



## **Bonner County Ambulance Service District Board**

Brian Domke

Asia Williams

Ron Korn

### **AGENDA FOR THE BONNER COUNTY AMBULANCE SERVICE DISTRICT MEETING**

August 20, 2025 – Start 11:00 A.M. – End 12:00 P.M.

Bonner County Administration Building, 1500 Highway 2, Room 338, Sandpoint, ID

**\*\*\*LIVESTREAM:** <https://www.youtube.com/channel/UCsFUpuVj8VtuATY4eAD7e4Q/videos>

**You are invited to a Zoom Webinar**

**When: August 20, 2025, at 11:00 A.M. – 12:00 P.M. Pacific Time (US & Canada)**

**Topic: Bonner County Board of Bonner County Ambulance Service District's Meeting**

**Join from PC, Mac, iPad, or Android:**

<https://bonnercounty.zoom.us/j/84157083772>

Passcode:685015

#### **\*\*\*For Those Electronically Participating:**

Use of the Zoom link is not intended as a substitute for in person or written participation in the proceedings of County business. It is possible to have technology issues with the Zoom link to include, but not limited to, difficulty hearing and being heard.

If you have information to communicate to the County, please come in person or send your information in writing. the County cannot assure that the information will be received via Zoom. Use of Zoom is at risk of the user. Technology failure will not result in the County re-agendizing and/or accepting post deadline information on any given item or issue. In-person attendance is recommended.

### **CALL TO ORDER**

### **ADOPT THE ORDER OF AGENDA**

#### **CONSENT AGENDA – Action Item**

- 1) Bonner County Ambulance Service District Minutes, August 6, 2025
- 2) Invoices over \$5k: ESO (\$12,070.66)

#### **BCASD**

- 1) Action Item: Discussion/Decision Regarding FY25 Claims Batch #45; **Totaling \$61,800.75**
- 2) Action Item: Discussion/Decision Regarding FY25 Demands Batch #45;  
**Totaling \$9,267.00**
- 3) Action Item: Discussion/Decision Regarding a lease agreement from Canon Solutions America for a 60-month lease of a Canon IR4925 for the total monthly lease of **\$106.22**

#### **MISCELLANEOUS BUSINESS - Action Items / Discussion / Decision / Recommendation**

- 1) Task List: Review & Updates
- 2) Budget Forecast Update
- 3) Discussion: Signers for Accounts

### **PUBLIC COMMENT\***



**Bonner County Ambulance District**  
**Board of Commissioners**

Brian Domke Asia Williams Ron Korn

August 20, 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 August 6, 2025
- 2) Invoices: SEO (\$12,070.66)

**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**

August 6, 2025 – 11:00 AM – 12:00 PM

Bonner County Administration Building

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

On Wednesday, August 6, 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 11:04 a.m.

**ADOPT THE ORDER OF AGENDA AS PRESENTED**

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 23, 2025
- 2) Invoice Over \$5k: Acrisure Insurance - **\$9,267.00**; SIF (Quarterly Workers Comp Premium Payment)

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 #43, **Totaling \$45,209.18**
- Commissioner Domke made a motion to approve payment of the FY25 BCASD Claims in Batch #43. Commissioner Korn 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
  - Jeff apologized for not getting a budget sheet together this week as he has been busy working on the overall budget. They have a little over \$1.6 million in the bank right now.

The meeting was adjourned at 11:08 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 20, 2025

## Memorandum

## Consent Agenda

To: Bonner County Ambulance Service District Board

Bonner County EMS wishes to pay the ESO invoice in the amount of \$12,070.66 for our patient reporting program. This will come from line item 99918-9440 Computer Software.

**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 ESO Invoice in the amount of \$12,070.66.

Recommendation Acceptance: ☐ Yes ☐ No

\_\_\_\_\_  
Asia Williams, Chair

\_\_\_\_\_  
Date



# Invoice

Date: 7/31/2025  
Invoice # ESO-174083  
Terms Net 30  
Due Date 8/30/2025  
PO#

Please send payments to:  
ESO Solutions, Inc.  
PO Box 738310  
Dallas, TX 75373-8310

## Bill To

Bonner County EMS  
521 N. 3rd Avenue  
Sandpoint ID 83864  
United States  
[snixon@bonnercountyid.gov](mailto:snixon@bonnercountyid.gov)

## Ship To

Bonner County EMS  
521 N. 3rd Avenue  
Sandpoint  
ID 83864  
US

Item	From	To	QTY	UOM	Total
ESO EHR Suite	8/30/2025	8/29/2026	1	Incidents	USD \$12,070.66
Patient care reporting suite, includes EHR web and mobile client, Quality Management, AdHoc Reports, Analytics, Patient Tracker. Allows for unlimited users, unlimited mobile applications, live support, state and federal data reporting, ongoing weekly web training, software updates and upgrades.					

