

Pacific County Fire Protection District 1
Regular Commissioner's Meeting
December 17, 2019 – 4:00 p.m.
Station 21-1, Ocean Park



AGENDA

Establish Quorum/Call Meeting To Order/Pledge of Allegiance

Executive Session for Board for Volunteer FF Monthly Meeting

Consent Agenda (Items that need approval and signatures.)

1. Minutes of Regular Commissioners Meeting held on November 19th, 2019
2. November 26th, 2019 Payroll Accounts Payable expenses for a total of \$29,543.16
3. December 17th, 2019 Accounts Payable claims for a total of \$180,462.19, not including Jack's Country Store

Jack's Country Store: Needs Approval

1. December 17th, 2019 expenses for a total of \$329.37

Guests and Public Comments

1. Guests:
Public Comments:
Please introduce yourself and your purpose in attending the meeting.

Presentations and Special Events: None

Secretary's Report

1. BIAS Treasurer's Report
2. Monthly Budget Position Report, November 2019
3. 2019 Cash Flow Statement
4. 2019 Cash Flow Projection
5. Systems Design Collection Statistics
6. Grant Update

Calendar Items and Upcoming Events

1. Saturday, December 21st, 2019 – Toys for Peninsula Kids, Station 21-1, 10 a.m.-3 p.m.
2. Tuesday, January 21st, 2020 – Regular Commissioners Meeting, Station 21-1, 4:00 p.m.

Correspondence: None

Old Business: None

New Business:

1. Medicare Cost Reporting
2. Strategic Plan

Pacific County Fire Protection District 1
Regular Commissioner's Meeting
December 17, 2019 – 4:00 p.m.
Station 21-1, Ocean Park



District Chief's Report

1. AC Karvia's Report
2. AC Weatherby's Report
3. Pub Ed Coordinator Karvia's Report

Commissioner's Reports

1. Tom Downer
2. Fred Hill
3. Dennis Long

Personnel Information:

Good of the Order:

Executive Session: 17:00 hours – Personnel and Legal
John Lee will be in attendance for the Legal portion.
Administrative Contract Negotiations will be included in Personnel.

Adjourn Meeting by Chairman

**PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
REGULAR COMMISSIONERS MEETING
MINUTES NOVEMBER 19, 2019**



Commissioner Hill established that a quorum was present and called the meeting to order at 16:08. The meeting was held at Station 1, located at 26109 Ridge Avenue, Ocean Park, WA 98640. Attendance at the meeting included:

Commissioner Fred Hill
Commissioner Tom Downer
Commissioner Dennis Long
Fire Chief Jacob Brundage
Assistant Chief Brad Weatherby
Captain/Paramedic Mike DeConto
Captain/Paramedic Jason Derrey
Firefighter/Paramedic Jeff Archer

Firefighter/EMT Natasha Luce
Firefighter/EMT Colten Trotter
Firefighter/EMT Tyler Reynolds
Volunteer EMT Brian Davis
Volunteer Firefighter/EMR Kerry Jones
Volunteer EMR James Clancy
Pub Ed Coordinator Lani Karvia
District Secretary [REDACTED]

Commissioner Hill called for an Executive Session at 16:09 for Pension and Relief Board meeting. Regular session resumed at 16:10.

Consent Agenda

1. Minutes of Regular Commissioners Meeting held on October 15th, 2019
2. Minutes of Special Commissioners Meeting held on October 23rd, 2019
3. Minutes of Special Commissioners Meeting #1 held on October 24th, 2019
4. Minutes of Special Commissioners Meeting #2 held on October 24th, 2019
5. Minutes of Special Commissioners Meeting held on October 25th, 2019
6. Minutes of Special Commissioners Meeting held on October 26th, 2019
7. Minutes of Special Commissioners Meeting held on November 13th, 2019
8. Minutes of Special Commissioners Meeting held on November 14th, 2019
9. October 28th, 2019 Payroll Accounts Payable expenses for a total of \$181,773.69
 - a. Claims: \$19.58
 - b. Payroll: \$181,754.11
10. October 28th, 2019 4th Week Accounts Payable expenses for a total of \$55,562.85
 - a. Claims: \$28,820.21
 - b. Payroll: \$26,742.64
11. November 19th, 2019 Accounts Payable expenses for a total of \$267,253.25, not including Jack's Country Store
 - a. Claims: \$38,252.85
 - b. Payroll: \$229,000.40

Commissioner Downer made a motion to approve the consent agenda, seconded by Commissioner Long. Motion carried.

Jack's Country Store

1. November 19th, 2019 expenses for a total of \$332.20

**PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
REGULAR COMMISSIONERS MEETING
MINUTES NOVEMBER 19, 2019**



Commissioner Hill made a motion to approve the expenses for Jack's Country Store, seconded by Commissioner Long. Commissioner Downer abstained. Motion carried.

Guests and Public Comments:

No guests were in attendance for the regular meeting.

Presentations and Special Events:

Chief Brundage announced that we hired 3 new Firefighter/EMTs and reported the following:

Natasha Luce is currently working on B Shift. She was a volunteer with our department for 3 or 4 years. She has a Fire Science Degree, lives in Ocean Park, and owns her own business.

Colten Trotter is on C Shift and has many years as a volunteer in Lewis County, Idaho, and here. He also was employed at DNR and lives in Long Beach.

Tyler Reynolds is currently on A Shift. He is also a volunteer for Ilwaco Fire Department. He is fairly new to the fire service. He's doing a great job.

Captain DeConto then reported about the training he attended at the National Fire Academy. See attached report.

Firefighter/Paramedic Archer also reported about the training he attended. See attached report.

Secretary's Report: (Report Attached)

1. BIAS Treasurer's Report
2. Monthly Budget Position Report, October 2019
3. 2019 Cash Flow Statement
4. 2019 Cash Flow Projection
5. Systems Design Collection Statistics

Calendar Items and Upcoming Events

1. Friday, December 6th, 2019 – Community Christmas Party, Port of Nahcotta, 6:00 p.m.
2. Friday, December 13th, 2019 – Deadline to submit resolution for February 11th, 2020 Election
3. Sunday, December 15th, 2019 – Annual Christmas Party, Station 21-1, 4:00 p.m.
4. Tuesday, December 17th, 2019 – Regular Commissioners Meeting, Station 21-1, 4:00 p.m.
5. Saturday, December 21st, 2019 – Toys for Peninsula Kids, Station 21-1, 10 a.m.-3 p.m.

Correspondence:

1. Cowlitz 2 Fire & Rescue Thank You for Support/Assistance. See Board packet.

Old Business: None

**PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
REGULAR COMMISSIONERS MEETING
MINUTES NOVEMBER 19, 2019**



New Business:

1. BIAS 2020 Subscription Order Form for Software Subscription Only

DS Meling recommended choosing the option for software without the Asset Connection. We currently manage our assets in Emergency Reporting. We are not in need of an additional program to track them.

Commissioner Downer made a motion to approve the 2020 Bias Subscription Order Form for Software Subscription without the Asset Connection with the payment being in 2020, seconded by Commissioner Long. Motion carried.

2. BIAS 2020 Services Order Form for Hosted Service

DS Meling explained that this would be an additional service from Bias to move our information from our own internal server to their hosted service. This would enable us to use Bias on the laptop from remote locations not just on the desktop in the Administrative Office.

Commissioner Downer made a motion to approve the 2020 Bias Services Order Form for Hosted Services with the payment being in 2020, seconded by Commissioner Long. Motion carried.

3. Resolution 2019-07 – Resolution to Submit an EMS Levy

Commissioner Downer made a motion to approve Resolution 2019-07 – Resolution to Submit an EMS Levy, seconded by Commissioner Long. Motion carried.

4. Grant SCBA Quote for 30 Packs: Needs Approval

See recommendation letter from AC Karvia in the Board packet regarding the SCBA purchase.

Commissioner Downer made a motion to approve the purchase of 30 breathing apparatus in the amount of \$204,453.58 to apply toward the AFG grant, seconded by Commissioner Long. Motion carried.

5. SCBA Quote for an Additional 5 Packs: Needs Approval

Commissioner Long made a motion to approve the purchase of 5 additional breathing apparatus in the amount of \$34,785.23 that will be paid for through the general budget, seconded by Commissioner Downer. Motion carried.

District Chief's Report: See attached report.

1. AC Karvia's Report – Absent
2. AC Weatherby's Report –
 - i. AC Weatherby recommended that we do not apply for the next step in the vertical evacuation tower grant. We need to let our supporters know our decision and that we would need more support in order to make this VES happen. We can revisit our opportunities in the next cycle – November of 2020. This way we won't have

**PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
REGULAR COMMISSIONERS MEETING
MINUTES NOVEMBER 19, 2019**



to use the Fire District's money. He also reported that he will be working with James Clancy and DS [REDACTED] to submit the final report of the feasibility study and finish our billing.

- ii. AC Weatherby informed that we now have all of the Stop the Bleed kits, and half of the training has been completed. It has been well received. There are plans to training the crews as well.

3. Pub Ed Coordinator Karvia's report – See attached report.

Commissioner's Reports

1. Tom Downer – Commissioner Downer informed that we have a volunteer who will be donating her kidney on Thursday.
2. Fred Hill – None
3. Dennis Long – None

Personnel Information: None

Good of the Order: See Chief's Report

Executive Session: Commissioner Hill called for an Executive Session lasting ten minutes for personnel matters at 17:00. Chief Brundage was in attendance for the session. Regular session resumed at 17:10. No decisions were made.

Commissioner Hill called for a second Executive Session lasting five minutes for personnel matters at 17:12. Chief Brundage and DS [REDACTED] were in attendance for the session. Regular session resumed at 17:17. No decisions were made.

Meeting adjourned at 15:56.

FRED H. HILL, Commissioner

THOMAS L. DOWNER, Commissioner

Attest:

DENNIS A. LONG, Commissioner

[REDACTED], District Secretary

VOUCHER APPROVAL

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

11/26/2019 To: 11/26/2019

Time: 09:53:43 Date: 11/25/2019

Page: 1

Trans	Date	Type	Acct #	War #	Claimant	Amount	Memo
1588	11/26/2019	Claims	1	23616	ALSCO INC.	54.03	11/21 LINEN SERVICE
1589	11/26/2019	Claims	1	23617	JEFFEREY S ARCHER	1,198.81	RIEMBURSEMENT FOR FL TRAINING; CHRISTMAS LIGHTS FOR LADDER TRUCK
1590	11/26/2019	Claims	1	23618	BANK OF THE PACIFIC VISA - 1029	3,081.95	LK OCTOBER CREDIT CARD CHARGES
1591	11/26/2019	Claims	1	23619	BANK OF THE PACIFIC VISA - 1303	1,750.88	JB OCTOBER CREDIT CARD CHARGES
1592	11/26/2019	Claims	1	23620	BRIAN DAVIS	250.00	DUTY BOOTS - APPROVED PER AC KARVIA
1593	11/26/2019	Claims	1	23621	EVERGREEN SEPTIC INC.	95.00	PT FOR A WEEKEND, 31505 G STREET - TRNG BURN
1594	11/26/2019	Claims	1	23622	GARAGES R US	486.45	BROKEN SPRING - REPLACED TORSION SPRINGS, SERVICE CALL
1595	11/26/2019	Claims	1	23623	TOMMY M HERSEY	60.00	EVT CERTIFICATION - AMBULANCE DESIGN AND PERFORMANCE
1596	11/26/2019	Claims	1	23624	NORTH BEACH WATER	116.88	ST1D WATER; ST1 WATER
1597	11/26/2019	Claims	1	23625	PETERSON TRUCKS, INC	90.50	VALVE - #7824; FILTER - #7824
1598	11/26/2019	Claims	1	23626	PRODUCTION WEST, LLC	500.00	PSA FOR VOLUNTEER RECRUITMENT
1599	11/26/2019	Claims	1	23627	PUD #2 OF PACIFIC COUNTY	37.27	ST4 ELECTRICITY
1600	11/26/2019	Claims	1	23628	TYLER REYNOLDS	168.30	DUTY BOOTS APPROVED PER AC KARVIA
1601	11/26/2019	Claims	1	23629	SUMMIT LAW GROUP	11,465.85	ACTIVITY BILLED THROUGH 10/31/19
1602	11/26/2019	Claims	1	23630	VERIZON WIRELESS	80.02	E2121 WIRELESS; M2144 WIRELESS
1603	11/26/2019	Claims	1	23631	WA STATE AUDITOR'S OFFICE	9,937.22	2016-2018 ACCOUNTABILITY AND FINANCIAL AUDIT
1604	11/26/2019	Claims	1	23632	WILLAPA FAMILY MEDICINE, P.S.	170.00	REYNOLDS FF PHYSICAL
001 General Fund 651.100						29,543.16	
						29,543.16	Claims: 29,543.16

We the undersigned Board of Commissioners of Pacific County Fire District #1, do hereby certify that the merchandise or services hereinafter specified have been received and that the vouchers identified above are approved for payment

On this _____ day of _____, District Secretary _____

Commissioner Hill

Commissioner Downer

Commissioner Long

VOUCHER APPROVAL

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

12/13/2019 To: 12/31/2019

Time: 12:08:39 Date: 12/13/2019

Page: 1

Trans	Date	Type	Acct #	War #	Claimant	Amount	Memo
1629	12/13/2019	Claims	1	EFT	DOWNER, THOMAS L.	256.00	10/26 WFCA CONFERENCE (LEFT OFF OF LAST CHECK); 11/19 REG COMMISSIONERS MEETING
1630	12/13/2019	Claims	1	EFT	HILL, FRED	384.00	11/18 VOUCHERS; 11/27 VOUCHERS; 11/19 REG COMMISSIONERS MEETING
1631	12/13/2019	Claims	1	EFT	DENNIS LONG	256.00	12/5 STRATEGIC PLAN REVIEW; 11/19 REG COMMISSIONERS MEETING
1632	12/13/2019	Claims	1	EFT	SECURITY STATE BANK OF WA	20.50	LEFTOVER FROM OCTOBER BANK FEE; DECEMBER BANK FEES
1633	12/13/2019	Claims	1	EFT	WA STATE DEPT OF REVENUE	48.91	Written From Use Tax Report
1634	12/13/2019	Claims	1	23633	ACTIVE ENTERPRISES INC	412.65	ST1 PROPANE; ST2 PROPANE
1635	12/13/2019	Claims	1	23634	ACTIVE INTERNET SOLUTIONS	2,497.50	REDESIGN OF WEBSITE
1636	12/13/2019	Claims	1	23635	AIRGAS USA, LLC	56.49	OXYGEN CYL RENTAL X 13; OXYGEN CYL RENTAL X 6
1637	12/13/2019	Claims	1	23636	ALSCO INC.	165.15	12/5 LINEN SERVICE; 11/28 LINEN SERVICE; 12/12 LINEN SERVICE
1638	12/13/2019	Claims	1	23637	JEFFEREY S ARCHER	236.48	CLIPS FOR LADDER TRUCK CHRISTMAS LIGHT PROJECT; FOOD FOR STREET COMMAND CLASS
1639	12/13/2019	Claims	1	23638	BEACH BATTERIES, INC.	48.85	#7975
1640	12/13/2019	Claims	1	23639	BRAUN NORTHWEST INC	103,403.06	REMOUNT NORTH STAR MODULE ONTO 2019 FORD F350 CHASSIS
1641	12/13/2019	Claims	1	23640	JACOB M BRUNDAGE	200.00	REIMBURSEMENT FOR OFFICE MEETING DINNER @ EL COMPADRE
1642	12/13/2019	Claims	1	23641	CENTURY LINK #300537338	142.76	ST2 TELEPHONE
1643	12/13/2019	Claims	1	23642	CENTURYLINK #300541120	56.67	BURN LINE
1644	12/13/2019	Claims	1	23643	CENTURYLINK #300541738	412.33	ST1 AND ST3 TELEPHONE
1645	12/13/2019	Claims	1	23644	CES	1,239.91	4' 12W 4000K LED LAMPS X 124
1646	12/13/2019	Claims	1	23645	COMMUNITY HEALTH PLAN OF WASHINGTON	254.28	PATIENT REFUND - MEMBER #1208617201
1647	12/13/2019	Claims	1	23646	COSTCO MEMBERSHIP	120.00	MEMBERSHIP RENEWAL
1648	12/13/2019	Claims	1	23647	DORMAKABA USA INC.	3,174.18	SECURITY FOR STATION 21-1D DOOR
1649	12/13/2019	Claims	1	23648	DRUG SCREENS, INC.	35.00	REYNOLDS URINALYSIS
1650	12/13/2019	Claims	1	23649	EVERGREEN SEPTIC INC.	85.00	ST5 BIWEEKLY SERVICE
1651	12/13/2019	Claims	1	23650	FULL CIRCLE - ADELAIDE'S	68.52	ICE CREAM AND TOPPINGS FOR FIRE PREVENTION WEEK PARTY
1652	12/13/2019	Claims	1	23651	HUGHES FIRE EQUIPMENT, INC.	190.76	KIT CONVERSION REPAIR 2" - #7975
1653	12/13/2019	Claims	1	23652	LANI G KARVIA	156.00	REIMBURSE BAGGAGE FEE, AIRPORT PARKING FOR NFA

VOUCHER APPROVAL

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

12/13/2019 To: 12/31/2019

Time: 12:08:39 Date: 12/13/2019

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Trans	Date	Type	Acct #	War #	Claimant	Amount	Memo
1654	12/13/2019	Claims	1	23653	LIFE ASSIST	6,149.89	MEDICAL SUPPLIES - TAXED; MEDICAL SUPPLIES - TAXED AND NOT TAXED; MEDICAL SUPPLIES - TAXED; MEDICAL SUPPLIES - TAXED; MEDICAL SUPPLIES - TAXED AND NOT TAXED; MEDICAL SUPPLIES - TAXED
1655	12/13/2019	Claims	1	23654	LUM'S AUTO CENTER	75.00	THERMOSTAT - #5778
1656	12/13/2019	Claims	1	23655	MCCOY FREIGHTLINER	51.88	HIGH TEMP FUEL LINE, FITTINGS - #8041
1657	12/13/2019	Claims	1	23656	BRANON MENZIES	25.00	PATIENT REFUND - QUALIFIED FOR LEVY FUNDS
1658	12/13/2019	Claims	1	23657	NORTHWEST SAFETY CLEAN	1,348.10	TURNOUTS CLEANING AND REPAIR; TURNOUTS CLEANING AND REPAIR; TURNOUTS CLEANING AND REPAIR
1659	12/13/2019	Claims	1	23658	OKIES THRIFTWAY	263.93	ACLS/PALS LUNCH; ACLS/PALS LUNCH; RESOURCES MEETING LUNCH; ACLS/PALS LUNCH
1660	12/13/2019	Claims	1	23659	OMAN & SONS INC	242.50	ST1 PAINT; PAINT SAMPLE; PAINT AND PAINT SUPPLIES
1661	12/13/2019	Claims	1	23660	PACIFIC CO. FIRE DIST#1 ADVANCED TRAVEL	147.00	LANI PER DIEM FOR NFA
1662	12/13/2019	Claims	1	23661	PACIFIC CO. FIRE DIST#1 REVOLVING FUND	110.00	2 ROLLS OF STAMPS REIMBURSE
1663	12/13/2019	Claims	1	23662	PACIFIC OFFICE AUTOMATION	59.18	10/19-11/19 COPY/PRINT FEE
1664	12/13/2019	Claims	1	23663	PENINSULA PHARMACIES INC	92.99	HEP B VACCINE - STAMM
1665	12/13/2019	Claims	1	23664	PENINSULA SANITATION SERVICE, INC	278.72	ST1 GARBAGE; ST2 GARBAGE
1666	12/13/2019	Claims	1	23665	PUD #2 OF PACIFIC COUNTY	672.83	ST1 ELECTRICITY; ST5 ELECTRICITY; ST1D ELECTRICITY; ST1A ELECTRICITY; ST3 ELECTRICITY; ST3 ELECTRICITY
1667	12/13/2019	Claims	1	23666	RICE FERGUS MILLER	41,643.64	D-17-006 VES
1668	12/13/2019	Claims	1	23667	SEA WESTERN INC, FIREFIGHTING EQUIP.	583.74	AIR ANALYSIS
1669	12/13/2019	Claims	1	23668	SEAVIEW SEWER DISTRICT	306.40	ST2 SEWER; ST2 SEWER
1670	12/13/2019	Claims	1	23669	SILVER STAR TELECOM	278.10	ST1 AND ST2 INTERNET
1671	12/13/2019	Claims	1	23670	SIRENNET.COM	1,614.84	SINGLE PANEL PIONEER PLUS WHITE WITH SWITCH - #0766
1672	12/13/2019	Claims	1	23671	SNURE LAW OFFICE, PSC.	252.00	NOVEMBER PROFESSIONAL SERVICES
1673	12/13/2019	Claims	1	23672	STERICYCLE INC.	41.98	BIOHAZARD PICKUP SERVICE
1674	12/13/2019	Claims	1	23673	SUNSET AUTO PARTS	94.13	OIL, FUEL, COOLANT FILTERS - #3085

VOUCHER APPROVAL

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

12/13/2019 To: 12/31/2019

Time: 12:08:39 Date: 12/13/2019

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Trans	Date	Type	Acct #	War #	Claimant	Amount	Memo
1675	12/13/2019	Claims	1	23674	SYSTEMS DESIGN WEST, LLC.	5,484.10	OCTOBER BILLING SERVICES; AUGUST 2019 TRANSPORTS
1676	12/13/2019	Claims	1	23675	TECH TAP COMPUTER CONSULTING	345.92	BLOCK HOURS FOR COMPUTER SERVICES
1677	12/13/2019	Claims	1	23676	VOYAGER FLEET SYSTEMS, INC.	3,678.86	NOVEMBER FUEL CHARGES
1678	12/13/2019	Claims	1	23677	WA FIRE COMMISSIONERS ASSOC.	2,500.00	2020 MEMBERSHIP DUES
1679	12/13/2019	Claims	1	23678	WELLSPRING FAMILY SERVICES EAP	200.46	EAP SERVICE FOR NOVEMBER 2019
001 General Fund 651.100						180,462.19	
						180,462.19	Claims: 180,462.19

We the undersigned Board of Commissioners of Pacific County Fire District #1, do hereby certify that the merchandise or services hereinafter specified have been received and that the vouchers identified above are approved for payment

On this _____ day of _____ District Secretary _____

Commissioner Hill

Commissioner Downer

Commissioner Long

VOUCHER APPROVAL

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

12/12/2019 To: 12/12/2019

Time: 12:26:01 Date: 12/13/2019

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Trans	Date	Type	Acct #	War #	Claimant	Amount	Memo
1680	12/12/2019	Claims	1	23679	JACKS COUNTRY STORE INC	329.37	CAN OPENER FOR ST1; #7975; #0766; CHRISTMAS LIGHTS FOR TRUCK PROJECT; #5778; STATION MAINT. SUPPLIES, COFFEE; REFUND - PAINT SUPPLIES; 55 GALLON DRUM LINERS; #7824; #8041; STRIKE PLATE FOR HQ BACK DOO
001 General Fund 651.100						329.37	
						329.37	Claims: 329.37

We the undersigned Board of Commissioners of Pacific County Fire District #1, do hereby certify that the merchandise or services hereinafter specified have been received and that the vouchers identified above are approved for payment

On this _____ day of _____ District Secretary _____

Commissioner Hill

Commissioner Downer

Commissioner Long

**PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
DISTRICT SECRETARY'S REPORT
DECEMBER 17, 2019**



FOR THE MONTH ENDING NOVEMBER 30, 2019

REVENUE: \$273,068.80

EXPENDITURES: \$297,128.61

CURRENT CASH POSITION: \$2,368,358.86

ACTIVITIES:

- 1. Payroll will be processed in the 4th week this month.**
- 2. The County Auditor said that our EMS levy resolution was approved as written by the Prosecuting Attorney.**

