

(46-2026a)

Yuba LAFCO Municipal Service Review (MSR) Survey

Dear Fire Chief,

The Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 requires Local Agency Formation Commissions (“LAFCOs”) to regularly prepare Municipal Service Reviews (“MSRs”) and Sphere of Influence (“SOI”) Updates which are comprehensive reports that examine the future growth of a region, assess how local agencies are equipped to accommodate such growth, and determine the probable physical boundary and service area of a local service provider.

Yuba LAFCO has engaged RSG, Inc. to prepare an MSR for the five fire protection and emergency medical service providers within Yuba County’s northern region. RSG, Inc. is also under contract to prepare a Countywide Sphere of Influence (“SOI”) Update for all fire protection and emergency medical service providers in Yuba County. Our scope includes collecting all information and data necessary to assess the delivery of these services. While we gather as much data as possible from available public sources, there are areas in which we require your direct input to help us capture the nuances not easily identified in the online materials. Specifically, your current constraints, opportunities, and experience in delivering fire protection and emergency medical services.

With this in mind, below is a series of data requests and questions that we could benefit from your insight and feedback. You may respond to any of these questions in writing with attachments or links to data sources as you see fit. You may also schedule a call and provide us with verbal responses to the questions, or if preferred, please feel free to have your management staff reach out to us directly; whichever works best for you, we are flexible and happy to accommodate.

We only ask that you respond **no later than Friday, August 21st, 2026**. If you require additional time, please notify us so we may adjust the timeframe as needed.

After we receive your responses, our team would greatly appreciate the opportunity to interview you and/or the key management staff to cover any gaps or nuances in the information. The interview would also serve as an opportunity for us to address any follow-up questions we may have.

If you have any questions about the MSR process, please do not hesitate to contact Jillian Glickman, Associate at jglickman@rsgsolutions.com.

Thank you in advance for your help. We appreciate and value your time and the work you do for your community.

ATTACHMENT 1: MSR SURVEY

1. Demographic Information

- a. Please review and provide comments, if any, on the following information:

Dobbins Oregon House Fire Protection District	
2010 Resident Population	2,524
2020 Resident Population	2,398
<i>Annual Change (2010-2020)</i>	<i>-0.5%</i>
2026 Resident Population	2,375
2031 Resident Population Projection	2,448
<i>Annual Change (2026-2031)</i>	<i>0.61%</i>
2010 Median Age	49.1
2026 Median Age	54.9
<i>% Change (2010-2026)</i>	<i>11.8%</i>
2026 Employment Levels (Ages 25-64)	97.5%
2026 Unemployment Levels (Ages 25-64)	2.5%

Source: ESRI Business Analyst

Dobbins Oregon House Fire Protection District	
2010 Housing Units	1,261
2026 Housing Units	1,228
% Change (2010-2026)	-2.6%
2031 Housing Units	1,280
% Change (2026-2031)	4.2%
Percentage of Owner-Occupied Units	67.8%
Percentage of Renter-Occupied Units	20.8%
Vacancy Rate	11.5%
2010 Average Household Size	2.33
2026 Average Household Size	2.18
2031 Average Household Size	2.32
2026 Median Household Income	\$ 72,018
2026 Median Household Income Per Capita	\$ 82,608
Poverty Level (2020-2024)	13.2%

Source: ESRI Business Analyst

2. **Growth and Population**

- a. Is the service provider aware of any recent or anticipated population and development changes within the jurisdictional boundary and/or surrounding areas?
 - i. If applicable, please provide the development name and site location/address.
- b. How does the service provider accommodate any known population and development changes?
- c. Have any notable events affected the population or housing within the service area since the service provider's formation? If so, please describe.

3. **Capacity and Adequacy of Public Facilities and Services**

Public Facilities and Infrastructure

- a. Please complete the following table for each of the service provider's fire station(s).

