

**APPLICATION PURSUANT TO PHL 3010
FOR TRANSFER OF EXISTING SERVICE OPERATING AUTHORITY
Throggs Neck Volunteer Ambulance Corps., Inc.
TO
Ridgewood Volunteer Ambulance Corps, Inc.
d/b/a Gotham Volunteer EMS**

TABLE OF CONTENTS

- A. Application for Transfer of existing service operating authority (DOH-3777)
- B. List of 2024 Directors for the Ridgewood Volunteer Ambulance Corps. Inc. and Affirmation of Fitness and Competency (DOH 3778) for each.
- C. Statement and Intent Letter from Throggs Neck Volunteer Ambulance Corps, Inc.
- D. New York State Department of Health Ambulance Service Certificate for the Ridgewood Volunteer Ambulance Corps. Inc.
- E. New York State Department of State, Division of Corporation Entity information as of June 4, 2024 for the Ridgewood Volunteer Ambulance Corps. Inc.
- F. Certificate of Incorporation of the Ridgewood Volunteer Ambulance Corps. Inc.
- G. Amended Certificate of Incorporation of the Ridgewood Volunteer Ambulance Corps. Inc.
- H. Primary Operating Territory Map for the Ridgewood Volunteer Ambulance Corps. Inc.
- I. Statement of Deficiencies for the Ridgewood Volunteer Ambulance Corps. Inc.
- J. New York State Department of Health Ambulance Service Certificate for the Throggs Neck Volunteer Ambulance Corps, Inc.
- K. New York State Department of State, Division of Corporation Entity information as of June 4, 2024 for the Throggs Neck Volunteer Ambulance Corps, Inc..
- L. Certificate of Incorporation of the Throggs Neck Volunteer Ambulance Corps, Inc..
- M. Primary Operating Territory Map for the Throggs Neck Volunteer Ambulance Corps, Inc.

- N. Certificate of Insurance for the Ridgewood Volunteer Ambulance Corps. Inc.
- O. Throggs Neck Volunteer Ambulance Corps, Inc.. Board meeting minutes from April 1, 2024 authorizing management support from the Ridgewood Volunteer Ambulance Corps, inc. d/b/a Gotham Volunteer EMS
- P. Ridgewood Volunteer Ambulance Corps. Inc. Board Meeting Minutes from April 14 2024 authorizing the Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS to transition the Throggs Neck Volunteer Ambulance Corps, Inc.'s ambulance, certificate of need from the New York State Department of Health – Bureau of Emergency Medical Services & Trauma System.

EXHIBIT A

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☒ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☐ Ambulance
☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service		DOH Agency Code		Federal Employer Identification Number	
Throggs Neck Volunteer Ambulance Corps, Inc.		7054		13-3052612	
Address		City	State	Zip	County
3955 E Treatment Avenue		Bronx	NY	10465	Bronx
Contact Person		Title			
Austin Rodriguez		Chair of the Board			
Business Phone		Home Phone	Cell Phone		E-mail
(718) 799- 1321		() -	() -		
Current Organizational Sponsor Type					
☐ Proprietary	☐ Hospital Based	☒ Volunteer Independent		☐ Industrial	
☐ Volunteer Fire Department	☐ Municipal/Government	☐ Other			
Type of Ownership					
☐ Individual	☐ Partnership	☐ Government	☒ Corporation		☐ LLC
Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)					

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

For expansion list existing primary operating territory

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Agent	Business Phone
	() -
Types and Limits of Coverage	☐ General Liability ☐ Other

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☒ EMT☐ AEMT☐ Critical Care☐ Paramedic

Agency Medical Director
Robert Crupi, MD, FAEMSP

Address
56-36 Main Street

City
Flushing

State
NY

Phone Number
(718) 661 - 8939

Agency Providing Medical Control
Matt S Friedman, MD, FACEP

Phone Number
() -

System Medical Director

Address

City

State

Phone Number
() -

Size of Population to be Served
130,000

Days of operation
Sunday to Sunday

Hours of operation
24 Hours

Projected Call Volume

Total 1000

Emergency 800

Non-Emergency 200

Source of Statistics for Call volume

☒ PCR☐ Dispatch Center☐ Agency Call Record☒ Other Agency Records

Total no. of ambulances
4

Total no. of emergency ambulance service vehicles (EASV'S)
0

Total no. of ALS First Response vehicles
0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service
Ridgewood Volunteer Ambulance Corps. Inc.

Federal Employer Identification Number
23-7405104

Address
503 Onderdonk Avenue

City
Ridgewood

State
New York

Zip
11385

County
Queens

Contact Person
Kevin Mahoney

Title
Vice Chair of the Board

Business Phone
(718) 386 - 7230

Home Phone
() -

Cell Phone
() -

E-mail
()

Proposed Organizational Sponsor Type

☐ Proprietary☐ Hospital Based☒ Volunteer Independent☐ Industrial☐ Volunteer Fire Department☐ Municipal/Government☐ Other

Proposed Type of Ownership

☐ Individual☐ Partnership☐ Government☒ Corporation☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO
Kevin Mahoney

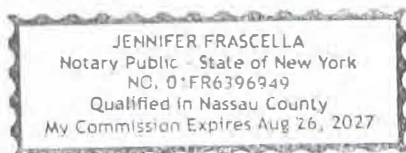
Title
Vice Chair of the Board

Signature

Date

6/10/2027

Notary Public affirmation and acknowledgement



DOH-3777 (12/16) p 2 of 2

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected - Incomplete

Council Chair Signature

EXHIBIT B

Ridgewood Volunteer Ambulance Corps. Inc.
d/b/a Gotham Volunteer EMS

Directors 2024

Jesus Rodriguez – Chairman

Kevin Mahoney – Vice Chairman

Kathleen Sexton – Captain

Leslie Rodriguez – Lieutenant Operations

Sedric Ismael Cevallos– Lieutenant Administration

James Davydov – Treasurer

Matthew Tirschwell – Secretary

Joseph Campisi – Director

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jesus D Rodriguez Sr

Board Chair

Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jesus D Rodriguez Sr

Full Name

Signature

Date

5/16/2024

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jesus D Rodriguez Sr

Full Name

Signature

Date

5/16/2024

Notary Public Affirmation and Acknowledgement

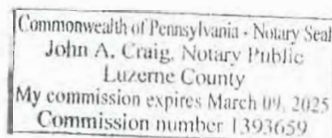
Notary Public Name

Signature

Date

05/16/2024

Please affix Notary Public Stamp or equivalent.



Jesus D. Rodriguez Sr.

Objective

Business professional with over 20 years of experience in technical and customer service, searching for a position with an organization that will benefit from a strong-minded Hard working individual with strong achievements, significant skills, and a wealth of knowledge, that is still eager to continue learning every day.

Work Experience

IT systems Analyst:Premiere Outdoor Living

July 2023 - Present

- Research and determine most effective method to resolve technical issues
- Effective communication with customers, team members or other stakeholders to ensure successful outcomes.
- Troubleshoot application and system software and hardware issues
- Maintain integrations between IQMS and other third party applications
- Exhibit good customer services attitudes and skills
- Work with outside vendors for monitoring, new installations, upgrades, patches, and other support
- Install, configure, and maintain voice, data and video equipment
- Troubleshooting and resolving LAN/WAN performance, connectivity and related network problems
- Investigate and resolve trouble ticket items and making necessary equipment repairs
- Maintaining backup, version control and viral defense systems
- Maintaining a secure transfer of data to multiple locations via internal and external networks

Rebuilder/Operations Manager: Patterson Battery, Inc.

October 2022 - April 2023

- Manage "Day to Day" Operations, pay bills, order parts etc.
- Rebuild Starters and Alternators when necessary
- Create and keep an accurate inventory of batteries and parts
- Answer the phone when calls come in
- Interface with Customers and Vendors daily
- Developed Human Resource Department with policies
- Managed Payroll for all employees

Technical Support Representative: PenTeleData:

November 2021 – August 2022

- Identified, investigated, and resolved users problems with computer software and hardware.
- Answering, evaluating, and prioritizing incoming telephone, email and Chat requests for assistance from end-users

- Define software, hardware and network requirements for customers in both business and residential
- Applied knowledge of computer software, hardware, and procedures to solve problems.
- Collaborates with other staff to research and resolve problems.
- Performs other related duties as assigned.

IT Specialist: NJ Mobile Healthcare EMS:

March 2019 – April 2020

- Provide Company wide support to all branches
- Answering, evaluating, and prioritizing incoming telephone, email and self-service requests for assistance from end-users
- Define software, hardware and network requirements
- Vendor liason
- Responsible for network management, software development, database administration and endpoint administration and deployment
- Identify and resolve technology issues
- Communicate with upper management about what is needed and what tasks have been completed
- System and Network maintenance and repair

Technology Specialist/VP of Operations: We Fix Technology, Inc.:

April 2012 – October 2021, Brooklyn, NY

- Meet with prospective clients to determine project requirements
- Engage with clients to define the scope of the project
- Plan timeline and resources needed for project
- Manage full aspect of projects from beginning to end
- Travel to client sites
- Vendor aquisition
- Vendor liason
- Answering, evaluating, and prioritizing incoming telephone, email and self-service requests for assistance from end-users
- Responsible for network management, software development, database administration and endpoint administration and deployment
- Define software, hardware and network requirements
- Identify and resolve project issues
- Prepare project status reports
- Create and manage a Help Desk resource for contract clients

Emergency Medical Technician: Ridgewood Volunteer Ambulance Corp: March 2012 – Present, Brooklyn, NY

- Held positions of Board Chairman, Captain and Lieutenant of Operations.
- In 2017 I was elected and voted in as a Lifetime Member with the Organization.
- Run the daily business operations, finances, and negotiate grants and contracts on behalf of the organization.
- Have been a member of the Board of directors for 4 years, Holding the title of Board Chairman for the last 3 years.
- IT/Communications Committee Chair/member
- Transport Patients to Hospital in emergency situations such as falls and Psychiatric Emergency situations.
- Work within the 911 system to assure quality of care to patients.
- Work together with FDNY Supervisors to obtain a common goal.
- Perform patient assessments (Medical/Trauma), perform wound care, splinting, and irrigation
- Check all personal gear, assigned vehicles, equipment and tools to ensure safe and effective operation.
- Knowledgeable City and State protocols so that I can effectively complete patient care.
- Work together with FDNY Paramedics and EMTs to provide care to patients.
- 800 trucks in accordance with regulations set forth by the NYSDOH.
- Able to properly complete NY State per and e-PCRs

School Aid/Technology Specialist: Beginning with Children Charter School: June 2007 – April 2009, Brooklyn, NY