TREASURERS REPORT

Fund Totals

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

11/01/2019 To: 11/30/2019

Time: 16:39:30 Date: 12/02/2019
Page: 1

Fund	Previous Balance	Revenue	Expenditures	Ending Balance	Claims Clearing	Payroll Clearing	Outstanding Deposits	Adjusted Ending Balance
001 General Fund 651.100	2,358,224.13	273,068.80	297,128.61	2,334,164.32	32,584.75	1,609.79	0.00	2,368,358.86
	2,358,224.13	273,068.80	297,128.61	2,334,164.32	32,584.75	1,609.79	0.00	2,368,358.86

TREASURERS REPORT

Account Totals

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

11/01/2019 To: 11/30/2019

Time: 16:39:30 Date: 12/02/2019
Page: 2

Cash Accounts	Beg Balance	Deposits	Withdrawals	Ending	Outstanding Rec	Outstanding Exp	Adj Balance
1 General Fund 651.100	2,353,524.13	273,068.80	297,128.61	2,329,464.32	0.00	34,194.54	2,363,658.86
3 Ambulance Billing BOP	100.00	25,441.84	25,441.84	100.00	0.00	0.00	100.00
4 Petty Cash	100.00	40.77	40.77	100.00	0.00	0.00	100.00
5 Advance Travel	3,000.00	861.00	861.00	3,000.00	0.00	0.00	3,000.00
6 Revolving Checking	1,500.00	0.00	0.00	1,500.00	0.00	0.00	1,500.00
Total Cash:	2,358,224.13	299,412.41	323,472.22	2,334,164.32	0.00	34,194.54	2,368,358.86
	2,358,224.13	299,412.41	323,472.22	2,334,164.32	0.00	34,194.54	2,368,358.86

TREASURERS REPORT

Outstanding Vouchers

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

As Of: 11/30/2019 Date: 12/02/2019
Time: 16:39:30 Page: 3

Year	Trans#	Date	Type	Acct#	War#	Vendor	Amount	Memo
2019	1493	11/18/2019	Claims	1	EFT	WA DEPARTMENT OF LICENSING	13.00	DRIVER'S CHECK - B. BAGEANT
2016	221	02/11/2016	Claims	1	20294	DANIEL P MULLERY	3.89	REIMBURSEMENT - OVERPAYMENT OF DISABILITY INSURANCE
2017	550	04/12/2017	Claims	1	21416	BURNS, CARLA	100.00	PATIENT REFUND
2018	30	01/11/2018	Claims	1	22067	SID'S IGA	12.64	DISHWASHER DETERGENT ST2
2018	388	03/19/2018	Claims	1	22216	LEONARD BENNIS	10.00	PATIENT REFUND
2018	405	03/19/2018	Claims	1	22233	KYLE J HARRINGTON	3.00	DRIVER'S CHECK REIMBURSEMENT
2019	362	03/15/2019	Claims	1	23054	HEARING AID CENTER	200.00	HEARING TEST - B. DAVIS, MAYFIELD, M. KARVIA, BARDONSKI, ALLSUP, DECONTO, BURTON, HARRINGTON
2019	490	04/12/2019	Claims	1	23115	HEARING AID CENTER	100.00	HEARING TEST - DERREY, WEATHERBY M.; RYAN STAMM TEST; DAVID WILLIAMS TEST
2019	1286	09/27/2019	Claims	1	23473	SIRENNET.COM	249.83	RED 700 LIN SUPER-LED FLASH, RED 400 SERIES LINEAR LED - #5778
2019	1463	11/27/2019	Payroll	1	23564	BRIAN DAVIS	1,070.48	
2019	1473	11/27/2019	Payroll	1	23566	NATASHA B LUCE	138.06	
2019	1478	11/27/2019	Payroll	1	23569	RICHARD SCHATZ	371.25	
2019	1502	11/18/2019	Claims	1	23573	BEACH BATTERIES, INC.	159.03	#9228
2019	1504	11/18/2019	Claims	1	23575	CENTURY LINK #300537338	135.64	ST2 TELEPHONE
2019	1509	11/18/2019	Claims	1	23580	MICHAEL P DECONTO	139.00	PARKING FEES, BAGGAGE FEE - NFA
2019	1511	11/18/2019	Claims	1	23582	EVERGREEN SEPTIC INC.	85.00	ST5 BIWEEKLY SERVICE
2019	1521	11/18/2019	Claims	1	23592	PATCHWORKS	189.13	NAME TAGS - REYNOLDS, LUCE, TROTTER, B DAVIS, SCHATZ, MAYFIELD
2019	1524	11/18/2019	Claims	1	23595	JOSHUA M RAICHL	250.00	BOOT REIMBURSEMENT
2019	1526	11/18/2019	Claims	1	23597	SANDRA CLANCY & ASSOCIATES, LLC	4,500.00	FINAL BILLING FOR SUPPORT OF VES FEASIBILITY STUDY
2019	1527	11/18/2019	Claims	1	23598	SID'S IGA	26.14	LAUNDRY DETERGENT, TRASH BAGS
2019	1529	11/18/2019	Claims	1	23600	SNURE LAW OFFICE, PSC.	300.00	OCTOBER PROFESSIONAL SERVICES
2019	1530	11/18/2019	Claims	1	23601	SNURE SEMINARS	180.00	2019 WFCA PRE CONFERENCE LAWS UPDATE SEMINAR
2019	1534	11/18/2019	Claims	1	23605	TECH TAP COMPUTER CONSULTING	345.92	MONTHLY MAINTENANCE SERVICE
2019	1535	11/18/2019	Claims	1	23606	WA FIRE CHIEFS	1,100.00	2020 MEMBERSHIP DUES
2019	1543	11/18/2019	Payroll	1	23614	WA COUNCIL OF POLICE & SHERIFFS	30.00	Pay Cycle(s) 11/27/2019 To 11/27/2019 - DISWACOPS

TREASURERS REPORT

Outstanding Vouchers

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

As Of: 11/30/2019 Date: 12/02/2019
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Year	Trans#	Date	Type	Acct#	War#	Vendor	Amount	Memo	
2019	1559	11/17/2019	Claims	1	23615	JACKS COUNTRY STORE INC	332.20	PAINT FOR ST1 KITCHEN; COFFEE FOR ST1; PAD LOCK FOR LOCK OUT BOX E 21-21; ST1 GARAGE DOOR REMOTE BATTERIES; PARTS - #9086; #9086; PARTS - #9086; HARDWARE - #9086; WASHERS AND SCREWS FOR BURN HOUSE IN;	
2019	1588	11/26/2019	Claims	1	23616	ALSCO INC.	54.03	11/21 LINEN SERVICE	
2019	1589	11/26/2019	Claims	1	23617	JEFFEREY S ARCHER	1,198.81	RIEMBURSEMENT FOR FL TRAINING; CHRISTMAS LIGHTS FOR LADDER TRUCK	
2019	1592	11/26/2019	Claims	1	23620	BRIAN DAVIS	250.00	DUTY BOOTS - APPROVED PER AC KARVIA	
2019	1593	11/26/2019	Claims	1	23621	EVERGREEN SEPTIC INC.	95.00	PT FOR A WEEKEND, 31505 G STREET - TRNG BURN	
2019	1594	11/26/2019	Claims	1	23622	GARAGES R US	486.45	BROKEN SPRING - REPLACED TORSION SPRINGS, SERVICE CALL	
2019	1596	11/26/2019	Claims	1	23624	NORTH BEACH WATER	116.88	ST1D WATER; ST1 WATER	
2019	1597	11/26/2019	Claims	1	23625	PETERSON TRUCKS, INC	90.50	VALVE - #7824; FILTER - #7824	
2019	1599	11/26/2019	Claims	1	23627	PUD #2 OF PACIFIC COUNTY	37.27	ST4 ELECTRICITY	
2019	1600	11/26/2019	Claims	1	23628	TYLER REYNOLDS	168.30	DUTY BOOTS APPROVED PER AC KARVIA	
2019	1601	11/26/2019	Claims	1	23629	SUMMIT LAW GROUP	11,465.85	ACTIVITY BILLED THROUGH 10/31/19	
2019	1602	11/26/2019	Claims	1	23630	VERIZON WIRELESS	80.02	E2121 WIRELESS; M2144 WIRELESS	
2019	1603	11/26/2019	Claims	1	23631	WA STATE AUDITOR'S OFFICE	9,937.22	2016-2018 ACCOUNTABILITY AND FINANCIAL AUDIT	
2019	1604	11/26/2019	Claims	1	23632	WILLAPA FAMILY MEDICINE, P.S.	170.00	REYNOLDS FF PHYSICAL	
Fund							34,194.54		
001 General Fund 651.100							32,584.75	1,609.79	34,194.54
							32,584.75	1,609.79	34,194.54

TREASURERS REPORT

Signature Page

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

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I, the undersigned officer for the Pacific County Fire District #1 have reviewed the foregoing report and acknowledge that to the best of our knowledge this report is accurate and true:

Signed: _____
District Secretary / Date

2019 CASH FLOW - YEAR TO DATE

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

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January To November

001 General Fund 651.100	January	February	March	April	May	June	July	August	September	October	November	December	Total	Budgeted Amt	%
311 10 22 000 FIRE - Real and P	11,288.41	148,304.05	124,989.57	636,223.56	155,168.14	13,351.63	11,473.42	14,695.21	39,736.25	457,213.61	99,551.65	0.00	1,711,995.50	1,722,088.00	99%
311 10 26 000 EMS - Real and P	3,767.25	49,442.39	41,664.25	212,085.72	51,726.80	4,450.64	3,824.52	4,898.41	13,245.51	152,409.75	33,184.07	0.00	570,699.31	574,042.00	99%
312 10 00 000 Forest Excise Tax	0.00	213.87	0.00	0.00	344.89	0.00	0.00	250.47	0.00	0.00	231.41	0.00	1,040.64	0.00	0%
317 20 00 000 Leasehold Excise	115.71	0.00	0.00	72.53	0.00	986.46	0.00	3,949.39	0.00	690.40	0.00	0.00	5,814.49	0.00	0%
322 90 00 000 Burn Permits	150.00	200.00	275.00	2,172.85	75.00	100.00	-1,922.85	0.00	100.00	100.00	400.00	0.00	1,650.00	900.00	183%
310 TAXES	15,321.37	198,160.31	166,928.82	850,554.66	207,314.83	18,888.73	13,375.09	23,793.48	53,081.76	610,413.76	133,367.13	0.00	2,291,199.94	2,297,030.00	100%
332 93 01 000 Ground Emergenc	0.00	0.00	0.00	0.00	5,984.28	0.00	147,889.75	94,771.87	0.00	0.00	76,653.15	0.00	325,299.05	20,000.00	***%
333 97 03 000 WA State Military	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,469.98	0.00	0.00	0.00	0.00	1,469.98	0.00	0%
334 04 90 000 State Grant - DOE	0.00	0.00	1,266.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,266.00	1,200.00	106%
330 State Grant	0.00	0.00	1,266.00	0.00	5,984.28	0.00	147,889.75	96,241.85	0.00	0.00	76,653.15	0.00	328,035.03	21,200.00	***%
342 20 00 000 Fire Protection Ser	0.00	0.00	0.00	20,929.46	2,099.71	0.00	1,922.85	351.09	0.00	0.00	0.00	0.00	25,303.11	32,000.00	79%
342 60 01 000 Ambulance and E	64,487.99	70,222.70	70,483.79	87,850.20	48,759.33	37,503.49	55,332.12	106,886.15	44,955.90	121,792.94	54,492.12	0.00	762,766.73	660,000.00	116%
342 60 02 000 Ambulance & Em	125.00	1,625.00	0.00	1,250.00	0.00	750.00	500.00	125.00	0.00	0.00	500.00	0.00	4,875.00	3,000.00	163%
340	64,612.99	71,847.70	70,483.79	110,029.66	50,859.04	38,253.49	57,754.97	107,362.24	44,955.90	121,792.94	54,992.12	0.00	792,944.84	695,000.00	114%
361 11 00 000 Investment Interes	0.00	3,550.40	2,975.83	3,311.82	3,214.43	4,907.47	4,768.37	4,507.73	4,165.63	3,646.82	3,281.67	0.00	38,330.17	5,000.00	767%
369 91 00 000 Other Misc Reven	96.70	2,307.98	55.00	0.00	120.38	0.00	183.77	5,624.86	500.00	10.00	4,065.84	0.00	12,964.53	0.00	0%
369 91 01 000 Misc Revenues - I	5,097.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,097.99	0.00	0%
369 91 01 001 Misc Revenues - F	100.00	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00	1,200.00	0%
369 91 01 002 Misc Revenues - I	1,900.00	0.00	0.00	0.00	0.00	5,830.32	0.00	0.00	0.00	165.00	708.89	0.00	8,604.21	0.00	0%
360	7,194.69	5,858.38	3,230.83	3,311.82	3,334.81	10,737.79	4,952.14	10,132.59	4,665.63	3,821.82	8,056.40	0.00	65,296.90	6,200.00	***%
395 10 00 000 Proceeds From Sa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	50.00	0.00	0%
390	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	50.00	0.00	0%
FUND REVENUES	87,129.05	275,866.39	241,909.44	963,896.14	267,492.96	67,880.01	223,971.95	237,530.16	102,753.29	736,028.52	273,068.80	0.00	3,477,526.71	3,019,430.00	115%
522 10 10 001 Commissioners	954.00	1,152.00	896.00	640.00	768.00	640.00	896.00	1,920.00	640.00	2,048.00	2,304.00	0.00	12,858.00	8,700.00	148%
522 10 10 002 District Chief	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	8,654.24	0.00	95,196.64	108,005.00	88%
522 10 10 003 District Secretary	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	4,822.75	0.00	53,050.25	57,873.00	92%
522 10 10 005 Pub. Ed. Coordina	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	3,713.15	0.00	40,844.65	46,786.00	87%
522 10 10 006 Chief Of Operatio	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	8,648.74	11,764.40	0.00	98,251.80	106,128.00	92%
522 10 10 007 Chief Of Administ	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	8,456.03	11,265.23	0.00	95,825.53	100,128.00	96%
522 10 20 001 Labor & Industry	3,103.37	0.00	3,495.40	0.00	0.00	3,765.84	0.00	0.00	3,864.50	5.70	0.00	0.00	14,234.81	14,311.00	99%
522 10 20 002 LEOPFF Retirement	1,398.72	1,398.72	1,398.72	1,398.72	1,398.72	1,398.72	1,372.96	1,372.96	1,372.96	1,372.96	1,693.18	0.00	15,577.34	17,100.00	91%
522 10 20 003 Medical/Dental	7,854.55	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	4,139.43	0.00	49,248.85	48,566.00	101%
522 10 20 004 Medicare	497.28	497.28	497.28	497.28	497.28	497.28	497.28	497.28	497.28	497.28	583.19	0.00	5,555.99	6,084.00	91%
522 10 20 005 PERS Retirement	1,095.16	1,095.16	1,095.16	1,095.16	1,095.16	1,095.16	1,097.02	1,097.02	1,098.42	1,097.72	1,097.72	0.00	12,059.56	13,428.00	90%
522 10 31 001 Office and Operat	1,663.14	416.27	998.17	2,358.62	1,229.62	317.42	1,111.79	1,133.76	963.33	645.26	1,192.88	0.00	12,030.26	9,160.00	131%
522 10 31 002 Office Cleaning S	111.24	124.53	164.35	199.73	164.13	621.54	260.44	276.88	336.06	69.16	510.26	0.00	2,838.32	2,000.00	142%
522 10 35 001 Computer Hardwa	1,106.92	0.00	0.00	0.00	0.00	0.00	95.16	0.00	0.00	285.35	266.87	0.00	1,754.30	1,000.00	175%

2019 CASH FLOW - YEAR TO DATE

PACIFIC COUNTY FIRE DISTRICT 1

MCAG #: 1244

January To November

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001 General Fund 651.100	January	February	March	April	May	June	July	August	September	October	November	December	Total	Budgeted Amt	%
522 10 35 002 Computer Softwar	239.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.46	69.99	0.00	357.42	500.00	71%
522 10 41 001 Legal Services / P	1,354.63	910.00	117.50	115.95	465.50	262.03	146.50	5,286.84	1,615.85	6,678.93	11,818.20	0.00	28,771.93	2,000.00	***%
522 10 41 002 Misc Professional	242.16	392.23	338.68	236.44	371.31	450.80	250.47	7,075.22	22,068.25	19,619.45	983.81	0.00	52,028.82	5,000.00	***%
522 10 42 001 Postage	6.73	148.65	6.75	114.06	110.76	162.58	26.39	164.50	130.91	1.15	159.29	0.00	1,131.77	1,000.00	113%
522 10 43 001 Travel Lodging	92.52	0.00	0.00	216.62	0.00	104.62	209.24	104.62	0.00	0.00	1,679.82	0.00	2,337.44	2,000.00	117%
522 10 43 002 Travel Meals	0.00	71.00	0.00	107.00	0.00	0.00	0.00	463.70	121.47	136.79	636.00	0.00	1,535.96	1,200.00	128%
522 10 43 003 Travel Mileage	0.00	0.00	0.00	0.00	167.56	0.00	59.16	0.00	11.57	683.36	237.80	0.00	1,159.45	1,200.00	97%
522 10 43 004 Travel Registration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,360.00	0.00	180.00	0.00	1,540.00	5,000.00	31%
522 10 46 001 Casualty & Liabili	0.00	0.00	0.00	0.00	11,119.00	0.00	0.00	0.00	54,845.00	0.00	0.00	0.00	65,964.00	55,000.00	120%
522 10 47 001 Electricity	1,350.19	1,783.85	1,589.93	1,486.64	1,230.72	1,149.78	995.82	1,078.02	981.29	1,074.13	1,169.93	0.00	13,890.30	16,995.00	82%
522 10 47 002 Garbage	278.72	278.72	278.72	278.72	318.04	281.90	305.55	278.72	278.72	278.72	278.72	0.00	3,135.25	3,461.00	91%
522 10 47 003 Natural Gas	608.10	1,112.99	659.52	559.09	439.88	0.00	234.19	59.43	7.57	408.17	262.73	0.00	4,351.67	6,180.00	70%
522 10 47 004 Sewer	80.00	386.40	80.00	476.40	80.00	391.40	85.00	391.40	85.00	391.40	85.00	0.00	2,532.00	2,575.00	98%
522 10 47 005 Telephone	698.36	705.57	698.30	702.54	700.88	701.94	1,351.20	764.53	1,517.83	908.31	910.47	0.00	9,659.93	13,100.00	74%
522 10 47 006 Water	421.03	120.98	442.79	112.78	497.35	160.08	452.45	120.98	461.58	112.78	451.19	0.00	3,353.99	3,605.00	93%
522 10 47 007 Wireless Commun	44.49	80.02	80.02	80.02	80.02	80.02	80.02	80.04	80.02	80.02	80.02	0.00	844.71	1,400.00	60%
522 10 47 008 Cable TV	193.75	184.80	199.07	147.80	135.57	135.57	147.80	170.03	295.60	147.80	0.00	0.00	1,757.79	2,060.00	85%
522 10 48 001 Computer Service	345.60	345.60	345.60	345.60	0.00	691.84	345.92	345.92	0.00	691.84	345.92	0.00	3,803.84	7,000.00	54%
522 10 49 001 Health & Wellness	291.45	460.46	200.00	1,071.91	453.45	335.46	200.46	200.46	200.46	200.46	540.46	0.00	4,155.03	7,000.00	59%
522 10 49 002 Memberships and	8,323.97	230.00	1,748.60	125.00	339.10	0.00	0.00	0.00	0.00	316.17	1,197.50	0.00	12,280.34	16,500.00	74%
522 10 51 001 Elections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	0%
522 10 51 002 Ground Water Pro	0.00	321.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	321.20	400.00	80%
522 10 51 003 State Audit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,200.00	9,937.22	0.00	13,137.22	0.00	0%
522 20 10 002 FF/EMT Salaries	29,508.97	25,189.79	31,195.94	26,770.56	25,655.91	29,156.84	26,567.14	27,086.17	29,125.48	34,726.70	41,317.86	0.00	326,301.36	331,396.00	98%
522 20 10 003 Maintenance Tech	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	6,178.09	0.00	67,958.99	77,844.00	87%
522 20 10 005 Volunteer Incentiv	2,160.00	0.00	0.00	5,825.00	0.00	0.00	4,850.00	0.00	0.00	6,830.00	0.00	0.00	19,665.00	20,000.00	98%
522 20 20 001 Labor & Industry	6,270.14	0.00	6,896.78	0.00	0.00	6,893.77	0.00	0.00	7,182.50	0.00	0.00	0.00	27,243.19	27,912.00	98%
522 20 20 002 LEORFF Retirement	1,602.34	1,367.81	1,693.93	1,453.64	1,393.12	1,519.39	1,416.03	1,444.32	1,553.02	1,605.25	2,202.84	0.00	17,251.69	17,995.00	96%
522 20 20 003 Medical/Dental	14,856.74	7,777.49	7,777.49	7,777.49	7,777.49	7,777.49	7,777.49	7,777.49	7,777.49	9,566.05	9,181.60	0.00	95,824.31	102,593.00	93%
522 20 20 004 Medicare	548.77	454.83	541.91	562.22	461.59	495.31	545.13	482.34	511.91	692.18	688.70	0.00	5,984.89	5,934.00	101%
522 20 20 005 PERS Retirement	792.65	792.65	792.65	792.65	792.65	792.65	794.50	794.50	794.50	794.50	794.50	0.00	8,728.40	9,987.00	87%
522 20 20 006 Social Security	133.92	0.00	0.00	361.15	0.00	0.00	300.70	0.00	0.00	423.46	0.00	0.00	1,219.23	1,700.00	72%
522 20 20 009 Payroll Clearing	-377.72	-372.41	-386.02	-372.09	-1,535.28	-381.30	-377.25	1,914.91	-369.96	720.19	-382.02	0.00	-1,918.95	0.00	0%
522 20 31 001 Misc Supplies	583.41	28.27	178.62	962.25	845.55	183.87	234.00	216.51	316.91	71.76	19.97	0.00	3,641.12	5,000.00	73%
522 20 31 002 Uniforms / Gear Is	1,116.15	0.00	77.30	49.00	825.08	27.22	0.00	357.29	565.36	1,373.20	1,094.09	0.00	4,111.49	5,000.00	82%
522 20 32 001 Fuel	709.22	467.01	446.17	629.56	1,028.95	1,097.56	1,037.73	932.32	848.79	1,373.20	750.75	0.00	8,570.51	10,181.00	84%
522 20 35 001 Vehicle Parts	178.72	344.48	961.98	1,131.01	781.00	759.70	3,604.84	614.35	1,561.44	1,011.65	750.75	0.00	11,699.92	12,000.00	97%
522 20 35 002 Misc Small Tools/	138.85	0.00	0.00	0.00	0.00	887.45	0.00	0.00	0.00	439.75	0.00	0.00	1,466.05	2,500.00	59%
522 20 35 003 Radio Equipment	0.00	0.00	407.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	407.98	1,000.00	41%
522 20 46 001 Pension & Relief	0.00	1,398.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,398.00	3,000.00	47%
522 20 48 001 Radio Repair/Mai	0.00	0.00	0.00	0.00	252.14	0.00	0.00	0.00	0.00	813.58	210.28	0.00	1,276.00	2,000.00	64%
522 20 48 002 Small Equip. Repa	51.17	5.38	191.26	897.56	455.99	601.69	49.45	185.75	29.79	16.31	3.08	0.00	2,484.35	3,000.00	83%
522 20 48 003 Vehicle Repair/Ma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.00	0.00	0.00	41.08	2,000.00	2%
522 20 49 001 Misc Services	1,701.27	262.00	0.00	596.96	213.71	1,284.77	3,000.00	6,662.26	686.28	217.03	0.00	0.00	14,624.28	10,000.00	146%
522 20 51 001 Dispatch / Local S	1,526.82	0.00	0.00	1,526.81	0.00	0.00	1,526.81	0.00	0.00	0.00	0.00	0.00	4,580.44	6,107.00	75%
522 30 31 001 Fire Investigation	0.00	0.00	0.00	0.00	77.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77.36	400.00	19%

