICAL		783.78		
		Invoice Net				783.78		
3799	HENRY SCHEIN	00001		INV	07/28/2025	43743481	178278	
	1 99918 6660	NEWEMSGEN		MEDICAL		201.66		
		Invoice Net				201.66		
3799	HENRY SCHEIN	00001		INV	07/28/2025	43705939	178279	
	1 99918 6660	NEWEMSGEN		MEDICAL		24.56		
		Invoice Net				24.56		
						CHECK TOTAL	1,809.13	-----
1341	LINDSEY JEFFREY	00001		INV	07/28/2025	JULY25	178267	
	1 99918 6440	NEWEMSGEN		TRAVEL		271.00		
		Invoice Net				271.00		
1341	LINDSEY JEFFREY	00001		INV	07/28/2025	JUL25	178268	
	1 99918 6440	NEWEMSGEN		TRAVEL		262.95		
		Invoice Net				262.95		
						CHECK TOTAL	533.95	-----

DETAIL INVOICE LIST

CASH ACCOUNT: 999 1099

EMS TREASURER/WARRANT

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
6018	GENUINE PARTS COMPANY 1 99918 7040	00001 NEWEMSGEN Invoice Net		INV REPAIR	07/28/2025	240400 12.99 12.99	178280	
6018	GENUINE PARTS COMPANY 1 99918 7040	00001 NEWEMSGEN Invoice Net		INV REPAIR	07/28/2025	239299 25.98 25.98	178281	
				CHECK TOTAL		38.97		-----
2788	OXARC 1 99918 6650	00001 NEWEMSGEN Invoice Net		INV OXYGEN	07/28/2025	0032378567 258.49 258.49	178262	
				CHECK TOTAL		258.49		-----
4304	PROFESSIONAL SALES AND 1 99918 7040	00001 NEWEMSGEN Invoice Net		INV REPAIR	07/28/2025	34008 136.29 136.29	178271	
				CHECK TOTAL		136.29		-----
1631	SOUTH FORK HARDWARE - 1 99918 6670	00001 NEWEMSGEN Invoice Net		INV OTHER	07/28/2025	410154 17.48 17.48	178263	
				CHECK TOTAL		17.48		-----
832	STATE INSURANCE FUND 1 99918 6210	00001 NEWEMSGEN Invoice Net		INV WORK COMP	07/28/2025	30103505 28,126.00 28,126.00	178274	
				CHECK TOTAL		28,126.00		-----
4134	STRYKER SALES CORPORAT 1 99918 6660	00002 NEWEMSGEN Invoice Net		INV MEDICAL	07/28/2025	9209826739 755.65 755.65	178265	
				CHECK TOTAL		755.65		-----
5117	TELEFLEX LLC 1 99918 6660	00001 NEWEMSGEN Invoice Net		INV MEDICAL	07/28/2025	9510285997 50.00 50.00	178282	
				CHECK TOTAL		50.00		-----
3571	WHITE PETERSON ATTORNE 1 99918 7110	00001 NEWEMSGEN Invoice Net		INV OTHER	07/29/2025	169228 337.60 337.60	178470	
				CHECK TOTAL		337.60		-----
32 INVOICES				WARRANT TOTAL		45,209.18 45,209.18		

WARRANT SUMMARY

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

FUND	ORG		ACCOUNT		AMOUNT	AVLB BUDGET
999	99918	NEW EMS - GENERAL	999-18-00-000-6210-	WORKERS COMP INS	28,126.00	281,489.86
999	99918	NEW EMS - GENERAL	999-18-00-000-6440-	TRAVEL	533.95	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6490-	EDUCATION	155.00	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6650-	SUPPLIES - OXYGEN	258.49	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6660-	SUPPLIES - MEDICAL	5,621.79	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6670-	SUPPLIES - OTHER	17.48	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6720-	SMALL ASSETS AND EQUIP	367.19	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6900-	UTILITIES - CELLULAR T	1,180.35	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6930-	UTILITIES - ELECTRICIT	715.79	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-6980-	UTILITIES - OTHER	56.15	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-7040-	VEHICLES - REPAIR/MAIN	6,660.32	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-7110-	PROF. SVCS - OTHER	337.60	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-7710-	UNIFORMS	1,086.99	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-7820-	CONTRACT SERVICES	4.08	60,809.16
999	99918	NEW EMS - GENERAL	999-18-00-000-9350-	CAPITAL - LEASE EXPEND	88.00	35,473.35
				FUND TOTAL	45,209.18	
				WARRANT SUMMARY TOTAL	45,209.18	
				GRAND TOTAL	45,209.18	