- Engage with clients to define the scope of projects
- Plan timeline and resources needed for project
- Travel to client sites
- Responsible for network management, software development and endpoint administration
- Define software, hardware and network requirements
- Identify and resolve project issues
- Answering, evaluating, and prioritizing incoming telephone, email and self-service requests for assistance from end-users
- Prepare project status reports
- HelpDesk to various sites to assist with end user issues

Education

Colorado Technical Institute
BS Business Administration - Expected graduation 2027

(June 2023- Present)

Qualifications Summary

Valid New York State EMT certification/CPR Instructor

- Excellent Problem-solving skill set
- Excellent verbal and written communication skills.
- Excellent interpersonal and customer service skills.
- Professional and pleasant telephone manner.
- Ability to explain technical issues to technical and non-technical employees and customers.
- Strong analytical and problem-solving skills.
- Proficient with Microsoft Office Suite or related software.
- Proficient with or the ability to quickly learn an array of computer hardware and software.
- Work great under pressure

References

Furnished Upon Request

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Throggs Neck Volunteer Ambulance Corps, Inc.	7054
Name of EMS Agency	NYS EMS Agency Code
Ridgewood Volunteer Ambulance Corps, Inc d/b/a Gotham Volunteer EMS	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Kevin Mahoney	Vice Chair of Board
Full Name of Individual	Title
[REDACTED]	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
[REDACTED]	[REDACTED]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kevin Mahoney

Full Name



Signature

6/10/2027

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Kevin Mahoney

Full Name



Signature

6/10/2027

Date

Notary Public Affirmation and Acknowledgement

Jennifer Frascella

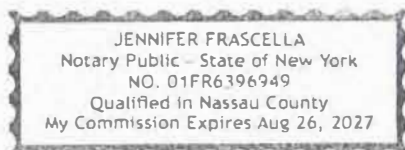
Notary Public Name



Signature

6/10/27

Date



Please affix Notary Public Stamp or equivalent.

Kevin Mahoney



Leader & Project Manager

Dedicated leader, developer, instructor and first responder with extensive experience responding and training both first responders and civilians.

- Leadership
- Problem Solving
- Training Staff
- Curriculum Development
- Compliance Mitigation
- Organization

Career Experience

Lieutenant - New York City Fire Department.....2000 to present
Engine 43, Bronx, NY & Lead Training Officer Counter Terrorism Task Force

Responsible for daily operation of Engine Company's administrative duties and operational responses. Administrative tasks including attendance records, payroll verifications, and staffing. Respond to and mitigate the following: Gas Emergencies, Emergency Medical Services assignments, car accidents, Carbon Monoxide emergencies and Fires.

Lead Training Officer and developer for the FDNY's Counter Terrorism Task Force (CTTF). The CTTF consist of the Mass Casualty Rescue Task Force and the NYPD Filed Liaison program. Responsible for coordinating training for all members of FDNY in Mass Casualty Rescue Task Force operations. Developing and maintaining training schedules for instructors and students, developing curriculum in conjunction with the NYPD. As the NYPD Filed Liaison, work with NYPD's specialized Units to coordinate FDNY resources within a law enforcement driven operations. The operations include High Threat / Tactical environments, disorderly crowds, warrant assignments.

Owner/ CEO, Aura Preparedness, Protection & Training Consultants, Inc2018 to present

As founder and CEO of Aura Preparedness, Protection & Training Consultants, Inc (Aura), develop and conduct programs pertaining emergency preparedness, emergency services for civilians up to trained professionals. Also manage services for EMS event standby's, corporate AED programs and facility threat assessment. Aura currently has a staffed of over 150 trained professional which I oversee.



Owner / President, Rescue Training Institute, Inc.2008 to present

As President of Rescue Training Institute, manage and conduct New York State Department of Health Emergency Medical Technicians course. Manage approximately 50 course per year with over 1000 students, 50 instructors and make sure courses run within all New York State Department of Health rules, regulations, and guidelines.

Owner / Vice - President, Emergency Aid Training, Inc2009 to present

As Vice-President of Rescue Training Institute, manage and conduct New York State Department of Health Emergency Medical Technicians course. Manage approximately 20 course per year with over 500 students, 30 instructors and make sure courses run within all New York State Department of Health rules, regulations, and guidelines.

Education

Associates of Science in Fire Science

Columbia Southern University

Computer Skills

Programs: Microsoft Office, Power Point, Excel, Word, , Zoom, social media, Microsoft Teams.

Platforms: Windows, Apple

Certified Teaching Experience

FDNY & NYPD Rescue Task Force Operations
Program Developer & Lead Instructor

Tactical Emergency Casualty Care Instructor
National Association of Emergency Medical Technicians (NAEMT)

CPR & First Aid Instructor
American Heart Association (AHA)

CPR & First Aid Instructor

Emergency Care & Safety Institute (ECSI)

Certified Instructor Coordinator

New York State Department of Health – Bureau of Emergency Medical Services & Trauma Systems

SABRE Pepper Spray Instructor

Security Equipment Corporation

National Association of EMS Educators

Level I Instructor

National Association of EMS Educators

Level II Instructor

Certifications

FEMA – IS-5a – An Introduction to Hazardous Materials

FEMA – IS-00100 National Incident Management System

FEMA – IS-00100.c Introduction to Incident Command System

FEMA – IS-00200.c Basic Incident Command System for Initial Response

FEMA - IS-00120.c Introduction to Exercises

FEMA – IS-00139.a Exercise Design and Development

FEMA – IS-00700 – An Introduction to the National Incident Management System

NAEMT – Tactical Emergency Casualty Care for Emergency Provider





EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:

245030

Name:

Mahoney, Kevin

County:

Nassau

Status:

Status OK

Certification Level	Expiration Date
Certified First Responder (CFR)	03/31/2026
Emergency Medical Technician (EMT)	08/31/2024
Certified Instructor Coordinator	06/30/2026

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Kathleen Sexton

Full Name of Individual

Captain

Title

[REDACTED]

Social Security Number (this is not releasable under the provisions of FOIL)

[REDACTED]

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kathleen Sexton

Full Name

Kathleen Sexton

Signature

5/5/24

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Kathleen Sexton

Full Name

Kathleen Sexton

Signature

5/5/2024

Date

Notary Public Affirmation and Acknowledgement

Patricia Comblu, Notary Public, State of New York, Qualified in Queens County

Notary Public Name

Reg. No. 02C00011481
expires July 20, 2027

Patricia M. Comblu

Signature

5/5/2024

Date

Please affix Notary Public Stamp or equivalent.

Kathleen Sexton

Queens, NY 11385

EDUCATION

Queens College, City University of New York Queens, NY

Bachelor of Arts, Psychology Class of 1996

PROFESSIONAL EXPERIENCE

Northside School Whitestone, NY

Interdisciplinary Center for Childhood Development (ICCD) Program

Teachers Assistant – Level III August 2018 – Present

Assisted educators in developing lesson plans for both community and special events

- Worked to develop academic and functional life skills with children with behavioral disorders in a small group setting
- Served in leadership role on academic behavioral committee
- Developed and implemented safety protocols for post-COVID re-opening protocols in line with NYC and NYS DOH requirements

Lifeline Center for Child Development Queens, NY

Teachers Assistant April 2001 – August 2018

- Assisted teachers in the development of instructional materials for children with special educational needs
- Implemented specialized early childhood curriculum, special education best practices and behavior management programs
- Worked with students on special instructional projects and assisted in their use of instructional resources

Hillside Psychiatric Research Queens, NY

Activities Therapy Assistant May 1996 – June 1997

- Developed and planned special events, computer classes, art therapy and sports skills
- Charted progress notes of individual patients through their treatment and participation in developmental special events

New York State Psychiatric Institute New York, NY

Intern for Group Study of Children with Attention Deficit Hyperactivity Disorder May 1996 – June 1997

- Assisted in group therapy sessions, monitoring progress of individual patients and reporting findings to medical staff
- Taught children coping and socialization skills through utilization of behavior modifications
- Used strategies and techniques such as point systems, group sessions, and various sports programs

EMS & NON-PROFIT LEADERSHIP EXPERIENCE

Ridgewood Volunteer Ambulance Corps, Inc. Queens, NY

Member, Board of Directors January 2017 – Present

- Voting board member for 501(c)(3) volunteer ambulance corps serving a response area of over 300,000 residents
- Participate in and oversee the management of all operational and administrative affairs of corporation

Lieutenant of Operations January 2017 – December 2017; January 2019 – Present

- Serve as Operations Lieutenant for EMS agency operating three ambulances with over 100 emergency personnel
- Manage and oversee all operational activities relating to ambulance maintenance, medical equipment procurement
- Liaison with other agencies including FDNY EMS Operations during citywide emergencies, including COVID-19 pandemic

Captain January 2018 – December 2018; January 2022 – Present

- Served as chief operational and administrative officer of the organization

- Oversaw operations, programs and activities of organization, provided leadership and policy guidance for members
- Implemented policy decisions of the board of directors
- Approved all financial disbursements and monitored accounting activities of corporation along with Treasurer

Emergency Medical Technician & Crew Chief *2005 – Present*

- Provide ambulance services to communities of Bushwick, Brooklyn and Ridgewood, Glendale, Middle Village, Queens
- Experienced Emergency Medical Technician and Field Training Officer for new EMTs and emergency vehicle operators

ADDITIONAL INFORMATION

Skills: Applied Behavioral Analysis data entry, Positive Behavioral Intervention Support, Mandated Reporter, Data Entry, Certified Food Server, Crisis Intervention, NYS Emergency Medical Technician, CPR/AED.

DELETED SCENES

Hobbies: [underwater basketweaving, squash (the vegetable), church organ player, PS2 (Tony Hawk's Underground 2)]

Languages: [conversational proficiency in Spanish, native fluency in Welsh, limited working proficiency in American English, احب ان ارقص]

Honda Fit Owners Club of America *New York, NY*

President, NYC Metro Chapter *March 2021 – Present*

Bureau of EMS and Trauma Systems



~~Provider: [Redacted]~~ Kathleen

Level: EMT

State #: 309117

EXP: 05/31/2025

[Signature]
Glenn Y. Casaccio, MEd, MPH
Commissioner of Health

[Signature]
[Redacted] berg, NRP
Director, Bureau of EMS

EMT SEYTON

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Leslie Rodriguez

Title

EMT-B/LT of ops

Full Name of Individual

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Leslie Rodriguez
Full Name
Leslie Rodriguez
Signature
5/4/24
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

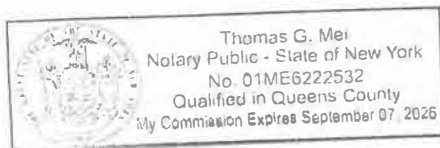
Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Leslie Rodriguez
Full Name
Leslie Rodriguez
Signature
5/4/24
Date

Notary Public Affirmation and Acknowledgement

Thomas Mei
Notary Public Name
[Signature]
Signature
5/4/24
Date



Please affix Notary Public Stamp or equivalent.

