



Bonner County Ambulance Service District Board

Brian Domke

Asia Williams

Ron Korn

AGENDA FOR THE BONNER COUNTY AMBULANCE SERVICE DISTRICT MEETING

June 3, 2026 – 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: June 3, 2026, 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/89519353439>

***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, May 20, 2026
- 2) Invoices Over \$5K: SIF, **Totaling \$19,860.00**; Columbia Bank, **Totaling \$107,509.69**; VFIS, **Totaling \$6,397.00**; ESO, **Totaling \$13,924.71**

BCASD

- 1) Action Item: Discussion/Decision Regarding FY26 Claims Batch #16; **Totaling \$176,779.54**

MISCELLANEOUS BUSINESS - Action Items / Discussion / Decision / Recommendation

- 1) Task List: Review & Updates
- 2) Budget Forecast Update

PUBLIC COMMENT*



Bonner County Ambulance District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

June 3, 2026

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, May 20, 2026
- 2) Invoices Over \$5K: SIF, **Totaling \$19,860.00**; Columbia Bank, **Totaling \$107,509.69**; VFIS, **Totaling \$6,397.00**; ESO, **Totaling \$13,924.71**

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

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date



Bonner County
Board of Ambulance Service District

Brian Domke

Asia Williams

Ron Korn

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

May 20, 2026 – 11:00 AM – 12:00 PM

Bonner County Administration Building

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

On Wednesday, May 20, 2026, the Bonner County Board of Ambulance Service District met for their regularly scheduled meeting. Commissioners Domke and Williams were present. Commissioner Domke called the meeting to order at 11:01 a.m.

ADOPT THE ORDER OF AGENDA AS PRESENTED

Commissioner Williams made a motion to adopt the Order of the Agenda as presented.

Commissioner Domke stepped down from the chair and seconded the motion.

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

CONSENT AGENDA – Action Item

1) Bonner County Ambulance Service District Minutes May 6, 2026

2) Invoice Over \$5k: Stryker, **\$24,738.00**

Commissioner Williams made a motion to adopt the Consent Agenda as presented.

Commissioner Domke stepped down from the chair and seconded the motion.

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

BCASD – Sarah Nixon

1) Action Item: Discussion/Decision Regarding FY26 Claims Batch #15; **Totaling \$51,839.68**

Commissioner Williams made a motion to approve \$51,839.68 as presented.

Commissioner Domke stepped down from the chair and seconded the motion.

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

MISCELLANEOUS BUSINESS - Action Items / Discussion / Decision / Recommendation

1) Task List: Review & Updates

- None

Public Comment*

The meeting was adjourned at 11:04 a.m.

Clerk: *Lauren Reichenbach*

By _____
Commissioner Brian Domke, Chair

Date



Bonner County Ambulance Service District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

June 3, 2026

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Payment of statement 31025711 to State Insurance Fund in the amount of \$19,860.00 for the Workman’s Compensation Insurance installment premium.

Bookkeeper Review: **APPROVED**

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.

Distribution: _____ Original Bonner County Ambulance Service District

A suggested Motion would be: Based on the information before us, I move to approve the payment of the State Insurance Fund invoice in the amount of \$19,860.00.

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date



1005755200079500010001010000



Amount Due: \$19,860.00
Payment Due Date: 06/05/2026
Statement Date: 05/11/2026

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: 31025711

Ways to Pay

Online - Log in to your account at www.idahosif.org and click on 'Online payment' or make a Guest Payment (no login required) by going to www.idahosif.org and clicking on the 'Make a Payment' icon

Mail - Detach the payment coupon and return it with your payment in the envelope provided

Office - If you're local, feel free to drop off a check in our office located at 1215 West State St, Boise ID, 83702

Summary of Activity

Table with 4 columns: Beginning Balance, + Charges, - Payments/Credits, = Current Statement Balance. Values: \$0.00, \$19,860.00, \$0.00, \$19,860.00

Financial Transactions

Table with 4 columns: Policy / Reporting Period, Transaction Date, Description, Charges/Credits. Row: 01/01/2026 - 01/01/2027, 05/11/2026, Installment premium, \$19,860.00

RECEIVED stamp

BY:

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 #: 31025711
Amount Due: \$19,860.00
Payment Due Date: 06/05/2026

Amount Enclosed

\$ _____



Remit payment to:

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

Use the above QR code to pay your bill, report your payroll, and view policy details.