2019 CASH FLOW - YEAR TO DATE

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January To November

001 General Fund 651.100	January	February	March	April	May	June	July	August	September	October	November	December	Total	Budgeted Amt	%
522 30 31 002 Public Education :	0.00	0.00	52.61	0.00	0.00	0.00	19.45	0.00	413.34	6.08	0.00	0.00	491.48	1,000.00	49%
522 40 31 001 Misc Supplies	56.95	889.35	11.84	46.44	12.94	21.90	0.00	0.00	53.65	1,044.46	183.48	0.00	2,321.01	3,500.00	66%
522 40 43 001 Training Lodging	0.00	0.00	0.00	0.00	653.44	523.60	0.00	0.00	0.00	0.00	277.69	0.00	1,454.73	500.00	291%
522 40 43 002 Training Meals	0.00	391.55	130.86	192.53	172.28	34.13	263.15	262.90	0.00	493.88	369.46	0.00	2,310.74	1,000.00	231%
522 40 43 003 Travel Mileage	0.00	0.00	0.00	0.00	0.00	386.40	0.00	0.00	0.00	739.47	750.39	0.00	1,876.26	0.00	0%
522 40 43 004 Travel Registration	200.00	705.00	650.00	0.00	1,637.87	0.00	430.00	0.00	0.00	822.50	460.00	0.00	4,905.37	20,000.00	25%
522 50 31 001 Building Maintent	0.00	37.72	115.13	0.00	32.34	188.67	38.91	310.74	511.55	59.33	379.46	0.00	1,673.85	2,500.00	67%
522 50 49 001 Building Mainteni	333.90	0.00	0.00	0.00	0.00	395.62	354.03	0.00	0.00	0.00	486.45	0.00	1,570.00	10,000.00	16%
526 10 10 002 FF/Paramedic Sale	79,318.15	82,603.95	84,681.06	87,238.54	76,283.47	83,817.09	83,739.27	79,795.54	76,641.64	86,715.21	100,638.32	0.00	921,472.24	1,030,663.00	89%
526 10 10 003 Volunteer Reimbur	1,091.00	628.00	475.00	576.00	614.00	917.00	813.00	1,118.06	1,980.50	3,104.47	2,791.00	0.00	14,108.03	20,000.00	71%
526 10 10 099 Timeloss Payment	0.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.61	0.00	0%
526 10 20 001 Labor & Industry	14,407.71	0.00	16,188.82	0.00	0.00	16,835.81	0.00	0.00	15,182.77	0.00	0.00	0.00	62,615.11	67,560.00	93%
526 10 20 002 LEOPF Retiremen	4,306.96	4,485.21	4,598.16	4,419.54	4,142.19	4,551.27	4,464.97	4,253.83	4,086.38	4,537.74	5,370.38	0.00	49,236.63	55,965.00	88%
526 10 20 003 Medical/Dental	27,842.61	14,587.38	14,587.38	12,700.24	14,575.64	13,637.94	13,637.94	13,637.94	13,637.94	10,813.10	10,813.10	0.00	160,471.21	189,998.00	84%
526 10 20 004 Medicare	1,181.79	1,206.87	1,234.75	1,273.32	1,115.01	1,228.66	1,226.01	1,173.24	1,140.02	1,302.38	1,499.71	0.00	13,581.76	14,945.00	91%
526 10 20 006 Social Security	67.64	38.94	29.45	35.71	38.07	56.85	50.41	69.32	122.79	192.49	173.03	0.00	874.70	1,600.00	55%
526 10 41 001 Biohazard Disposi	20.72	20.72	20.72	41.98	20.72	144.68	31.08	31.08	41.98	20.72	64.54	0.00	458.94	650.00	71%
526 40 30 001 Supplies	0.00	956.18	12.91	0.00	5.29	0.00	334.22	13.77	0.00	0.00	284.20	0.00	1,606.57	150.00	***%
526 40 43 001 Travel Lodging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
526 40 43 002 Travel Meals	0.00	93.36	208.05	169.22	495.66	95.76	0.00	0.00	0.00	153.84	149.65	0.00	1,365.54	200.00	683%
526 40 43 003 Travel Mileage	0.00	0.00	0.00	0.00	0.00	5.50	0.00	0.00	0.00	0.00	0.00	0.00	5.50	0.00	0%
526 40 43 004 Travel Registration	0.00	260.00	0.00	0.00	0.00	0.00	640.00	0.00	0.00	0.00	80.00	0.00	980.00	13,500.00	7%
526 40 43 005 OTEP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
526 70 41 001 Ambulance Billin	2,417.60	2,976.75	5,183.95	3,246.70	2,562.20	0.00	2,841.50	3,549.55	2,929.65	0.00	2,751.15	0.00	28,459.05	27,500.00	103%
526 70 41 002 GEMT Services	0.00	0.00	0.00	0.00	56,848.46	0.00	0.00	17,081.75	0.00	0.00	0.00	0.00	73,930.21	20,000.00	370%
526 70 49 001 Ambulance Payme	0.00	2,106.25	485.18	0.00	0.00	0.00	0.00	519.88	0.00	0.00	0.00	0.00	3,111.31	2,000.00	156%
526 80 31 001 Medical & Operat	717.89	4,714.71	5,136.38	3,097.87	4,276.56	2,894.44	2,955.18	9,873.21	4,715.13	2,561.36	2,657.21	0.00	43,599.94	35,000.00	125%
526 80 32 001 Fuel	2,326.46	2,725.92	2,711.49	2,231.55	2,717.89	2,585.60	3,177.52	3,199.29	2,512.71	5,053.29	0.00	0.00	29,241.72	47,039.00	62%
526 80 35 001 Vehicle Parts	233.92	788.77	1,515.94	517.41	67.58	333.49	186.38	813.10	853.52	836.22	318.82	0.00	6,465.15	10,000.00	65%
526 80 35 002 Misc Small Tools/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	0%
526 80 48 001 Medical Equip. Re	12.68	208.11	0.00	9,538.31	0.00	2.10	0.00	0.00	0.00	0.00	0.00	0.00	9,761.20	12,500.00	78%
526 80 48 003 Vehicle Repairs &	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	393.32	31.86	0.00	425.18	2,000.00	21%
526 80 51 001 Dispatch / Local S	3,215.75	0.00	0.00	3,215.76	0.00	0.00	3,215.76	0.00	0.00	4,742.59	0.00	0.00	14,389.86	12,863.00	112%
520 FIRE	272,082.81	214,968.90	248,748.66	234,513.40	271,571.35	237,609.33	224,579.30	251,666.15	312,853.18	268,562.86	275,791.24	0.00	2,812,947.18	2,962,780.00	95%
586 00 00 001 Timeloss Passthro	5,221.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,221.34	0.00	0%
580 Non-Expenditures	5,221.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,221.34	0.00	0%
591 22 71 001 Principal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,500.00	0.00	0.00	0.00	51,500.00	51,500.00	100%
592 22 83 001 Interest	0.00	0.00	2,575.00	0.00	0.00	0.00	0.00	0.00	2,575.00	0.00	0.00	0.00	5,150.00	5,150.00	100%
594 22 60 001 Buildings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,053.98	21,337.37	0.00	22,391.35	0.00	0%
594 22 60 004 Equipment & Turr	0.00	0.00	0.00	0.00	1,118.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,118.72	0.00	0%
594 22 60 006 Misc Equipment	2,125.43	0.00	0.00	0.00	1,275.00	103.28	5,737.07	381.26	0.00	0.00	0.00	0.00	9,622.04	0.00	0%
594 22 60 008 Engines	0.00	0.00	0.00	0.00	0.00	1,078.92	0.00	0.00	0.00	0.00	0.00	0.00	1,078.92	0.00	0%

2019 CASH FLOW - YEAR TO DATE

PACIFIC COUNTY FIRE DISTRICT 1
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January To November

001 General Fund 651.100	January	February	March	April	May	June	July	August	September	October	November	December	Total	Budgeted Amt	%
590	2,125.43	0.00	2,575.00	0.00	2,393.72	1,182.20	5,737.07	381.26	54,075.00	1,053.98	21,337.37	0.00	90,861.03	56,650.00	160%
FUND EXPENDITURES:	279,429.58	214,968.90	251,323.66	234,513.40	273,965.07	238,791.53	230,316.37	252,047.41	366,928.18	269,616.84	297,128.61	0.00	2,909,029.55	3,019,430.00	96%
FUND GAIN/LOSS:	-192,300.53	60,897.49	-9,414.22	729,382.74	-6,472.11	-170,911.52	-6,344.42	-14,517.25	-264,174.89	466,411.68	-24,059.81	0.00	568,497.16		
FUND NET POSITION:	-192,300.53	-131,403.04	-140,817.26	588,565.48	582,093.37	411,181.85	404,837.43	390,320.18	126,145.29	592,556.97	568,497.16	568,497.16			

2019 FUND TOTALS

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January To November

REVENUES	January	February	March	April	May	June	July	August	September	October	November	December	Total	Bud Amt	%
001 General Fund 651.100	87,129.05	275,866.39	241,909.44	963,896.14	267,492.96	67,880.01	223,971.95	237,530.16	102,753.29	736,028.52	273,068.80	0.00	3,477,526.71	3,019,430.00	115%
	87,129.05	275,866.39	241,909.44	963,896.14	267,492.96	67,880.01	223,971.95	237,530.16	102,753.29	736,028.52	273,068.80	0.00	3,477,526.71	3,019,430.00	115%
EXPENDITURES	January	February	March	April	May	June	July	August	September	October	November	December	Total	Bud Amt	%
001 General Fund 651.100	279,429.58	214,968.90	251,323.66	234,513.40	273,965.07	238,791.53	230,316.37	252,047.41	366,928.18	269,616.84	297,128.61	0.00	2,909,029.55	3,019,430.00	96%
	279,429.58	214,968.90	251,323.66	234,513.40	273,965.07	238,791.53	230,316.37	252,047.41	366,928.18	269,616.84	297,128.61	0.00	2,909,029.55	3,019,430.00	96%
GAIN/LOSS:	-192,300.53	60,897.49	-9,414.22	729,382.74	-6,472.11	-170,911.52	-6,344.42	-14,517.25	-264,174.89	466,411.68	-24,059.81	0.00	568,497.16		
NET POSITION:	-192,300.53	-131,403.04	-140,817.26	588,565.48	582,093.37	411,181.85	404,837.43	390,320.18	126,145.29	592,556.97	568,497.16	568,497.16			

2019 BUDGET POSITION

PACIFIC COUNTY FIRE DISTRICT 1

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001 General Fund 651.100

Months: 01 To: 11

Revenues		Amt Budgeted	Revenues	Remaining	
310 TAXES					
311 10 22 000	FIRE - Real and Personal Property Taxes	1,722,088.00	1,711,995.50	10,092.50	99.4%
311 10 26 000	EMS - Real and Personal Property Taxes	574,042.00	570,699.31	3,342.69	99.4%
312 10 00 000	Forest Excise Tax	0.00	1,040.64	(1,040.64)	0.0%
317 20 00 000	Leasehold Excise Tax	0.00	5,814.49	(5,814.49)	0.0%
318 00 00 000	Other Tax	0.00	0.00	0.00	0.0%
322 90 00 000	Burn Permits	900.00	1,650.00	(750.00)	183.3%
310 TAXES		2,297,030.00	2,291,199.94	5,830.06	99.7%
330 State Grant					
331 04 90 001	Direct Federal Grants (FEMA) SAFER	0.00	0.00	0.00	0.0%
331 04 90 002	Direct Federal Grants (FEMA) AFG	0.00	0.00	0.00	0.0%
332 93 01 000	Ground Emergency Medical Transportation	20,000.00	325,299.05	(305,299.05)	1626.5%
333 04 90 000	Grant - HSGP Citizen Corps Program	0.00	0.00	0.00	0.0%
333 10 61 000	Indirect Federal Grant - DNR Phase II	0.00	0.00	0.00	0.0%
333 97 03 000	WA State Military Dept Emergency Mgmt Div	0.00	1,469.98	(1,469.98)	0.0%
334 01 30 000	State Grant - WSP FF Recruit Academy	0.00	0.00	0.00	0.0%
334 04 90 000	State Grant - DOH Prehospital	1,200.00	1,266.00	(66.00)	105.5%
334 04 90 001	State Grant - DOH Stroke	0.00	0.00	0.00	0.0%
334 06 90 001	State Grant - Secretary Of State Archives	0.00	0.00	0.00	0.0%
338 22 00 000	Fire Control Services (State Mobs, Etc.)	0.00	0.00	0.00	0.0%
330 State Grant		21,200.00	328,035.03	(306,835.03)	1547.3%
342 20 00 000	Fire Protection Services (Fire Protection Contracts)	32,000.00	25,303.11	6,696.89	79.1%
342 60 01 000	Ambulance and Emergency Aid Services (Transports)	660,000.00	762,766.73	(102,766.73)	115.6%
342 60 02 000	Ambulance & Emergency Aid Services (Naselle Dist #4 payments)	3,000.00	4,875.00	(1,875.00)	162.5%
340		695,000.00	792,944.84	(97,944.84)	114.1%
359 90 00 000	Miscellaneous Fines and Penalties (Illegal burning)	0.00	0.00	0.00	0.0%
350		0.00	0.00	0.00	0.0%
361 11 00 000	Investment Interest	5,000.00	38,330.17	(33,330.17)	766.6%
367 11 00 000	Gifts, Pledges, Grants and Bequests from Private Sources	0.00	0.00	0.00	0.0%
369 91 00 000	Other Misc Revenues (Include reimb for expenditures)	0.00	12,964.53	(12,964.53)	0.0%
369 91 01 000	Misc Revenues - LNI Reimbursements for Timeloss/LEP	0.00	5,097.99	(5,097.99)	0.0%
369 91 01 001	Misc Revenues - BVFF Reimburse	1,200.00	300.00	900.00	25.0%
369 91 01 002	Misc Revenues - Training	0.00	8,604.21	(8,604.21)	0.0%
360		6,200.00	65,296.90	(59,096.90)	1053.2%
388 80 00 000	Prior Year Cash Adjustment	0.00	0.00	0.00	0.0%
389 10 00 000	Refunds / Misc Non Revenues	0.00	0.00	0.00	0.0%

2019 BUDGET POSITION

PACIFIC COUNTY FIRE DISTRICT 1

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001 General Fund 651.100

Months: 01 To: 11

Revenues	Amt Budgeted	Revenues	Remaining	
380				
380	0.00	0.00	0.00	0.0%
391 10 00 000	General Obligation Bond Proceeds	0.00	0.00	0.00 0.0%
395 10 00 000	Proceeds From Sale of Capital Assets (Equipment, etc.)	0.00	50.00	(50.00) 0.0%
395 20 00 000	Insurance Revenue for Loss/Impairment of Capital Assets	0.00	0.00	0.00 0.0%
390	0.00	50.00	(50.00)	0.0%

Fund Revenues:	3,019,430.00	3,477,526.71	(458,096.71)	115.2%
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Expenditures	Amt Budgeted	Expenditures	Remaining	
520 FIRE				
522 10 10 001	Commissioners	8,700.00	12,858.00	(4,158.00) 147.8%
522 10 10 002	District Chief	108,005.00	95,196.64	12,808.36 88.1%
522 10 10 003	District Secretary	57,873.00	53,050.25	4,822.75 91.7%
522 10 10 004	Admin Assistant	0.00	0.00	0.00 0.0%
522 10 10 005	Pub. Ed. Coordinator	46,786.00	40,844.65	5,941.35 87.3%
522 10 10 006	Chief Of Operations	106,781.00	98,251.80	8,529.20 92.0%
522 10 10 007	Chief Of Administration	100,128.00	95,825.53	4,302.47 95.7%
522 10 20 001	Labor & Industry	14,311.00	14,234.81	76.19 99.5%
522 10 20 002	LEOFF Retirement	17,100.00	15,577.34	1,522.66 91.1%
522 10 20 003	Medical/Dental	48,566.00	49,248.85	(682.85) 101.4%
522 10 20 004	Medicare	6,084.00	5,555.99	528.01 91.3%
522 10 20 005	PERS Retirement	13,428.00	12,059.56	1,368.44 89.8%
522 10 20 006	Social Security	0.00	0.00	0.00 0.0%
522 10 20 007	Unemployment Compensation	0.00	0.00	0.00 0.0%
522 10 31 001	Office and Operating Supplies	9,160.00	12,030.26	(2,870.26) 131.3%
522 10 31 002	Office Cleaning Supplies	2,000.00	2,838.32	(838.32) 141.9%
522 10 35 001	Computer Hardware	1,000.00	1,754.30	(754.30) 175.4%
522 10 35 002	Computer Software	500.00	357.42	142.58 71.5%
522 10 41 001	Legal Services / Publications	2,000.00	28,771.93	(26,771.93) 1438.6%
522 10 41 002	Misc Professional Services	5,000.00	52,028.82	(47,028.82) 1040.6%
522 10 42 001	Postage	1,000.00	1,131.77	(131.77) 113.2%
522 10 43 001	Travel Lodging	2,000.00	2,337.44	(337.44) 116.9%
522 10 43 002	Travel Meals	1,200.00	1,535.96	(335.96) 128.0%
522 10 43 003	Travel Mileage	1,200.00	1,159.45	40.55 96.6%
522 10 43 004	Travel Registration / Fee	5,000.00	1,540.00	3,460.00 30.8%
522 10 46 001	Casualty & Liability Insurance	55,000.00	65,964.00	(10,964.00) 119.9%
522 10 47 001	Electricity	16,995.00	13,890.30	3,104.70 81.7%
522 10 47 002	Garbage	3,461.00	3,135.25	325.75 90.6%
522 10 47 003	Natural Gas	6,180.00	4,351.67	1,828.33 70.4%
522 10 47 004	Sewer	2,575.00	2,532.00	43.00 98.3%
522 10 47 005	Telephone	13,100.00	9,659.93	3,440.07 73.7%
522 10 47 006	Water	3,605.00	3,353.99	251.01 93.0%
522 10 47 007	Wireless Communications	1,400.00	844.71	555.29 60.3%
522 10 47 008	Cable TV	2,060.00	1,757.79	302.21 85.3%
522 10 48 001	Computer Services	7,000.00	3,803.84	3,196.16 54.3%
522 10 49 001	Health & Wellness	7,000.00	4,155.03	2,844.97 59.4%
522 10 49 002	Memberships and Subscriptions	16,500.00	12,280.34	4,219.66 74.4%

2019 BUDGET POSITION

PACIFIC COUNTY FIRE DISTRICT 1

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001 General Fund 651.100

Months: 01 To: 11

Expenditures		Amt Budgeted	Expenditures	Remaining	
520 FIRE					
522 10 51 001	Elections	5,000.00	0.00	5,000.00	0.0%
522 10 51 002	Ground Water Property Tax	400.00	321.20	78.80	80.3%
522 10 51 003	State Audit	0.00	13,137.22	(13,137.22)	0.0%
210		698,098.00	737,376.36	(39,278.36)	105.6%
522 20 10 001	Training Officer	0.00	0.00	0.00	0.0%
522 20 10 002	FF/EMT Salaries & Wages	331,396.00	326,301.36	5,094.64	98.5%
522 20 10 003	Maintenance Technician	77,844.00	67,958.99	9,885.01	87.3%
522 20 10 004	Resident Interns	0.00	0.00	0.00	0.0%
522 20 10 005	Volunteer Incentive Program	20,000.00	19,665.00	335.00	98.3%
522 20 10 006	Volunteer Fire Mobilization Pay	0.00	0.00	0.00	0.0%
522 20 10 099	Timeloss Payments (Disability)	0.00	0.00	0.00	0.0%
522 20 20 001	Labor & Industry	27,912.00	27,243.19	668.81	97.6%
522 20 20 002	LEOFF Retirement	17,995.00	17,251.69	743.31	95.9%
522 20 20 003	Medical/Dental	102,593.00	95,824.31	6,768.69	93.4%
522 20 20 004	Medicare	5,934.00	5,984.89	(50.89)	100.9%
522 20 20 005	PERS Retirement	9,987.00	8,728.40	1,258.60	87.4%
522 20 20 006	Social Security	1,700.00	1,219.23	480.77	71.7%
522 20 20 007	Unemployment Compensation	0.00	0.00	0.00	0.0%
522 20 20 008	BVFF Volunteer Disability - Reimbursable	0.00	0.00	0.00	0.0%
522 20 20 099	Payroll Clearing	0.00	(1,918.95)	1,918.95	0.0%
522 20 31 001	Misc Supplies	5,000.00	3,641.12	1,358.88	72.8%
522 20 31 002	Uniforms / Gear Issue	5,000.00	4,111.49	888.51	82.2%
522 20 32 001	Fuel	10,181.00	8,570.51	1,610.49	84.2%
522 20 35 001	Vehicle Parts	12,000.00	11,699.92	300.08	97.5%
522 20 35 002	Misc Small Tools/Equip	2,500.00	1,466.05	1,033.95	58.6%
522 20 35 003	Radio Equipment	1,000.00	407.98	592.02	40.8%
522 20 46 001	Pension & Relief	3,000.00	1,398.00	1,602.00	46.6%
522 20 48 001	Radio Repair/Maintenance	2,000.00	1,276.00	724.00	63.8%
522 20 48 002	Small Equip. Repair/Maintenance	3,000.00	2,484.35	515.65	82.8%
522 20 48 003	Vehicle Repair/Maintenance	2,000.00	41.08	1,958.92	2.1%
522 20 49 001	Misc Services	10,000.00	14,624.28	(4,624.28)	146.2%
522 20 51 001	Dispatch / Local Support Svcs	6,107.00	4,580.44	1,526.56	75.0%
220		657,149.00	622,559.33	34,589.67	94.7%
522 30 31 001	Fire Investigation Supplies	400.00	77.36	322.64	19.3%
522 30 31 002	Public Education Supplies	1,000.00	491.48	508.52	49.1%
522 30 49 001	Newsletter	0.00	0.00	0.00	0.0%
230		1,400.00	568.84	831.16	40.6%
522 40 31 001	Misc Supplies	3,500.00	2,321.01	1,178.99	66.3%
522 40 43 001	Training Lodging	500.00	1,454.73	(954.73)	290.9%
522 40 43 002	Training Meals	1,000.00	2,310.74	(1,310.74)	231.1%
522 40 43 003	Travel Mileage	0.00	1,876.26	(1,876.26)	0.0%
522 40 43 004	Travel Registration / Fee	20,000.00	4,905.37	15,094.63	24.5%
522 40 49 001	Resident Tuition	0.00	0.00	0.00	0.0%
522 40 49 002	Union Tuition	0.00	0.00	0.00	0.0%
240		25,000.00	12,868.11	12,131.89	51.5%
522 50 31 001	Building Maintenance Supplies	2,500.00	1,673.85	826.15	67.0%
522 50 49 001	Building Maintenance Services	10,000.00	1,570.00	8,430.00	15.7%