LESLIE P. RODRIGUEZ

SKILLS & ABILITIES

- Very well organized and comfortable working in a multi-tasking environment.
- Proven interpersonal work relations, excellent communication skills, both verbal and written.
- Highly effective team player that understands the value of working with all levels of employees.
- Able to learn, interpret and apply policies, procedures and resolutions.
- First Aid, BLS, CPR

EXPERIENCE

Northwell Long Island Jewish Medical Center (Adult ED)

October 2023 - Present

Emergency Dept. Technician

- Performance of technical/laboratory duties exclusively in the Emergency Dept.
- Preparation and treatment of patients, various procedures including bleeding control, CPR and phlebotomy.
- Documenting all procedures performed, charting.
- Testing equipment and processing used equipment for the Central Sterile department.
- Telemetry

Paradocs Medical Services, New York, NY

November 2021 - February 2023

Emergency Medical Technician

TCC 660 5th Ave Project (Site Safety) Emergency Medical Technician

- Responsible for the health and safety of all workers on the construction site.
- Conduct site safety orientation for new staff entries.
- Provided urgent care for patient emergencies in a clinical setting and arranged transport for more serious injuries.
- Assist in administrative duties for new employee entries.

(Paradocs EMT 2021-Present) Medical care in events and projects of all types and sizes, (construction sites, large scale concerts, set medics for movie and commercials.)

Gotham Volunteer EMS, Queens, NY

December 2020 - Present

Emergency Medical Technician

- Work collaboratively with EMS personnel in responding to 911-dispatched calls to provide pre-hospital care, life support and patient transport.
- Comprehensive Knowledge and skills to assess, treat, stabilize and transport seriously ill or injured patients to area hospitals or trauma centers.

EDUCATION

BMCC 2010

Aura Prep / JJC 2020

CERTIFICATIONS

- Emergency Medical Technician
- FEMA
- CPR/AED

References Available upon request



 EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:

486384

Name:

Rodriguez, Leslie P

County:

Queens

Status:

Status OK

Certification Level	Expiration Date
Emergency Medical Technician (EMT)	11/30/2024

Affirmation of Fitness and Competency

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Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Sedric Ismael Cevallos

Full Name of Individual

Title

Emt / lieutenant
of admin

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

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- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Sedric Ismael Cevallos
Full Name
[Signature] 05/05/2024
Signature Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Sedric Ismael Cevallos
Full Name
[Signature] 05/05/2024
Signature Date

Notary Public Affirmation and Acknowledgement

Patricia Comble, Notary Public State of New York, Qualified in Queens, Cady
Notary Public Name
[Signature] 5/5/2024
Signature Date
Reg. No. 02CO0011481
expires July 20, 2027

Please affix Notary Public Stamp or equivalent.

Sedric Cevallos

Skills

Team leader, quick learner, good patient care, quick thinker.

Experience

August 2021 - May 2024

Gotham Ems volunteers, 503 onderdonk flushing ny, 11385- job title (emt)

- Emt
- Youth squad advisor
- Crew chief
- Lieutenant of administration

September 2023 - May 2024

Fdny, 9 metrotech center Brooklyn, ny, 11201 - Emt

- Emt
- Crew chief
- Emergency vehicle operator

August 2022 - May 2024

N&N mechanic shop, 59-12 Fresh pond rd, Maspeth, ny 11378 - Mechanic

- Mechanic apprentice
- Administrator

Education

September 2017 - June 2021

Grover Cleveland high school, 21-27 himrod st, Queens, Ny 11385 - advance regent high school diploma

Good learning skills for the adult world. Learn to solve real life scenarios. Became an emt straight out of high school to start my career as soon as possible



Department
of Health

EMS Provider Certification



Provider: Cevallos, Sedric

Level: EMT

State #: 495485

EXP: 01/31/2027

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT CEVALLOS

This card is only valid with a government issued ID and should be validated at health.ny.gov/ems/validation

Affirmation of Fitness and Competency

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Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

James Daydou

Full Name of Individual

Treasurer

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

0

Date of Birth

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YES NO

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

James Dayder
Full Name
Signature
Date 5/7/24

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

James Dayder
Full Name
Signature
Date 5/7/24

Notary Public Affirmation and Acknowledgement

Franklin Arce
Notary Public Name
Signature
Date 05/07/24

Please affix Notary Public Stamp or equivalent.



James Jacob Davydov

Education

New York University, New York, NY

Bachelor of Arts in Biology | Minors: Nutrition & Dietetics and Chemistry | May 2017

Vilcek Institute of Graduate Biomedical Sciences | NYU Langone Health, New York, NY

Master of Science in Biomedical Informatics | September 2020

Work Experience

NYU Langone Health, New York, NY

9/2021-present

Clinical Informatics Analyst, Medical Center IT

- Effectively served on the clinical decision support committee, assisting with CDS approvals and the upkeep of the committee's data management system.
- Assisted with data analysis and report building for MCIT projects in collaboration with physician informaticists.
- Participated in and helped coordinate MCIT's Epic Elevate program, empowering clinicians with more efficient workflows within the Epic HER
- Certified in Epic Cogito and Epic BPA Builder

Memorial Sloan Kettering Cancer Center, New York, NY

5/2018 – 9/2021

Patient Care Coordinator, Gastroenterology and GI Surgery, Ambulatory Core

- Served as liaison between patients and their clinical teams in order to orient patients upon check-in and facilitate a smooth outpatient clinic visit.
- Coordinated scheduling of all aspects of a patient's future visits with appropriate tests, procedures, visits, treatments and consultations in accordance with the physicians' orders.
- Collaborated in a team of office coordinators and nursing staff to ensure the organization and preparation of a clinic practice, including preparation of patient documentation, obtaining new patient records, and communication with internal and external doctor practices, all to achieve thorough patient care.
- Mentored incoming care coordinators and interns in their job responsibilities, as well as assembling resources with contact information and other helpful workflows.

Northwell Health, Lake Success, NY

9/2017 – 5/2018

Analyst, Pathology Informatics

- Charged with gathering and analyzing laboratory data for a large network of hospital laboratories with the intent to improve patient care and enhance operations.
- Assisted with the utilization of a proprietary web-based database that organized clinical and laboratory data into one location for quality management, reporting, and research.
- Supported Quality Management department with the creation and delivering of quality metrics reports for select clients in the Northwell Health system.

Volunteer Experience

Ridgewood Volunteer Ambulance Corps, Ridgewood, NY

6/2017 – Present

- Served as Treasurer, managing financial operations for the agency, overseeing and administering a budget exceeding \$500K.
- Acted as an Emergency Medical Technician on emergency calls, providing medical treatment and assistance in the local neighborhood.
- Served as first point of contact between emergency medical service crews as a trained dispatcher.
- Arranged and assisted in community events and gatherings including donation collections for the corps.
- Interacted with hospital ER staff and other EMS crews on emergency calls.

New York Road Runners/MedPrep Consulting, New York, NY

11/2015 - Present

- Assisted in Race Communications Center as Deputy Medical Branch Officer ensuring smooth medical operations during the NYC Marathon and other NYRR races.
- Acted as an Emergency Medical Technician for the NYC Marathon, assisting passing runners with needed aid and relief, including forms of physical therapy as pain management.
- Participated as a Bicycle Response Unit, patrolling several miles for runners in need of medical assistance.

Glen Oaks Volunteer Ambulance Corps, Glen Oaks, NY

6/2012 – 6/2017

Skills and Hobbies

Fluent in Hebrew and Russian

Basic programming in Python, R, SQL

Macintosh/Windows Operating Systems; Microsoft Office Applications; Google Platform

Emergency Medical Technician – Basic, NYSDOH certification; CEVO-4 Ambulance certification; BLS Provider

References Available Upon Request



 EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:

423502

Name:

Davydov, James J

County:

New York

Status:

Status OK

Certification Level	Expiration Date
Emergency Medical Technician (EMT)	11/30/2025

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Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Matthew Tirschwell

Secretary

Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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YES NO

- | | | |
|-------------------------------------|-------------------------------------|--|
| ☒ | ☐ | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
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Certification of Competency

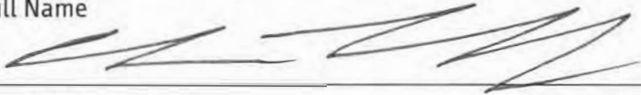
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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Matthew Tirschwell

Full Name



Signature

5/3/24
Date

Certification of Fitness

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Matthew Tirschwell

Full Name



Signature

5/3/24
Date

Notary Public Affirmation and Acknowledgement

Notary Public Name

 MICHELA PAGLIARA

Signature

5/3/2024
Date



MICHELA PAGLIARA
NOTARY PUBLIC
STATE OF NEW YORK
Registration No. 01PA6419424
Qualified in New York City
My Commission Expires
July 6, 2025

Please affix Notary Public Stamp or equivalent.

Matthew Tirschwell

Current Secretary: Ridgewood Volunteer Ambulance Corp, Inc.



MFA: Parsons School of Design 1995

BFA: Ithaca College 1992

Professionally, in 1999, Matthew founded and is the sole owner of Tirschwell & Co., Inc, an architectural lighting design firm. He also is the founder and sole owner of EMS Lighting Sales, Inc., a lighting equipment distribution company.

Matthew has been involved in volunteer firefighting since 1988 and received his EMT license in 1992. He has been a member of the Ithaca NY, and Sanbornville, NH fire departments as well as the Central Park Medical Unit. He currently volunteers with the Ocean Bay Park Fire Department and Ridgewood Volunteer Ambulance Corps, where he is also involved in strategic planning.

Matthew is also the founder and chair of EMS Access, Inc. a 501(c)3 not-for-profit corporation, with the mission to assist volunteer ambulance agencies who struggle with leadership, operational, and financial challenges.



Matthew Tirschwell



MFA: Parsons School of Design 1995

BFA: Ithaca College 1992

FOUNDER AND OWNER: TIRSCHWELL & CO., INC

1999- Current

Matthew founded and is the sole owner of Tirschwell & Co., Inc, an architectural lighting design firm. The company provides consulting services to architects, designers, and end users for the proper application of lighting and control equipment.

FOUNDER AND OWNER: EMS LIGHTING SALES INC.

Matthew is the founder and sole owner of EMS Lighting Sales, Inc., a lighting equipment distribution company.

FOUNDER AND CHAIR: EMS ACCESS, INC.