701

000648526

031025711

001986000



Bonner County Ambulance Service District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

June 3, 2026

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Payment of the annual ambulance lease renewal due to Columbia Bank for \$107,509.69. The lease was originally approved by the BOCC June 2, 2020.



Bookkeeper 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.

Distribution: _____ Original to Bonner County Ambulance Service District

A suggested Motion would be: to approve payment of the annual ambulance lease renewal in the amount of \$107,509.69

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date



North Idaho CBO
Joseph Williams (208) 265-3796
General Customer Service (877) 367-5773


BONNER COUNTY EMS
C/O TREASURER
1500 HWY 2 STE 304
SANDPOINT, ID 83864-1793

Account Number	97002049294
Statement Date	May 18, 2026
Current Balance	\$204,559.69
Payment Due Date	June 2, 2026
Maturity Date	June 2, 2027
Amount Due	\$107,509.69

BORROWERS BONNER COUNTY EMS

If you have any questions regarding this statement, please visit <https://www.Columbiabank.com/commercial-statements/> or call (877) 367-5773.

Please note that your loan number may differ from the reference area of your loan documents; the number (97) represents Commercial Products and should be used when setting up any external transfer such as bill pay or ACH.

TRANSACTIONS		
DATE	DESCRIPTION	AMOUNT
05/28/25	INTEREST PAYMENT	\$9,808.86
05/28/25	PRINCIPAL PAYMENT	\$97,700.83

ACCRUAL SUMMARY					
FROM DATE	TO DATE	NO OF DAYS	ACCRUING BALANCE	ACCRUING RATE	AMOUNT ACCRUED
06/02/25	06/02/26	365	\$204,559.69	3.160000	\$6,553.86

YEAR TO DATE SUMMARY			
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
CURRENT YEAR INTEREST PAID	\$0.00	PREVIOUS YEAR INTEREST PAID	\$9,808.86
CURRENT YEAR PRINCIPAL PAID	\$0.00	PREVIOUS YEAR PRINCIPAL PAID	\$97,700.83
CURRENT YEAR ESCROW PAID	\$0.00	PREVIOUS YEAR ESCROW PAID	\$0.00
CURRENT YEAR LATE CHARGES PAID	\$0.00	PREVIOUS YEAR LATE CHARGES PAID	\$0.00

BONNER COUNTY EMS
C/O TREASURER
1500 HWY 2 STE 304
SANDPOINT, ID 83864-1793

RECEIVED
MAY 20 2025

BY:

Account Number	97002049294
Payment Due Date	June 2, 2026
Interest Owning	\$6,553.86
Principal	\$100,955.83
Amount Due	\$107,509.69
Amount Enclosed	_____

Please remit the amount due by June 2, 2026.

COLUMBIA BANK
PO BOX 1580
ROSEBURG OR 97470-0367

FOR RESIDENTIAL MORTGAGE ACCOUNTS (NOT LINES OF CREDIT) – NOTICE OF ERROR AND INFORMATION REQUEST

If you think there is an error on your account or if you need more information relating to the servicing of your account, you must contact us *in writing* at: Columbia Bank, P.O. Box 2224, Spokane, WA 99210-2224.

In your letter, give us the following information:

- **Account Information:** Your name and account number.
- If you believe there is an error, describe the error and explain, if you can, why you believe there is an error.
- If you need more information relating to the servicing of your account, describe the item you would like more information about.

We will acknowledge your request in writing within 5 business days and conduct a reasonable investigation of the error or the requested information. After our investigation, we will respond to you in writing and explain our outcome.

FOR LINES OF CREDIT – WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT

If you think there is an error on your statement, contact us *in writing* at:

Columbia Bank, P.O. Box 2224, Spokane, WA 99210-2224 or notify us *electronically* at our website columbiabank.com

In your letter, give us the following information:

- **Account Information:** Your name and account number.
- **Dollar Amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error the following are true.

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

FOR PURCHASES MADE ON YOUR CREDIT CARD – YOUR RIGHTS IF YOU ARE DISSATISFIED WITH YOUR CREDIT CARD PURCHASES

If you are dissatisfied with the goods or services that you have purchased with your credit card and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true.

- The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these is necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
- You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
- You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are dissatisfied with the purchase, contact us *in writing* at:

Columbia Bank, P.O. Box 2224, Spokane, WA 99210-2224 or *electronically* on our website columbiabank.com.