2019 BUDGET POSITION

PACIFIC COUNTY FIRE DISTRICT 1

Time: 16:56:56 Date: 12/02/2019

MCAG #: 1244

Page: 4

001 General Fund 651.100

Months: 01 To: 11

Expenditures	Amt Budgeted	Expenditures	Remaining	
520 FIRE				
250	12,500.00	3,243.85	9,256.15	26.0%
526 10 10 001 EMS Coordinator	0.00	0.00	0.00	0.0%
526 10 10 002 FF/Paramedic Salaries & Wages	1,030,663.00	921,472.24	109,190.76	89.4%
526 10 10 003 Volunteer Reimbursement	20,000.00	14,108.03	5,891.97	70.5%
526 10 10 099 Timeloss Payments (Disability)	0.00	0.61	(0.61)	0.0%
526 10 20 001 Labor & Industry	67,560.00	62,615.11	4,944.89	92.7%
526 10 20 002 LEOFF Retirement	55,965.00	49,236.63	6,728.37	88.0%
526 10 20 003 Medical/Dental	189,998.00	160,471.21	29,526.79	84.5%
526 10 20 004 Medicare	14,945.00	13,581.76	1,363.24	90.9%
526 10 20 005 PERS Retirement	0.00	0.00	0.00	0.0%
526 10 20 006 Social Security	1,600.00	874.70	725.30	54.7%
526 10 20 007 Unemployment Compensation	0.00	0.00	0.00	0.0%
526 10 31 001 Office & Operating Supplies	0.00	0.00	0.00	0.0%
526 10 41 001 Biohazard Disposal	650.00	458.94	191.06	70.6%
610	1,381,381.00	1,222,819.23	158,561.77	88.5%
526 40 30 001 Supplies	150.00	1,606.57	(1,456.57)	1071.0%
526 40 43 001 Travel Lodging	0.00	170.23	(170.23)	0.0%
526 40 43 002 Travel Meals	200.00	1,365.54	(1,165.54)	682.8%
526 40 43 003 Travel Mileage	0.00	5.50	(5.50)	0.0%
526 40 43 004 Travel Registration Fee	13,500.00	980.00	12,520.00	7.3%
526 40 43 005 OTEP	3,500.00	0.00	3,500.00	0.0%
640	17,350.00	4,127.84	13,222.16	23.8%
526 70 41 001 Ambulance Billing Services	27,500.00	28,459.05	(959.05)	103.5%
526 70 41 002 GEMT Services	20,000.00	73,930.21	(53,930.21)	369.7%
526 70 49 001 Ambulance Payment Refunds	2,000.00	3,111.31	(1,111.31)	155.6%
670	49,500.00	105,500.57	(56,000.57)	213.1%
526 80 31 001 Medical & Operating Supplies	35,000.00	43,599.94	(8,599.94)	124.6%
526 80 32 001 Fuel	47,039.00	29,241.72	17,797.28	62.2%
526 80 35 001 Vehicle Parts	10,000.00	6,465.15	3,534.85	64.7%
526 80 35 002 Misc Small Tools/Equip	1,000.00	0.00	1,000.00	0.0%
526 80 48 001 Medical Equip. Repairs & Maintenance	12,500.00	9,761.20	2,738.80	78.1%
526 80 48 002 Radio Repairs & Maintenance	0.00	0.00	0.00	0.0%
526 80 48 003 Vehicle Repairs & Maintenance	2,000.00	425.18	1,574.82	21.3%
526 80 51 001 Dispatch / Local Support Svcs	12,863.00	14,389.86	(1,526.86)	111.9%
680	120,402.00	103,883.05	16,518.95	86.3%
520 FIRE	2,962,780.00	2,812,947.18	149,832.82	94.9%
580 Non-Expenditures				
586 00 00 001 Timeloss Passthrough To Employee	0.00	5,221.34	(5,221.34)	0.0%
580 Non-Expenditures	0.00	5,221.34	(5,221.34)	0.0%
591 22 71 001 Principal	51,500.00	51,500.00	0.00	100.0%
592 22 83 001 Interest	5,150.00	5,150.00	0.00	100.0%
594 22 60 001 Buildings	0.00	22,391.35	(22,391.35)	0.0%
594 22 60 002 Communication Equipment	0.00	0.00	0.00	0.0%

2019 BUDGET POSITION

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

Time: 16:56:56 Date: 12/02/2019
Page: 5

001 General Fund 651.100

Months: 01 To: 11

Expenditures		Amt Budgeted	Expenditures	Remaining	
590					
594 22 60 003	Office Equipment	0.00	0.00	0.00	0.0%
594 22 60 004	Equipment & Turnout Gear	0.00	1,118.72	(1,118.72)	0.0%
594 22 60 005	Fire Hose	0.00	0.00	0.00	0.0%
594 22 60 006	Misc Equipment	0.00	9,622.04	(9,622.04)	0.0%
594 22 60 007	SCBA Firefighting Equipment	0.00	0.00	0.00	0.0%
594 22 60 008	Engines	0.00	1,078.92	(1,078.92)	0.0%
594 26 60 001	Ambulance/Rechassis	0.00	0.00	0.00	0.0%
594 26 60 002	Misc Medical Equipment	0.00	0.00	0.00	0.0%
590		56,650.00	90,861.03	(34,211.03)	160.4%
Fund Expenditures:		3,019,430.00	2,909,029.55	110,400.45	96.3%
Fund Excess/(Deficit):		0.00	568,497.16		

2019 BUDGET POSITION TOTALS

PACIFIC COUNTY FIRE DISTRICT 1
MCAG #: 1244

Months: 01 To: 11

Time: 16:56:56 Date: 12/02/2019

Page: 6

Fund	Revenue Budgeted	Received		Expense Budgeted	Spent	
001 General Fund 651.100	3,019,430.00	3,477,526.71	115.2%	3,019,430.00	2,909,029.55	96%
	3,019,430.00	3,477,526.71	115.2%	3,019,430.00	2,909,029.55	96.3%

PACIFIC COUNTY FIRE DISTRICT #1

CASH FLOW PROJECTION

2019

MONTH	REVENUE				EXPENDITURES			
	TAX COLLECTIONS	AMBULANCE BILLING	MISC REVENUE	REVENUE MONTHLY	DATE	VOUCHER TOTAL	VOUCHER MONTHLY	CASH BALANCE
Beginning Balance								\$ 1,765,414.93
JANUARY	\$ 15,055.66	\$ 64,612.99	\$ 7,460.40		13TH MONTH \$ (10,395.87)			
ACTUAL					01/15/19 \$ (258,653.26)			
				\$ 87,129.05	01/29/19 \$ (10,380.45)		\$ (279,429.58)	\$ 1,573,114.40
FEBRUARY	\$ 137,746.44	\$ 71,847.70	\$ 6,272.25		02/19/19 \$ (207,223.08)			
ACTUAL				\$ 275,866.39	2/29/19 \$ (7,745.82)		\$ (214,968.90)	\$ 1,634,011.89
MARCH	\$ 186,653.82	\$ 70,483.79	\$ 4,771.83		03/19/19 \$ (213,538.62)			
ACTUAL					INTEREST \$ (2,575.00)			
				\$ 241,909.44	03/21/19 \$ (36,568.14)		\$ (252,681.76)	\$ 1,623,239.57
APRIL	\$ 848,309.28	\$ 89,100.20	\$ 26,486.66		04/16/19 \$ (205,808.99)			
ACTUAL				\$ 963,896.14	04/24/19 \$ (28,000.25)		\$ (233,809.24)	\$ 2,353,326.47
MAY	\$ 206,894.94	\$ 48,759.33	\$ 11,838.69		05/21/19 \$ (210,448.40)			
ACTUAL				\$ 267,492.98	05/28/19 \$ (64,691.67)		\$ (275,140.07)	\$ 2,345,679.36
JUNE	\$ 17,802.27	\$ 38,253.49	\$ 11,824.25		06/18/19 \$ (14,826.86)			
ACTUAL				\$ 67,880.01	06/24/19 \$ (223,964.69)		\$ (238,791.55)	\$ 2,174,787.82
JULY	\$ 15,297.94	\$ 55,832.12	152841.89		07/16/19 \$ (214,449.97)			
ACTUAL				\$ 223,971.95	07/24/19 \$ (15,866.40)		\$ (230,316.37)	\$ 2,188,423.40
AUGUST	\$ 19,593.62	\$ 107,011.15	\$ 110,925.39		EXPENSES \$ (252,017.87)			
ACTUAL				\$ 237,530.16	08/23/19 \$ (30.24)		\$ (252,048.11)	\$ 2,153,905.45
SEPTEMBER	\$ 52,981.76	\$ 44,955.90	\$ 4,815.63		09/17/19 \$ (278,346.93)			
ACTUAL					GO BOND \$ (54,075.00)			
				\$ 102,753.29	9/29/2019 \$ (34,505.55)		\$ (366,927.48)	\$ 1,889,731.26
OCTOBER	\$ 609,623.36	\$ 121,792.94	\$ 4,612.22		10/15/19 \$ (32,280.30)			
ACTUAL				\$ 736,028.52	10/28/19 \$ (237,336.54)		\$ (269,616.84)	\$ 2,356,142.94
NOVEMBER	\$ 132,735.72	\$ 54,992.12	\$ 85,340.96		11/19/19 \$ (267,585.45)			
ACTUAL				\$ 273,068.80	11/26/19 \$ (29,543.16)		\$ (297,128.61)	\$ 2,332,083.13
DECEMBER	\$ 16,761.75	\$ 56,000.00	\$ 17,107.00		EXPENSES \$ (246,899.00)			
ESTIMATED				\$ 88,868.75	REMOUNT \$ (100,000.00)		\$ (346,899.00)	\$ 2,074,052.88

ANNUAL COLLECTION STATISTICS

		Date Of Service		12/01/2017								
		Date Of Service		11/30/2019								
		Invoices		0								
		Company		Pacific 1								
		Provider		Pacific 1								
Month	Tickets	Charges	Payments	%	Levy Fund	%	Disallowed	%	Uncollected	%	Pending	%
Dec 17	113	88,201.33	-62,761.52	71 %	-7,408.24	8 %	-17,252.69	20 %	-778.88	1 %	0.00	0 %
Jan 18	133	118,216.73	-82,732.16	70 %	-9,049.78	8 %	-24,605.28	21 %	-1,829.51	2 %	0.00	0 %
Feb 18	126	118,747.04	-81,406.53	69 %	-10,855.91	9 %	-23,698.06	20 %	-2,786.54	2 %	0.00	0 %
Mar 18	116	99,312.14	-65,843.32	66 %	-7,173.65	7 %	-25,560.17	26 %	-735.00	1 %	0.00	0 %
Apr 18	109	91,782.17	-60,759.39	66 %	-8,078.76	9 %	-21,129.02	23 %	-1,815.00	2 %	0.00	0 %
May 18	111	98,685.30	-67,882.69	69 %	-4,773.69	5 %	-24,560.82	25 %	-835.35	1 %	632.75	1 %
Jun 18	112	83,033.46	-53,916.64	65 %	-8,810.91	11 %	-18,485.07	22 %	-1,820.84	2 %	0.00	0 %
Jul 18	104	85,101.46	-55,738.87	65 %	-11,750.05	14 %	-16,860.66	20 %	-751.88	1 %	0.00	0 %
Aug 18	120	96,918.03	-66,432.21	69 %	-10,094.03	10 %	-21,352.12	22 %	-343.32	0 %	-1,303.65	-1 %
Sep 18	118	93,411.82	-64,976.41	70 %	-2,305.93	2 %	-23,578.35	25 %	-521.38	1 %	2,029.75	2 %
Oct 18	124	98,006.68	-66,844.32	68 %	-5,842.51	6 %	-24,004.22	24 %	0.00	0 %	1,315.63	1 %
Nov 18	102	86,382.77	-55,558.98	64 %	-6,813.72	8 %	-20,786.80	24 %	0.00	0 %	3,223.27	4 %
Dec 18	105	79,624.53	-55,575.26	70 %	-5,731.62	7 %	-17,136.52	22 %	0.00	0 %	1,181.13	1 %
Jan 19	127	105,453.02	-73,669.28	70 %	-6,208.38	6 %	-24,956.11	24 %	0.00	0 %	619.25	1 %
Feb 19	116	92,797.35	-60,688.09	65 %	-10,424.84	11 %	-19,761.91	21 %	0.00	0 %	1,922.51	2 %
Mar 19	139	108,698.58	-68,870.74	63 %	-7,099.92	7 %	-28,069.44	26 %	0.00	0 %	4,658.48	4 %
Apr 19	108	83,020.36	-46,112.18	56 %	-5,775.07	7 %	-18,514.68	22 %	-160.03	0 %	12,458.40	15 %
May 19	120	93,304.03	-56,322.36	60 %	-8,117.82	9 %	-23,532.19	25 %	0.00	0 %	5,331.66	6 %
Jun 19	152	124,082.78	-78,563.30	63 %	-4,235.17	3 %	-24,726.54	20 %	0.00	0 %	16,557.77	13 %
Jul 19	126	123,749.13	-75,413.64	61 %	-2,593.99	2 %	-35,299.06	29 %	0.00	0 %	10,442.44	8 %
Aug 19	120	107,770.57	-61,551.17	57 %	-4,331.50	4 %	-23,474.28	22 %	0.00	0 %	18,413.62	17 %
Sep 19	117	115,322.13	-63,398.52	55 %	-2,484.53	2 %	-26,498.05	23 %	0.00	0 %	22,941.03	20 %
Oct 19	113	102,249.97	-31,834.50	31 %	-291.50	0 %	-11,137.56	11 %	0.00	0 %	58,986.41	58 %
Nov 19	61	42,924.01	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %	42,924.01	100 %

2,792

2,336,796.39

-1,456,852.08

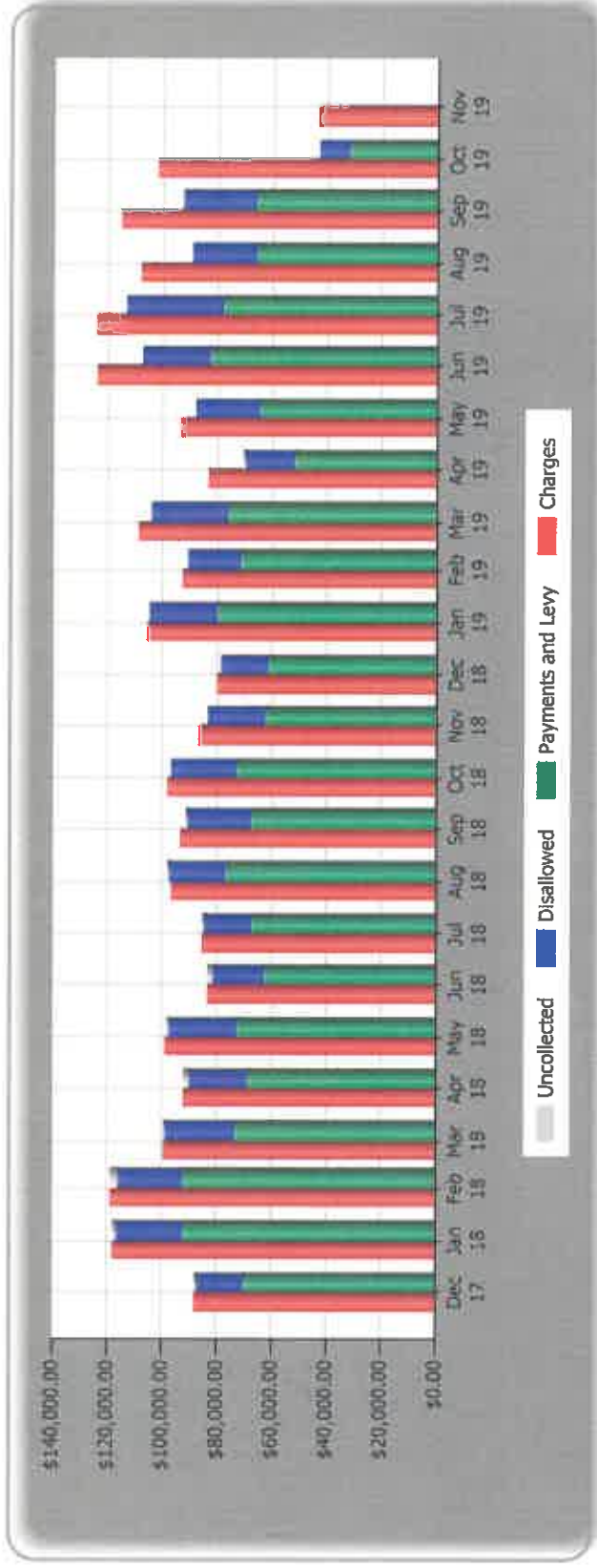
-150,251.52

-514,979.60

-12,377.73

202,334.46

All amounts shown relate directly to each month's charges. They will not reconcile to monthly deposit reports



[REDACTED]

From: Brad Weatherby
Sent: Monday, December 02, 2019 1:22 PM
To: Jacob Brundage; [REDACTED]
Subject: FW: Medicare Cost Reporting - Sample NPIs released
Attachments: Medicare Cost Data Collection for Ambulance Services.pdf

From: Administration [mailto:admin@sdwems.com]
Sent: Monday, December 02, 2019 12:48 PM
To: Jenn Braus
Cc: Shelley Brewington; Abrahamson, Garrett; Dachos, James; Jody O`Brien
Subject: RE: Medicare Cost Reporting - Sample NPIs released

Good afternoon,

As an update to my original email (below), I want to provide you with a few more resources that will be helpful to you as you decide how to proceed with the CMS cost report process.

- CMS is hosting a webinar on Thursday, December 5th, at 10:30 am Pacific. [Here](#) is a link to register for the webinar.
- Page, Wolfberg, and Worth recently posted a blog titled "Five Immediate Action Steps for Ambulance Data Collection Participants" – you can read their suggestions [HERE](#).
- PCG has developed more details about its offering for assistance with the data collection (see attached overview of services). There are three levels of assistance offered ranging from basic to comprehensive. For those participating in GEMT, the estimate is that only about 35% of what you have done for GEMT will be transferrable to this cost report; the CMS data requests will be more extensive. PCG has been working with CMS throughout the development of the cost data collection initiative, and has many valuable insights into how best to execute the cost report and stay out of CMS's crosshairs by benchmarking your data submission and ensuring correct submission. For questions regarding PCG, their services or the cost data collection initiative, please contact PCG at emsstrategies@pcgus.com and mention you are a Systems Design West client in the email.

Please remember that failure to respond to the cost data collection will result in reduction in your payments from CMS, so this is not something to be ignored or tabled for later. I hope this is helpful for you all as you think through how to accomplish the new requirements.

Best,
Jenn

Jenn Braus
CEO

Systems Design West
19265 Powder Hill Place NE
Poulsbo, WA 98370
Office: (360) 394-7020
JennB@sdwems.com
www.systemsdesignwest.com

From: Administration

Sent: Tuesday, November 12, 2019 3:34 PM

Cc: Shelley Brewington <ShelleyB@sdwems.com>; Abrahamson, Garrett <GAbrahamson@pcgus.com>; Dachos, James <jdachos@pcgus.com>; Jennifer Braus (jennb@sdwems.com) <jennb@sdwems.com>

Subject: Medicare Cost Reporting - Sample NPIs released

Good afternoon,

You are receiving this email because your agency's NPI has been selected by Medicare for the first installment of Medicare cost data collection for ground ambulance providers. If you attended our workshop on October 30, you will remember Ryan from PWW explaining that this is coming! [Here is a link](#) with more information, including a full list of selected providers where you can verify your NPI's inclusion. In short, all selected agencies must provide cost data for calendar year 2020, and will receive fines if unresponsive or untimely.

Systems Design West proudly partners with Public Consulting Group (PCG) to provide cost report consulting services to all of our clients. PCG has 30+ years' experience working with CMS to complete federal cost reports for all types of agencies, including over 350 ambulance providers. Many Systems Design clients have already partnered with PCG for their GEMT cost reports. .

With the implementation of the new Medicare Ambulance data collection requirements, PCG will be offering various levels of support to providers selected each year:

- Training
- Data collection tools
- Completion of the cost survey
- On-going audit support

If you would like to learn more about a partnership with PCG for Medicare cost reports, please reply to this email and let Systems Design know your interest. We will then follow up with you with more details. If you are not interested in partnering with PCG, then this email simply serves as a friendly notice about your selection and to be on the lookout for a communication from CMS as to your next steps.

Best,
Jenn

Jenn Braus
CEO

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Office: (360) 394-7020
JennB@sdwems.com
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Medicare Ground Ambulance Data Collection Instrument

NOTE: All programming notes, skip patterns and annotations to improve readability are indicated in brackets. This text will not appear in the programmed data collection instrument but is included in this version to indicate the intended functionality of the programmed instrument. Item wording, definitions, and response options for the respondent appear in black.

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Ground Ambulance Data Collection Instrument

1 General Survey Instructions

Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (l) of the Social Security Act (the Act). This section requires the Secretary of the Department of Health and Human Services (HHS) to develop a data collection system to collect cost, revenue, utilization, and other information from providers and suppliers of ground ambulance services ("ground ambulance organizations"). The Centers for Medicare & Medicaid Services (CMS) has developed this data collection instrument to collect this information. The collected information will be analyzed to assess the adequacy of Medicare payments for ground ambulance services.

In accordance with §414.626 of our regulations, your ground ambulance organization has been selected to submit the data requested in this data collection instrument. If you do not sufficiently collect the data during the data collection period, and sufficiently report the data during the applicable data reporting period, you will receive written notification that you will receive a payment reduction under section 414.610(c)(9).

This data collection instrument includes detailed questions about your organization's characteristics, services, ground (land and water) ambulance costs, and revenue. The questions generally refer to your organization's total ground ambulance costs, revenue, and volume of services, not just the portion of costs, revenue, and volume related to services that you provided to Medicare beneficiaries. Organization-specific data collected through this effort will not be published.

If your organization bills Medicare for ground ambulance services under multiple National Provider Identifiers (NPIs), the data collection instrument will specify the NPI for which we are requesting data. We use the term "ground ambulance organization" to refer to the NPI for which we are requesting data. We are requesting information pertaining to the 12-month period aligning with either calendar year [INSERT YEAR] or your fiscal year that started in [INSERT YEAR].

The data collection instrument consists of 13 sections. The time spent gathering the data needed to complete the data collection instrument will vary depending on your organization's accounting and recordkeeping systems. It is expected to take up to 20 hours to review the instructions and collect the required data and an additional 3 hours to enter, review, and submit the information.

We want to make sure that we get a full picture of the cost of operating ground ambulance services at your ground ambulance organization. If your organization is part of a local government or larger institution that pays for certain of your ground ambulance costs (e.g., if your municipality pays facility rent), you will need to collect and report that information. You will not be asked to estimate the value of volunteer labor or supplies, equipment, or other inputs that are donated to your organization.

We recommend that you use a printed version of the data collection instrument and then enter the information into the online data collection instrument when all of the information is collected. A copy of the data collection instrument is available at: [INSERT LINK].

You can complete the data collection instrument in multiple sittings. If you need to stop before completing the instrument, you can log out by clicking on the "Exit" button. This step will save your responses. When you log in again later, you will enter the system where you left off.

To learn more about completing the instrument, printing your responses, and whom to contact if you have questions, **click here for help [INSERT LINK]**.

2 Organizational Characteristics

We are interested in learning more about your ground ambulance organization and how you collect data related to costs and revenues. Your answers to these questions will help ensure that you are presented with questions about costs and revenues that are relevant to your organization.