EMS Access Inc is non-profit 501(3) (C) incorporated in NYS. The primary mission is to advise volunteer ambulance agencies with best practices in leadership, management, and operations. Since its founding, EMS Access Inc has held two summits with Lillian Bonsignore and Ryan Greenberg as keynote speakers and is currently assisting volunteer agencies in NYC.

NYS EMT

1992 to Current

Matthew received his first EMT license in 1992, and has volunteered with agencies in NYS and New Hampshire. He volunteered with CPMU for thirteen years, and for the past five years volunteers with Ridgewood/Gotham Volunteer EMS. He is on the board and the Secretary of the organization. Previously he was on the strategic committee.

INTERIOR FIREFIGHTER: OCEAN BAY PARK FIRE DEPT

1988 to Current

Personally, Matthew lives in Manhattan with his wife of twenty-five years. They have two college age children.

Affirmation of Fitness and Competency

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Throggs Neck Volunteer Ambulance Corps, Inc.

7054

Name of EMS Agency

NYS EMS Agency Code

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Full Name of Corporate Entity requiring F&C review as a new owner/operator

Joseph A. Campisi

Board member

Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

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YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only; and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Joseph A. Campisi
Full Name
[Signature]
Signature
05/03/2024
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

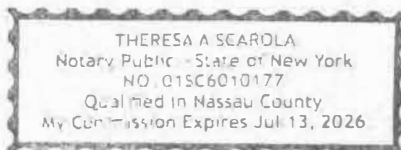
Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Joseph A. Campisi
Full Name
[Signature]
Signature
05/03/2024
Date

Notary Public Affirmation and Acknowledgement

Theresa A. Scardola Theresa A. Scardola
Notary Public Name
[Signature]
Signature
05-03-2024
Date



Please affix Notary Public Stamp or equivalent.



Education:

Christ the King High School graduate of 1986.

Work History:

Salvatore Campisi & Sons Licensed Electrical Contracting Inc. 1986- Present.

Owner and Partner.

Overseeing all employees, payroll, A/R, A/P, material ordering. Job Head Super

Volunteer History:

Middle Village Volunteer Ambulance Corp Inc. 1989- present.

Life Member

President 2001- present

Ridgewood Volunteer Ambulance Corp

2019- present

Board member

Gotham Volunteer Ambulance Service

2023- present

Board member

EXHIBIT C



Throggs Neck Volunteer Ambulance Corps Inc.

P.O. Box 302, Bronx, New York 10465*www.throggsneckvac.org*(718)799-1321

June 1, 2024

To Whom It May Concern:

This letter is in regard to the Throggs Neck Volunteer Ambulance Corps, Inc (TNVAC) and its consolidation of operations with the Ridgewood Volunteer Ambulance Corps, Inc (RVAC) d/b/a Gotham Volunteer EMS. RVAC will be submitting an application to transfer ownership of TNVAC's New York State Department of Health Certificate of Need from the Throggs Neck Volunteer Ambulance Corps, Inc (TNVAC) to the Ridgewood Volunteer Ambulance Corps, Inc (RVAC) d/b/a Gotham Volunteer EMS.

The directors, officers and membership look forward to this consolidation of operations to better serve the community of Throggs Neck, Bronx.

If you have any questions, please feel free to call me at 917-70-8813.

Sincerely,



Austin Rodriguez

Throggs Neck VAC Chairperson



Gotham Volunteer EMS

Mailing Address:
503 Onderdonk Avenue
Ridgewood, NY 11385
Business Line: 718-386-7230
Emergency Line: 718-386-7229



Throggs Neck Volunteer Ambulance Corps

Mailing Address:
3955 E Tremont Avenue
Bronx, New York 10465
Business Line: 718-430-9501

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made on and as of the of April 22, 2024 by, among and between Ridgewood Volunteer Ambulance Corps, Inc. d/b/a Gotham Volunteer EMS ("Gotham") and the Throggs Neck Volunteer Ambulance Corps, Inc ("TNVAC") and confirms the agreement and understanding reached among the parties with respect to Gotham assuming responsibilities for the operation of the TNVAC. It is with confidence that this consolidation of operations will better serve the communities that are currently being served by the TNVAC and the Gotham.

TNVAC will facilitate without delay:
Transfer of TNVAC assets

- Transfer of Ambulance Operating Certificate to Gotham
- Transfer of ambulance, building and funds to Gotham
- Provide list of active members interested in continuing service to Gotham
- Provide list of Life Members interested in continuing status to Gotham
- Provide list of members interested in administrative, operational or board positions to Gotham
- Provide documentation of outstanding accounts payable to Gotham
- Transfer ASHI Training Center equipment to Throggs Neck EMS Youth Corps and Training Center Inc. and enter into a use of space agreement for use once a week for one (1) year free of charge.

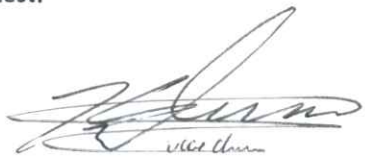
RW
MT *CR*

**Gotham will facilitate without delay:
Integration of Operations –**

- As soon as possible begin serving the Throggs Neck Community
- Initiate announcement of consolidation and possible fund drive
- Expeditious review of credentials of active members and if needed updating any training requirements (NIMS, HIPPA, Protocols), etc. to facilitate their continued activity
- Expeditious review of driver experience records, ambulance orientation and, if needed, updating any training (CEVO, EVOC), etc. to facilitate their continued activity
- Immediately assess the TNVAC ambulance, rehab and put back in service if reasonable or initiate efforts to acquire a replacement. Continue TNVAC branding on the ambulance until replaced with Gotham Ambulance with Throggs Neck being in that division.
- Provide one voting board seat to a current member of TNVAC, to be picked by the current TNVAC board. This seat will be for a total of (2) years, subsequent to that individuals meeting requirements would be eligible to stand for election, if they wished to continue.

Accepted and Agreed to:

Attest:



vice chair

Ridgewood Volunteer Ambulance Corps, Inc.
d/b/a Gotham Volunteer EMS

By: Kevin Mahoney, Vice Chairman

Date: 4/25/2024



Ridgewood Volunteer Ambulance Corps, Inc.
d/b/a Gotham Volunteer EMS

By: Matthew Tirschwell, Secretary

Date: 4/24/2024



Austin Rodriguez

Throggs Neck Volunteer Ambulance Corps, Inc.

By: Austin Rodriguez, Chairman of the Board

Date: 4/20/2024

GA

Throggs Neck Volunteer Ambulance Corps, Inc.

By: Gloria Corsino, Board Member

Date: 4/24/2024

Azanda Mkhwanazi

Throggs Neck Volunteer Ambulance Corps, Inc.

By: Azanda Mkhwanazi, Board Member

Date: 4/24/2024

MT ^(Kw)

23

EXHIBIT D

Agency Code Number 7368

Issued 7/22/2020

Expires 7/31/2022

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate

Ridgewood Volunteer Ambulance Corps, Inc.



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

PRIMARY TERRITORY In Kings County, the 83rd Precinct /Brooklyn Community Board 4; in Queens County,
the 104th and 108th Precincts / Queens Community Boards 2 and 5

Handwritten signature of Ryan Greenlee in black ink.

Emergency Medical Services Program

Handwritten signature of Howard Zucker M.D. in black ink.

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE
Keep conspicuously posted

EXHIBIT E

Department of State

Division of Corporations

Entity Information

Entity Details

ENTITY NAME: RIDGEWOOD VOLUNTEER AMBULANCE
CORPS. INC.
FOREIGN LEGAL NAME:
ENTITY TYPE: DOMESTIC NOT-FOR-PROFIT CORPORATION
SECTION OF LAW:
DATE OF INITIAL DOS FILING: 10/10/1974
EFFECTIVE DATE INITIAL FILING: 10/10/1974
FOREIGN FORMATION DATE:
COUNTY: QUEENS
JURISDICTION: NEW YORK, UNITED STATES

DOS ID: 353745
FICTITIOUS NAME:
DURATION DATE/LATEST DATE OF DISSOLUTION:
ENTITY STATUS: ACTIVE
REASON FOR STATUS:
INACTIVE DATE:
STATEMENT STATUS: NOT REQUIRED
NEXT STATEMENT DUE DATE:
NFP CATEGORY: NON-CHARITABLE

ENTITY DISPLAY

Post Office Address for Service of Process

The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:

Name:

Address:

Electronic Service of Process on the Secretary of State as agent: Not Permitted

Post Office Address for Service of Process

Name:

Address:

Post Office Address for Service of Process

Address:

Registered Agent Name and Address:

Name: RIDGEWOOD VOLUNTEER AMBULANCE CORPS, INC.

Address: 65-08 COOPER AVE., GLENDALE, NY

Entity Primary Purpose/Name and Address:

Name:

Address:

Other Details:

Is The Entity A Farm Corporation: NO

Check Box(es):

State: NY

Number of Shares:

Number of Shares:

Department of State

Division of Corporations

Entity Assumed Name History

Entity Details

ENTITY NAME: RIDGEWOOD VOLUNTEER AMBULANCE
CORPS. INC.
FOREIGN LEGAL NAME:
ENTITY TYPE: DOMESTIC NOT-FOR-PROFIT CORPORATION
SECTION OF LAW:
DATE OF INITIAL DOS FILING: 10/10/1974
EFFECTIVE DATE INITIAL FILING: 10/10/1974
FOREIGN FORMATION DATE:
COUNTY: QUEENS
JURISDICTION: NEW YORK, UNITED STATES

DOS ID: 353745
FICTITIOUS NAME:
DURATION DATE/LATEST DATE OF DISSOLUTION:
ENTITY STATUS: ACTIVE
REASON FOR STATUS:
INACTIVE DATE:
STATEMENT STATUS: NOT REQUIRED
NEXT STATEMENT DUE DATE:
NFP CATEGORY: NON-CHARITABLE

ASSUMED NAME HISTORY

Search

Filing Date	Assumed Name	DOS ID	Status
01/10/2023	GOTHAM VOLUNTEER EMS	6696524	Active
04/24/2019	GLENDAL VOLUNTEER AMBULANCE	37949	Active
01/09/2019	MIDDLE VILLAGE VOLUNTEER AMBULANCE	37948	Active

Rows per page: 5 1-3 of 3

EXHIBIT F

A 187027

CERTIFICATE OF INCORPORATION
OF
RIDGEWOOD VOLUNTEER AMBULANCE CORPS., INC.

(under Section 402 of the Not-for-Profit Corporation Law)

INTO 5

Filed By: Emil J. Rucigay
Attorney-at-Law
59-04 Myrtle Ave.
Ridgewood, N.Y.
11227

APR-8-2011 01:22 FROM:

CERTIFICATE OF INCORPORATION
OF

RIDGEWOOD VOLUNTEER AMBULANCE CORPS., INC.

