

# Coast<sup>2</sup>Coast Public Safety



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#### APPLICATION

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## INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET

---

The following information, required as part of the application packet, is attached:

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area; **See Att. B**
  2. A statement of the proposed general public rates; **See Att. D**
  3. A statement of the proposed charges; **See Att. E**
  4. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following; **See Att. B & C**
    - a. The population demographics within the proposed service area,
    - b. The square miles within the proposed service area,
    - c. The medical needs of the population within the proposed service area,
    - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
    - e. The available routes of travel within the proposed service area,
    - f. The geographic features and environmental conditions within the proposed service area, and
    - g. The available medical and emergency medical resources within the proposed service area;
  5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area; **See Att. B**
  6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and **See Att. B**
  7. Whether an applicant or a designated manager: **See Att. F**
    - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
    - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
    - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.
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**DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET**

---

The following documents, required as part of the application packet, are attached:

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233E and a map that illustrates the proposed service area; **See Att. B & C**
2. A projected Ambulance Revenue and Cost Report; **See Att. K**
3. The financing agreement for all capital acquisitions exceeding \$5,000; **See Att. H**
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses; **See Att. H**
5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1 and 36-2234(K); **See Att. B**
6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates; **See Att. K & D**
7. Any subscription service contract under A.R.S. §§ 36-2232(A)1 and 36-2237(B); **See Att. B**
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909; **See Att. I**
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service. **See Att. G**

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**ACKNOWLEDGMENT/SIGNATURE**

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I hereby certify, under penalty of perjury, that

- \* I am duly authorized and qualified to act for or on behalf of the applicant(s) submitting this application.
- \* The applicant is requesting to operate ground ambulance vehicles and a ground ambulance service in this State;
- \* The applicant has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1;
- \* The applicant will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service; and
- \* That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been complied from records I have verified, and I know that the facts recited herein are true and correct.

X

*James Villar*

**4/25/2022**

Signature of the applicant or the applicant's designated representative

Date

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# Coast<sup>2</sup>Coast Public Safety



April 25, 2022

Taylor Pike  
CON and Ambulance Rates Manager  
Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
150 North 18<sup>th</sup> Avenue, Suite 540  
Phoenix, AZ 85007

Re: CON Initial Application – Lake Havasu City, La Paz County

Dear Ms. Pike,

Please accept the attached documents as our application for an initial CON for the service area of Lake Havasu City and La Paz County. River Medical Inc is currently the only provider for this service area. We are applying for a CON to be the second provider for the service area.

Coast2Coast Public Safety Arizona Corp. is the applicant in this matter. A money order for the \$100 application fee is also attached to this letter.

If I can be of any additional assistance with this matter, please do not hesitate to contact me at (928) 392-5003

Sincerely,

Jason Villa

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# Attachment A

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
PREPAREDNESS

**Bureau Of Emergency Medical Services & Trauma System**  
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150  
**APPLICATION FOR CERTIFICATE OF NECESSITY INITIAL**

**APPLICATION FORM**

**I. IDENTIFICATION**

**Coast2Coast Public Safety Arizona Corp.**

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Legal business or corporate name

Identifying Name (DBA)

**55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403**

Legal address

Mailing address if different

**928-392-5003**

**833-262-7877**

**smorris@c2cpublicsafety.com**

Telephone number

Facsimile number

E-mail address

**II. MANAGEMENT**

Provide the following for each applicant and individual responsible for managing the ground ambulance service:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
<b>Jason Villa</b>	<b>Owner/CEO</b>	55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403	<b>740-258-5468</b>
<b>Katilyn Nguyen</b>	<b>Nursing Director</b>	55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403	<b>714-696-4013</b>

Provide the following for the business representative or designated manager:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
<b>Jason Villa</b>	<b>Manager/ Owner</b>	55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403	<b>740-258-5468</b>

Provide the following for the individual to contact to access the ground ambulance service's records required in R9-25-910:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
<b>David Eging</b>	<b>Corporate Compliance</b>	55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403	<b>909-317-6355</b>

Provide the following for the statutory agent for the ground ambulance service, if applicable:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
<b>Sarah Morris</b>	<b>Statutory Agent</b>	55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403	<b>916-947-0471</b>