1. Is **[pre-populate number]** an NPI your organization uses to bill for ground ambulance services? Yes (1) / No (0) **[If No (0), either exit instrument or allow respondent to correct number or contact support]**
2. Does your organization use **more than one** NPI to bill Medicare for ground ambulance services? Yes (1) / No (0)
 - a. **[If Yes (1)]** You are being asked to complete this instrument and enter data **only** for the following NPI: **[pre-populate number]**. You will be asked to allocate a portion of costs and revenues incurred at the level of your parent organization (otherwise known as your central office) related to corporate management, information technology [IT] systems, etc., in sections below.
3. What is the name of your organization? For the remainder of the instrument, we use the term "organization" to refer to the NPI for which we are requesting data. (enter name)
4. What is the name, job title, and contact information for the primary person completing this instrument? (enter name, job title, and contact information)
5. Are you reporting information for a 12-month data collection period spanning January-December 201X **[data collection year]**? Yes (1) / No (0)
 - a. If No (0), What is the starting date of your regular fiscal year that began in 201X **[year prior to data collection]** that was the basis for the start of your 12-month data collection period (select date from drop-down calendar)

[Note: This item will not appear if this information can be pre-populated in the instrument. The data collection period as either (a) the calendar year aligning with the data collection year, or (b) 12-month period from the start of the organization's fiscal year in the data collection year].
6. Which description of ownership type best fits your organization?
 - a. For-profit
 - b. Non-profit excluding government
 - c. Government (e.g., federal, state, county, city/township/other municipal)
 - d. Public/private partnership
7. Does your organization use volunteer labor for any positions related to your ground ambulance service? Please include volunteers even if they receive small

stipends, allowances, or other incentives from your organization. Do not include staff who are paid on an hourly or salary basis even if they perform some activities (e.g., responding as an EMT) on a volunteer basis. Yes (1), No (0)

8. Which category best describes your ground ambulance operation?
- a. Fire department-based
 - b. Police or other public safety department-based
 - c. Government stand-alone emergency medical services (EMS) agency
 - d. Hospital or other Medicare provider of services (such as skilled nursing facility). For the full list of Medicare provider of services categories, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/>.
 - e. Independent/proprietary organization primarily providing EMS services
 - f. Independent/proprietary organization providing non-emergency services
 - g. Other (please specify)
9. [If Question 8 = a, b, or d] You indicated that your ground ambulance operation is [FILL “fire department-based” or “police or other public safety department-based” or “hospital-based or other Medicare provider-based.”] Please confirm that your ground ambulance operation shares operational costs, such as building space or personnel, with these other operations.
- a. Yes, we share some or all costs (1)
 - b. Costs are **not** shared (0)
10. Does your ground ambulance operation share any operational costs, such as building space or personnel, with one of the following?
- a. [Do not display if Question 8 = a] A fire department? Yes (1), No (0)
 - b. [Do not display if Question 8 = b] A police or other public safety department? Yes (1), No (0)
 - c. [Do not display if Question 8 = d] A hospital or other Medicare provider of services (such as a skilled nursing facility). For the full list of Medicare provider of services categories, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/>) Yes (1), No (0)
 - d. Another healthcare organization (excluding hospitals, skilled nursing facilities, or other Medicare provider of services)? Yes (1), No (0)
 - e. An air ambulance operation? Yes (1), No (0)
 - f. Other (specify)? Enter text

[Note: For the remainder of the data collection instrument, we show items related to shared services to organizations that answer Section 2, Question 9 = Yes(1) OR Question 10 = Yes(1) to a-f. To streamline the skip logic, we refer to the answers to these questions as “Shared Services = Yes” for the remainder of the document.]

11. Does your organization routinely provide ground ambulance responses to 911 calls? Yes (1), No (0)
12. Do you operate land-based ambulances? Yes (1), No (0)
13. Do you operate water-based ambulances? Please do **not** include vehicles used exclusively for water rescues that do not meet the requirements to be a water ambulance in your jurisdiction. Yes (1), No (0)

[Note: This response will be used to prompt for some water-specific volume and cost information]

14. Do you operate air ambulances? Yes (1), No (0) [If Yes (1), show the following warning prior to each section:] “Do not include air ambulance services in responding to the following questions.”
15. Which staff deployment model best describes your organization?
- a. Static deployment (same number of fully staffed ambulance units available no matter the time of day or day of the week)
 - b. Dynamic deployment (units vary depending on the time of day or day of the week)
 - c. Combined deployment (certain times of the day have a fixed number of units, and other times are dynamic depending on need)
16. [If Question 11=Yes] Do you provide 911 emergency service around the clock for all days in the year (also known as “24/7/365” service) in most or all of your service area? Yes (1), No (0)
17. Do you ever perform paramedic intercepts? A paramedic intercept service is defined in §410.40(d) as an Advanced Life Support (ALS) level of service that CMS defines as a “rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers where services are furnished by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their service (State of NY only meets these requirements)”. Yes (1), No (0)
18. Other than what was reported in item 17, do you ever deploy ALS emergency response staff as a joint response to meet a Basic Life Support (BLS) ambulance from another organization during the course of responses? Yes (1), No (0)

3 Service Area

This section asks about characteristics of the area served by your ground ambulance organization. Your **primary** service area means the area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur. We will also ask you about other areas where you regularly provide services through mutual or auto-aid agreements (your **secondary** service area), if applicable. Do **not** include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).

1. Please select the ZIP codes(s) in which your **primary** service area is located: [Select ZIPs from drop-down menu and allow respondents to type in, allow respondent to select multiple]
2. [If Yes (1) to Section 2, Question 11] Are you the primary emergency ambulance provider in most or all of your primary service area (either for ALS, BLS, or both)? Yes (1), No (0)

3. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your primary service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes
4. Do you have a secondary service area? A **secondary** service area is **outside** your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. Do **not** include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events).
 - a. Yes (1) [Continue to remaining questions in this section]
 - b. No (0) [Skip to Section 4]
5. Please select the ZIP codes(s) in which your secondary service is located [Select ZIPs from drop-down menu and allow type in, allow to select multiple]
6. During a response, what is the approximate **average trip time** (in minutes) across all service levels (BLS, ALS, etc.) in your **secondary** service area from the time the ambulance leaves the station to when that ambulance is available to take another call?
 - a. Less than 30 minutes
 - b. 30 minutes–60 minutes
 - c. 61 minutes–90 minutes
 - d. 91 minutes–120 minutes
 - e. 121–150 minutes
 - f. More than 150 minutes

4 Emergency Response Time

[Ask only if Section 2, Question 11 is Yes (1)]

To help us better understand your ground ambulance organization's response time, please answer the following questions:

1. We are interested in your organization's response time for ground ambulance responses to emergency calls for service in your **primary** service area (the area in which you usually provide service and where the majority of your transport pickups occur). We define response time as the time from when the call comes in to when the ambulance or another EMS response vehicle arrives on the scene. Do you define response time in this way?
 - Yes (1) [Skip to question 3]
 - No (0) [Continue to question 2]

2. You indicated in Question 1 that your organization uses a different definition of response time. Please select the definition that best fits your organization's measurement of response time:
 - a. From the time the ambulance leaves the station to the time the ambulance or other EMS vehicle is at the scene
 - b. Other [Specify]
3. Are you able to report statistics related to response times as measured by your organization?
 - i. Yes (1) [Continue to question 3b]
 - ii. No (0) [Skip to question 3e]
 - b. What is the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - c. What is the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes) [Skip to question 2]
 - d. [If Yes (1) to Section 2, Question 11 AND Yes (1) to Section 3, Question 4], What is the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes)
 - e. What is your best estimate of the **average** response time for ground ambulance emergency responses in your **primary** service area? (Enter minutes)
 - f. What is your best estimate of the response time below which 90 percent of your emergency responses fall (i.e., your organization's 90th percentile emergency response time) in your **primary** service area? (Enter minutes)
 - g. [If Yes (1) to Section 2, Question 11 AND Yes (1) to Section 3, Question 4], What is your best estimate of the **average** response time for ground ambulance emergency responses in your **secondary** service area? (Enter minutes)
4. Is your organization required or incentivized to meet response time targets? Yes (1), No (0)
 - a. [If No (0), skip to Section 5.]
 - b. [If Yes (1), ask the following questions:]
 - i. Who determines the response time targets required or incentivized?
 1. Our organization sets our own target response time
 2. Local municipality
 3. County
 4. Other (please specify):
 - ii. Are you penalized if you exceed the response time targets? Penalties can take the form of reduced payments or a fine. Yes (1), No (0)

5 Ground Ambulance Service Volume

This section asks about your organization's service volume. For the purposes of this instrument:

- **[Display only if Section 2, Question 11 is Yes (1)] Total responses** is defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a "fly-car," or "sprint" vehicle). If more than one vehicle is sent to the scene, count this as one response. **[If Section 2, Question 8 is "a" also display]** "Include emergency responses that only involved a fire truck or other fire/rescue vehicles;" **[if "b"]** "Include emergency responses that only involved a police car or other public safety vehicle"
 - A **ground ambulance response** is a response by a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport, and with or without payment. If more than one vehicle is sent to the scene, count this as one response. Please note that every ground ambulance response will count towards your reported number of total responses, but not all responses are ground ambulance responses.
 - A **ground ambulance transport** is the use of a fully staffed and equipped ground ambulance responding to a request for service. It also provides a medically necessary transport (based on the rules relevant to the applicable payer).
 - A **paid transport** refers to a ground ambulance transport for which your organization has been paid in full or in part by a payer and/or patient only. Please note that in some questions we ask only about paid transports, and in other questions we are interested in both the paid transports and transports that are not paid, either because your organization did not bill for them or because your organization billed but did not collect payment for them.
1. **[If Yes (1) to Section 2, Question 11]** What was your organization's **total number of responses** in calendaryear 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. **Total responses** is defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include EMS responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicle (QRV), a "fly-car," or "sprint" vehicle). If more than one vehicle is sent to the scene, count this as one response. **[If Section 2, Question 8 is "a" also display]** "Include emergency responses that only involved a fire truck or other fire/rescue vehicles;" **[if "b"]** "Include emergency responses that only involved a police car or other public safety vehicle". (Enter number)
 2. What was your organization's total number of **ground ambulance responses** in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** across all payer types and regardless of the level of service or geography? This

number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport. (Enter number)

3. Does your organization respond to calls with another non-transporting agency such as a local fire department? Yes (1), No (2)
 - a. **[IF YES,]**
 - i. What percentage of total **ground ambulance responses** include a non-transporting agency? (Enter number)
 - ii. What kind of labor does the non-transporting agency provide during **ground ambulance responses**? Please check all that apply:
 1. Paramedic
 2. Other EMT
 3. Other (specify)
 - iii. In what share of **ground ambulance transports** does the non-transporting agency continue to provide medical care in the ambulance during the transport? (Enter number)
 - b. **[IF NO, skip to Question 4]**
4. What percentage of your ground ambulance responses are in your **secondary** service area? A **secondary** service area is **outside** your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements. Do **not** include areas where you provide services only under exceptional circumstances (e.g., when participating in coordinated national or state responses to disasters or mass casualty events). (Enter percentage)
5. What was the total number of ground ambulance responses **that did not result in a transport** in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? For example, this might include patient refusals to be transported, responses when another ambulance provider/supplier handled the transport, patient was deceased on arrival, patient was treated onsite with no medically necessary transport required, or responses that were cancelled after the ground ambulance was already on the way. (Enter number)
 - a. Of the responses that did **not** result in a transport, what percentage received medical treatment on site? (Enter percentage)
6. What was the total number of ground ambulance **transports** for your organization in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a], across all payer types, and regardless of the level of service or geography? (Enter number)
 - a. **[If Yes (1) to Section 2, Question 2]** Here we are interested in **ALL** of the NPIs associated with your parent organization/central office. What was the total number of ground ambulance **transports** for your **parent organization/central office** in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a], across all payer types and regardless of the level of service or geography? (Enter number)

7. What was the total number of **paid transports** in calendar year 201X [or fill **fiscal year as specified in Section 2, Question 5a**], across all payer types and regardless of the level of service or geography? (Enter number)
8. Does your organization participate in standby events? These are events where a ground ambulance is requested to be present on scene in case of an incident. Examples include fairs, concerts, sporting events, or police incidents. These services may or may not be paid. Yes (1), No (0)
9. [If Yes (1) to Section 2, Question 17 is Yes(1)] What was the number of responses in calendar year 201X [or fill **fiscal year as specified in Section 2, Question 5a**] when your organization provided paramedic intercepts? A paramedic intercept is an ALS level of service that CMS defines as “a rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers where services are provided by an entity that is under contract with the volunteer ambulance company that does not provide the transport but is paid for their paramedic intercept service (State of NY only meets these requirements).” (Enter number)
10. [If Yes (1) to Section 2, Question 18 is Yes(1)] Excluding paramedic intercepts meeting Medicare’s definition reported above, what was the number of responses in calendar year 201X [or fill **fiscal year as specified in Section 2, Question 5a**] when your organization provided an ALS intervention as a joint response to meet a Basic Life Support (BLS) ambulance from another organization? Do **not** include responses when your organization billed for a transport. (Enter number)

6 Service Mix

The following questions ask about the percentage of your organization’s ground ambulance **responses and transports** by type. If you are unable to provide an exact percentage, you will be prompted to select a percentage range. If you did not have any responses in a particular category of service, please enter 0%. [If Section 2, Question 14 is Yes (1) show the following warning:] “Do not include air ambulance services in responding to the following questions.”

1. Please reply to the following questions regarding the mix of your organization’s **ground ambulance responses** in calendar year 201X [or fill **fiscal year as specified in Section 2, Question 5a**].

An emergency response is a BLS or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ground ambulance organization begins as quickly as possible to take the steps necessary to respond to the call. This can include emergency transfers from a lower-level to higher-level of care. The percentage of emergency and non-emergency responses should add to 100%.

Enter 0% if you do not provide responses in either category.

Response Type	What percentage of your organization's <i>ground ambulance responses</i> fell into the following categories? Enter 0% if you do not provide responses in a category.
Emergency	Enter percentage
Non-emergency	Enter percentage

2. [If Yes (1) to Section 2, Question 13] Please indicate what percentage of your organization's **transports** used land or water ambulances in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. The percentages should add to 100%. Enter 0% if you do not provide transports in either category.

Transport Type	What percentage of your organization's <i>transports</i> fell into the following categories? Enter 0% if you do not provide transports in a category.
Land ambulance transports (excluding water)	Enter percentage
Water ambulance transports (excluding land)	Enter percentage

3. Please indicate what percentage of your organization's **total transports** fell in the following categories during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Emergency transfers would be included under the category in which they were billed. We have included the billing codes for reference. The percentages should add to 100%. Enter 0% if you do not provide transports in a category.
- CMS uses the following definitions for EMT staff categories:
 - EMT-Basic: certification depends on state or local level.
 - EMT-intermediate: "EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications." "Advanced-EMT" is another term used in the industry.
 - EMT-paramedic: "EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications." "Paramedic" is another term used in the industry.
 - We also include the CMS definitions for several categories. These definitions preserve verbatim language where appropriate, but paraphrase or abridge certain information where exact wording would be excessive or redundant.
 - Advanced life support, level 1:** is the transportation by ground ambulance vehicle...and the provision of medically necessary supplies and services...including the provision of an ALS assessment by ALS personnel [emergency medical technician-intermediate (EMT-Intermediate) or paramedic] or at least one ALS intervention."

Qualifying ALS assessments and interventions are described in detail in the CMS manual.

- ii. **Advanced life support, level 2:** is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous (IV) push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures” listed in the CMS manual.
- iii. **Basic Life Support:** is transportation by ground ambulance vehicle...and the provision of medically necessary supplies and services...including BLS ambulance services as defined by the state. The ambulance vehicle must be staffed by at least two people who meet the requirements of the state and local laws where the services are being furnished, and at least one of the staff members must be certified at a minimum as an emergency medical technician-basic (EMT-Basic) by the state or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. These laws may vary from state to state or within a state.
- iv. **Specialty care transport:** is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.”
- v. **Interfacility transport:** are transports where “the origin and destination are one of the following: a hospital or skilled nursing facility that participates in the Medicare program or a hospital-based facility that meets Medicare’s requirements for provider-based status.”

Transport Type	What percentage of your organization's <i>transports</i> fell into the following categories? Enter 0% if you do not provide transports in a category.
Basic Life Support (BLS), Non-emergency	Enter percentage
Basic Life Support (BLS), Emergency	Enter percentage
Advanced Life Support, Level 1 (ALS1), Non-emergency	Enter percentage
Advanced Life Support, Level 1 (ALS1), Emergency	Enter percentage
Advanced Life Support, Level 2 (ALS2)	Enter percentage
Specialty Care	Enter percentage

4. In thinking **across all of your transports**, what is the percentage of transports that are interfacility? (Enter percentage)

7 Labor Costs

This section asks about the labor costs to operate your organization.

- This question asks about your organization's staff in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Please review the following instructions before completing the table below.
 - Please provide a response for each row in the table below.
 - Staff categories are listed under "EMT/Response Staff," "Administration/Facilities Staff," and "Medical Director" headings.
 - CMS uses the following definitions for EMT staff categories:
 - EMT-Basic: certification depends on state or local level.
 - EMT-intermediate: "EMT-Intermediate is an individual who is qualified, in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications." "Advanced-EMT" is another term used in the industry.
 - EMT-paramedic: "EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with state and local laws, has enhanced skills that include being able to administer additional interventions and medications." "Paramedic" is another term used in the industry.
 - [Include only for NPIs where Shared Services = Yes] Include only individuals who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls and administrative and facilities staff that supported your ground ambulance operation. They may include, for example, fire fighter/EMTs and managers (such as a fire chief) with ground ambulance responsibilities.

- **[Include only for NPIs where Shared Services = Yes]** Do not include individuals who had only non-ground ambulance responsibilities (e.g., firefighters who were not EMT/response staff or managers such as deputy fire chiefs with no ground ambulance responsibilities). **[Include only for air ambulance NPIs if Section 2, Question 14 is Yes (1)]** Do not include individuals who had only air ambulance responsibilities.
- Include EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.
- The default is to report individuals with **any** EMT/response responsibilities in the appropriate EMT/response category and not in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Do not report these staff in the administration/facilities staff categories. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category.
- For administration/facilities staff with multiple roles, assign each individual to a category indicating the individual's primary activity. For example, if an individual performed primarily management duties but also had billing or pre-billing duties, include the individual in the management category.
- Do not report outside contracted services, for example vehicle maintenance provided under contract, if the contract covered services and supplies in addition to labor. You will have the opportunity to report these costs in another section.
- Use the "other" category only to report staff who (a) have at least some ground ambulance responsibilities, and (b) do not have any responsibilities in any of the listed categories.

Please indicate if your organization had paid staff (full and/or part time) **[and/or used volunteer staff (show only if Section 2, Question 7 is Yes(1))]** in each of the following categories in calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Staff Category	Paid Staff	Volunteer Staff [Display if Section 2, Question 7 is Yes (1)]
EMT/Response Staff		
EMT – Basic	Yes (1), No (0)	Yes (1), No (0)
EMT – Intermediate	Yes (1), No (0)	Yes (1), No (0)
EMT – Paramedic	Yes (1), No (0)	Yes (1), No (0)
Nurse, doctor, respiratory therapist, or other medical staff	Yes (1), No (0)	Yes (1), No (0)
Emergency Medical Responder (EMR)	Yes (1), No (0)	Yes (1), No (0)
Ambulance Driver (non-EMT/EMR)	Yes (1), No (0)	Yes (1), No (0)

Staff Category	Paid Staff	Volunteer Staff [Display if Section 2, Question 7 is Yes (1)]
Medical Director	Yes (1), No (0)	Yes (1), No (0)
Administration/Facilities Staff		
Administrative (clerical, human resources [HR], billing, IT support, etc.)	Yes (1), No (0)	Yes (1), No (0)
Management (executive, public information officer, etc.)	Yes (1), No (0)	Yes (1), No (0)
Dispatch / Call Center	Yes (1), No (0)	Yes (1), No (0)
Vehicle Maintenance	Yes (1), No (0)	Yes (1), No (0)
Facilities Maintenance (janitorial staff, laundry, repairs, etc.)	Yes (1), No (0)	Yes (1), No (0)
Other not reported above [If respondent selects "other," a blank field will appear requesting the respondent to specify category]	Yes (1), No (0)	Yes (1), No (0)

2. [For each category on the table where a respondent selected "No" for both paid and volunteer staff, a follow-up question will be presented to assess the reasons why the respondent selected "No."] In the previous question, you reported that you did not use any [insert staff category] in your ground ambulance operation in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Please select the reason why:
- This labor category is part of our ground ambulance operation but is paid for or provided at no cost by another entity (1). [If this option is selected, present a statement that indicates the respondent will be asked to report associated annual hours and associated costs in the following sections.]
 - One or more staff do perform these functions, but we assigned these staff to another category per the instructions (2).
 - We do not have staff in this labor category related to our ground ambulance operation and/or we contract with another organization for this role (3).

7.1 Paid EMT/Response Staff Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is "Yes" for one or more EMT/Response staff categories. A separate section asks about volunteers.]

- This question asks about paid EMT/Response staff (both full and/or part time) in your organization during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]; specifically about:
 - Total annual compensation for all paid EMT/response staff
 - Total hours annually worked by paid EMT/response staff

- **[Include only if Section 2, Question 8 is “a” or “b”]** Total hours annually worked by paid EMT/response staff who also serve as **[Firefighters/police officers is “a” and/or “b” respectively]**
- Total hours annually that are **not** related to (a) ground ambulance responsibilities, or (b) fire/police responsibilities for paid EMT/response staff

Please review the following instructions before completing the table below.

- **[Include only for NPIs where Shared Services = Yes]** Include only paid EMT/response staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**, including frontline staff responding to ground ambulance calls. This may include, for example, firefighters or EMTs.
- **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., firefighters who are not EMT or response staff). **[Include for air ambulance NPIs only if Section 2, Question 14 is Yes (1)]** Do **not** include individuals who had **only** air ambulance responsibilities.
- Report paid staff with **any** EMT/response responsibilities in the appropriate EMT/response category and **not** in any other category. Include EMT/response staff who had supervisory or administration/facilities responsibilities in the EMT/response staff category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Do **not** count these staff when responding to the administration/facilities staff questions below. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but **not** to the vehicle maintenance category. You will report on staff with only administrative responsibilities in a later section.
- **[Include only for those for whom Section 2, Question 7 is Yes (1).]** Do **not** include volunteer EMT/response staff. You will report on these staff in a different section.
- Include paid EMT/response staff in the EMT/response category that matched their level at the start of calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in each of the EMT/response staff categories in the table below.
- Report total compensation including salary/wages and, when applicable, benefits (e.g., healthcare, paid time off [PTO], retirement, stipends, life insurance), overtime, training time, and callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages was for EMT-

Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked Annually

- Please report **total hours worked** by all paid EMT/response staff (including full- and part-time staff) in each category **annually**. If your organization has two paid paramedics who both work 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks), and two paid paramedics who each work 1,250 hours annually (i.e., part time at 25 hours a week for 50 weeks), the reported total would be $2,000 + 2,000 + 1,250 + 1,250 = 6,500$ hours for paramedics.
- Report total hours worked by paid staff with some or entirely ground ambulance responsibilities. As an example, for a paid firefighter/EMT who worked 2,000 hours annually (i.e., full time at 40 hours a week for 50 weeks) across fire and ground ambulance operations, add 2,000 hours to your total hours for all EMT/response staff, **not** the share of hours related to ground ambulance services.
- Include only staff whose EMT roles are with your organization. If staff are employed as EMTs with your organization and as firefighters for another organization, include only the EMT hours for your organization in this section.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked Annually by Staff with Fire/Police Response Roles

- Please report **total hours worked annually** by paid EMT/response staff (full and part time) **who are also firefighters or police officers** in each category. If your organization has three paid EMT-Basic staff, who each worked 2,000 hours annually (i.e., at 40 hours a week for 50 weeks), and if two are firefighters or police officers and one is EMT only, report only hours for the two staff who are firefighters or police officers. The EMT-only staff members were included in the previous section.
- Include only staff whose police or firefighter roles are with your organization. As an example, if a staff member is employed as an EMT with your organization and as a firefighter for another organization, include this staff member's EMT hours only in the previous section (do **not** include this staff member in this section).
- All of the paid staff who contribute to this column must also contribute to “Total Hours Worked Annually.”
- The total hours worked annually by paid EMT/response staff who also served as firefighters/police officers should be less than the total hours reported for all paid EMT/response staff.