## Invoice Message:

## ACH/EFT bank information:

JP Morgan Chase  
Routing: 111000614  
Account Number: 577211926

## Check Remittance lockbox address:

ESO Solutions, Inc.  
PO Box 738310  
Dallas, TX 75373-8310

Total (Without Tax): USD \$12,070.66  
Tax: USD \$0.00  
Grand Total: USD \$12,070.66  
Amount Paid/Credit: USD \$0.00  
Total Recurring: USD \$12,070.66  
Total One-Time:  
Invoice Balance: USD \$12,070.66

Please submit payment remittances to [accountsreceivable@eso.com](mailto:accountsreceivable@eso.com) to ensure correct invoice application.

Amounts invoiced are per your agreement(s) which may include annual uplift and an increase in quantities based on usage overages. Your payment of this invoice serves as acceptance of such increases.

Questions? Contact: [AccountsReceivable@eso.com](mailto:AccountsReceivable@eso.com) 866-766-9471 option 8

Tax ID: 36-4566209

ESO will never e-mail you soliciting payment information. Please call us or e-mail [AccountsReceivable@eso.com](mailto:AccountsReceivable@eso.com) if you have any questions or wish to make a change.

This invoice presents the total net price of the product(s) and/or service(s) which is inclusive (net) of any discount. As the buyer of such product(s)/service(s), you may have additional reporting obligations to federal or state health care programs (including pursuant to 42 CFR 1001.952(h)) and/or upon inquiry by the HHS Secretary or other state or federal agencies. As the buyer, you must adhere to any other relevant federal or third-party payer requirements.

**Pay Online**

[For a 3% fee, pay via Card](#)

Direct Card Payment Link: [https://app.suitesync.io/payments/acct\\_1FelgtGvY2g6ha8S/custinvc/8741416/?amount=1243277.98](https://app.suitesync.io/payments/acct_1FelgtGvY2g6ha8S/custinvc/8741416/?amount=1243277.98)

[Pay via Online Bank Transfer](#)

Direct Bank Transfer Link: [https://app.suitesync.io/payments/acct\\_1FelgtGvY2g6ha8S/custinvc/8741416/?card=false](https://app.suitesync.io/payments/acct_1FelgtGvY2g6ha8S/custinvc/8741416/?card=false)



**Board of Bonner County**  
**Ambulance Service District**

Brian Domke

Asia Williams

Ron Korn

August 20, 2025

BONNER  
COUNTY CLERK  
Item #1

**MEMORANDUM**

To: Board of Bonner County Ambulance Service District

Re: FY25 BCASD Claims in Batch #45

The Auditor's Office presented the FY25 BCASD Claims Batch #45, **Totaling \$61,800.75**

**A suggested Motion would be:** Based on the information before us, I move to approve payment of the FY25 BCASD Claims in Batch #45, totaling \$61,800.75

Recommendation Acceptance: ☐ Yes ☐ No

\_\_\_\_\_  
Asia Williams, Chair

\_\_\_\_\_  
Date

## ACCOUNTS PAYABLE WARRANT REPORT

DATE: 08/14/2025    WARRANT: EMS4525    AMOUNT: \$ 61,800.75

COMMISSIONER'S APPROVAL REPORT

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DRAFT

## DETAIL INVOICE LIST

CASH ACCOUNT: 999 1099

EMS TREASURER/WARRANT

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
6458	ACRISURE NORTHWEST PAR 1 99924 6850	00001 NEWEMSTORT Invoice Net		INV	08/06/2025	58904 9,267.00 9,267.00 CHECK TOTAL 9,267.00	178920	-----
4700	AMAZON CAPITAL SERVICE 1 99918 7710	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	1QNV-WFDD-6H94 48.10 48.10 CHECK TOTAL 48.10	178887	-----
1895	AUTO ELECTRIC CO. 1 99918 7040	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	43281 627.88 627.88 CHECK TOTAL 627.88	178950	-----
3800	BOUND TREE MEDICAL LLC 1 99918 6660	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	85864619 73.65 73.65	178917	
3800	BOUND TREE MEDICAL LLC 1 99918 6660	00001 NEWEMSGEN Invoice Net		INV	08/08/2025	85873515 83.25 83.25 CHECK TOTAL 156.90	179149	-----
197	CLARK FORK VALLEY AMBU 1 99931 7820	00001 NEWEMSCLFK Invoice Net		INV	08/04/2025	AUG25 3,939.32 3,939.32 CHECK TOTAL 3,939.32	178623	-----
209	CLEARWATER SPRINGS 1 99918 6980	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	901782 47.14 47.14	178898	
209	CLEARWATER SPRINGS 1 99918 6980	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	903187 28.76 28.76 CHECK TOTAL 75.90	178899	-----
2558	COMDATA 1 99918 7000	00001 NEWEMSGEN Invoice Net		INV	08/06/2025	20427895 6,806.77 6,806.77 CHECK TOTAL 6,806.77	178901	-----
4183	EMS CONNECT 1 99918 6490	00002 NEWEMSGEN Invoice Net		INV	08/06/2025	13550 317.00 317.00 CHECK TOTAL 317.00	178916	-----
3867	ESO SOLUTIONS INC	00001		INV	08/06/2025	ESO-174083	178909	