(under Section 402 of the Not-for-Profit Corporation Law)

The undersigned for the purpose of forming a corporation under Section 402 of the Not-for-Profit Corporation Law, hereby certify:

(1) The name of the Corporation is:

RIDGEWOOD VOLUNTEER AMBULANCE CORPS, Inc.

(2) The corporation is a corporation as defined in sub-paragraph (a) (5) of Section 102 (Definitions) of the Not-for-Profit Corporation Law.

(3) The purposes for which the corporation is formed are as follows:

(a) To operate a community ambulance corps to provide free ambulance service to sick, injured or infirm persons in need of service and/or transportation; to supply hospital beds, crutches, wheel chairs, and other convalescent equipment on loan without charge to the residents of the community; and to provide free oxygen in the event of emergency. All service provided shall be in conformity with existing laws, rules and regulations or such as may be hereinafter enacted.

(b) To accept, hold, administer and collect funds and property, both real and personal, to be used for the foregoing purposes and to apply all of the earnings and

assets of the corporation to the purposes above described, to take all steps necessary to implement the purposes of the corporation and to purchase or rent ambulances and other equipment to carry out the corporation purposes.

(4) The corporation shall be a Type B Corporation as defined in Section 201 (b) of the Not-for-Profit Corporation Law.

(5) The Corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income, or profit of the corporation is distributable to, or inures to the benefit of its members, directors, trustees, officers, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes).

(6) Nothing herein shall authorize this corporation directly or indirectly to engage in or include among its purposes, any of the activities mentioned in the Not-for-Profit Corporation Law, Section 404 (b) or Executive Law, Section 757 nor to operate a hospital or to provide hospital service or health related service as defined in Article 28 of the Public Health Law.

(7) To the extent permitted under the statutes of the State of New York and in furtherance of its corporation purposes, the Corporation shall have power:

(a) To purchase, receive, take by grant, gift, devise, bequest, or otherwise, lease or otherwise acquire, own, hold, improve, employ, use, or otherwise deal in and with real or personal property, or any interest therein, wherever situated.

(b) To sell, convey, lease, exchange, transfer, or otherwise dispose of, or mortgage or pledge all or any of its property, or any interest therein, wherever situated.

(c) To take property, both real and personal, either absolutely or in trust, for any of its purposes, without limitation as to the amount of value, except such limitation as to the amount of value, if any, as may be imposed by law. The income and principal of the corporation may be dealt with and expended in such manner as in the judgment of the members and directors will best promote the objects of the corporation.

(d) To exercise all general powers enumerated in Section 202 N PCL, together with the power to solicit grants and contributions for corporate purposes.

(8) The corporation shall not carry on propaganda, or otherwise attempt to influence legislation, or participate in any political campaign on behalf of any candidate.

(9) The principal office of the Corporation is to be located in Ridgewood in the County of Queens, City and State of New York.

(10) The territory in which the operations of the Corporation are principally to be conducted is Ridgewood, in the County of Queens, City and State of New York, or any geographical limitation therein as the Board of Directors may decide.

(11) The names and residences of the Initial Directors are:

ALVA E. TUCKER	65-08 Cooper Avenue Glendale, New York
MARGUERITE E. TUCKER	65-08 Cooper Avenue Glendale, New York
JOHN R. WREDE	60-30 68th Road Ridgewood, New York

(12) All the subscribers hereto are of full age; all are citizens of the United States and residents of the State of New York.

(13) The post office address to which the Secretary of State shall mail a copy of any notice required by law is 65-08 Cooper Avenue, Glendale, New York.

(14) The name and address of the designated registered agent who is to be the agent of the corporation upon whom process against the corporation may be served is: ALVA E. TUCKER, 65-08 Cooper Avenue, Glendale, New York.

(15) Prior to delivery to the Secretary of State, all approvals or consents required by law will be endorsed upon or annexed to this certificate.

(16) In the event of dissolution, all of the remaining assets and property of the organization shall, after necessary expenses thereof, be distributed to such organization as shall qualify under Section 501 (c) (3) of the Internal Revenue Code of 1954, as amended, subject to an order of a Justice of the Supreme Court of the State of New York.

-5-

IN WITNESS WHEREOF, the undersigned incorporators,

being at least nineteen years of age, affirm that the statements made herein are true under the penalties of perjury.

Dated: *August 7, 1974*

ALVA E. TUCKER *Alva E. Tucker*
65-08 Cooper Avenue, Glendale, New York

MARGUERITE E. TUCKER *Marguerite E. Tucker*
65-08 Cooper Avenue, Glendale, New York

JOHN R. WREDE *John R. Wrede*
60-30 68th Road, Ridgewood, New York

I, the undersigned, Justice of the Supreme Court of the State of New York, Eleventh Judicial District, do hereby approve the foregoing Certificate of Incorporation of Ridgewood Volunteer Ambulance Corps, Inc. and consento that the same be filed.

Dated: *September 11, 1974*
Jamaica, New York
SEPTEMBER 19, 1974

[Signature]
JUSTICE OF THE SUPREME COURT
HON. FREDERIC E. HANMER

Notice of Application Waived
(This is not to be deemed an
approval on behalf of any
Department or Agency of the
State or for an
employee of the State)

Dated: *September 11, 1974*

[Signature]
For Commissioner

of New York }
Department of State } SS.

28253

I certify that I have compared the annexed copy with the original document filed by the Department of State
the same is a correct transcript of said original.

Witness my hand and seal of the Department of State on OCT 10 1974


Acting Secretary of State

E Info 5
ams

TYPE OF CERTIFICATE
Incorporation - Not-For-Profit Type B

CORPORATION NAME
RIDGEWOOD VOLUNTEER AMBULANCE CORPS,
INC.

DATE FILED
Oct. 10, 1974

FILER NO.
41 Queens A 187027-7

LOCATION OF PRIN. OFFICE

FILER AND ADDRESS
Emil J. Rudigay, Esq.
59-04 Myrtle Ave.
Ridgewood, NY 11227

6 DOLLAR FEE TO COUNTY
FEES AND/OR TAX PAID AS FOLLOWS:

☒ CHK. ☐ M.O. ☐ CASH \$ 55.50

TOTAL \$ 55.50
REFUND OF \$

TO FOLLOW

JOHN J. GHEZZI
ACTING SECRETARY OF STATE

P. 9/9

TO: 13476029064

NOTICE OF ENTRY

Please take notice that the within is a (certified)
copy of a
entered in the office of the clerk of the within
court on 19

Yours, etc.,

EMIL J. RUCIGAY

Copy for

Office and Post Office Address

59-04 MYRTLE AVENUE

RIDGEWOOD, N. Y. 11227

Copy for

NOTICE OF SETTLEMENT

Please take notice that in order

that the within is a true copy will be presented
to the Hon.

at the request of the within named Court, at

day of 19

Yours, etc.,

EMIL J. RUCIGAY

Copy for

Office and Post Office Address

59-04 MYRTLE AVENUE

RIDGEWOOD, N. Y. 11227

For

Index No.

Year 19

A 187027-7

CERTIFICATE OF
INCORPORATION
OF
RIDGEWOOD VOLUNTEER
AMBULANCE CORPS, INC.

Under Section 402 of the
Not-for-Profit Corporation
Law

EMIL J. RUCIGAY

Attorney for

Office and Post Office Address, Telephone

59-04 MYRTLE AVENUE

RIDGEWOOD, N. Y. 11227

212 EVANSTON 2-4080

To

Attorney(s) for

Service of a copy of the within

is hereby admitted.

Dated,

Executed at

w 10/10

for B

STATE OF NEW YORK
DEPARTMENT OF STATE

RECD OCT 10 1974

FILED 10/10/74

RECEIVED

STATE OF NEW YORK

for B

APR-8-2011 01:24 FROM:

EXHIBIT G

CERTIFICATE OF AMENDMENT

OF

RIDGEWOOD VOLUNTEER AMBULANCE CORPS. INC.

(Under Section 1309 of the Business Corporation Law)

The undersigned for the purpose of forming a corporation under Section 402 of the Not-for-Profit Corporation Law, hereby certify:

(1) The name -of the Corporation is:

RIDGEWOOD VOLUNTEER AMBULANCE CORPS. Inc.

(2) The corporation Is a corporation as defined in sub-paragraph (a) (5) of Section 102 (Definitions) of the Not-for-Profit Corporation Law.

(3) The purposes for which the corporation is formed are as follows:

(a) To operate a community ambulance corps to provide ambulance service to sick., injured or infirm persons in need of service and/or transportation without regard to ability to pay: to supply hospital beds, crutches, wheel chairs, and other convalescent equipment on loan without charge to the residents of the community; and to provide free oxygen in the event of emergency. All service

provided shall be in conformity with existing laws, rules and regulations or such as may be hereinafter enacted.

(b) To accept, hold, administer and collect funds and property, both real and personal, to be used for the foregoing purposes and to apply all of the earnings and assets of the corporation to the purposes above described, to take all steps necessary to implement the purposes of the corporation and to purchase or rent ambulances and other equipment to carry out the corporation purposes.

(4) The corporation shall be a Type B Corporation as defined in Section 201 (b) of the Not-for-Profit Corporation Law.

(5) The Corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income, or profit of the corporation is distributable to, or inures to the benefit of its members, directors, trustees, officers, or any private Individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes).

(6) Nothing herein shall authorize this corporation directly or indirectly to engage in or Include among its purposes, any of the activities mentioned in the Not-for-Profit Corporation Law, Section 404 (b) or Executive Law, Section 757 nor to operate a hospital or to provide hospital service or health related service as defined in Article 28 of the Public Health Law.

(7) To the extent permitted under the statutes of the State of New York and in furtherance of its corporation purposes, the Corporation shall have power:

(a) To purchase, receive, take by grant, gift, devise, bequest, or otherwise, lease or otherwise acquire, own, hold, Improve, employ, use, or otherwise deal In and with real or personal property, or any Interest therein, wherever situated.

(b) To sell, convey, lease, exchange, transfer, or otherwise dispose of, or mortgage or pledge all or any of its property, or any Interest therein, wherever situated.

(c) To take property, both real and personal, either absolutely or in trust, for any of its purposes,

without limitation as to the amount of value, except such limitation as to the amount of value, if any, as may be imposed by law. The income and principal of the corporation may be dealt with and expended in such manner as in the judgment of the members and directors will best promote the objects of the corporation.

(d) To exercise all general powers

enumerated in Section 202 N FCL, together with the power to solicit grants and contributions for corporate purposes.