[Include only for NPIs where Shared Services = Yes.] Hours Worked Annually Unrelated to Ground Ambulance or Fire/Police Response Roles

- In this column we are interested in the non-ground ambulance hours for EMT staff with shared roles other than those previously discussed. Report the hours annually worked by paid EMT/response staff in each category that were **not**

related to (a) ground ambulance responsibilities or (b) fire/police response activities.

- Other responsibilities could include:
 - Air ambulance operations
 - Healthcare delivery unrelated to ground ambulance, such as work in a clinic
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance and fire/police activities
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked Annually.”
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do **not** contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.
- Unlike in earlier questions where each of your staff contributed all of their hours to total hours worked annually, staff contribute **only a fraction of their total hours** worked annually to your response in this item.
 - For example, a paramedic working 2,000 hours annually who splits work time evenly between ground and air ambulance operations would contribute 1,000 hours to this item. The same paramedic contributes a full 2,000 hours times the number of weeks worked to total hours worked annually in a prior item.
 - As another example, a firefighter/EMT-Basic working 2,000 hours annually who spends half of his or her time responding to ground ambulance calls for service, a quarter of his or her time responding to fire calls for service, and a quarter of his or her time on community education and outreach would contribute:
 - 2,000 hours to “Total Hours Worked annually by Paid EMT/Response Staff”
 - 2,000 hours to “Total Hours Worked annually by Paid EMT/Response Staff Who Also Served as Firefighters”
 - 500 hours to this item, “Hours Worked Annually Unrelated to Ground Ambulance or Fire/Police Activities”
- Total hours reported for each of these groups should be less than the total hours reported for all EMT/response paid staff.

Please report about EMT/response staff in your organization in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]; specifically:

- Total annual compensation for all paid EMT/response staff
- Total hours annually worked by paid EMT/response staff
- [Include only if Section 2, Question 8 = “a” or “b.”] Total hours worked annually unrelated to ground ambulance or fire/police response [Fill firefighters/police officers is “a” and/or “b” respectively]

- **[Include for NPIs where Shared Services = Yes.]** Total hours worked annually that were **not** related to (a) ground ambulance responsibilities or (b) fire/police responsibilities for paid EMT/Response staff

[Auto-populate table based on responses to Section 7, question 1]

EMT/Response Staff Category	Total annual compensation for paid EMT/ response staff	Total hours annually for ALL paid EMT/ response staff	[Display if Section 2, Question 8 = "a" or "b"] Total hours annual for only those paid EMT/ response staff with fire/police duties	[Display if Shared Services = Yes] Hours worked annually unrelated to ground ambulance or fire/police duties
EMT – Basic	dollars	hours	hours	hours
EMT – Intermediate	dollars	hours	hours	hours
EMT – Paramedic	dollars	hours	hours	hours
Nurse, doctor, respiratory therapist, or other medical staff	dollars	hours	hours	hours
Emergency Medical Responder	dollars	hours	hours	hours
Ambulance Driver (non-EMT/EMR)	dollars	hours	hours	hours

7.2 Paid Administration, Facilities Staff, and Medical Director Compensation and Hours Worked

[If Section 7, Question 1, Paid Staff Column is "Yes" for one or more Administration, Facilities or Medicare Director Staff. Volunteers are asked about in a separate section.]

Please review the following instructions before completing the table below.

- include staff with the following responsibilities:
 - Administration (e.g., clerical, HR, and IT support)
 - Management (e.g., executives and public information officers)
 - Billing

- Dispatch/call center
- Vehicle maintenance
- Facilities maintenance (e.g., janitorial, laundry, and repairs)
- **[Include only for NPIs where Shared Services = Yes.]** Include only paid administration/facilities and medical director staff who had responsibilities that were either **partly or entirely related to your ground ambulance operation**. This may include, for example, fire chiefs with management responsibilities related to your ground ambulance operation.
 - Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here. For example, an EMT with vehicle maintenance responsibilities would contribute to your prior responses related to EMT/response staff and **not** to administration/facilities staff in this item. If a staff member is paid for administrative duties, but may volunteer for EMT/response roles, then this staff member is included in this section (not in the volunteers section).
 - **[Include only for those with volunteers Section 2, Question 7 is Yes (1).]** Do **not** include volunteer administration/facilities or medical director staff. You will report on these staff in a different section.
 - **[Include only for NPIs where Shared Services = Yes]** Do **not** include individuals with **only** non-ground ambulance responsibilities (e.g., fire chiefs who do not have ground ambulance management responsibilities).
 - **[Include only for air ambulance NPIs if Section 2, Question 14 is Yes (1).]** Do **not** include individuals who had **only** air ambulance responsibilities.

For Total Annual Compensation

- Report **total annual compensation** for paid staff in the administration/facilities and medical director categories in the table below.
- Report total compensation including salary/wages, and when applicable, benefits (e.g., healthcare, PTO, retirement, stipends, life insurance), overtime, training time, callback and standby pay for paid staff.
- If one or more components of compensation costs (e.g., benefits) were paid by another entity with which you had a business relationship (e.g., a municipality that you serve), please obtain and include these costs when you report total compensation. If only total costs in a category are available from another entity (e.g., total benefits costs across all staff), please allocate to labor categories based on salary or wages across labor categories. For example, if total benefits were \$60,000, one-third of EMT/response staff salary and wages was for EMT-Basic and two-thirds of EMT/response staff salary and wages were for EMT-Paramedic, \$20,000 (\$60,000 multiplied by one-third) would contribute to total compensation for EMT-Basic and \$40,000 (\$60,000 multiplied by two-thirds) would contribute to total compensation for EMT-Paramedic.

For Total Hours Worked annually

- Please report **total hours worked** by all administration/facilities and medical director staff **annually**. If your organization had two paid administration/facilities staff who both worked 2,000 hours annually, and two paid administration/facilities staff who each worked 1,250 hours annually, the reported

total would be $2,000 + 2,000 + 1,250 + 1,250 = 6,500$ hours.

- Report total hours worked by paid administration/facilities staff with some or entirely ground ambulance responsibilities, **not** just the hours that were related to ground ambulance services. As an example, for a paid deputy fire chief who worked 2,000 hours annually across fire and ground ambulance operations, add 2,000 hours to your total hours for administration/facilities staff, **not** the share of hours related to ground ambulance services.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include only if Section 2, Question 8 = “a” or “b.”] For Total Hours Worked annually by Staff with Fire/Police Response Roles

- Please report **total hours worked** by paid administration/facilities staff **who were also firefighters or police officers annually**. If your organization has three paid administration/facilities staff who each work 2,000 hours annually, and if two were police officers and one was not, report only hours for the two staff who are firefighters or police officers.
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked annually.”
- The total hours worked annually by paid administration/facilities staff who also served as firefighters/police officers should be less than the total hours reported for all paid administration/facilities staff.
- Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.

[Include only for NPIs where Shared Services = Yes.] Hours Worked Annually Unrelated to Ground Ambulance or Fire/Police Response Roles

- In this column, we are interested in the hours annually worked by administration/facilities and medical director staff in each category that were **not** related to (a) ground ambulance responsibilities or (b) fire/police response activities. Do **not** include staff with some or entirely EMT/response responsibilities. These staff are included in a prior item and are **not** reported here.
- Other responsibilities could include:
 - Air ambulance operations
 - Healthcare delivery unrelated to ground ambulance responses and services, such as work in a clinic. This does not include persons with EMS responsibilities who arrive at the scene in a vehicle other than a ground ambulance.
 - Public health responsibilities
 - Community education and outreach
 - Community paramedicine
 - Any other responsibility unrelated to ground ambulance or fire/police activities
- All of the staff who contribute to this total must also contribute to reported “Total Hours Worked annually.”
- As in other items, do **not** include individuals who have no ground ambulance responsibilities. For example, staff with 100% air ambulance responsibilities do

not contribute to your response to this item, while staff with 50% ground ambulance and 50% air ambulance responsibilities **do** contribute.

- Unlike in earlier questions where each of your staff contributed all of their hours to your total hours worked annually, staff contribute **only a fraction** of their total hours worked annually to your response in this item.
 - For example, an individual with clerical responsibilities working 2,000 hours annually who splits their time evenly between ground and air ambulance operations would contribute 1,000 hours (2,000 hours multiplied by one-half) to this item. The same individual contributes a full 2,000 hours to total hours worked annually in a prior item.
 - As another example, a deputy fire chief working 2,000 hours annually who spends half of his or her time managing ground ambulance services, a quarter of his or her time managing fire response activities, and a quarter of his or her time on community education and outreach would contribute:
 - 2,000 hours to “Total Hours Worked Annually”
 - 2,000 hours to “Total Hours Worked Annually by Staff with Fire Response Roles”
 - 500 hours to “Hours Worked Annually Unrelated to Ground Ambulance or Fire Response Roles”
- Total hours reported for each of these groups should be less than the total hours reported for all administration/facility and medical director staff.

1. This question is about staff without EMT/response responsibilities, including administrative/facilities staff and medical director(s), in your organization annually in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Specifically:

- Total annual compensation for all paid administration/facilities and medical director staff
- Total hours annually worked by paid administration/facilities and medical director staff
- [Include only if Section 2, Question 8 = “a” or “b.”] Total hours worked annually for paid non-EMT/response staff with ground ambulance or fire and/or police response duties
- Total hours annually that were **not** related to (a) ground ambulance responsibilities or (b) fire/police responsibilities for paid administration/facilities and medical director staff

[Auto-populate table based on responses to Section 7, question 1]

Non-EMT/Response Staff Category	Total annual compensation for paid non-EMT/response staff	Total hours annually for ALL paid non-EMT/response staff	[Display if Section 2, Question 8 = "a" or "b."] Total hours annually for paid non-EMT/response staff with fire/police response duties ONLY	[Display if Shared Services = Yes.] Hours worked annually unrelated to ground ambulance or fire/police response duties
Administrative/Facilities Staff	dollars	hours	hours	hours
Medical Director(s)	dollars	hours	hours	hours

2. Among staff who were partly or entirely related to your ground ambulance operation, did you have one or more individual staff members devoting a total of at least half time (i.e., 1,000 hours annually or approximately 20 hours a week) to each of the following activities? Do **not** include individuals whose services were part of an outside contracted service(s).

- Billing (Yes/No)
- Data analysis (Yes/No)
- Training (Yes/No)
- Medical quality assurance (Yes/No)

3. [Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).] Please report the allocated portion of administrative labor costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount.)

4. Does your organization contract with a medical director, rather than employing them directly? Yes (1), No (0).

• [If Yes,]

- Please report the total compensation amount for medical direction services that your organization paid, not the value of the medical director's time. (Enter number)

7.3 Volunteer Labor

[If Section 2, Question 7 is Yes (1).]

1. How many **individuals** were EMT/response volunteers in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a)?

2. This question is about the **hours** of EMT/response volunteers annually during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Specifically:
- Total hours for all EMT/response staff volunteers
 - [Include only if Section 2, Question 8 = “a” or “b.”] Total hours related to serving as fire/police personnel for EMT/response staff volunteers
 - Hours includes the time from which the volunteer receives a call or a page to the time they are finished with their call as well as time spent in the station house performing duties as if they were being paid. Do not include hours spent on call in this section.

[Auto-populate table based on responses to item 1]

EMT/Response Staff Category	Total hours for all volunteer EMT/response staff	[Display if Section 2, Question 8 = “a” or “b.”] Total hours annually for volunteer non-EMT/response staff with fire/police response duties ONLY
EMT – Basic	hours	hours
EMT – Intermediate	hours	hours
EMT – Paramedic	hours	hours
Nurse, doctor, respiratory therapist, or other medical staff	hours	hours
EMR	hours	hours
Ambulance Driver (non- EMT/EMR)	hours	hours

3. How many **individuals** were **administration/facility** volunteers in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Please read the following instructions before answering this question.
- Include only volunteers who were related to your ground ambulance operation. Do **not** include volunteers with both EMT/response roles and administrative/facilities responsibilities (you reported those individuals in item 1 above).
- Number of individuals: (Enter Number)
4. [Include only if Item 4 is greater than or equal to 1.] What was the total number of **administration/facility** volunteer labor hours annually in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?
- Include only hours for volunteers who were related to your ground ambulance operation. Do **not** include hours for volunteers with both EMT/response roles and

administrative/facilities responsibilities (you reported those individuals in item 2 above).

Number of hours: (Enter Number)

5. What was the total number of **medical director** volunteer labor hours in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?

Number of hours: (Enter Number)

6. Did your organization provide stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor? Yes (1), No (0)
- i. [If Yes (1)] What was the total cost for all volunteer compensation (e.g. stipends and/or benefits) in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? (Enter dollar amount)

8 Facilities Costs

This section asks about the facilities costs for your ground ambulance organization. These facilities may have been used for dispatch/call centers, vehicle storage, administrative and EMT staff, or other activities to support your organization's ground ambulance services.

[If Section 2, Question 14 is Yes (1), show the following warning: "Do not include air ambulance services in responding to the following questions."]

8.1. Facility Information

1. How many total facilities (separate buildings) did your NPI utilize related to your ground ambulance operations? Please think about any facilities you had for dispatch/call centers, garages, and administrative and EMT staff. Do **not** include facilities that were used by contracted entities that your organization does not occupy itself (e.g., call center to which you pay a monthly fee for call services). (Enter number)
2. Please provide a name or function for the facilities that were used to support your organization's ground ambulance services (e.g., dispatch/call center, garage, administrative building, EMT staff building). If you had one building for dispatch/call centers, garages, and administrative and EMT staff, list only that one building.
 - Facility 1: (enter name)
 - Facility 2: (enter name)
 - Facility 3, etc.: (enter name)
3. For each of the following types of facilities, please check the option that best applies and enter the square footage and percentage of square footage associated with ground ambulance services. [The following matrix will be prepopulated from responses to Section 8.1, Question 2.]
 - Report total facility square footage. For example, report total square footage for a facility used for both fire and ambulance vehicles and responses.

- Report your best estimate of the share of the facility associated with ground ambulance services. Do not include garage, storage, and staff areas used for fire response. Include a share of office and common spaces related to both ground ambulance and other activities that is in proportion to your share of total responses that are ground ambulance responses. For example, if half of your organization's responses are ground ambulance responses, include half of the square footage for these areas.

Facility Name	Your organization or another entity currently pays rent for the facility	Your organization or another entity owns the facility and pays a mortgage	Your organization or another entity owns the facility outright	Facility was donated – no costs (excluding maintenance, utilities, insurance, and taxes)	Facility square footage	[Include only for NPIs where Shared Services = Yes.] Percentage of your facility square footage directly attributable to ground ambulance services
Facility 1 name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage
Facility 2 name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage
Facility [x] name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter Number	Enter percentage

8.2. Lease/Mortgage Costs for Facilities

1. Please indicate the total amount your organization paid for the following in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Total includes costs paid by another organization or entity on your behalf and includes costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

[Present options below based on responses to Section 8.1, Question 3.]

Facility Name	[IF RENT]: Lease or rental costs for each facility	[IF OWNED, mortgage]: Mortgage and interest costs (do not report interest costs elsewhere) for each facility	[IF OWNED, no mortgage]: Annual depreciation for each facility	[IF DONATED] Do not report any costs for donated facilities.
Facility 1 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility 2 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility 3 name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>
Facility [x] name	Enter Amount	Enter Amount	Enter Amount	<input type="checkbox"/>

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1)]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating rent/mortgage costs to specific NPIs. (Enter dollar amount)

8.3. Insurance, Maintenance, Utilities, and Taxes

1. Please indicate the total amount your organization paid for the following in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Total includes costs paid by another organization or entity on your behalf and includes costs for facilities that were partially related to your ground ambulance operations. Exclude donations or exceptions for which there was no cost.

Expenditure	Amount
Total facilities-related insurance costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Enter dollar amount.	Enter Amount
Total facilities maintenance and improvement costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Do not include any labor costs if included in labor section of the instrument. Enter dollar amount.	Enter Amount
Total facilities utilities costs for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Enter dollar amount.	Enter Amount

Expenditure	Amount
Total facilities taxes for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]. Do not include any taxes if included in the mortgage section of the instrument. Enter dollar amount.	Enter Amount

2. **[Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).]** Please report the allocated portion of other facilities costs incurred at the level of your parent organization/central office (e.g., corporate or regional buildings, garages or service facilities serving multiple NPIs) to this NPI based on your organization's approach for allocating rent/mortgage costs to specific NPIs. (Enter dollar amount)

9 Vehicle Costs

The following questions are about vehicles your organization uses.

9.1. Ground Ambulance Vehicle Costs

For each of the following questions, consider only vehicles that constitute **ground ambulances** in your jurisdiction, under your state or local regulations. For the purposes of this data collection instrument, ground ambulances include both land and water ambulances. Include all ground ambulances regardless of whether the ambulance transported patients or whether you billed for transports made by this ambulance. Do **not** include fire trucks, rescue vehicles, or other vehicles not considered a ground ambulance in your jurisdiction – we will ask about those next.

1. How many ground ambulances does your organization own (including vehicles that have been purchased, gifted, or donated)? (Enter number)
2. How many ground ambulances does your organization lease? (Enter number)
3. **[If Section 2, Question 12 is Yes (1)]** What was the total number of miles (billed and unbilled) traveled by land ambulances for any reason for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? (Enter number of miles)
4. **[If Section 2, Question 13 is Yes (1)]** What was the total number of nautical miles traveled by water ambulances for any reason for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? (Enter number of nautical miles)

[Option 1: If OWNED. Number of columns determined based on answer to Section 9.1, Question 1]

Question	Owned Ground Ambulance #1	Owned Ground Ambulance #2	Owned Ground Ambulance #3	Owned Ground Ambulance [x]
Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Owned Ground Ambulance #1	Owned Ground Ambulance #2	Owned Ground Ambulance #3	Owned Ground Ambulance [x]
Was this vehicle donated? Yes, (1) No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[If No(0) to question above] What was the annual depreciated value of the vehicle? If you do not have this value available, please refer to the depreciation worksheet.	Enter Amount	Enter Amount	Enter Amount	Enter Amount
Was this ambulance remounted in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[If Yes(1) to question above] What was the cost to your organization for the remount?	Enter Amount	Enter Amount	Enter Amount	Enter Amount

[Option 2: If Leased. Number of columns determined based on answer to Section 9.1, Question 2]

Question	Leased Ground Ambulance #1	Leased Ground Ambulance #2	Leased Ground Ambulance #3	Leased Ground Ambulance [x]
Was this ambulance used to transport patients in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total lease cost to your organization for this ambulance for calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]?	Enter Amount	Enter Amount	Enter Amount	Enter Amount

9.2. Other Vehicle Costs (Non-Ambulance)

In this section, we ask about vehicles that were used to respond to ground ambulance calls or support ground ambulance operations that are **not** ambulances. These vehicles might include SUVs, trucks, QRVs, “fly-cars,” lead cars, or “sprint” vehicles), supervisory vehicles, or other types of vehicles. Do **not** include vehicles that meet the requirements for an ambulance in your jurisdiction—those were asked about in the previous section. **[If Section 2, Question 14 is Yes (1), show the following warning:]** “Do not include air ambulance services in responding to the following questions.”]

1. Did you own or lease any **non-ambulance vehicles** (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? Yes (1), No (0)
 - a. [Yes (1), proceed with questions in this section.
 - b. No (0), skip to Section 9.3.]
2. How many non-ambulance vehicles did your organization own or lease (including vehicles that have been purchased, gifted, or donated) that were used to respond to ground ambulance calls or support ground ambulance operations? These might include fire trucks, land or water rescue vehicles, vehicles that respond to emergencies but are not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), supervisory vehicles, or other types of vehicles.
 - a. Number of non-ambulance vehicles OWNED (include donated vehicles): (Enter Number)
 - b. Number of non-ambulance vehicles LEASED: (Enter Number)
3. What was the total number of miles traveled by non-ambulance land vehicles for any reason in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? (Enter number of miles)
4. [Ask if Section 2, Question 13 is Yes (1).] What was the total number of nautical miles traveled by non-ambulance water vehicles for any reason in calendar year 201X [or fill fiscal year for all as specified in Section 2, Question 5a]? (Enter number of nautical miles)

[Option 1: If OWNED. Number of columns determined based on answer to Section 9.2, Question 2a]

Question	Owned Vehicle #1	Owned Vehicle #2	Owned Vehicle #3	Owned Vehicle [x]
What type of vehicle is this? (Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., QRVs, “fly-cars,” lead cars, or “sprint” vehicles), Other vehicle)	Enter Type	Enter Type	Enter Type	Enter Type
Was this vehicle used to respond to ambulance calls or support ground ambulance operations in calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was this vehicle donated? Yes (1), No (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Owned Vehicle #1	Owned Vehicle #2	Owned Vehicle #3	Owned Vehicle [x]
[If No (0) to the question above:] What was the annual depreciated value of the vehicle? If you do not have this value available, please refer to the depreciation worksheet.	Enter Amount	Enter Amount	Enter Amount	Enter Amount

[Option 2: If LEASED. Number of columns determined based on answer to Section 9.2, Question 2b]

Question	Leased Vehicle #1	Leased Vehicle #2	Leased Vehicle #3	Leased Vehicle [x]
What type of vehicle is this? (Pull-down menu: Fire truck; Land rescue vehicle, Water rescue vehicle, Vehicle that responds to emergencies but is not designed to transport patients (e.g., quick QVRs, "fly-cars," lead cars, or "sprint" vehicles), Other vehicle)	Enter Type	Enter Type	Enter Type	Enter Type
Total lease cost to your organization for this vehicle for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]:	Enter Amount	Enter Amount	Enter Amount	Enter Amount

5. [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1).] Please report the allocated portion of other vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

9.3. Other Costs Associated with Vehicles

[If Section 2, Question 14 is Yes (1), show the following warning: "Do not include air ambulance services in responding to the following questions."]

1. What was the total **registration** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? (Enter dollar amount)
2. What was the total **license** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? (Enter dollar amount)
3. What was the total **insurance** cost of all vehicles (ambulance and non-

ambulance) used to respond to ambulance calls or support ground ambulance operations for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? [Additional instruction if Shared Services = Yes: If another entity pays the insurance cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization.] (Enter dollar amount)

4. What was the total **maintenance** cost of all vehicles (ambulance and non-ambulance) used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Do **not** include any in-house labor costs already included in the labor section or any outside service or contract (you will be asked to report these later). (Enter dollar amount)

a. Please report the share of maintenance costs attributable to:

- i. Ground Ambulances: (Enter Percent)
- ii. Fire Trucks: (Enter Percent)
- iii. Land Rescue Vehicles: (Enter Percent)
- iv. Water Rescue Vehicles: (Enter Percent)
- v. Other Vehicles that respond to emergencies (but not designed to transport patients): (Enter Percent)
- vi. Other Vehicles: (Enter Percent)

5. What was the total **fuel** cost for all vehicles used to respond to ambulance calls or support ground ambulance operations ground ambulances for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? [Additional instruction if Shared Services = Yes: "If another entity pays the fuel cost for vehicles used in ground ambulance response, please record the cost for the vehicles used by your organization."] (Enter dollar amount)

a. Please report the share of fuel costs attributable to:

- i. Ground Ambulances: (Enter Percent)
- ii. Fire Trucks: (Enter Percent)
- iii. Land Rescue Vehicles: (Enter Percent)
- iv. Water Rescue Vehicles: (Enter Percent)
- v. Other Vehicles responding to emergencies (but not designed to transport patients): (Enter Percent)
- vi. Other Vehicles: (Enter Percent)

6. [Ask Only if Section 2, Question 2 (multiple NPIs) is Yes (1).] Please report the allocated portion of other vehicle costs incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating to specific NPIs. (Enter dollar amount)

10 Equipment, Consumables, and Supplies

In this section, we are interested in equipment, consumables, and supply costs.