## DETAIL INVOICE LIST

CASH ACCOUNT: 999

1099

EMS TREASURER/WARRANT

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
	1 99918 6440	NEWEMSGEN		TRAVEL		12,070.66		
		Invoice Net				12,070.66		
						CHECK TOTAL	12,070.66	-----
6098 GREEN ROCKET SECURITY	00000	INV	08/06/2025			N14320	178891	
1 99918 9440	NEWEMSGEN	CAP- SOFTW				388.65		
	Invoice Net					388.65		
						CHECK TOTAL	388.65	-----
4606 GRIPTION TIRES INC	00001	INV	08/08/2025			72892	179158	
1 99918 7040	NEWEMSGEN	REPAIR				135.71		
	Invoice Net					135.71		
						CHECK TOTAL	135.71	-----
3799 HENRY SCHEIN	00001	INV	08/06/2025			44714495	178883	
1 99918 6660	NEWEMSGEN	MEDICAL				635.32		
	Invoice Net					635.32		
3799 HENRY SCHEIN	00001	INV	08/06/2025			44548095	178884	
1 99918 6660	NEWEMSGEN	MEDICAL				9.88		
	Invoice Net					9.88		
3799 HENRY SCHEIN	00001	INV	08/06/2025			44559678	178886	
1 99918 6660	NEWEMSGEN	MEDICAL				113.60		
	Invoice Net					113.60		
3799 HENRY SCHEIN	00001	INV	08/06/2025			44468394	178889	
1 99918 6660	NEWEMSGEN	MEDICAL				570.80		
	Invoice Net					570.80		
3799 HENRY SCHEIN	00001	INV	08/08/2025			44807936	179155	
1 99918 6660	NEWEMSGEN	MEDICAL				452.43		
	Invoice Net					452.43		
						CHECK TOTAL	1,782.03	-----
401 HOME DEPOT CREDIT SERV	00003	INV	08/06/2025			4512759	178893	
1 99918 6720	NEWEMSGEN	SM ASSETS				386.00		
	Invoice Net					386.00		
						CHECK TOTAL	386.00	-----
3825 RONALD D JENKINS MD	00001	INV	08/04/2025			AUG25	178626	
1 99918 7820	NEWEMSGEN	CTRCT SVCS				3,780.00		
	Invoice Net					3,780.00		
						CHECK TOTAL	3,780.00	-----
3829 KOOTENAI COUNTY EMS	00001	INV	08/04/2025			AUG25	178624	
1 99934 7820	NEWEMSKOO	CTRCT SVCS				773.79		
	Invoice Net					773.79		
						CHECK TOTAL	773.79	-----
6238 YELLOW DOG VENTURES LL	00001	INV	08/08/2025			192161-2	179150	

## DETAIL INVOICE LIST

CASH ACCOUNT: 999 1099

EMS TREASURER/WARRANT

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
	1 99918 7040	NEWEMSGEN		REPAIR		210.00		
		Invoice Net				210.00		
						CHECK TOTAL	210.00	-----
5695 DRUG TESTING EXPERTS	00001	INV	08/08/2025			342925	179157	
1 99918 7110	NEWEMSGEN	OTHER				74.00		
	Invoice Net					74.00		
						CHECK TOTAL	74.00	-----
6018 GENUINE PARTS COMPANY	00001	INV	08/08/2025			242869	179152	
1 99918 7040	NEWEMSGEN	REPAIR				12.99		
	Invoice Net					12.99		
						CHECK TOTAL	12.99	-----
2334 NORTHERN LIGHTS INC.	00001	INV	08/06/2025			50641560JUL25	178882	
1 99918 6930	NEWEMSGEN	ELECTRIC				569.15		
	Invoice Net					569.15		
2334 NORTHERN LIGHTS INC.	00001	INV	08/06/2025			50317661JUL25	178896	
1 99918 6930	NEWEMSGEN	ELECTRIC				59.94		
	Invoice Net					59.94		
						CHECK TOTAL	629.09	-----
9999 Charles ward	00000	INV	08/08/2025			228-25001782:2	179142	
1 99918 7860	NEWEMSGEN	MISCEXPENS				139.46		
	Invoice Net					139.46		
						CHECK TOTAL	139.46	-----
9999 Matthew White	00000	INV	08/08/2025			228-25002639	179143	
1 99918 7860	NEWEMSGEN	MISCEXPENS				1,334.30		
	Invoice Net					1,334.30		
						CHECK TOTAL	1,334.30	-----
9999 Otis Angel	00000	INV	08/08/2025			228-25003368	179137	
1 99918 7860	NEWEMSGEN	MISCEXPENS				144.38		
	Invoice Net					144.38		
						CHECK TOTAL	144.38	-----
9999 Richard Schrottenboer	00000	INV	08/08/2025			228-25002806	179139	
1 99918 7860	NEWEMSGEN	MISCEXPENS				12.00		
	Invoice Net					12.00		
						CHECK TOTAL	12.00	-----
5721 EMS TECHNOLOGY SOLUTIO	00001	INV	08/06/2025			71067	178906	
1 99918 9440	NEWEMSGEN	CAP- SOFTW				920.00		
	Invoice Net					920.00		
						CHECK TOTAL	920.00	-----