(8) The corporation shall not carry on propaganda, or otherwise attempt to Influence legislation, or participate in any political campaign on behalf of any candidate.

(9) "The principal office of the Corporation is to be located in the County of Queens, City and State of New York.

(10) The territory in which the operations of the Corporation are primarily to be conducted is Ridgewood, In the County of Queens, City and State of New York, or any geographical limitation therein as the Board of Directors may decide.

(11) The names and residences of the Current Directors
are:

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED]
[REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED]
[REDACTED]

[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[12) All the subscribers hereto are of full age; all are
citizens of the United States and residents of the State of
New York,

(13) The post office address to which the Secretary of State shall mail a copy of any notice required by law is 503 Onderdonk Avenue, Ridgewood, New York 11385

(14) The name and address of the designated registered agent who is to be the agent of the corporation upon whom process against the corporation may be served is: Kevin Mahoney , 503 Onderdonk Avenue, Ridgewood, New York 11385

(15) Prior to delivery to the Secretary of State, all approvals or consents required by law will be endorsed upon or annexed to this certificate.

(16) In the event of dissolution, all of the remaining assets and property of the organization shall, after necessary expenses thereof, be distributed to such organization as shall qualify under Section 501 (c) (3) of the Internal Revenue Code of 1954, as amended, subject to an order of a Justice of the Supreme Court of the State of New York.

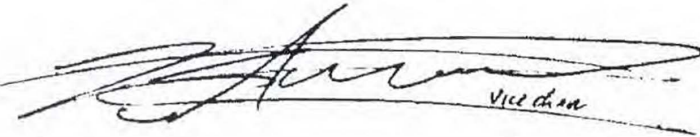
IN WITNESS WHEREOF, the undersigned directors,
being at least nineteen years of age, affirm that the
statements made herein are true under the penalties of
perjury.

Dated: January 20, 2019



Jesus Rodriguez, Chairman

155 Seigel Street. Apt#6A, Brooklyn, New York


Vice Chairman

Kevin Mahoney, Vice Chairman

837 Garden Drive, Franklin Square, New York

Filer's Name & Mailing Address:

Kevin Mahoney

[REDACTED]

[REDACTED]

[REDACTED]

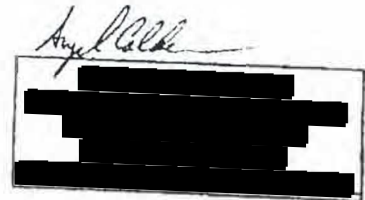
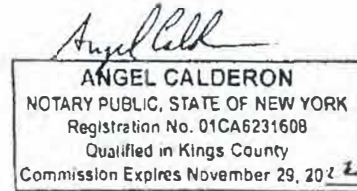
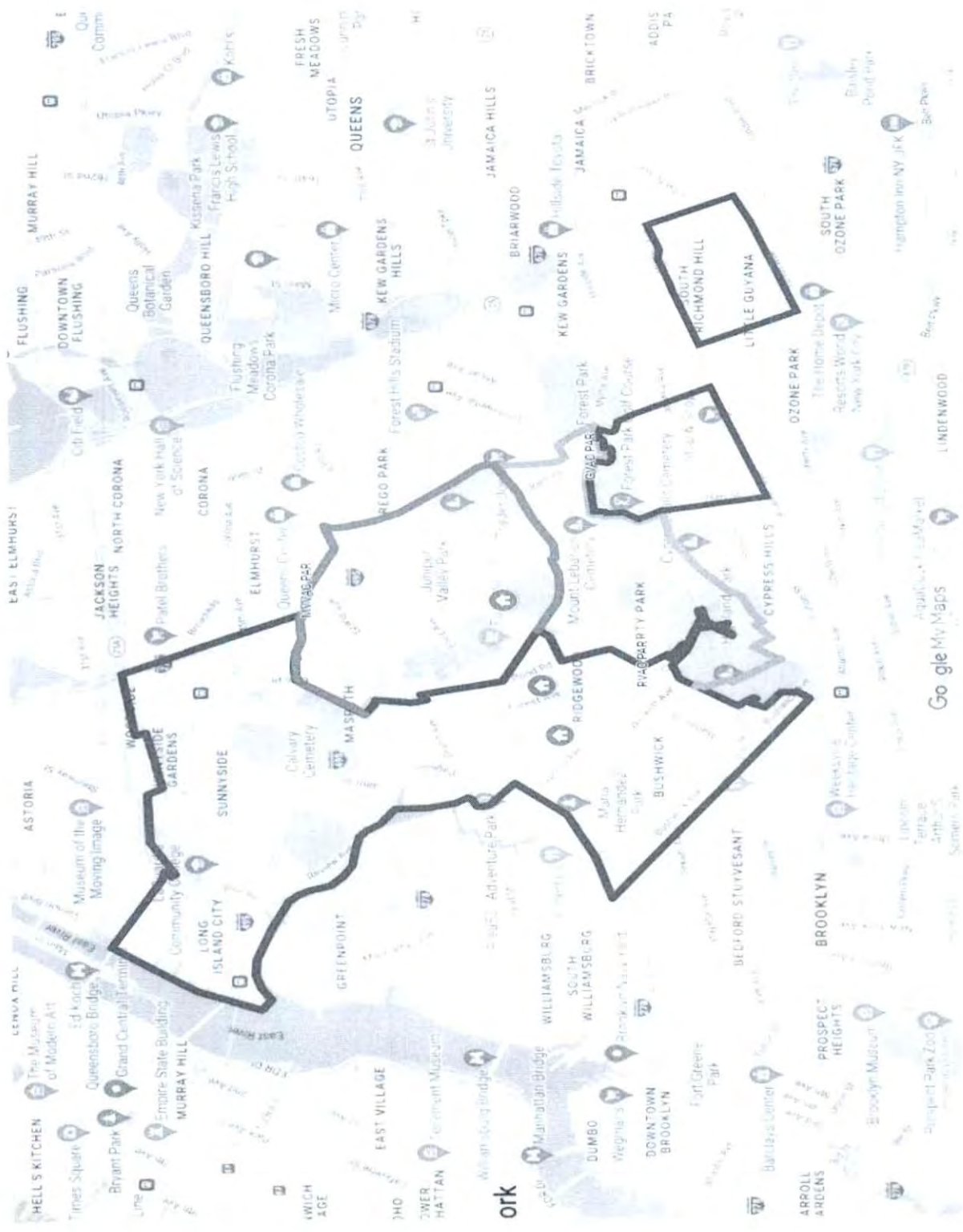


EXHIBIT H



Go My Maps

ork

EXHIBIT I

Statement of Deficiencies

Ridgewood Volunteer Ambulance Corps. Inc., the receiving agency, has no continuing patient care violations. IN THE LAST 10 YEARS

EXHIBIT J

MAK

Agency Code Number 7054

Issued 6/17/2020

Expires 4/30/2022

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate

Throggs Neck Volunteer Ambulance Corps, Inc.



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*



PRIMARY TERRITORY Throggs Neck, Locust Point, Silver Beach, Edgewater Park, Country Club,
Waterbury-La Salle, Pelham Bay

Handwritten signature of Ryan Greenlee in black ink.

Emergency Medical Services Program

Handwritten signature of Howard Zucker in black ink, followed by "M.D.".

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE
Keep conspicuously posted

DOH-3414 (8/91)

No. 35995

EXHIBIT K

Department of State

Division of Corporations

Entity Information

Entity Details

ENTITY NAME: THROGGS NECK VOLUNTEER AMBULANCE
CORPS, INC.

DOS ID: 533000

FOREIGN LEGAL NAME:

FICTITIOUS NAME:

ENTITY TYPE: DOMESTIC NOT-FOR-PROFIT CORPORATION

DURATION DATE/LATEST DATE OF DISSOLUTION:

SECTION OF LAW: -

ENTITY STATUS: ACTIVE

DATE OF INITIAL DOS FILING: 01/15/1979

REASON FOR STATUS:

EFFECTIVE DATE INITIAL FILING: 01/15/1979

INACTIVE DATE:

FOREIGN FORMATION DATE:

STATEMENT STATUS: NOT REQUIRED

COUNTY: BRONX

NEXT STATEMENT DUE DATE:

JURISDICTION: NEW YORK, UNITED STATES

NFP CATEGORY: CHARITABLE

ENTITY DISPLAY

The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:

Name: THE CORPORATION

Address: VELELLA VELELLA & BASSO, 1937 WILLIAMSBRIDGE RD, BRONX, NY, UNITED STATES, 10461

Electronic Service of Process on the Secretary of State as agent: Not Permitted

Name:

Address:

Address:

Buyer's Agent Name and Address

Name:

Address:

Buyer's Agent, License # (if applicable)

Name:

Address:

Is the seller

Is The Entity A Farm Corporation: NO

Is the property

Agent Name

Buyer's Agent Name

Buyer's Agent

EXHIBIT L

Certificate of Incorporation

of

THROGGS NECK VOLUNTEER AMBULANCE CORPS, INC.

under section 402 of the Not-for-Profit Corporation Law

IT IS HEREBY CERTIFIED THAT:-

(1) The name of the corporation is

THROGGS NECK VOLUNTEER AMBULANCE CORPS, INC.

(2) The corporation is a corporation as defined in subparagraph (a)(5) of section 102 (Definitions) of the Not-for-Profit Corporation Law.

(3) The purpose or purposes for which the corporation is formed are as follows:

To provide the Throggs Neck Community of Bronx County with emergency ambulance service.

To provide ambulance transportation to and from hospitals, treatment centers, rest homes, nursing homes or other health related facilities.

To maintain and establish a central dispatch office for ambulance service to the Throggs Neck Community.

To raise and solicit funds for the purpose of providing ambulance service to the Throggs Neck Community.

No part of the income of the corporation shall inure to the benefit of any member, trustee, director, officer of the corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes), and no member, trustee, officer of the corporation or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation.

No part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, or participating in, or intervening in (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office.

In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501 (c) (3) of the Internal Revenue Code of 1954, as amended subject to an order of a Justice of the Supreme Court of the State of New York. The corporation shall distribute its income for each taxable year at such time and in such manner as not to subject it to tax under Section 4942 of the Internal Revenue Code of 1954; as amended, and the corporation shall not (a) engage in any act of self-dealing as defined in Section 4941 (d) of the Code; (b) retain any excess business holdings as defined in Section 4943 (c) of the Code; (c) make any investments in such manner as to subject the corporation to tax under Section 4944 of the Code; or (d) make any taxable expenditures as defined in Section 4945 (d) of the Code.

To do any other act or other thing incidental to or connected with the foregoing purposes or in advancement thereof, but not for the pecuniary profit or financial gain of its members, directors or officers, except as permitted under Article 5 of the Not-for-Profit Corporation Law.