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

IMPORTANT BANKRUPTCY INFORMATION

If you or your account is in bankruptcy, this statement is for informational purposes only, and this is not an attempt to collect, recover, or offset the indebtedness against you personally. If you are represented by an attorney, provide a copy of this statement to your attorney or bankruptcy Trustee, if applicable. In pending bankruptcy cases, the plan status and terms may not be reflected on this account statement. Please contact us with any questions or concerns.



CHANGE OF ADDRESS OR PHONE NUMBER

Address Change

Phone Number Change

Loan Number

Date

Borrower's Name

Co-Borrower's Name

Street Address

City/State/Zip

()

Home Phone

()

Business Phone

Borrower's Signature

Co-Borrower's Signature



Bonner County Ambulance Service District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

June 3, 2026

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Payment of VFIS invoice in the amount of \$6,397.00. This is installment 1 of the Liability and Property insurance.

APPROVED

Bookkeeper 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.

Distribution: _____ Original Bonner County Ambulance Service District
_____ Copy to Bonner County EMS

A suggested Motion would be: Based on the information before us, I move to approve the payment of the VFIS invoice in the amount of \$6,397.00.

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date



BONNER COUNTY EMERGENCY MEDICAL SERVICES
 521 SOUTH DIVISION AVENUE
 SANDPOINT, ID 83856-0000

INVOICE

Remit Payment To: GIG c/o M&T Bank Box 64904 Baltimore, MD 21264-4904	Customer #:	C94191	PB #:20935	PB2 #: 21026
	Broker:	Acrisure Northwest Partners Insurance Services LL		
	Policy Type:	Portfolio		
	Policy Number:	VFNU-TR-0035682-01		
	Contract Dates:	05/19/2026 TO 05/19/2027		
	Trans Type:	Installment 1 of 4		
	Effective Date:	05/19/2026		
	Invoice Date	Invoice Number	Payment Due Date	
<i>Please make checks payable to GIG.</i>	05/12/2026	287953134	06/18/2026	

Description	Effective Date	Due Date	Future	Current
Policy Premium	05/19/2026	06/18/2026		\$6,397.00
Installment #2	08/19/2026	09/18/2026	\$6,397.00	
Installment #3	11/19/2026	12/19/2026	\$6,397.00	
Installment #4	02/19/2027	03/21/2027	\$6,395.00	
Total Amount Due:				\$6,397.00

RECEIVED

PV:

If any policy or coverage is not wanted, please notify us immediately. Otherwise, an earned premium will be due the company for the time the policy was in force. Failure to remit payment will result in cancellation of coverage.



**Bonner County Ambulance District
Board of Commissioners**

Brian Domke Asia Williams Ron Korn

June 3, 2026

Memorandum

**Consent
Agenda**

To: Bonner County Ambulance Service District Board

Bonner County EMS wishes to pay the ESO invoice in the amount of \$13,924.71 for our patient reporting program. This will come out of Computer Software.



APPROVED

Bookkeeper 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.

Distribution: _____ Original to Bonner County Ambulance Service District

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 \$13,924.71.

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date



Invoice

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

Date: 05/17/2026
Invoice#: ESO-199616
Terms: Due on Subscription Start
Due Date: 08/30/2026
PO#:

Bill To

Bonner County EMS
521 N. 3rd Avenue
Sandpoint ID 83864
United States
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	08/30/2026	08/29/2027	5,119	Incidents	\$13,519.14

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	\$13,519.14
Tax:	USD	\$0.00
Grand Total:	USD	\$13,519.14
Amount/Paid/Credit:	USD	\$0.00
Total Recurring:	USD	\$13,519.14
Total One-Time:		
Total Due (Check/ACH):	USD	\$13,519.14
3% Credit Card/P-Card Fee:	USD	\$405.57
Total Due (Credit Card/P-Card):	USD	\$13,924.71

Please submit payment remittances to 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 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 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/9566694/?amount=1392471.42

Pay via Online Bank Transfer

Direct Bank Transfer Link: https://app.suitesync.io/payments/acct_1FelgtGvY2g6ha8S/custinvc/9566694/?card=false



Bonner County Ambulance District
Board of Commissioners

Brian Domke Asia Williams Ron Korn

June 3, 2026

Memorandum

Item 1

To: Bonner County Ambulance Service District Board

Re: FY26 BCASD Claims in Batch #16

The Bonner County Ambulance Service District presented the FY26 BCASD Claims Batch #16, **Totaling \$ 176,779.54**

A suggested Motion would be: Based on the information before us, I move to approve the payment of the FY26 BCASD Claims in Batch #16, totaling \$176,779.54.