- Please use your organization's guidelines to categorize goods as capital expenses versus operation expenses. If you need assistance to make this determination, please refer to the supplemental depreciation worksheet.
- For capital expenditures, medical and non-medical equipment, amortize costs over the life of the good.
- For purchased capital expenditures (medical and non-medical equipment), provide the annual depreciated value of the item or refer to the supplemental depreciation worksheet for assistance in calculating this cost.
- For leased capital goods and medical and non-medical equipment, the annual cost is simply the annual lease expenditures for the piece of equipment.
- For all of the cost categories in this section: If you have an ongoing relationship with an organization that pays this cost for your organization, report the cost here. Otherwise, do not include costs for donated items.

[If Section 2, Question 14 is Yes (1), show the following warning: "Do not include air ambulance services in responding to the following questions."]

10.1. Medical Equipment/Supplies

1. Please report the following for all **capital medical equipment** your organization purchased and used entirely or in part for ground ambulance services during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Capital medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, defibrillators, ventilators, monitors, or power lifts.
 - a. Annual depreciated costs: (Enter Amount)
 - b. Maintenance, certification, or service costs: (Enter Amount)
 - c. [If Section 2, Question 10 is Yes (1):] What was the percentage of **capital medical equipment** attributable to ground ambulance services during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Report 100 percent if all capital medical equipment was used only for ground ambulance services. Report less than 100 percent if some capital medical equipment was used for both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
2. Did your organization have any costs associated with **medications** purchased for ground ambulance services during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]? Yes (1), No (0)
 - a. [If Yes(1):] Can you report these costs separately from other medical supplies and consumables? Yes (1), No (0)
 - i. [If Yes(1):] What was the total cost of medications your organization purchased during calendar year 201X [or fill fiscal year as specified

- in **Section 2, Question 5a]** for ground ambulance services? Do not include in-kind donations. (Enter dollar amount)
- ii. **[If No(0):] Skip to Question 2b.]**
- b. **[If No(0):]** Please select all reasons for no associated costs for medications during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]:**
- The medications are supplied by a hospital or hospitals. Yes (1), No (0)
 - The costs are paid for by another entity (e.g., local municipality). Yes (1), No (0)
 - The medications were donated or provided in-kind. Yes (1), No (0)
 - We do not stock medications on our ground ambulances. Yes (1), No (0)
3. What was the total cost of all other **medical equipment, supplies, and consumables** (e.g., bandages, gauze, gloves, basins, oxygen, sterile water, stethoscopes, blood pressure cuffs, IV supplies) your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Include all medical equipment, supplies, and consumables that were **not** reported in the medical equipment/supplies capital expenditures and medications sections above. (Enter dollar amount)
- a. **[If Shared Services = Yes:]** What was the percentage of medical supplies and consumables attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Report 100 percent if all equipment, supplies, and consumables were used only for ground ambulance services. Report less than 100 percent if some equipment, supplies, and consumables were used for both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)

10.2. Non-Medical Equipment/Supplies

- Please report the following for **capital non-medical equipment** your organization purchased and used for ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Capital non-medical equipment refers to equipment that can endure repeated use; it includes, but is not limited to, computers, dispatch equipment, and furniture.
 - Annual depreciated costs: (Enter Amount)
 - Maintenance, certification, or service costs: (Enter Amount)
 - [If Section 2, Question 10 is Yes (1):]** What was the percentage of **non-medical equipment** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Report 100 percent if all non-medical capital equipment was used only for ground ambulance services. Report less than 100 percent if some non-medical capital equipment was used for both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
- What was the total annual cost of **uniforms** by your organization purchased during calendar year 201X **[or fill fiscal year for all as specified in Section 2,**

Question 5a] for ground ambulance services? (Enter dollar amount)

- a. **[If Shared Services = Yes:]** What was the percentage of **uniforms** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? (Enter percentage)
3. What was the total cost of other non-medical supplies (e.g., paper, office supplies, postage) your organization purchased during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? If any of this equipment was shared with other business lines (e.g., fire), list only the costs associated with ground ambulance services. (Enter dollar amount)
 - a. **[If Shared Services = Yes:]** What was the **percentage of non-medical supplies** that was attributable to ground ambulance services during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**? Report 100 percent if all non-medical supplies were used only for ground ambulance services. Report less than 100 percent if some non-medical supplies were used for both ground ambulance and other purposes (e.g., air ambulance or hospital uses). (Enter percentage)
4. **[Ask only if Section 2, Question 2 is Yes (1):]** Please report the allocated portion of **non-medical equipment and supplies** incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

11 Other Costs

In this section, we ask about **additional costs** during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]** not covered in previous sections, directly related to supporting your organization's ambulance services. Include only costs that were **not** covered earlier in this instrument.

[If Section 2, Question 14 is Yes (1), show following warning: "Do not include air ambulance services in responding to the following questions."]

1. Please report costs your organization incurred for **outside contracted services** for which you paid a fee (including labor, supplies, etc.) that were not reported elsewhere in this instrument, such as dispatch/call center service fee, to support your ground ambulance services. Did your organization use any of the following **contracted services** during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**?

Please select all that apply and indicate total cost for each outside contracted service, and, if applicable, percentage of the cost attributable to ground ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

Type	Contracted service during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]	[If selected] Total cost for the service	[If Shared Services = Yes] Percentage of this cost attributable to ground ambulance services
Billing service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Accounting service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Vehicle maintenance/repair service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Dispatch/call center service	<input type="checkbox"/>	Enter dollar amount	Enter percentage
Facilities maintenance services	<input type="checkbox"/>	Enter dollar amount	Enter percentage
IT support service	<input type="checkbox"/>	Enter dollar amount	Enter percentage

2. [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):] Please report the allocated portion of these services incurred at the level of the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

3. Please indicate if your organization incurred any of the following expenses during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. These expenses should be partly or entirely related to supporting your organization's ambulance services. **Do not include any costs already reported elsewhere in this instrument.**

[Note: All respondents will be presented with the following.]

Category	Response
Medical or Ambulance-Related Expenses	
Biohazard waste and medication removal fees	Yes (1), No (0)
Fee to physician(s) to oversee the paramedics and provide quality assurance (excluding labor for medical director if accounted for in Question 1 above or in the labor section)	Yes (1), No (0)
Laundry	Yes (1), No (0)
Administrative and General Expenses	
Travel other than for training (including lodging, transportation, per diem, and other travel related costs)	Yes (1), No (0)
Organization dues, subscriptions	Yes (1), No (0)
Subsidies paid to other organizations (e.g., fire department, dispatch center)	Yes (1), No (0)
Funds paid to other ambulance organizations for services (e.g., paramedic staff for BLS transports, subcontracted ambulance services)	Yes (1), No (0)
Funds paid to other non-transporting organizations for services (e.g., medical staff for transports, responding to calls)	Yes (1), No (0)
Overhead allocation from parent organization/central office	Yes (1), No (0)
Board of Directors / Trustees expenses	Yes (1), No (0)
Advertising, including any type of advertising (even for recruiting purposes) in any medium (print, radio, internet, etc.)	Yes (1), No (0)
Event / meeting costs (including meals)	Yes (1), No (0)
Miscellaneous administrative fees/costs not already reported in Section 10.2 or Section 3 (telephone, trash and shredding services, printing and copying costs)	Yes (1), No (0)
IT software, licensing fees (excluding costs accounted for in IT service fee in earlier section)	Yes (1), No (0)
Training and continuing education costs (e.g., costs for materials, travel, training fees, and labor). Do not include any labor costs associated with training that was already covered by standard labor costs.	Yes (1), No (0)
Fees, Fines, and Taxes	
911 service fees	Yes (1), No (0)
Fees for toll roads	Yes (1), No (0)
Fees paid to local jurisdictions required as condition of providing ground ambulance service (e.g. franchise fees)	Yes (1), No (0)
Fees for regulatory compliance or accreditation (annual cost per year)	Yes (1), No (0)
Business registration and related fees	Yes (1), No (0)
Licenses	Yes (1), No (0)
Fines, forfeitures, and citations	Yes (1), No (0)

Category	Response
Taxes	Yes (1), No (0)
Liability / malpractice insurance	Yes (1), No (0)
Workers' compensation insurance (only if not reported in Labor Section above)	Yes (1), No (0)
General insurance (excluding insurance for facilities or insurance reported in other sections)	Yes (1), No (0)
Interest paid	Yes (1), No (0)
Physicals and recruiting	Yes (1), No (0)
Audit fees, legal fees, and other professional fees	Yes (1), No (0)
Other miscellaneous operating expenses	Yes (1), No (0)

[Populate other expenses by source table based on "Yes (1)" responses to the previous question.]

4. Please report total expenses by source for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a].

Source	Total Expense	What % of Expense is Attributable to Ground Ambulance Services?
Source 1	Enter dollar amount	Enter percentage
Source 2	Enter dollar amount	Enter percentage
Source 3	Enter dollar amount	Enter percentage
Source [x]	Enter dollar amount	Enter percentage

5. [Ask only if Section 2, Question 2 (multiple NPIs) is Yes (1):] Please report the allocated portion of these miscellaneous costs incurred at the level the parent organization/central office of this NPI based on your organization's approach for allocating costs to specific NPIs. (Enter dollar amount)

12 Total Cost

1. As a way to cross-check total costs reported throughout the instrument, please provide the total costs of your NPI for calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. The total cost reported here should include all operating and capital costs (including costs for services not related to ground ambulance services).

(Enter Amount)

13 Revenues

This section asks about your organization's sources of ground ambulance revenue.

[If Section 2, Question 14 is Yes (1), show following warning: "Do not include air ambulance services in responding to the following questions."]

1. Please report total revenue from all sources your organization received during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**. Include revenues from services not related to ground ambulance services. (Enter dollar amount)
2. Can you report revenue for billed ground ambulance transports by healthcare payer category (e.g., Medicare, Medicaid, commercial insurance)? Yes (1), No (0)
 - a. **[If Yes (1), proceed to question 3.]**
 - b. **[If No (0):]** Please report the approximate share of revenue from billed transports for all payers combined. (Enter dollar amount)
3. **[If Section 13, Question 2 is yes (1)]** Please indicate if your organization received any revenue from paid ground ambulance transports from the following payers during calendar year 201X **[or fill fiscal year as specified in Section 2, Question 5a]**.

Source of Revenue from Paid Ground Ambulance Transports	Received revenue during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included
Traditional (fee-for-service) Medicare	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicare Advantage (also known as Medicare Managed Care)	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Traditional (fee-for-service) Medicaid	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Medicaid managed care	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
TRICARE	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Veterans Health Administration	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Commercial insurance	Yes (1), No (0)	Enter dollar amount	Yes (1), No (0)
Workers' compensation	Yes (1), No (0)	Enter dollar amount	Yes (1)/No (0)
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	Yes (1), No (0)	Enter dollar amount	

4. How often did your organization try to bill the following types of payers for the amount owed for a transport during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?

Insurance type	Frequency of billing
Traditional (fee-for-service) Medicare	Never (0), Sometimes (1), Usually (2), Always (3)
Medicare Advantage (also known as Medicare Managed Care)	Never (0), Sometimes (1), Usually (2), Always (3)
Traditional (fee-for-service) Medicaid	Never (0), Sometimes (1), Usually (2), Always (3)
Medicaid managed care	Never (0), Sometimes (1), Usually (2), Always (3)
TRICARE	Never (0), Sometimes (1), Usually (2), Always (3)
Veterans Health Administration	Never (0), Sometimes (1), Usually (2), Always (3)
Commercial insurance	Never (0), Sometimes (1), Usually (2), Always (3)
Workers' compensation	Never (0), Sometimes (1), Usually (2), Always (3)
Patient self-pay (amount patients pay for deductibles, coinsurance, etc.)	Never (0), Sometimes (1), Usually (2), Always (3)

5. Please indicate if your organization received any revenues from any of the following sources during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]. Include only revenue specifically related to ground ambulance services.

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Contracts from facilities (e.g., hospitals, nursing homes, prisons, businesses)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Revenues for subcontracted ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
[If Section 5, Question 7 is Yes (1):] Fees for standby events	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Membership fees for an association that collects fees from participants in return for ambulance services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Executive loan programs (e.g., chief executive officer, business development, etc.)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Program-related investments (e.g., public-private investment)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Local taxes earmarked for EMS services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Contract revenue from local governments in return for services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Enterprise funds and utility rates	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Sale of assets and services	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Bond or debt financing	Yes (1) / No (0)	Enter dollar amount	Enter percentage
State or local donation of surplus vehicles and durable equipment	Yes (1) / No (0)	Enter dollar amount	Enter percentage

Source of Revenue	Received revenue from category during calendar year 201X [or fill fiscal year as specified in Section 2, Question 5a]?	[If Yes (1) for received revenue from category] Total revenues	[If Yes (1) for received revenue from category] What % of revenue was attributable to ground ambulance services?
Other donations (includes market value for donations) excluding labor, facilities, vehicles, equipment, supplies, medication, and other items reported elsewhere in the instrument	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Special-purpose grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Matching grants (generally state)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Technical assistance (e.g., subsidized training)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Demonstration grants (federal)	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Congressional earmarks	Yes (1) / No (0)	Enter dollar amount	Enter percentage
Other (specify)	Yes (1) / No (0)	Enter dollar amount	Enter percentage

[Note: Respondents will be allowed to 1) Review a copy of final responses before a final "Click to Submit," and 2) print out a completed copy of their responses at the end.]

Medicare Cost Survey for Ambulance Services



What is the Medicare Cost Survey?

As part of the Bipartisan Budget Act of 2018, the Centers for Medicare and Medicaid Services (CMS) requires that all providers of ground ambulance services collect and report expenditures, revenues, utilization, and other departmental statistics. This data will be used to assess current payment rates and inform future reimbursement rates. In November 2019, CMS selected 2,600 ambulance providers to complete the Medicare Cost Report Survey. “Failure to sufficiently submit the required information will result in a 10 percent reduction to payments under the Ambulance Fee Schedule (AFS) for one year” (CMS, 2019). Precise and complete cost data collection is critical to the establishment of adequate future rates.

How Can PCG Help You?

We're here to help you navigate the data collection process and completion of the Medicare Cost Report Survey. Our three service levels allow you to get just the right amount of guidance and support based on your needs and budget:



- Medicare Cost Survey training via our secure web-based portal, tools that facilitate the data collection and report preparation process, and help desk support
- Detailed desk review and variance analysis with like-sized providers and scheduled conference call to review recommendations
- Comprehensive cost report survey preparation by our team of experts and full CMS audit support.

Why Should You Partner With PCG?



PCG is the nation's leader in providing ground emergency medical transport (GEMT) and Medicare cost reporting services. Our team has more than 30 years of experience working with state-operated facilities on cost reports submission to the Medicare intermediary. We leverage our extensive knowledge and experience to guide our partners on allowable costs, provider charges, prospective payments, and appeals for Medicare. Additionally, we have developed a proprietary web-based solution to

streamline the survey process, vastly reduce the administrative burden, and maximize compliance and accuracy.

PCG has generated over \$400 million for public EMS providers across the country through Medicaid cost recovery programs. We offer services ranging from cost report preparation and audit support to statewide program administration.

We understand the operations and cost structures of EMS departments, which enables us to ensure that cost surveys are completed accurately and properly apportion costs to the Medicare program.

Medicare Cost Survey Support Services

STANDARD <i>Training and Help Desk Support</i>	PROFESSIONAL <i>Training, Help Desk Support, and Detailed Desk Review</i>	PREMIUM <i>Comprehensive Medicare Cost Report Survey Preparation and Audit Support</i>
<ul style="list-style-type: none"> ✓ Medicare Cost Survey training via secure web-based portal with access to individual training modules for each survey component ✓ Data compilation guidance and automated tools to facilitate data collection and cost survey preparation ✓ Dedicated help desk support*, up to five scheduled hours 	<ul style="list-style-type: none"> ✓ Detailed desk review of the Medicare Cost Report Survey and supporting documentation with summary of findings ✓ Analysis of costs in comparison to "like-sized" departments ✓ Written report of findings with recommendations, areas of concern, and considerations ✓ Scheduled conference call to walk through desk review results, cost analysis, and recommendations ✓ All STANDARD services: <ul style="list-style-type: none"> ○ Medicare Cost Survey training via secure web-portal with access to individual modules ○ Data compilation guidance and tools ○ Dedicated help desk support 	<ul style="list-style-type: none"> ✓ Dedicated team of experts to complete the Medicare Cost Survey on behalf of your department ✓ On-going communication; initial data collection and close-out survey review meetings, timely updates and feedback ✓ Detailed data analysis: expenditures assessment, unallowable costs adjustments, and utilization statistics verification ✓ Preparation and audit of Medicare Cost Survey and supporting documentation ✓ CMS submission of final report and supporting documentation ✓ Federal audit support ✓ Full access to web-based portal and training resources
\$2,500	\$10,000	\$35,000

*Additional help desk support for \$225 per hour.

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STRATEGIC PLAN

PACIFIC COUNTY FIRE PROTECTION DISTRICT NO. 1

APPROVED DECEMBER XX, 2019

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EXECUTIVE SUMMARY

Pacific County Fire District #1 is a highly dynamic organization, which is in a constant state of change. Recognizing the need to constantly identify and meet the community's needs and/or challenges, the Board relies on planning to ensure the District is an effective and efficient public safety organization. In addition, regulatory agencies are constantly changing the statutory requirements and standards to ensure the safety of the community and our members.

Successful strategic planning provides a "road map" for focused and efficient management of the fire district. This systematic and continuous process identifies intended outcomes, steps to accomplish the outcomes, and how we will measure or evaluate the outcomes. There are many benefits to strategic planning:

- Clearly defines the purpose of the organization
- Helps to establish reasonable and objective goals
- Provides a pathway to communicate goals and objectives to internal and external stakeholders
- Focuses resources, personnel and finances, on priority goals
- Provides a framework where progress is clearly measured
- Establishes a mechanism for informed changes through regular review
- Helps to develop a sense of ownership in the plan

Strategic plans are dynamic and are meant to be a forward moving process. The plan will be available and shared with all District members and the community we serve. It is the intent of the Fire District to publicly review the plan quarterly, and update the plan annually.

TEAM

In July 2019, the Board of Fire Commissioners met during a workshop to establish a current Strategic Plan. District members, including paid and volunteer, attended the workshop and provided input during this meeting. Below is a summary of the internal and external stakeholders the District will need to involve:

Internal

- Board of Fire Commissioners
- Administrative Staff
- Command Staff and Line Supervisors (Paid and Volunteer)
- Line Staff (Paid and Volunteer)

- IAFF Local #3999 (Union)
- Pacific County Firefighters Association (Volunteer)

External

- Citizens of the Fire District
- Visitors to the area
- Agencies: Pacific County Sheriff's Office, Ocean Beach Hospital, Pacific County DCD, Ilwaco Fire Department, Long Beach Fire Department, Pacific County Fire District #2, Pacific County Fire District #4, North Beach Water District, Pacific County Communications (PACCOM)

MISSION STATEMENT

Pacific County Fire District #1 is dedicated to the protection of life and property by providing quality cost-efficient customer service through fire suppression and prevention, emergency medical services, and public education for our community.

DISTRICT VALUES

Integrity

- We consistently adhere to protocols and best practices
- We take ownership of our actions and words
- We hold ourselves and peers to the highest professional standards
- We earn the trust of the public through the stewardship of resources

Compassion

- We give all patients the same standard of care and courtesy
- We are patient with others and ourselves
- We help others to learn and grow

Communication

- We are truthful in all written and verbal communications
- We talk **with** people instead of about them
- We ask for help when we need it
- We do not use or tolerate degrading language
- We address issues quickly and constructively through the appropriate channels

Professionalism

- We work to the best of our abilities at all times
- We learn from our mistakes and train so they are not repeated
- We invest in our members and provide tools that improve our effectiveness
- We foster growth and continually learn to improve our skills and service to the community

Respect

- We are inclusive of District members, regardless of race, religion, gender, age, relationship status, physical ability or sexual orientation.
- We listen, encourage, congratulate, be helpful, and say “thank you”
- We treat other as we would like to be treated
- We leave things better than we found them

S.P.O.T. ANALYSIS

In July 2019, the Board held a workshop to start the Strategic Planning process. The first step in this process was analyzing the District’s strengths, problems (disconnects), opportunities, and threats (S.P.O.T.). These points are documented below, and are the essential in goal setting.

Strengths

- The District is dynamic to adapt and meet community needs
- Recognizable and discernable from other fire departments
- Positive reputation for our strengths
- We understand risks & we go about them in a safe and sane manner
- Excellent equipment – well maintained
- Strong institutional emphasis on training and certification
- Lowest cost per tax payer within the District
- Make most of what we have by being flexible and efficient – able to multi-task
- Washington Survey and Rating Bureau (WSRB) at a Class 5
- Encourages people to volunteer in a variety of ways - inclusivity
 - Career members see volunteers as a great support

- Higher percentage of tax base within the County to help fund our service
- FD#1 is the “go to” when people need answers – often from people not local
- Community room available for public usage
- Very good senior leadership
- Geographically diverse
- District Mechanic does a great job keeping our equipment & vehicles operational
- We really listen to our community & their problems
- Respect from other area departments
- OBH has high respect for what we do – they trust us!
- Community trusts us
- Encourage volunteers to create a pathway for a career

Problems / Disconnects

- Expenses are growing faster than revenues
- We are stretched too thin (staffing)
- Efficiency can lead to vulnerability
 - Stretched too thin
- Equipment is aging and becoming obsolete quicker than we can budget for replacement / upgrade
- Communicating the different interests & motivations among career, volunteers, chiefs/admin & commissioners – and can be even on an individual level
- We struggle to consistently collaborate with other departments on the Peninsula
- We are territorial, both geographically and emotionally
- Training is inconsistent among shift and also career vs. volunteers
 - Need more time doing practical training
- Inability to settle contract negotiations for wages/total compensation
- Lack of an effective County Fire Marshal
 - Failure to inspect what is expected for safety (community and firefighter safety)
 - Weak link in our rating of Class 5

- Lack of North Beach Water District to FD1 cooperation on use of hydrants – Board to Board collaboration needed
- District Mechanic needs a succession plan
- There is a lack of trust
- The website is not operable
- If we stop interfacility transfers, we reduce revenue
- Sheriff's Office service levels and response times (firefighter safety)

Opportunities

- Use PSA's to inform & educate the community about District services
 - How do we build on it?
- Social media
- Voter approved levies, bond, or lid lift to address staffing and capital expenses
- Approach County to seek approval to cut trees 100' from home – rewrite ordinance for fire break
- Develop our training property
- Maybe consolidation of Ilwaco, Long Beach, and FD1
- Contract our service to other jurisdictions
- Quarterly strategic plan review – open meeting = more input
- Create more connection between career & volunteers
- Create a willingness to change culture
- Engage the public in more opportunities to volunteer
- Need to pursue more grants
- Leverage the strength of all employees & volunteers to increase volunteers
- More collaborations with staff from commissioners
- Transfers could be stopped
- Surfside – full service
 - Perhaps volunteers could do weekends?
- Reports could be changed from written to electronic entry – could offer some efficiencies
- Mentorship program (informal or formal) to support and guide new members

- Joint training with other fire departments on Peninsula
 - Joint members (dual membership)
- Joint training across the river

Threats

- Political boundary changes (annexation)
- Legislative changes that impact us financially that are needless
- Threat of more certification – not only cost but time
- Legislation can change order for taxing jurisdiction, includes pro-rationing
- Social media “fake news”
- Natural disasters – all kinds
- Property devaluation
- Sheriff’s Office service levels
- Variable costs outside our control on several expenditures
- Hospital changes
- Transportation vulnerability
- Radio communication can be generally out of date
 - May need to consider our own dispatching
- Drugs & violence
- Aging & growing population

GOALS

One Year Goals 2020:

1. Establish a group of no more than four (4) members that will work to improve intradepartmental communications. The group shall consist of one (1) volunteer representative, one (1) union representative, one (1) administrative representative, and one (1) Fire Commissioner. A significant amount of discussion will be appropriate in the selection of the committee members.