-Continued next page -

The corporation, in furtherance of its corporate purposes above set forth, shall have all the powers enumerated in section 202 of the Not-for-Profit Corporation Law, subject to any limitations provided in the Not-for-Profit Corporation Law or any other statute of the State of New York, together with the power to receive and contributions for corporation purposes.

I, the undersigned Justice of the Supreme Court of the State of New York First Judicial District, do hereby approve the foregoing Certificate of Incorporation of

Dated December 8, 1978.

THE UNDERSIGNED HAS NO
OBJECTION TO THE GRANTING
OF JUDICIAL APPROVAL,
RETURN AND WAIVES
STATUTORY NOTICE

Alfred J. Calabrese
J.S.C.

Richard J. Rosenthal
RICHARD J. ROSENTHAL
ASSISTANT ATTORNEY GENERAL

LOUIS J. LEFKOWITZ
Attorney General
State of New York

Certificate of Incorporation of

THROGGS NECK VOLUNTEER AMBULANCE CORPS, INC.

under Section 402 of the Not-for-Profit Corporation Law

Filed By: VELELLA, VELELLA & BASSO, ESQ.
2113 Williamsbridge Road
Bronx, N.Y. 10461

Office and Post Office Address

1544618

STATE OF NEW YORK
DEPARTMENT OF STATE
A TRUE COPY OF THE ORIGINAL
FILED IN THIS OFFICE ON

JAN 15 1979

WITNESS MY HAND AND OFFICIAL
SEAL OF THE DEPARTMENT OF
STATE ON THE DATE AFOREMEN-
TIONED.

Barth G. Paterson

Secretary of State

STATE OF NEW YORK
DEPARTMENT OF STATE
TAX \$ *None*
FILING FEE \$ *20*

JAN 15 1979

P. Brogan

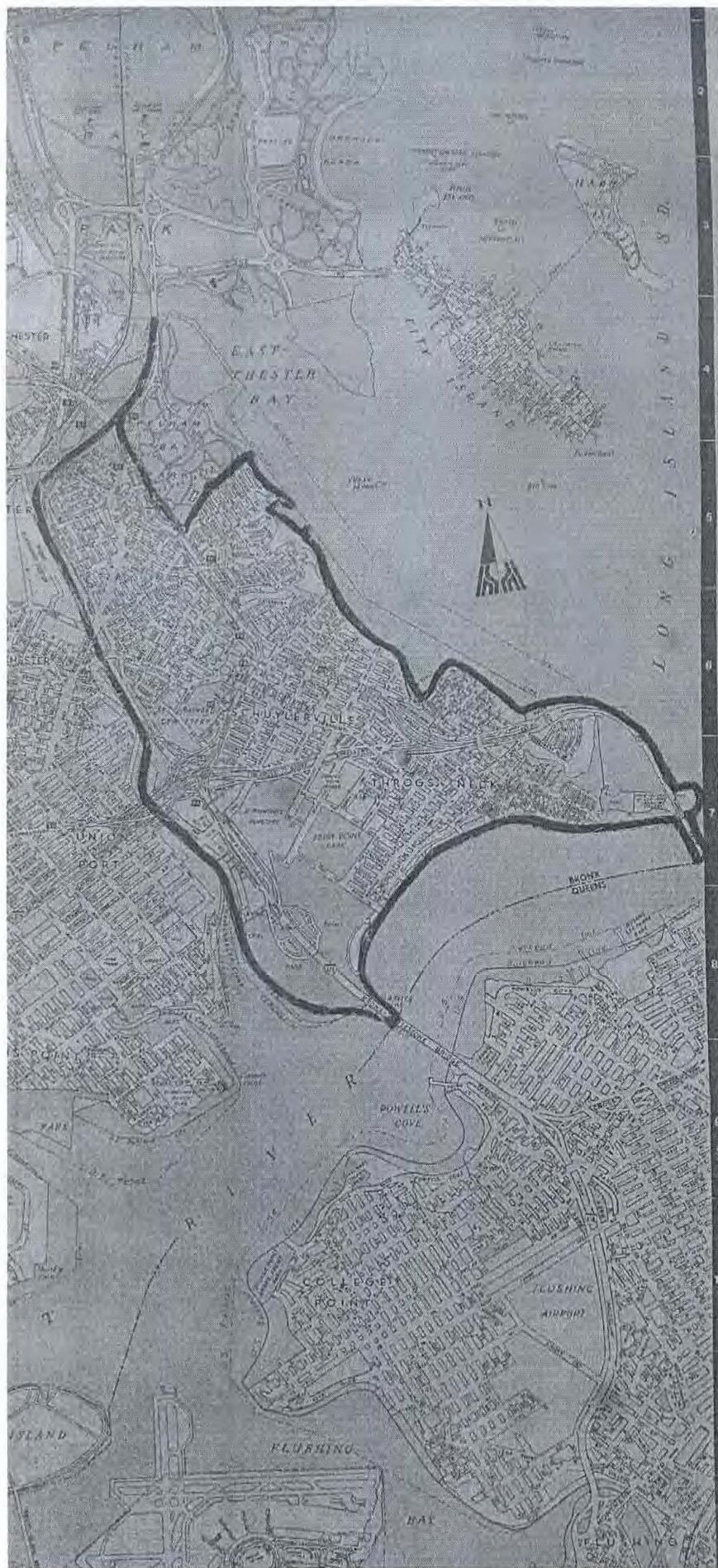
Type B

CIVIL DIVISION
CLERK'S OFFICE

78 DEC 8 PM 22

RECEIVED
SUPREME COURT
BRONX COUNTY

103323





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # BR-870302

Millennium Alliance Group, LLC

534 Broadhollow Road Suite 103

Melville, NY 11747

CONTACT NAME: Patricia Deckert

PHONE:

(A/C, No, Ext): (516) 496-8004 146

FAX:

(A/C, No): (631) 768-1342

E-MAIL:

ADDRESS: deckert@mag-insurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : National Union Fire Ins Co PA

19445

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Ridgewood Vol. Ambulance Corps., Inc.

503 Onderdonk Avenue

Ridgewood, NY 11385-1862

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☒ OCCUR			VFNUTR002142803	9/9/2023	9/9/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 10,000,000
							PRODUCTS - COMP/OP AGG \$ 10,000,000
							ACTION 4 INJUNC \$ 25,000
	GEN'L AGGREGATE LIMIT APPLIES PER						
	☒ POLICY ☐ PRO-JECT ☐ LOC						
	OTHER						
A	AUTOMOBILE LIABILITY						
	☒ ANY AUTO			VFNU-CM-0021429-03	9/9/2023	9/9/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB	☒ OCCUR					EACH OCCURRENCE \$ 5,000,000
	☒ EXCESS LIAB	☐ CLAIMS-MADE		VFNUTR002142803	9/9/2023	9/9/2024	AGGREGATE \$ 10,000,000
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ N/A					E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$
A	Accident			VFP443310582E-3	9/7/2023	9/7/2024	75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Throggs Neck Volunteer Ambulance Corps Inc.

P.O. Box 469, Bronx, New York 10465*www.throggsneckvac.org*(718)799-1321

April Board Meeting Minutes

April 1, 2024

5:30pm-6:09pm

Attendance:

Present

Erika Newsome
Austin Rodriguez
Gloria Corsino

Excused

Dr. Jacqueline Nieves-De La Paz
G. Azanda Mkhwanazi (Hybrid & Proxy)

Absent

All Present or Excused

Quorum present for this meeting.

5:30pm Meeting Called to Order

5:31pm Pledge of Allegiance

Attendance-Quorum; Gloria Corsino, Austin Rodriguez, and Erika Newsome-In person.
Azanda Mkhwanazi-Proxy to Austin Rodriguez until she arrives via Hybrid, Dr. Nieves-De La Paz-Excused

Minutes for January 2024 meeting approved. Unanimous vote plus proxy.

5:33pm Chief's Report:
We did approximately 5 standby calls for the year. We also got access to the online ImageTrend portal and found that our standbys were not posted. We will seek guidance to have them posted.

All members are EMTs except three. Members have been inactive due to construction and dead battery on 502. New members are in the review process and some are ready for online training.

We are excited about the Youth Corps starting soon. Interviews and conversations with Bronx High Schools in District 11 and 9, PS 304, and Mott Hall Community School in planning stages. Youth Corps may also have a self-standing organization for training only.

5:37pm Treasurer's Report:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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[REDACTED]

[REDACTED]

[REDACTED] (approximately) due from Maritime.

Fundraising efforts paused for the community though we have been accepting operational donations by selling our fundraising items. Board members have also contributed donations.

- 5:42pm Gloria Corsino presents options for non-profit collaborations. Edgewater Fire is very committed to their community and would be a good choice to collaborate with. Erika Newsome presents Gotham VAC who has been collaborating with VACs that were struggling and made them stronger. Austin Rodriguez reminded everyone of the Youth Corps as its own entity.
- 5:47pm Gloria motioned to reach out to Gotham VAC to request management support and leadership consolidation. Austin seconds. Unanimous vote including proxy. Erika Newsome will be reaching out to Gotham VAC leadership to request information to create a management agreement and next steps to see if we qualify to join them as an entity.
- 5:52pm Chief Mkwhanazi is working to build membership and will be updating and archiving personnel files of past members. She will also be working with Erika Newsome to identify and train Youth Corps Advisors. Erika Newsome has assumed the duties of I/A Assistant Chief of Administration.
- 5:53pm Old Business Opened
- 5:56pm Solar One is pending the answer of Vivint to monitor the solar battery. Austin Rodriguez and Erika Newsome will still be taking the battery exam by April 15th. We will also review the contract and discuss the possible consolidation of leadership to see if there is any impact with the grant. Austin Rodriguez will reach out to verify this. Austin is also exploring alternate alarm companies.
- 5:58pm Community outreach is still being planned. Operations and/or the Board will go to BID, 45th Precinct, and CEC 8 for introduction. Updates already made at CB 10.
- 5:59pm Insurance renewal paperwork hasn't been processed yet. Austin Rodriguez called Answer Financial, sent an email to EPIS, and Trusted Choice. Erika Newsome contacted Next Insurance and Cover Wallet. Gloria Corsino is reviewing Progressive and Allstate for referrals if they cannot support. Dr. Jackie De La Paz is working on pastoral duties and a life coaching leadership program and unable to support currently. Special Meeting will be called to review insurance and financial status in one week.



Throggs Neck Volunteer Ambulance Corps Inc.