	Station No. 1	Station No. 2	Station No. 3
<i>General Information</i>			
Station Name			
Station Address			
Year Built Date			
Additional Comments:			
<i>Operations</i>			
Operating Hours (ex. M-F 8am-5pm)			
Number of 24-hour Staff			
Number of Part Time Staff			
Number of Volunteer Staff			
Additional Comments:			
<i>Station Features</i>			
Exhaust Removal System	Yes/No	Yes/No	Yes/No
Fire Sprinkler System	Yes/No	Yes/No	Yes/No
Extractor Equipment	Yes/No	Yes/No	Yes/No
SCBA Filling Stations	Yes/No	Yes/No	Yes/No
Sleeping Quarters	Yes/No	Yes/No	Yes/No
Gender Segregation	Yes/No	Yes/No	Yes/No
Apparatus Bay(s)	Yes/No	Yes/No	Yes/No
Additional Comments:			
<i>Capital Improvements</i>			
<i>Any recently completed or planned capital improvement projects?</i>	Yes/No	Yes/No	Yes/No
<i>If yes, please describe.</i>			

- b. Please identify the current conditions of the service provider's fire stations. You may reference the definitions below to guide your responses:
- Poor - requires many repairs, has deficiencies, cannot accommodate capacity
 - Fair - requires some repairs or improvements, and able to accommodate capacity for the time-being, but has limited additional capacity
 - Good - may require some repair or improvements but able to accommodate capacity for the next five years
 - Great - little to no repairs required and able to accommodate capacity for the foreseeable future
 - Excellent - no repairs needed and able to accommodate capacity over next 5 years or more

Station Name	1 - Poor	2 - Fair	3 - Good	4 - Great	5 = Excellent
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Additional Comments:

- c. Please provide the following information on the service provider's apparatus inventory.

Station Name (Location where equipment is stationed)	Apparatus Type (ex. Type 1 Engine, Water Tender, Utility Vehicle)	Apparatus Year

- d. Is the capacity of public facilities sufficient to provide adequate services now and in the future?

- e. What is the service provider's most recent ISO fire rating and when was the ISO fire rating last updated? Please attach a copy of the service provider's most recent ISO report.
- f. Please identify your service provider's practices and policies regarding the replacement of infrastructure/apparatus/equipment.

Services

- g. Please list the services provided by the service provider (e.g., structural fire protection, emergency medical services, wildland fire suppression, hazardous materials response, technical/water rescue, public education, fire prevention, other).
- h. The following incident data was obtained from the National Fire Incident Reporting System (NFIRS) on July 21st, 2026, which relies on information self-reported by fire service providers. Please review the data and update any missing or inaccurate information as appropriate.

Incident Type Series	2021	2022	2023	2024	2025
100 Series (Fire)	5	0	0	0	0
300 Series (Rescue & EMS Inc)	69	0	0	3	24
400 Series (Hazardous Conditions-No Fire)	2	0	0	0	0
500 Series (Service Call)	15	0	0	1	3
600 Series (Good Intent Calls)	8	0	0	0	2
700 Series (False Alarms/Calls)	0	0	0	0	1
Total	99	0	0	4	30

- i. Have there been any significant changes in the level or types of service provided by the service provider in the last ten years? Examples may include adding new services, transferring services to another agency or service provider, or eliminating services. If so, please describe.
- j. Please complete the following information regarding the service provider's staffing levels.

	2021	2022	2023	2024	2025
Position Type					
Paid Full-Time					
Paid Part-Time					
Volunteer (Unpaid)					
Volunteer (Paid)					
Administrative Positions					

- k. If the service provider has paid volunteers, please indicate whether the service provider offers per-call pay, a recurring stipend (monthly or

annual), and/or per diem for mutual aid/strike team deployments (ex. meals/lodging reimbursement). For each type that applies, please specify the rate.