WARRANT LIST BY VOUCHER

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
178228	1900	AVISTA UTILITIES	0727737636JUL25-2		INV	07/24/2025	463.29	521 S. DIVISION - EMS
178260	1953	BONNER GENERAL HEALTH	125JUL25		INV	07/28/2025	1,579.48	Pharmacy supplies
178261	3799	HENRY SCHEIN	44239027		INV	07/28/2025	599.86	BVMs, IV caths, CPAP
178262	2788	OXARC	0032378567		INV	07/28/2025	258.49	Oxygen
178263	1631	SOUTH FORK HARDWARE - SANDP	410154		INV	07/28/2025	17.48	Oxi clean, steel wool
178264	4606	GRIPTION TIRES INC	72647		INV	07/28/2025	948.62	Unit 21 Tie rod and dr
178265	4134	STRYKER SALES CORPORATION	9209826739		INV	07/28/2025	755.65	SPO2 sensors
178266	3800	BOUND TREE MEDICAL LLC	85854241		INV	07/28/2025	1,212.43	IV admin sets, sheets
178267	1341	LINDSEY JEFFREY	JULY25		INV	07/28/2025	271.00	Per Diem for conferenc
178268	1341	LINDSEY JEFFREY	JUL25		INV	07/28/2025	262.95	Reimburse mileage and
178269	3799	HENRY SCHEIN	44029308		INV	07/28/2025	68.94	Tegaderm, 4x4s, swabs
178270	3799	HENRY SCHEIN	44047665		INV	07/28/2025	130.33	Glucose strips, C-coll
178271	4304	PROFESSIONAL SALES AND SERV	34008		INV	07/28/2025	136.29	Reflectors, lens cover
178272	2219	GRIZZLY GLASS CENTER	WOH0174229		INV	07/28/2025	1,060.00	3501windshield
178273	4606	GRIPTION TIRES INC	72646		INV	07/28/2025	4,335.23	Unit 21 tires
178274	832	STATE INSURANCE FUND	30103505		INV	07/28/2025	28,126.00	WORKERS' COMP INSURANC
178275	1900	AVISTA UTILITIES	4788807179JUL25		INV	07/28/2025	115.04	Electric, gas station
178276	965	CANON FINANCIAL SERVICES IN	41474749		INV	07/28/2025	92.08	copier lease and usage
178277	3799	HENRY SCHEIN	43822012		INV	07/28/2025	783.78	Electrodes, glucose st
178278	3799	HENRY SCHEIN	43743481		INV	07/28/2025	201.66	Immobilizers, IV caths
178279	3799	HENRY SCHEIN	43705939		INV	07/28/2025	24.56	needles
178280	6018	GENUINE PARTS COMPANY	240400		INV	07/28/2025	12.99	DEF
178281	6018	GENUINE PARTS COMPANY	239299		INV	07/28/2025	25.98	DEF
178282	5117	TELEFLEX LLC	9510285997		INV	07/28/2025	50.00	IO Stabilizers
178283	3800	BOUND TREE MEDICAL LLC	85847772		INV	07/28/2025	18.21	Nebulizers

WARRANT LIST BY VOUCHER

WARRANT: EMS4325 07/31/2025

DUE DATE: 08/31/2025

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
178284	4606	GRIPTION TIRES INC	72562		INV	07/28/2025	141.21	C01841 LOF
178462	3800	BOUND TREE MEDICAL LLC	85860914		INV	07/29/2025	196.89	Ipratropium, gloves
178465	1900	AVISTA UTILITIES	2184720000JUL25		INV	07/29/2025	193.61	Electric station 2
178468	310	GALLS PARENT HOLDINGS LLC	031961962		INV	07/29/2025	1,086.99	Uniforms
178470	3571	WHITE PETERSON ATTORNEYS	169228		INV	07/29/2025	337.60	Legal services - Acct
178472	4980	AT&T MOBILITY LLC	287297679098JUL25		INV	07/29/2025	1,180.35	Cell phones, cradle po
178485	1962	CORPORATE PAYMENT SYSTEMS	8336JUL25		INV	07/29/2025	522.19	Training, bulletproof
WARRANT TOTAL							45,209.18	

** END OF REPORT - Generated by Nichole Janes **