## DETAIL INVOICE LIST

CASH ACCOUNT: 999 1099

EMS TREASURER/WARRANT

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
2788 OXARC	1 99918 6650	00001		INV	08/08/2025	0062078104	179151	
		NEWEMSGEN		OXYGEN		1,196.06		
		Invoice Net				1,196.06		
				CHECK TOTAL		1,196.06		-----
3828 PRIEST LAKE EMTS INC	1 99932 7820	00001		INV	08/04/2025	AUG25	178625	
		NEWEMSPRLK		CTRCT SVCS		3,939.32		
		Invoice Net				3,939.32		
				CHECK TOTAL		3,939.32		-----
3325 PRIEST RIVER CITY OF U	1 99918 6980	00001		INV	08/08/2025	0685-00JUL25	179147	
		NEWEMSGEN		OTHER UTIL		114.01		
		Invoice Net				114.01		
				CHECK TOTAL		114.01		-----
768 FRIGGLE PICKLE LLC	1 99918 7710	00001		INV	08/08/2025	10983	179159	
		NEWEMSGEN		UNIFORMS		626.76		
		Invoice Net				626.76		
				CHECK TOTAL		626.76		-----
800 SANDPOINT CITY OF - UT	1 99918 6980	00001		INV	08/04/2025	05-02410.02AUG25	178598	
		NEWEMSGEN		OTHER UTIL		450.56		
		Invoice Net				450.56		
800 SANDPOINT CITY OF - UT	1 99918 6980	00001		INV	08/06/2025	02-02880.01JUL25	178911	
		NEWEMSGEN		OTHER UTIL		39.19		
		Invoice Net				39.19		
				CHECK TOTAL		489.75		-----
2437 SCHWEITZER FIRE DISTRI	1 99933 7820	00001		INV	08/04/2025	AUG25	178628	
		NEWEMSSCH		CTRCT SVCS		3,323.82		
		Invoice Net				3,323.82		
				CHECK TOTAL		3,323.82		-----
4286 SMS AUTOMOTIVE & MARIN	1 99918 7040	00001		INV	08/06/2025	3407	178894	
		NEWEMSGEN		REPAIR		157.50		
		Invoice Net				157.50		
				CHECK TOTAL		157.50		-----
4522 SYSTEMS DESIGN WEST LL	1 99918 7820	00001		INV	08/08/2025	20252560	179156	
		NEWEMSGEN		CTRCT SVCS		6,927.13		
		Invoice Net				6,927.13		
				CHECK TOTAL		6,927.13		-----
2474 VERIZON WIRELESS	1 99918 6900	00001		INV	08/06/2025	6119138064	178881	
		NEWEMSGEN		CELL PHONE		168.84		
		Invoice Net				168.84		
				CHECK TOTAL		168.84		-----

## DETAIL INVOICE LIST

CASH ACCOUNT: 999 1099

EMS TREASURER/WARRANT

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT	VOUCHER	CHECK
5595 EAGLE BROADBAND INVEST	1 99918 6980	00001		INV	08/06/2025	033-593176AUG25	178902	
		NEWEMSGEN		OTHER UTIL		194.29		
		Invoice Net				194.29		
				CHECK TOTAL		194.29		-----
2919 WASTE MANAGEMENT OF ID	1 99918 6980	00001		INV	08/08/2025	0429310-1827-1	179148	
		NEWEMSGEN		OTHER UTIL		118.93		
		Invoice Net				118.93		
2919 WASTE MANAGEMENT OF ID	1 99918 6980	00001		INV	08/08/2025	0241248-1827-9	179153	
		NEWEMSGEN		OTHER UTIL		247.34		
		Invoice Net				247.34		
2919 WASTE MANAGEMENT OF ID	1 99918 6980	00001		INV	08/08/2025	0429436-1827-4	179154	
		NEWEMSGEN		OTHER UTIL		72.98		
		Invoice Net				72.98		
				CHECK TOTAL		439.25		-----
1756 WIRED OR WIRELESS INC.	1 99918 6980	00001		INV	08/06/2025	71545	178913	
		NEWEMSGEN		OTHER UTIL		109.95		
		Invoice Net				109.95		
				CHECK TOTAL		109.95		-----
6460 HANS WOLF	1 99918 7710	00000		INV	08/06/2025	JUN25	178949	
		NEWEMSGEN		UNIFORMS		82.14		
		Invoice Net				82.14		
				CHECK TOTAL		82.14		-----
47 INVOICES				WARRANT TOTAL		61,800.75	61,800.75	



