

**2016 Rural EMS Assistance Fund Financial Information Form - Additional**

Please refer to the *North Dakota Rural EMS Assistance Fund - Grant Guidance* for detailed information regarding the completion of this section.

If professionally prepared financial statements are not provided, financial need for the funding area must be established by the completion of the *Financial Information Form* by each ambulance service within the funding area.

Ambulance Service
-------------------

Funding Area Number
---------------------

1. Please enter fiscal year end date

2. Cash in Bank

\$

### 3. Accounts Receivable

\$

#### 4. Equipment

[illegible]

Do you own or rent your building(s)?

☐ Own

☐ Rent

If you own your buildings, what is the value of the building(s)?

\$

## 5. Accounts Payable

\$

List those bills that are 30 days past due

[illegible]

List those bills that are 30 days past due (continued)

Bill	Date of Bill	Amount Owed

6. List of outstanding loans

Purpose of Loan	Payoff Amount	Monthly Payment	Number of Remaining Payments	Loan End Date

7. Revenues

Ambulance Service Fees	\$
Donations/Fundraisers	\$
Grants	\$
Mill Levy	\$
Interest Income	\$
All Other Income	\$
Total Revenue	\$

8. Expenses

Permanent Staffing	\$
Volunteer Staffing	\$
Payroll Taxes <sup>1</sup>	\$
Telephone	\$
Billing Service Fees <sup>2</sup>	\$

8. Expenses (continued)		
	Interest Expense	\$
	Office Supplies	\$
	Repairs	\$
	Insurance <sup>3</sup>	\$
	Legal & Other Professional Fees	\$
	Fuel	\$
	Facility Rent Expense	\$
	Utilities <sup>4</sup>	\$
	Medical Supplies	\$
	Bad Debt Expense <sup>5</sup>	\$
	All Other Expenses (Please List)	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Expenses	\$
	Revenues Less Expenses	\$
9. Have you foregone any expenses because of funding shortages? (please list)		
	1.	
	2.	
	3.	

10. Area of explanation (please detail any information you feel necessary)

<sup>1</sup> Includes employer - paid Social Security, Medicare and Unemployment

<sup>2</sup> Amounts paid to others to process payments to your service

<sup>3</sup> Include Workers Compensation, property and health insurance

<sup>4</sup> Include electricity, garbage, water, heating and cooling, etc.

<sup>5</sup> A debt owed to your service that has been determined to be uncollectible