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- 6:01pm Austin Rodriguez will contact the IRS or pro bono/plan attorney that supported us to find the status of the last filing and verify that we have completed all of the steps to change the filing date and status. He will also reach out to confirm our file has been amended to have us exempt for filing the Charity 500 moving forward.
- Dr. Jackie De La Paz is still performing pastoral duties and unable to fully commit to Board duties. Extended LOA has been granted until we receive notice from her directly otherwise. Gloria Corsino will assist with Treasurer responsibilities.
- 6:01pm New Business Opened
- 6:01pm Informational meeting will be held to discuss the future of Throggs Neck VAC and get public opinion. The first meeting will be set for Friday, April 15, 2024 at 10am, Meetings will be held in the am, evening, and weekend to make sure that everyone is fully informed and heard. Posting will be placed on Facebook Page.
- 6:02pm Life membership has been requested for Austin Rodriguez who has served since January 2014 only taking leaves for military service which were made up with monthly hours in the hundreds during COVID. Life Membership induction request by Vice Chairperson Gloria Corsino and seconded by Erika Newsome. Unanimous vote. Life Membership granted as of April 1, 2024.
- 6:03pm Erika Newsome will officially resign from the Board of Directors. She will participate in the new initiatives of the board and any agreement process as a committee member and designated liaison for Throggs Neck VAC to obtain the Gotham EMS management agreement with Austin Rodriguez as second contact. Erika was on a split leave of absence that totalled six months as she completed her degree at Fordham University Law School in September and did not have time to fully oversee the board or new initiatives. She will be the Youth Corps Training Director and take on the roles of I/A Assistant Chief of Administration and focus her time on preparing the Youth Corps stand alone project. Her resignation is official as of this evening. She will also support the removal of her name as contact for all but Pediatric Coordinator and HHS Coordinator which will remain part of her portfolio.
- 6:05pm Additional signers need to be added to the Bank account, Gloria Corsino and Azanda Mkhwanazi will be coordinating with Austin Rodriguez and at least one of them will accompany him to replace Erika Newsome as a signer. Erika Newsome may remain a signer for the Good & Welfare Fund and any future Youth Corps fund. Signers will go to the bank to be added no later than April 30th, 2024 at 9am. All will bring ID and the secretary will send out minutes for approval to be submitted if needed.
- 6:07pm Billing needs to be done and should bring money to the corps. Reminder to keep billing at \$900 for BLS transport and \$35 per minute. Joseph Renari from REMSCO has given us alternatives for billing. Austin Rodriguez has contacted them by email and will follow up by phone tomorrow. Austin will also verify the Medicare/Medicaid status.



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- 6:07pm Vehicle inspection and battery status will also be determined by this week. Austin Rodriguez will connect with a mechanic to see if they are able to get a status on what is needed. He will also be going to DMV to verify status of registration once insurance is confirmed.
- 6:08pm Meeting with REMSCO is tomorrow for check-in via Microsoft Teams. Agenda will include update and status of referrals and recommendations.
- 6:09pm Motion to adjourn made and seconded. Meeting closed.

Prepared by: Gcinokuhle Azanda Mkhwanazi
Azanda Mkhwanazi, Secretary

Accepted by: Austin Rodriguez
Austin Rodriguez, Chairperson

Affirmed by: Gloria Corsino
Gloria Corsino, Vice Chairperson //A Treasurer

Erika Newsome
Erika Newsome, 2nd Vice Chairperson/Transition Designee

(ON LOA)

Dr. Jacqueline Nieves-De La Paz, Treasurer (LOA)

EXHIBIT P



The RIDGEWOOD VOLUNTEER
AMBULANCE CORPS, Inc.

dba/ Gotham Volunteer EMS, inc.

Tel: (718) 386-7230 66-76 70th Street, N.Y. 11379

For Information www.ridgewoodvac.com

RVAC GOTHAM BOARD MEETING MINUTES

Date of Meeting: Sunday, April 14th, 2024 Time: 19:00 Hours

Minutes Prepared by: Matthew Tirschwell

Place: Virtual

Members in Attendance:

- ☐ Abuzaid, Sinan
- ☐ Biabiany, Damian
- ☐ Butt, Nayab
- ☐ Calderon, Angel*
- ☒ Campisi, Joe*
- ☐ Capello, Barbara*
- ☐ Catapano, Andre*
- ☐ Cevallos, Sedric
- ☐ Collato, Ambar
- ☐ Comblo, Patricia
- ☐ Combs, Andy*
- ☐ Cordeiro, Ryan
- ☐ Crespo, Jonathan
- ☒ Davydov, James
- ☐ Dempsey, Alyssa
- ☐ DiBartolo, Christina
- ☐ Doherty, Michael*
- ☒ Dziemian, Walter*
- ☐ Ehrhardt, Henry

Meeting called to order at 19:10 by Jesus Rodriguez.

Action Items:

- [] Send ambulance maintenance schedule reminders monthly
- [] Review ambulance graphics and colors once re-wrapping is complete.
- [] Send graphics and color specs to wrapping shop for re-do.
- [] Visit wrapped ambulance to inspect quality. Report back.
- [] Develop training for appropriate interpersonal communication channels in the organization.
- [] Send investment strategy document to Chase for brokerage account opening.
- [] Reimburse Joe Campisi \$201.25 for ambulance vital signs decals.
- [] Reimburse Steve Sharkey \$120 for Gotham Day expenses.
- [] Allocate additional \$1500 to Gotham Day budget.
- [] Revisit backup stretchers for ambulances.
- M Tirschwell to send draft bylaws to Jesus

THVAC Action Items

- [] Meet with full Throgs Neck board for clarity on who is involved in leadership and oversight.
- [] Have open meeting at Throgs Neck to inform community members of management change. Prepare for feedback.
- [] Develop performance metrics for Throgs Neck once ambulance is running - e.g. minimum number of calls per month.

- ☐ Feng, Joshua
- ☐ Fernandez, Kenneth
- ☐ Fernandez, Gloribeth
- ☐ Gannon, Julian
- ☐ Garner, Clayton
- ☐ Garity, Meghan
- ☐ Goga, Jay
- ☐ Gonzalez, Juana
- ☐ Grabowski, Michael*
- ☐ Graves, Sean*
- ☐ Guillemin, Kyra
- ☐ Guillemin, Evan
- ☐ Gunning, Ryan*
- ☐ Gunning, Samantha*
- ☐ Hertz, Danny
- ☐ Heskiroff, Michael
- ☐ Ismail, Menna
- ☐ Jajak, Marcellina
- ☐ Jurkowski, Albert
- ☐ Kan, Michael
- ☐ Kaur, Simranjeet
- ☐ Kessel, Travis*
- ☐ Khidr, Lilianna
- ☐ Koszcielak, Samantha
- ☐ Kotlurug, Bekirhan
- ☐ Lam, Tanya
- ☐ Lee, Vivian
- ☐ Leonelli, Luisa
- ☐ Lichtenstien, Sammy*
- ☐ Liu, Jordan
- ☐ Lublin, Nancy
- ☐ Mackay, Matthew
- ☒ Mahoney, Kevin*
- ☐ McIlwain, Leandra
- ☐ Munsifi, Sapan
- ☐ Pabon, Robin

- [] Send Throgs Neck ambulance ownership transfer agreement to Hey Zeus and Matt for review.
- [] Schedule meeting with Throgs Neck board to move forward with management transfer plans.
- [] Submit application to transfer Throgs Neck's operating certificate to Gotham.
- [] Provide weekly updates to Gotham board on Throgs Neck takeover plans and progress.
- [] Develop Gotham SOPs and structure to onboard Throgs Neck members and leadership.
- [] Send someone to inspect Throgs Neck ambulance and get it operational.
- [] Transfer Throgs Neck ambulance ownership to Gotham.
- [] Develop exit strategy for Throgs Neck management in case it does not work out.

Meeting Minutes:

Kevin Mahoney made a motion to approve the February meeting minutes as read with some spelling changed. Joe Campisi seconded and approved.

Joe Campisi made a motion to approve the March meeting minutes as read. Kathy Sexton seconded and approved.

Treasurer's Report:

James Davydov

Treasurer's Report is attached to the meeting minutes.

Joe Campisi made a motion to approve the Treasury Report as read with Kevin Mahoney seconding and approved.

Committee Reports:

Operations:

Kathy Sexton

The Operations report is attached to the meeting minutes.

Bylaws:

Matthew received a copy of the bylaws. Jesus requested a copy.

Old Business:

Ambulance wrapping was discussed. RVAC 8 to be re-wrapped.

[REDACTED]

[REDACTED]

- ☐ Price, James*
- ☐ Puza, Nicole
- ☐ Rapala, Olivia
- ☐ Riendeau, Danielle
- ☒ Rodriguez, Jesus*
- ☐ Rodriguez, Leslie
- ☐
- ☐ Savitt, Mike
- ☒ Sexton, Kathy*
- ☐ Sharkey, Steven
- ☐ Singhal, Rijal
- ☐ Smith, Elizabeth
- ☐ Smith, Matthew
- ☐ Spiegel, Isaac
- ☐ Tan, Owen
- ☒ Tirschwell, Matthew
- ☐ Tuatis, Aasta
- ☐ Van Booy, Simon
- ☐ Vel, Zev
- ☐ Wenqi, Zhao
- ☐ Woo, Evan
- ☐ Yates, Cameron
- ☐ Yodaiken, Eliezer

Two Stryker stairchairs have been ordered with a delivery of six to eight weeks.

Chase accounts were discussed. There is some complexity to getting all the right people to be on all the right accounts.

The investment strategy, drafted by James Davydov was approved by the board. Signers to be Jesus Rodriguez, James Davydov, and Matthew Tirschwell.

[REDACTED] for the ambulance door emblems.

New Business:

More events coming up in May and the summer.

Splinting session upcoming.

The board approved the proposed internally operated Marketing Committee as proposed in the attached document.

The board discussed the need for a vehicle coordinator.

The board decided to send each ambulance to Five ZS Auto maintenance shop once a month and ongoing maintenance items.

One ambulance would be delivered to the shop on the first Monday of the month, with the remaining ambulances send each following Monday.

The board discussed purchasing a new backup stretcher.

The board approved an additional \$1500 for Gotham Day expenses.

Kevin Mahoney made a motion to enter into a management agreement with Throggs Neck VAC to take over their ambulance agency, transfer their ambulance, transfer their operating authority, spending no more than \$25,000 unless brought back to the board; along with weekly updates to the board. Spearheaded by Kevin Mahoney, Jesus Rodriguez, and Matthew Tirschwell.

Joe Campisi seconded and approved unanimously by roll call.

Meeting closed at 21;50

Approved: _____ Date: _____ Denied: _____ Date: _____ To be
 Updated: _____ Date: _____ To be Amended: _____ Date: _____