## WARRANT SUMMARY

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

FUND	ORG	ACCOUNT	AMOUNT	AVLB	BUDGET
999	99918	NEW EMS - GENERAL 999-18-00-000-6440-	TRAVEL	12,070.66	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6490-	EDUCATION	317.00	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6650-	SUPPLIES - OXYGEN	1,196.06	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6660-	SUPPLIES - MEDICAL	1,938.93	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6720-	SMALL ASSETS AND EQUIP	386.00	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6900-	UTILITIES - CELLULAR T	168.84	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6930-	UTILITIES - ELECTRICIT	629.09	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-6980-	UTILITIES - OTHER	1,423.15	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7000-	VEHICLES - FUEL, GASOL	6,806.77	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7040-	VEHICLES - REPAIR/MAIN	1,144.08	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7110-	PROF. SVCS - OTHER	74.00	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7710-	UNIFORMS	757.00	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7820-	CONTRACT SERVICES	10,707.13	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-7860-	MISCELLANEOUS EXPENSES	1,630.14	9,584.06
999	99918	NEW EMS - GENERAL 999-18-00-000-9440-	CAPITAL - COMPUTER SOF	1,308.65	34,164.70
999	99924	NEW EMS - TORT 999-24-00-000-6850-	INSURANCE - LIABILITY	9,267.00	51,466.00
999	99931	NEW EMS - CLARK FO 999-18-31-000-7820-	CONTRACT SERVICES	3,939.32	9,584.06
999	99932	NEW EMS - PRIEST L 999-18-32-000-7820-	CONTRACT SERVICES	3,939.32	9,584.06
999	99933	NEW EMS - SCHWEITZ 999-18-33-000-7820-	CONTRACT SERVICES	3,323.82	9,584.06
999	99934	NEW EMS - KOOTENAI 999-18-34-000-7820-	CONTRACT SERVICES	773.79	9,584.06
FUND TOTAL			61,800.75		
WARRANT SUMMARY TOTAL			61,800.75		
GRAND TOTAL			61,800.75		

## WARRANT LIST BY VOUCHER

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
178598	800	SANDPOINT CITY OF - UTILITI	05-02410.02AUG25		INV	08/04/2025	450.56	521 S DIVISION AVE (EM
178623	197	CLARK FORK VALLEY AMBULANCE	AUG25		INV	08/04/2025	3,939.32	MEDICAL TRANSPORT SERV
178624	3829	KOOTENAI COUNTY EMS	AUG25		INV	08/04/2025	773.79	MEDICAL TRANSPORT SERV
178625	3828	PRIEST LAKE EMTS INC	AUG25		INV	08/04/2025	3,939.32	MEDICAL TRANSPORT SERV
178626	3825	RONALD D JENKINS MD	AUG25		INV	08/04/2025	3,780.00	MEDICAL DIRECTOR SERVI
178628	2437	SCHWEITZER FIRE DISTRICT	AUG25		INV	08/04/2025	3,323.82	MEDICAL TRANSPORT SERV
178881	2474	VERIZON WIRELESS	6119138064		INV	08/06/2025	168.84	Cell phones - Acct 770
178882	2334	NORTHERN LIGHTS INC.	50641560JUL25		INV	08/06/2025	569.15	Electric MUF (EMS 70%)
178883	3799	HENRY SCHEIN	44714495		INV	08/06/2025	635.32	CPAPs, mega movers, ne
178884	3799	HENRY SCHEIN	44548095		INV	08/06/2025	9.88	ET Tubes
178886	3799	HENRY SCHEIN	44559678		INV	08/06/2025	113.60	Sharps containers
178887	4700	AMAZON CAPITAL SERVICES INC	1QNV-WFDD-6H94		INV	08/06/2025	48.10	Name Patches
178889	3799	HENRY SCHEIN	44468394		INV	08/06/2025	570.80	Spider straps, syringe
178891	6098	GREEN ROCKET SECURITY INC	N14320		INV	08/06/2025	388.65	Spillman access keys
178893	401	HOME DEPOT CREDIT SERVICES	4512759		INV	08/06/2025	386.00	Lawn mower for station
178894	4286	SMS AUTOMOTIVE & MARINE INC	3407		INV	08/06/2025	157.50	Repair and adjust fog
178896	2334	NORTHERN LIGHTS INC.	50317661JUL25		INV	08/06/2025	59.94	Electric Groomer build
178898	209	CLEARWATER SPRINGS	901782		INV	08/06/2025	47.14	water service
178899	209	CLEARWATER SPRINGS	903187		INV	08/06/2025	28.76	water service
178901	2558	COMDATA	20427895		INV	08/06/2025	6,806.77	july fuel charges
178902	5595	EAGLE BROADBAND INVESTMENTS	033-593176AUG25		INV	08/06/2025	194.29	Internet, television s
178906	5721	EMS TECHNOLOGY SOLUTIONS LL	71067		INV	08/06/2025	920.00	Inventory and fleet ma
178909	3867	ESO SOLUTIONS INC	ESO-174083		INV	08/06/2025	12,070.66	Patient reporting syst
178911	800	SANDPOINT CITY OF - UTILITI	02-02880.01JUL25		INV	08/06/2025	39.19	water station 4
178913	1756	WIRED OR WIRELESS INC.	71545		INV	08/06/2025	109.95	Internet station 3