Recommendation Acceptance: Yes No

Brian Domke, Chair

Date

Bonner County Ambulance Service District

Accounts Payable Report

6/3/2026

Batch: 16

Amount: \$176,779.54

Commissioner's Approval:

Vendor	Bill amount	Due date	Invoice date	Invoice number	QuickBooks Desktop Account
AT&T Mobility-CC	\$ 1,104.00	06/03/2026	05/04/2026	GBJ042026	Utilities:Internet
AVISTA	\$ 121.25	06/09/2026	05/18/2026	4788807179_05.18.26	Utilities:Electric
Bonner County	\$ 756.89	06/11/2026	05/26/2026	0727737636_05.20.26	Utilities:Electric
BOUND TREE MEDICAL, LLC.	\$ 1,159.90	06/13/2026	05/14/2026	86207298	Supplies:Medical
CANON FINANCIAL SERVICES, INC.	\$ 119.20	07/01/2026	05/12/2026	43182864	Supplies:Office & Stations
Clark Fork Valley Ambulance	\$ 4,057.50	06/01/2026	06/01/2026	06.01.2026	Contract Services:Clark Fork
Coleman Oil Company LLC	\$ 4,168.11	05/25/2026	05/15/2026	CP-0394923	Vehicles:Fuel & Gas
COLUMBIA BANK	\$ 107,509.69	06/02/2026	05/18/2026	97002049294	Loan Payment
ESO Solutions, Inc.	\$ 13,519.14	08/30/2026	05/17/2026	ESO-199616	Computer & Software
Glatfelter Insurance Group	\$ 3,479.00	06/18/2026	05/12/2026	287917134	Insurance
Glatfelter Insurance Group	\$ 6,397.00	06/18/2026	05/12/2026	287953134	Insurance
Gription Tire Pros	\$ 98.10	06/10/2026	05/19/2026	77492	Vehicles:Repairs & Maintenance
HENRY SCHEIN	\$ 479.60	06/13/2026	05/14/2026	57096874	Supplies:Medical
Insight Distributing, Inc.	\$ 117.30	06/21/2026	05/22/2026	0555111-IN	Supplies:Office & Stations
Kootenai County Emergency Medical Service	\$ 797.00	06/01/2026	06/01/2026	06.01.2026	Contract Services:Kootenai County
Kootenai-Ponderay Sewer District	\$ 99.54	06/30/2026	05/13/2026	BID1249-00_05.13.26	Utilities:Water/Sewer
NAPA Auto Parts SPO068	\$ 13.26	06/10/2026	05/18/2026	281403	Vehicles:Repairs & Maintenance
North Idaho Propane	\$ 244.44	06/18/2026	05/19/2026	282216	Utilities:Propane
oxarc Inc.	\$ 256.58	06/07/2026	05/08/2026	32570486	Supplies:Oxygen
Priest Lake EMTS Inc	\$ 4,057.50	06/01/2026	06/01/2026	06.01.2026	Contract Services:Priest Lake
Ronald D Jenkins MD	\$ 3,780.00	06/01/2026	06/01/2026	06.01.2026	Contract Services:Medical Director
Schweitzer Fire District	\$ 3,423.50	06/01/2026	06/01/2026	06.01.2026	Contract Services:Schweitzer

South Fork Hardware - Sandpoint	\$	21.99	05/21/2026	05/21/2026	429146	Supplies:Office & Stations
State Insurance Fund	\$	19,860.00	06/05/2026	05/11/2026	31025711	Payroll Expenses:Workers Comp Insurance
Stryker Sales, LLC	\$	877.05	06/13/2026	05/14/2026	9212317695	Supplies:Medical
WHITE PETERSON ATTORNEYS AT LAW	\$	262.00	04/30/2026	04/30/2026	173616	Contract Services:Professional & Legal
SUBTOTAL	\$	176,779.54				

DRAFT

BCASD Cash Outlook FY2026

Through September 2026

June 3 Cash Position = \$2,250,000

Projected (8) Payroll Expenses = \$1,080,000

Projected Operating Expenses = \$500,000

Projected Total Expenses = **\$1,580,000**

Projected Revenues = \$560,000

Projected Tax Revenue = \$1,300,000

End of FY26 Cash Position = \$2,530,000

DRAFT