- l. Does the service provider have any administrative personnel? If so, please describe their positions and duties.
- m. Does in-house staff have the capacity to carry out adequate service levels?
- n. Does the service provider contract out for any services? If yes, please provide the name of the contractor, services contracted, years in service, contract costs and any other relevant information.
- o. What alternatives or enhancements has the service provider implemented or is currently exploring to meet service demands for the existing and future population growth and/or development?
- p. How often does staff attend in-house trainings? Where are these trainings conducted?
- q. How often does staff attend external trainings? Where are these trainings conducted?
- r. What training standards does the service provider follow for personnel (e.g., OSFM, NFPA, ISO)? Please specify the minimum annual training hours required per position and the types of training required (e.g., live fire, EMS, hazmat, wildland).
- s. Are there any concerns regarding the adequacy of providing and delivering fire protection/EMS services? If yes, please describe.

4. Shared Services and Facilities

- a. Does staff train with any neighboring agencies? If so, please provide the frequency and location of these trainings.
- b. Does the service provider share any facilities or apparatuses with neighboring agencies? If yes, please describe.
- c. Does the service provider have mutual aid agreements with neighboring service providers? If so, please provide the name of the service provider and attach a copy of the mutual aid agreement.
- d. Does the service provider have automatic aid agreements with neighboring service providers? If so, please provide the name of the service provider and attach a copy of the automatic aid agreement.
- e. Please describe any known opportunities for shared facilities with other service providers in the County.
- f. Please describe (if applicable) any discussions relative to potential consolidations of your service provider and/or neighboring service providers.

5. Financial Ability to Provide Services

- a. Please attach a copy of the service provider's most recent audited financial statements for FY 2020-21 through FY 2024-25.
- b. Does the service provider levy any parcel taxes or special assessments? If so, please include the year the parcel tax(es) were approved by the voters and/or the special assessment(s) were approved through a Proposition 218 property-owner protest ballot proceeding, and detail the amounts charged. Please also provide a copy of the resolution authorizing the parcel tax(es) or special assessment(s).
- c. Proposition 172 provides a dedicated local sales tax revenue stream that supports public safety services. Does the service provider receive any Proposition 172 funding?
- d. Please describe any recent federal or state revenues the service provider has received (e.g., SAFER grants, other federal or state grants, etc.), including the funding source, amount, and year received.
- e. Does the service provider rely on intergovernmental revenues, such as such as state and/or federal wildland fire, traffic collision response billing, or cost recovery for budgeting purposes?
- f. Does the service provider have a development impact fee program?
 - i. If so, what year was the most recent nexus study completed? Please provide a copy of the nexus study.
- g. Are there any particular fiscal issues the service provider is concerned about? If so, how are these being evaluated and addressed? Please provide any related staff reports and/or studies.

6. Accountability, Structure, and Efficiencies

- a. Please confirm the Month and Year the service provider's current Fire Chief was appointed.
- b. Please confirm the number of service provider Board Members.
- c. How often does the service provider's Board meet?
- d. When and where does the service provider's Board meet?
- e. How does your service provider proactively provide information to the public (ex. public meetings, service provider website, etc.)?
- f. Describe your service provider's programs and activities to proactively comply with financial disclosure laws and the Brown Act.
- g. What administrative, management, and operational functions are provided to the service provider by private companies or other public service providers? Explain how these arrangements have resulted in cost savings or operational efficiencies for the service provider.
- h. Describe any changes in the structure of the service provider's governing board in the last ten years. For example, a change to district at-large elections.

- i. Include any notable ballot measures having an impact on the service provider in the last 10 years.

7. Other Challenges

- a. Are there any other matters the service provider would recommend be discussed as part of the Yuba LAFCO sphere of influence and MSR review process? If yes, please describe.

8. Sphere of Influence

- a. Please review the service provider's jurisdictional boundary and sphere of influence ("SOI") on the following page and answer the following questions:
 - i. Does the service provider's jurisdictional boundary and sphere of influence reflect the service provider's existing service area or response area?
 1. If not, please draw on the map to demark the existing service area.
 - ii. Does the service provider believe there are any changes warranted to the SOI? Why or why not?

ATTACHMENT 1: JURISDICTION MAP