



# Punta Gorda

CITY OF PUNTA GORDA

PUNTA GORDA FIRE DEPARTMENT  
326 WEST MARION AVENUE  
PUNTA GORDA, FL 33950  
(941) 575-5549  
CityofPuntaGordaFL.com

## OFF DUTY VENDOR CONTRACT – FIRE DEPARTMENT

<b>PERMITTEE</b>									
Event Name				Organization					
Name of Permittee/Vendor					Title				
Address		City		State		Zip			
Phone #'s			Email address						
<b>DATE(S) SERVICE IS NEEDED</b>									
Hours	From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				TO: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Number of Fire Department personnel being requested									
<b>ALL FEES WILL BE PAID PER THE CURRENT CITY'S CALCULATED RATE FOR THE CITY EMPLOYEE AT THE TIME OF THE EVENT. PLEASE CONTACT EACH DEPARTMENT FOR THE CURRENT CITY'S CALCULATED RATE.</b>									
PAYMENTS WILL BE MADE IN ADVANCE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. IF OTHER ARRANGEMENTS HAVE NOT BEEN MADE, PAYMENT MUST BE RECEIVED 10 DAYS PRIOR TO THE EVENT DATE. FAILURE TO DO SO WILL RESULT IN PERMIT/DETAIL BEING CANCELLED. TWO (2) HOUR MINIMUM.									
Description of service to be provided									
Report to									
I, _____ as authorized representative of _____ (hereafter "Permittee") hereby acknowledge that I have read and understand the attached "Conditions of Permit" and that Permittee will abide by and be subject to these condition in all respects if a permit is issued at a result of this application. In addition, that Punta Gorda Fire Department and its member will not be held liable for damages or injuries by Permittee that may be caused be a third party in connection with services provided under this permit.									
Signature Authorized Representative of Vendor					Date				
_____					_____				
The above application for permit is hereby granted, and above application together with the attached "Conditions of Permit are hereby adopted, by reference, and are made part of and constitute terms and conditions of this permit.									
Expiration date of this permit					Pre-Payment Waive		Yes		No
Signature City Representative					Date		Permit Number		
_____					_____		_____		
<b>ALL PERMITS MUST BE OBTAINED 10 DAYS PRIOR TO THE EVENT DATE</b>									

## Florida's Harborside Hometown



**Off Duty Vendor Contract  
CONDITIONS OF PERMIT**

**Extra-Duty Special Detail Standby Fire Department Related Services**

The following are general conditions regarding standby Fire Department related services:

1. If you require assistance with a scheduled detail after normal administrative hours (M-F 7:30am-4:30pm), contact must be made with the Fire Marshal or Fire Chief by calling 941-575-5529.
2. Any Member who is engaged in any extra-duty employment is subject to On-Duty status (call-out) at any time.
3. Extra-Duty employment shall be suspended any time a conflict is found to exist, the employment interested with the member's primary duties as a firefighter/EMT/Paramedic, is in violation of State or Federal law or Office policy.
4. The rate charged an employer/vendor for extra-duty Fire and EMS related services shall be standardized hourly rate established by the City of Punta Gorda which shall include compensation of personnel, any applicable employment taxes, and any administrative costs to administer the special detail.
5. Payment for any services directly to the member is strictly prohibited. The City of Punta Gorda will be responsible for collecting such payment and making disbursement to the member.
6. Extra Duty/special detail services shall be performed within the boundaries and jurisdiction of City of Punta Gorda public safety services.
7. The person/vendor requesting the extra-duty Fire/EMS service will make payment in ADVANCE of the service being performed. Payment will be made to the City of Punta Gorda Fire Department and will accompany the application/contract for request of services.
8. Cancellations of services by the Permittee (person/vendor requesting service) MUST be made at least 48 hours in advance. Failure to do so will result in the City of Punta Gorda Fire Department billing permittee/vendor for two (2) hours minimum for administrative cost.
9. If the employment has been authorized as provided in this policy, liability and Worker's Compensation Insurance Coverage provided by the Fire Department will be in effect if the off-duty firefighter sustains an injury while the member is performing extra-duty fire/ems related employment. Any injuries sustained which are NOT incurred as a result of a fire/ems action, will be the responsibility of the employer/vendor requesting extra-duty fire/ems related employment to includeworkerscompensation.
10. All permits must be obtained 10 days in advance. In emergent situations exceptions may be made by the program administrator/Fire Chief.

I have read, understand and agree to the above listed conditions.

\_\_\_\_\_  
Signature of Permittee/Vendor/Employer Requesting Extra Duty Detail

\_\_\_\_\_  
Date