2. Staffing appears to be too thin to meet the growing demands of the District. A committee of not more than five (5) people should be convened to find the balance for both present and future needs for the District. The group should include a mixture of representation from the Union, volunteers, and command staff.
3. We must find economic solutions that will better match our revenue and expense streams, while enabling us to set aside reserves for replacement of capital equipment.
4. Participate in feasibility study to assess viability of fire department consolidation among Ilwaco, Fire District #2, Long Beach and Fire District #1
5. Successful renewal of the Fire District's 6-year EMS levy
6. A plan identifying a clear succession of key personnel needs to be completed
7. Update and improve the District's website to reflect current services and meet State law
8. Replace phone system.
9. Implementation of Electronic Report Writing.
10. Certifications for 10 District Personnel Officers & 5 Volunteer firefighters.
11. Consider utilizing outside training instructors to keep up with industry changes
12. Transition from a traditional training model to a proficiency based training model.
13. Implement PSA's for Public Service and Volunteerism.
14. Improve and increase security at facilities
15. Seaview overhead garage doors need replaced

Intermediate Goals 2021 & 2022

16. Mutual Aid Agreement with other locals fire departments
17. Telecommunications system upgraded

18. Training Facility funding gap resolved
19. Seaview & Litschke need siding and paint
20. Cash Reserve > 6 month's operating expenses
21. Volunteer agency to agency coop
22. Purchase One fire engine/tender, remount or purchase two ambulances
23. Establish Intern Program for EMS / sponsor District members for Paramedic training

Longer Term Goals 2023 & 2024:

24. Beginning 2023 relations at all levels is working well – all stakeholders say so.
25. Staff turnover is < state average for similar sized districts.
26. Fire and EMS response times meet or exceed published standards and/or laws.
27. Training Facility is under development
28. Ample reserves are in place for future equipment needs.
29. Cultural shift is near complete by 2024.

OPERATIONAL PLAN

The operational plans provide an organizational tool for the successful completion of the identified goal. The plans identify the goal, the action plan, and personnel responsible for each plan. The organizational plans shall be reviewed and regularly updated to indicate the progress in achieving the goal.

The “Strategic Planning Operational Plan” is designed to assist in tracking needs and progress including identifying personnel involved, timelines, resource needs, budget, and progress.

Strategic Planning Operational Plan

GOAL: Improve personnel and management relations

ACTION PLAN: Establish a committee of one (1) Union; one (1) management; one (1) volunteer; and (1) Commissioner to develop a plan to improve intradepartmental relations

PERSONNEL: Commissioner Long

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion

Strategic Planning Operational Plan

GOAL: Sustain and improve staffing to meet the growing demands of the Fire District

ACTION PLAN: Establish a committee of Union, volunteers, and command staff to evaluate and identify methods to ensure adequate personnel are available to meet the deployment needs of the community

PERSONNEL: Chief Brundage

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion

Strategic Planning Operational Plan

GOAL: Establish a financial plan to ensure long-term funding for District needs

ACTION PLAN: Develop a long-term financial plan that identifies solutions to ensure stable funding for operations and funds a capital equipment reserve

PERSONNEL: [REDACTED]

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Develop a cash flow projection for next 24 months	[REDACTED]	December 2019		N/A	December 2019
Update 5-year Capital Expenditure Plan	[REDACTED] Jacob Brundage	Dec 2019 to Jan 2020		N/A	January 2020

Strategic Planning Operational Plan

GOAL: Participate in a feasibility study to assess the viability of the consolidation of fire services

ACTION PLAN: Actively participate in a feasibility study with City of Ilwaco, City of Long Beach, and Pacific County Fire District #2 (Chinook) to determine potential efficiencies (operationally or financially) that would benefit the community.

PERSONNEL: Commissioner Hill

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Send support letter	Commissioner Hill	November 2019		N/A	Completed

Strategic Planning Operational Plan

GOAL: Successfully renew the District's 6-year EMS levy

ACTION PLAN: Communicate to District members and the community the benefits provided by the EMS levy.

PERSONNEL: Chief Jacob Brundage

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Pass resolution for 2020 ballot	Board	December 2019			Completed
EMS levy fact sheet	Chief Brundage	January 2020			March 2020
Speaking opportunities	Chief Brundage	January 2020			March 2020

Strategic Planning Operational Plan

GOAL: Establish a succession plan for key critical positions

ACTION PLAN: Complete a succession plan for key personnel, whom hold specialized positions

PERSONNEL: Chief Jacob Brundage

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion

Strategic Planning Operational Plan

GOAL: Update and improve the District's web-site

ACTION PLAN: Update and improve the District's web-site to meet State law and accurately display the District's current services

PERSONNEL: [REDACTED] Lani Karvia

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Re-format the web-page	[REDACTED] / Lani Karvia	December 2019	Active Internet Solutions	\$2500	December 2019
Training for staff	[REDACTED] / Lani Karvia	December 2019	Active Internet Solutions	N/A	December 2019
Monthly updates of Board packets/minutes	[REDACTED]	On-going			On-going

Strategic Planning Operational Plan

GOAL: Replace current phone system

ACTION PLAN: Evaluate and acquire a new phone system that will integrate technological advantages to staff

PERSONNEL: [REDACTED]

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion

Strategic Planning Operational Plan

GOAL: Implement an electronic patient care report writing system

ACTION PLAN: Evaluate and acquire a new electronic patient care reporting system that is user friendly and efficient

PERSONNEL: Assistant Chief Brad Weatherby

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Establish a committee	A/C Weatherby	October 2019		N/A	Completed
Acquire mobile data computers	A/C Weatherby			\$10,000	

Strategic Planning Operational Plan

GOAL: Successfully attain certifications for fifteen (15) District personnel, including officers and volunteers

ACTION PLAN: Provide certification training for District Officers or aspiring officers at the IFSAC Fire Officer 1 level. Provide certification for Firefighters (volunteer and paid) at the IFSAC Firefighter 1, Firefighter 2, and Hazardous Materials Operations level.

PERSONNEL: Assistant Chief Mike Karvia

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Firefighter Academy	Mike Karvia	January – May 2020	Transportation	\$500	June 2020
Fire Officer 1 course	Mike Karvia	Fall 2020	Books, instructors, State evaluation	\$10,000	Fall 2020
Firefighter 2 course	Mike Karvia	January 2020	Books, instructors, State evaluation	\$2000	January 2020

Strategic Planning Operational Plan

GOAL: Consider utilizing outside training instructors to keep up with industry changes

ACTION PLAN: Evaluate and retain outside instructors to keep District Officers, Firefighters, and EMS personnel abreast of changes affecting our department

PERSONNEL: Chief Jacob Brundage, Assistant Chief Mike Karvia, Assistant Chief Brad Weatherby

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Street Command course	Mike Karvia	December 2019		\$2000	Completed

Strategic Planning Operational Plan

GOAL: Transition from a traditional training model to a proficiency based training model

ACTION PLAN: Establish a competency and proficiency based training program for all District personnel

PERSONNEL: Chief Jacob Brundage, Assistant Chief Mike Karvia, Assistant Chief Brad Weatherby

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Company level live fire evolutions	A/C Karvia	Fall 2020	MERTS	\$3000	Fall 2020

Strategic Planning Operational Plan

GOAL: Implement to use of public service announcements (PSA) for public service and volunteerism

ACTION PLAN: Evaluate and utilize multiple forms of media to effectively communicate public safety issues and volunteer recruitment needs

PERSONNEL: Lani Karvia

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Update website	Lani Karvia	2019	Active Internet Solutions	\$2500	Completed / On-going
Establish YouTube channel for video	Lani Karvia	December 2019		N/A	Completed

Strategic Planning Operational Plan

GOAL: Improve and increase security at District facilities

ACTION PLAN: Evaluate and implement facility security measures to protect District personnel and property.

PERSONNEL: [REDACTED]

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Install outdoor camera system (Admin)	Lani Karvia	December 2019	Cameras, Burton	\$1500	January 2020
Install security lock on front door (Admin)	Brad Weatherby	December 2019		\$3000	Completed

Strategic Planning Operational Plan

GOAL: Replace Seaview Station overhead garage doors

ACTION PLAN: Remove unsafe wood overhead garage doors and replace with safe and efficient overhead garage doors

PERSONNEL: Assistant Chief Brad Weatherby

Activities	Responsible	Timeline	Resources	Budget	Progress / Est. Completion
Remove / replace wooden overhead doors	A/C Weatherby	April 2020	Small works roster	\$40,000	April 2020

KEY PERFORMANCE INDICATORS

Key performance indicators (KPIs) are used to measure output and outcome based performance. While there are many variables that affect outcomes, effective and efficient outputs generally lead to favorable outcomes. It will be the responsibility of all members to take an active role in meeting the benchmarks listed. It is the responsibility of the command and company officers to provide the tools necessary to be successful.

The following outputs are based on industry standards and State law.

STAFFING AND DEPLOYMENT

Fire Operations

1. Assemble six (6) firefighters at a working fire within fourteen (14) minutes eighty percent (80%) of the time. (NFPA 1720)
2. Firefighters display turnout times of less than ninety (90) seconds, ninety percent (90%) of the time. (NFPA 1720)
3. Firefighters initiate an attack on a working fire within two (2) minutes upon arrival ninety percent (90%) of the time. (NFPA 1720)
 - *Total number of firefighters includes mutual aid resources.*
 - *Firefighters must meet the Washington State standards for a structural and/or wildland firefighter*
 - *Response time is the time from notification of incident (tone-out) to arrival at the incident scene*
 - *Turnout time is defined as the time between notification of incident (tone-out) to responding.*

EMS Operations

1. Meet Washington State KPIs for stroke, acute coronary syndrome (ACS)/chest pain, and critical trauma patient management.
2. Response times will meet Washington State WAC 246-976-390 7(c) Rural Response Area standard.
3. Turnout times of sixty (60) seconds ninety percent (90%) of the time. (NFPA 1720)

- *Response time is the time from notification of incident (tone-out) to arrival at the incident scene*
- *Turnout time is defined as the time between notification of incident (tone-out) to responding.*

TRAINING

Fire related training KPI's meet or exceed the standards as set forth by statute WAC 296-305 or other published standards

Emergency medical services training shall be commensurate with Washington Department of Health, per certification level; and meet the additional requirements as forth by the Medical Program Director.

1. Operational (combat) firefighters attain IFSAC Firefighter 1 certification within eighteen (18) months of acceptance.
2. Operational (combat) firefighters attain IFSAC Firefighter 2 certification within three (3) years of acceptance.
3. All operational firefighters, certified at the IFSAC Firefighter 1 level shall strive to complete a minimum of fifteen (15) total hours of training per month. (WSRB)
 - a. *This KPI will be applied to volunteer operational firefighters, starting in year 2021*
4. All operational firefighters, certified at the IFSAC Firefighter 2 level shall strive to complete a minimum of ten (10) total hours of training per month. (WSRB)
 - a. *This KPI will be applied to volunteer operational firefighters, starting in year 2021*
5. All operational firefighters shall complete a minimum of one (1) live fire training exercise per year. (WSRB)
6. All members who drive apparatus (Level 4 – or higher) shall complete EVIP Operator recertification requirements (WSRB or State Law)
7. All chief and company officers shall complete a minimum of sixteen (16) hours annually in leadership, command, or JPR specific duties. (WSRB)
8. All EMS certified personnel complete the approved OTEP or PCEP for recertification

9. All paramedics remain current in AHA Advanced Cardiac Life Support, AHA Pediatric Advanced Life Support, and NAEMT Prehospital Trauma Life Support.

INDUSTRY ANALYSIS

Growth, Impacts, and Capacity

Over the past five years (2014 – 2018), the Fire District has seen over a 30% increase in overall call volume. The District has been met with financial constraints, which has led to issues with staffing to meet all needs and funding capital projects. Population growth, aging demographics, increasing demand for services and lack of resources (doing more with less) will continue to expose our vulnerabilities.

The ability to grow will require the need to embrace changes in technology and managing the ongoing health and welfare of the members of the District. Changes in technology include electronic records management and increased safety measures to protect our members.

With the current staffing, the District is operating at capacity. The addition of more paid Firefighter/EMT/Paramedics and volunteers will be needed to meet the growing call demands or prior to the consideration of adding any additional services.

Discontinued Services

In the event that the Fire District is unable to continue the existing service levels, it will be necessary to decrease and/or eliminate some services. Those services include (in order of elimination):

1. Paramedic Intercepts

Explanation: Currently, the District provides advanced life support services to Pacific County Fire District #4 (Naselle). While these calls are consist of less than five percent (5%) of the overall call volume, they represent a service that is not of primary concern to the citizens or tax-payers of the District.

2. Burn Permit / Burn Violations

Explanation: The District has an interlocal agreement with Olympic Region Clean Air Agency (ORCAA) for the issuance and management of outdoor burning within the District's political boundaries. The District commits resources to this program that are not completely reimbursable, and no real enforcement capabilities. Costs include permit burn costs, personnel time to manage issuance and complaints, equipment costs for

suppression, dispatch fees, and out of service time for crews. Approximately 5% of the overall call volume or approximately 35 – 40% of fire related calls are for burning complaints.

3. Interfacility Transfers

Explanation: The District provides interfacility transfers from Ocean Beach Hospital to other healthcare facilities, long term care, or home. Interfacility transfers are an important service to our citizens, both economically and standard of care. However, performing transfers are logistically extensive and result in staffing concerns. Interfacility transfers consist of approximately 10% of the overall call volume.

4. Public Education Services

Explanation: The District employs a full time Public Education Coordinator who is tasked with providing injury and illness prevention services. These services include the fall prevention program, in-home safety visits, first aid / CPR courses, and other related programs. While prevention is important, it should not prevail over meeting public safety response needs.

5. Public Assistance

Explanation: Approximately 10 – 12% of the District's overall call volume is calls for public assistance. These calls are non-emergent requests for assistance, such as assisting a disabled person into their car for a doctor's appointment. Public assist calls continue to rise due to an increasing aging population and lack of affordable social resources in the area.

MARKETING PLAN

The largest marketing tool that Fire District #1 has is our website. Our site informs taxpayers about services that the District offers which includes, but is not limited to, emergency medical services, billing practices, burn permits, and public education programs. In order to promote our website, the District will utilize the link to our Facebook page. We use our Facebook page to show training opportunities, factually inform about large incidents, and notify the community about upcoming events.

One request that we receive at the District is the availability of t-shirts that citizens and visitors of our community can purchase. Due to policy, we do not sell any of the District member shirts. We will design a t-shirt which creates a walking advertisement for our website and/or Facebook

page without that person looking like a District member. Possible text includes “I support Pacific County Fire District #1,” “pcfd1.org” or “Like us on Facebook.”

As outlined in the SPOT Analysis, Fire District #1 has a need to increase the number of fire, EMS, and support volunteer members that we currently have. As new volunteers receive fire and emergency medical services training, there is an opportunity to utilize the volunteers to perform District services and supplement career duties.

Fire District #1 has now had two, professional video public service announcements created – one informs about beach fires and one is a fire volunteerism campaign. In order to market the volunteer opportunity at the District, we plan on having an EMS volunteer video produced as well. We currently post these videos to our Facebook page. In addition, we plan on creating a YouTube account which will hold these PSAs and can link to our website. Our final goal is to convert those videos into the format needed to play at our local movie theater. This will help capture the audience that we are trying to reach.

FINANCIAL PROJECTIONS

The District has chosen to keep a minimum cash balance of six (6) months operating expenses at all times. The \$1,700,000 needed for 2020 six (6) months of operating costs has been visually earmarked as a “Rainy Day Fund” for the purposes of cash flow projections. This fund can be seen on the Cash Flow Projection worksheets.

Cash flow projection worksheets are included from November 2019 through the end of 2021. We estimate that 98.94% of budgeted tax revenue is collected each year based off of previous years’ collection, or \$2,770,320 out of the \$2,800,000 budgeted.

We estimate the following cash flow for the District from 2022-2024:

1. 2022
 - a. Beginning Balance
 - i. 1,929,053.14
 - b. Revenue
 - i. Tax
 1. Fire - \$2,077,740
 2. EMS - \$692,580
 - ii. Ambulance Billing - \$663,000
 - iii. General - \$371,030
 - c. Expenditures
 - i. Payroll/Payables - \$3,549,431.91
 - ii. GO Bond - \$52,787.50

- d. Rainy Day Fund-
 - i. \$1,803,530
 - e. Capital
 - i. \$525,000
 - f. Total Ending Balance
 - i. \$1,606,183.73*
- 2. 2023
 - a. Beginning Balance
 - i. \$1,606,183.73
 - b. Revenue
 - i. Tax
 - 1. Fire - \$2,077,740
 - 2. EMS - \$692,580
 - ii. Ambulance Billing - \$663,000
 - iii. General - \$371,030
 - c. Expenditures
 - i. Payroll/Payables - \$3,655,914.87
 - d. Rainy Day Fund
 - i. \$1,857,090
 - e. Capital
 - i. \$375,000
 - f. Total Ending Balance
 - i. \$1,379,618.86*
- 3. 2024
 - a. Beginning Balance
 - i. \$1,379,618.86
 - b. Revenue
 - i. Tax
 - 1. Fire - \$2,077,740
 - 2. EMS - \$692,580
 - ii. Ambulance Billing - \$663,000
 - iii. General - \$371,030
 - c. Expenditures
 - i. Payroll/Payables - \$3,765,592.32
 - d. Rainy Day Fund
 - i. \$1,857,635.90
 - e. Capital
 - i. \$375,000
 - f. Total Ending Balance
 - i. \$1,043,376.54*

*We will not have sufficient funds to meet the amount needed for the Rainy Day Fund to cover 6 months of operating expenses in 2022, 2023, and 2024.

The tax revenue projections for 2021-2024 are estimated at a \$1.4 Billion assessed valuation with the collection rate of \$2.00 per thousand (\$1.50 for fire and \$0.50 for EMS). If the assessed valuation of properties within the District boundaries lowers by 10%, it will become \$1.26 Billion. This means a total decrease in tax revenue by \$280,000 in one year (from \$2,800,000 to \$2,520,000).

CHIEF'S REPORT
December 17, 2019
Station 21-1

1. Personnel Information

- a. Volunteer
 - i. One new operational volunteer has been accepted and is going to take the fire academy.
- b. Career
 - i. Nothing new to report

2. Interfacility transfers

- a. Interfacility transfer update
 - i. 2019 transfer info: (Jan. 1 – Dec 16) Taken = 97; Turned Down = 92; 51% success rate
 - ii. From November 1 to December 16, there has been 15 days that have not had a Union member on-call.

3. Inter-agency

- a. WA EMD/FEMA
 - i. Nothing new to report
- b. PACCOM/PCEMA
 - i. Nothing new to report.
- c. State Parks/Department of Natural Resources/USFW
 - i. Nothing new to report
- d. Pacific County Sheriff's Office
 - i. Nothing new to report
- e. Other Fire Agencies
 - i. Nothing new to report.
- f. Ocean Beach Hospital
 - i. Nothing new to report
- g. Other Community
 - i. On December 6 & 7, the District participated in the OP Community and Ilwaco Crab Pot Tree Lighting festival. Our participation was well received by the community.

4. Intra-agency

- a. Staffing update
 - i. Two firefighters out on FMLA are scheduled to return next week
 - ii. To date there has been no response from the Union or Union President, regarding a temporary hire for the 3rd firefighter on FMLA.
- b. Firefighter / Paramedic Candidates
 - i. Jamie and I are working on a transition to continuous recruitment for Firefighter Paramedics, including updating the website and

PACIFIC COUNTY FIRE DISTRICT 1 STATISTICS – 2019

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL	%
FIRE	21	8	17	20	28	18	56	45	34	29	22		298	12.1%
Building	1	0	1	0	0	1	2	1	0	2	0		8	
Grass/Brush	1	0	1	0	0	1	2	0	1	0	0		6	
Vehicle/RV	1	1	0	1	0	0	5	1	1	3	1		14	
Rescue/Extrication	0	0	1	2	1	0	4	2	2	1	1		14	
HazMat	0	1	0	0	0	0	2	1	0	1	0		5	
Alarm	5	3	3	6	6	6	5	11	8	13	8		74	
Hazardous Cond.	3	0	3	0	1	1	4	3	2	4	4		25	
Complaint/Other	10	3	8	11	20	9	32	26	20	5	8		152	
EMS	205	189	214	166	183	227	213	210	190	187	185		2169	87.9%
Assist Only	37	31	32	21	10	28	34	33	26	27	33		312	
Treat/No Transport	30	31	33	23	44	39	42	50	36	35	32		395	
Treat/Transport	101	95	119	88	100	121	105	101	101	95	85		1111	
MVC	4	2	5	9	5	12	10	3	6	7	5		68	
Paramedic Intercept	9	11	5	6	4	2	6	6	7	7	10		73	
Interfacility Tx	24	19	20	19	20	25	16	17	14	16	20		210	
Total Transported	126	117	139	107	120	153	126	120	118	113	107		1346	
Total FIRE/EMS	226	197	231	186	211	245	269	255	224	216	207		2467	
ZONE RESPONSE														
1 - NP	36	39	49	30	28	45	48	42	54	33	29		433	17.6%
2 - OP	107	95	122	83	113	114	138	113	104	102	103		1194	48.4%
3 - MW	11	13	17	21	14	19	24	40	20	28	18		225	9.1%
4 - SOUTH	37	20	14	24	31	35	32	34	22	28	26		302	12.2%
Cape D S.P.	1	0	3	4	1	4	4	3	0	2	1		23	0.9%
M/A - LB	0	0	0	0	0	0	0	0	1	0	0		1	<0.1%
M/A - IL	1	0	0	0	0	0	1	0	0	0	0		2	0.1%
M/A - FD2	0	0	0	0	0	0	0	0	0	0	0		0	0
M/A - FD4	9	11	6	7	4	2	6	6	8	7	10		76	3.1%
Other	24	19	20	18	20	26	16	17	15	16	20		211	8.6%
TRAINING HOURS	362.5	459.5	639	358.5	1122.5	461	128	94.5	159.5				3785	
Administrative	41	103.5	13	38	0	0	1.5	15	0				212	
Fire	88.5	18	162.5	53.5	644.5	34	47.5	46.5	35				1130	
EMS	213	326	354.5	267	478	427	79	24	44.5				2213	
Command/LS	20	12	109	0	0	0	0	9	80				221	

Public Education Coordinator Report-November 19, 2019 - December 17, 20

Community Education, Life Safety Program:

Meetings / Trainings

November 21 Elderly Resources Meeting

November 21 Ice Cream Party at Ocean Park School

November 29 - December 7th NFA Class Developing your Fire Prevention's Programs Worth

Upcoming Meeting / Training

November 21 Elderly Resources Meeting

November 30th - December 7th, National Fire Academy Emmitsburg Maryland
Demonstrating your Fire Prevention Programs Worth

Past Events:

December 15 District Christmas Party Ocean Park Fire Station

December 6 Community Christmas Party Port of Peninsula 6:00 PM

Events:

December 21 10:00 am to 3:00 pm Toys for Peninsula Kids

	HOME SAFETY VISITS	LOCKBOXES	ADDRESS SIGNS	Child Restraint Seats
JAN	3	2	4	3
FEB	2	2	3	3
MARCH	4	2	2	3
APRIL	4	2	3	2
MAY	3	3	10	2
JUNE	4	2	5	5
JULY	6	2	5	0
AUG	3	3	7	8
SEPT	4	2	2	2
OCT	4	4	7	3
NOV	3	1	4	1
DEC	4	2	3	1