## WARRANT LIST BY VOUCHER

WARRANT: EMS4525 08/14/2025

DUE DATE: 09/30/2025

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
178916	4183	EMS CONNECT	13550		INV	08/06/2025	317.00	Online training progra
178917	3800	BOUND TREE MEDICAL LLC	85864619		INV	08/06/2025	73.65	Emesis bags, Sam splin
178920	6458	ACRISURE NORTHWEST PARTNERS	58904		INV	08/06/2025	9,267.00	Insurance 2nd installm
178949	6460	HANS WOLF	JUN25		INV	08/06/2025	82.14	Boot reimbursement
178950	1895	AUTO ELECTRIC CO.	43281		INV	08/06/2025	627.88	C21998 blower motor
179137	9999	Otis Angel	228-25003368		INV	08/08/2025	144.38	Pt overpayment
179139	9999	Richard Schrottenboer	228-25002806		INV	08/08/2025	12.00	Pt over payment
179142	9999	Charles Ward	228-25001782:2		INV	08/08/2025	139.46	Pt over payment
179143	9999	Matthew White	228-25002639		INV	08/08/2025	1,334.30	Pt over payment
179147	3325	PRIEST RIVER CITY OF UTILIT	0685-00JUL25		INV	08/08/2025	114.01	Water, sewer station 2
179148	2919	WASTE MANAGEMENT OF IDAHO I	0429310-1827-1		INV	08/08/2025	118.93	Dumpster MUF
179149	3800	BOUND TREE MEDICAL LLC	85873515		INV	08/08/2025	83.25	Syringes
179150	6238	YELLOW DOG VENTURES LLC	192161-2		INV	08/08/2025	210.00	Remaining balance on o
179151	2788	OXARC	0062078104		INV	08/08/2025	1,196.06	Cylinder rental
179152	6018	GENUINE PARTS COMPANY	242869		INV	08/08/2025	12.99	DEF
179153	2919	WASTE MANAGEMENT OF IDAHO I	0241248-1827-9		INV	08/08/2025	247.34	Dumpster station 1
179154	2919	WASTE MANAGEMENT OF IDAHO I	0429436-1827-4		INV	08/08/2025	72.98	Station 4 trash
179155	3799	HENRY SCHEIN	44807936		INV	08/08/2025	452.43	Filter lines, IV caths
179156	4522	SYSTEMS DESIGN WEST LLC	20252560		INV	08/08/2025	6,927.13	July billings
179157	5695	DRUG TESTING EXPERTS	342925		INV	08/08/2025	74.00	Random drug testing
179158	4606	GRIPTION TIRES INC	72892		INV	08/08/2025	135.71	C18835 LOF
179159	768	FRIGGLE PICKLE LLC	10983		INV	08/08/2025	626.76	Uniform shirts and hat
WARRANT TOTAL							61,800.75	

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





**Board of Bonner County**  
**Ambulance Service District**

Brian Domke

Asia Williams

Ron Korn

August 20, 2025

BONNER  
COUNTY CLERK  
Item #2

**MEMORANDUM**

To: Board of Bonner County Ambulance Service District

Re: FY25 BCASD Demands in Batch #45

The Auditor's Office presented the FY25 BCASD Demands Batch #45, **Totaling \$9,267.00**

**A suggested Motion would be:** Based on the information before us, I move to approve payment of the FY25 BCASD Demands in Batch #45, totaling \$9,267.00

Recommendation Acceptance: ☐ Yes ☐ No

\_\_\_\_\_  
Asia Williams, Chair

\_\_\_\_\_  
Date





Acrisure West Insurance Services, LLC

Invoice #	Date
58904	7/30/2025
Account Number	Amount Due
BONNCOU-04	\$9,267.00

Pay Online at: [www.Acrisure.com/West-Pay/](http://www.Acrisure.com/West-Pay/)

**Make checks payable and remit to:**

Acrisure West Insurance Services, LLC  
PO Box 103403  
Pasadena, CA 91189-3403

**For overnight / courier processing, remit to:**

JP Morgan Chase  
Attn: Acrisure West Coast Trust & 103403  
2710 Media Center Dr, Building 6  
Los Angeles, California 90065

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

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



Invoice #	Account Number	Date	Amount Due
58904	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
1300307	5/19/2025	9/20/2025	NEWB	New Commercial Pkg - Installment 2 of 4	\$9,267.00

Total Invoice Balance: \$9,267.00

Account Name: Bonner County Emergency Me

Pay Now

## ACCOUNTS PAYABLE WARRANT REPORT

DATE: 08/14/2025    WARRANT: D4525    AMOUNT: \$ 9,267.00

COMMISSIONER'S APPROVAL REPORT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRAFT

## PREPAID INVOICE LIST

WARRANT: D4525 08/14/2025

VENDOR	VENDOR NAME	R	INVOICE	PO	TYPE	DUE DATE	AMOUNT	VOUCHER	CHECK	COMMENT
CASH ACCOUNT:	999	1099	EMS TREASURER/WARRANT							
6458 ACRISURE NORTHW	00001 20383				INV	08/06/2025	9,267.00	178946	20988	Insurance 1st inst
CASH ACCOUNT	999	1099					9,267.00			TOTAL

DRAFT



**Bonner County Ambulance District**  
**Board of Commissioners**

Brian Domke Asia Williams Ron Korn

August 20, 2025

**Memorandum**

**EMS**  
**Item #1**

To: Bonner County Ambulance Service District Board

Copy machine lease agreement with Canon Solutions America for the 60-month lease of the Canon IR4925 Copy/Print/Scan/2 paper cassettes with internal stapling and cabinet. This monthly lease price is 100.00 with a maintenance and toner program at \$0.009 per black and white copy and a monthly service cost of \$6.22 for a total of \$106.22 per month. There is no base and minimum and the maintenance price is locked in for the term of the lease.

**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 the Copy machine lease agreement from Canon Solutions America for a 60-month lease of a Canon IR4925 for the total monthly lease of \$106.22.

Recommendation Acceptance: ☐ Yes ☐ No

\_\_\_\_\_  
Asia Williams, Chair

\_\_\_\_\_  
Date





## Lease Schedule ("Schedule") - Blended (SER-800)

Page 1 of 1

Canon U.S.A., Inc. ("CUSA")  
One Canon Park, Melville, NY 11747  
(800)-613-2228

Customer: BONNER COUNTY IDAHO  
Agreement #: MA6238

CFS App #:  
Transaction #: S21190954

Salesperson: Sierra Love-Ensminger  
Order Date: 07/31/25

One Canon Park, Melville, NY 11747 (800)-613-2228		<b>Payment Information</b>		<b>Equipment Maintenance Information</b>	
<b>Billing Information</b> Customer Account: 1845351		<b>Listed Items Lease Term</b>	<b># of Lease Payments</b>	Maintenance elected for all Equipment	
		60 Months	60	Excess Per Image Charge invoiced Monthly by CFS	
Company: BONNER COUNTY IDAHO DBA: Address: 521 S. Division Ave Ste 131 EMS Address 2: City: SANDPOINT County: BONNER State: ID Zip: 83864 Phone #: 208-255-2194 Contact: Sarah Nixon Email: sarah.nixon@bonnercountyid.gov Rider A applies (Maintenance for Office Equip/Cut Sheet Production)		<b>Payment* (*Plus Applicable Taxes)</b>	<b>CFS Invoicing</b>	Per Unit Coverage Plan	
		Total \$100.00	Lease Payment shall be invoiced Monthly	Fixed Price Plan	
		<b>Due at Signing</b>		<b>Other Transaction Details</b>	
		<b># of Payments in Advance</b>	<b>Total Due at Signing</b>	Purchase Option: Fair Market Value	
				Tax Exempt (Certificate Attached)	
		<b>Covered Images Included in Payment</b>		<b>Excess Per Image Maint Charge(s)</b>	
		B&W: 00		B&W: \$0.00900	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information		
5972C002	IMAGERUNNER ADVANCE DX 4925I [Model: IRADV DX4925I]	1	Shipping: 521 S. Division Ave Ste 131 EMS		
4063C001	SINGLE PASS DADF-C1	1	Address 2:		
5634C001	CABINET TYPE-W	1	City: SANDPOINT		
4000C002	INNER FINISHER-L1	1	County: BONNER		
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	State: ID Zip: 83864-1794		
4705V949	STANDARD POWER FILTER 20A/120V	1	Primary Customer Contact: Sarah Nixon		
4282V202	IMAGERUNNER ADVANCE DX 4945I/ 4935I/ 4925I INSTALL PAK	1	Phone #: 208-255-2194		
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Email: sarah.nixon@bonnercountyid.gov		
		1	Meter Contact:		
		1	Phone #:		
		1	Email:		
		1	IT Contact: Sarah Nixon		
		1	Phone #: 208-255-2194		
		1	Email: sarah.nixon@bonnercountyid.gov		
		1	Billing:		
		1	Address 2:		
		1	City:		
		1	County:		
		1	State:		
		1	Zip:		
		1	Billing Contact:		
		1	Phone #:		
		1	Email:		
		1	Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5		
		1	Consumables: Toner Only (excludes clear)		
		1	Auto-Toner Fulfillment**		
		1	Meter Method: Remote Reporting Agent		
		1	Corporate Advantage		
		1	For CUSA USE ONLY:		
		1	Config: A   57467174		

OC: UNIV OF CA AGREEMENT 2020002755

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"). TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT [MK1.USA.CANON.COM/CUSTOMERDOCUMENTS](http://MK1.USA.CANON.COM/CUSTOMERDOCUMENTS), AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CUSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature:

Printed Name:

Title:

Date:

For Internal Purposes Only:

CFS Authorized Signature:

Printed Name:

Title:

Date:



## Return Schedule, Rider B of Agreement

Canon U.S.A, Inc. ("CUSA")  
One Canon Park, Melville, NY 11747  
(800)-613-2228

Customer: BONNER COUNTY IDAHO

Salesperson: Sierra Love-Ensminger

Agreement #: MA6238

Transaction #: S21190954

Order date: 7/31/2025

<b>Customer ("You")</b>	Customer Account: 1845351	<b>Service Requested:</b>	
<b>Company:</b> BONNER COUNTY IDAHO		Upgrade	
<b>Address:</b> 521 S. Division Ave Ste 131 EMS		<b>Lease Information (if applicable)</b>	
<b>City:</b> SANDPOINT	<b>County:</b> BONNER	<b>Leasing company name</b>	<b>Lease Number</b>
<b>State:</b> ID <b>Zip:</b> 83864	<b>Phone:</b> 208-255-2194	CFS	001-0618797-013
<b>Contact name:</b> Sarah Nixon			
<b>Email:</b> sarah.nixon@bonnercountyid.gov			
<b>Alternate Contact:</b>			
<b>Alternate Phone:</b>			

If "Buyout Reimbursement" is selected above, the following MUST be completed:

\$ \_\_\_\_\_ To be paid upon delivery / acceptance pursuant to Rider B, Section 1.

Payable to: \_\_\_\_\_ Reason for check issuance: \_\_\_\_\_

If transaction includes a Lease Upgrade or Buyout the following MUST be completed:

- Select one: ☐ Not Applicable: No Equipment pick up required
- ☒ CUSA will pick up the Equipment
- ☐ Return Equipment to CFS
- ☐ Return Equipment to CUSA Original Order Date \_\_\_\_\_
- ☐ You will return Equipment to leasing company according to the terms and conditions of your lease agreement
- ☐ You will retain the equipment.
- Will retained equipment remain under a CUSA Maintenance Agreement?
- ☐ No
- ☐ Yes: SELECT ONE: under an Existing Contract ☐

## Trade in Equipment Condition:

## Equipment for Trade-In, Upgrade, or Return

If transaction includes a Lease return the following MUST be completed:

Return code	Item Code	Description	Serial #	Equipment Location	Contact Name & Phone	Email	Alt pick up date
UGTR	3327C001	IRADV4525IV3	2RW02164	521 N 3RD ST E M S SANDPOINT ID 83864	SARAH NIXON 208-255-2194	sarah.nixon@bonnercountyid.gov	

## Pick Up /Return Information:

- ☒ Same Date as Delivery of Listed Items Specified on the Agreement
- ☐ Other Specified Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (but no longer than 30 days after delivery of Listed Items under Agreement)

<b>Contact Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Hours of Operation:</b>	<b>Number of Steps:</b>	<b>Elevator:</b>
<b>Loading Dock:</b>		

## Special Instructions / Additional Requirements:

THIS RETURN SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES ALL OF THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE AND THE APPLICABLE RIDER(S) ("AGREEMENT"). BY YOUR SIGNATURE BELOW, YOU AGREE TO TERMS AS SPECIFIED ABOVE, SUBJECT TO THE TERMS AND CONDITIONS OF THE AGREEMENT. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. YOU REPRESENT THAT YOU ARE AUTHORIZED TO EXECUTE THIS SCHEDULE ON CUSTOMER'S BEHALF. STANDARD TERMS AND CONDITIONS INCORPORATED HEREIN ARE AVAILABLE AT [MK1.USA.CANON.COM/CUSTOMERDOCUMENTS](http://MK1.USA.CANON.COM/CUSTOMERDOCUMENTS), AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS RETURN SCHEDULE.

Customer's Authorized Signature \_\_\_\_\_

Printed Name

Title

Date



## BCASD Budget Forecast through FY25

Current Cash on Hand = \$1,447,680

**Forecasted Ending Balance = \$1,220,000**

**Forecasted Calls for Service (CFS) = 5,037**

## BCASD Revenue Gap Outlook FY2026

Period October 2025 through January 2026

Projected Cash carried forward = \$1,220,000

Total Projected Expenses = \$1,540,000

Total Projected Revenues = \$560,000

**End of Gap Period = \$240,000**

## BCASD Budget Outlook through FY26

Projected Beginning Cash = \$1,220,000

Total Projected Expenses = \$5,454,209

Total Projected Revenue = \$5,454,209

**Total Projected Ending Balance of FY26 = \$1,689,000**

**Projected CFS = 5,188**

## 5 Year Projected Outlook FY27 through FY30

### FY27

Revenue \$5,726,920 Expenses \$5,617,835

CFS: 5,343

### FY28

Revenue: \$6,013,266 Expenses: \$5,786,370

CFS: 5,503

### FY29

Revenue: \$6,313,929 Expenses: \$5,960,961

CFS: 5,668

### FY30

Revenue: \$6,630,000 Expenses: \$6,141,839

CFS: 5,838