**III. CLASSIFICATION**

<b>Type of Business</b>	Proprietary <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation for profit <input type="checkbox"/> Limited liability corporation <input type="checkbox"/> Other _____	Non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Governmental <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal
<b>Level of Service:</b> (Check Most Approp)	<input type="checkbox"/> Advanced Life Support	<input checked="" type="checkbox"/> Advanced Life Support & Basic Life Support	<input type="checkbox"/> Basic Life Support
<b>Type of Service</b> (Check all Applicable)	<input checked="" type="checkbox"/> Immediate Response Transport	<input checked="" type="checkbox"/> Interfacility Transport	<input checked="" type="checkbox"/> Convalescent Transport

<b>Hours of Operation</b>	<input checked="" type="checkbox"/> 24 hrs/7 days a week	<input type="checkbox"/> Other (explain in detail on an attached sheet)
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Revised 07/08/15

CON Initial Application Page 1 of 4

**IV. MEDICAL DIRECTION/COMMUNICATION**

<b>Provide the following for each base hospital or centralized medical direction communications center:</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>Dr. Michael Ward</b>	<b>55 Lake Havasu Ave S Ste F #808, Lake Havasu City AZ 86403</b>	<b>928-486-4290</b>
<b>Provide the following for the ground ambulance service's dispatch center:</b>		
<b>ADDRESS:</b>		<b>TELEPHONE NUMBER:</b>
<b>1545 Industrial Blvd Lake Havasu City AZ 86403</b>		<b>928-392-5003</b>
<b>Provide the following for each suboperation station located within the proposed service area:</b>		
<b>ADDRESS:</b>		<b>TELEPHONE NUMBER:</b>
<b>Provide a description of the communication equipment to be used in each:</b>		
<u>Ground ambulance vehicle:</u> <b>8180 Two way Kenwood radio</b>		
<u>Suboperation station:</u> <b>8180 Two way Kenwood radio</b>		

**V. AMBULANCES**

	<b>Make of Vehicle</b>	<b>Year</b>
6		
7		
8		
9		
10		

	<b>Make of Vehicle</b>	<b>Year</b>
1	<b>Kenwood</b>	<b>2012</b>
2		
3		

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4		
5		

	Make of Vehicle	Year
11		
12		
13		
14		
15		

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### VI. AMBULANCE ATTENDANTS

Arizona Certified EMCTs under the provisions of ARS § 36-2201					First Responders operating under the provisions of ARS § 36-2202	Physicians licensed under Title 32, Chapter 13 or 17	Professional Nurses licensed under Title 32, Chapter 15	
BASIC	EMT	AEMT	EMT-I	PARA			Prehospital Care	Interfacility Transport
	2			2		1	1	1

~~Revised 07/08/15~~

~~CON Initial Application Page 2 of 4~~

### PROVISION OF ALS SERVICES

For an applicant seeking to provide ALS, the following information, required as part of the application packet, is attached:

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

### INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET

The following information, required as part of the application packet, is attached:

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
2. A statement of the proposed general public rates;
3. A statement of the proposed charges;
4. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
  - a. The population demographics within the proposed service area,
  - b. The square miles within the proposed service area,
  - c. The medical needs of the population within the proposed service area,
  - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
  - e. The available routes of travel within the proposed service area,
  - f. The geographic features and environmental conditions within the proposed service area, and
  - g. The available medical and emergency medical resources within the proposed service area;
5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
7. Whether an applicant or a designated manager:
  - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
  - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
  - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

### DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET

The following documents, required as part of the application packet, are attached:

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233E and a map that illustrates the proposed service area;
2. A projected Ambulance Revenue and Cost Report;
3. The financing agreement for all capital acquisitions exceeding \$5,000;
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;

5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1) and 36-2234(K);
6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
7. Any subscription service contract under A.R.S. §§ 36-2232(A)1) and 36-2237(B);
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

Pursuant to Arizona Revised Statute §41-1030:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12820.01 or 12820.02.

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### APPLICATION FILING FEE

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A \$100 application filing fee for an initial certificate of necessity, required as part of the application, is attached with the application packet.

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CON Initial Application Page 3 of 4

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**ACKNOWLEDGMENT/SIGNATURE**

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I hereby certify, under penalty of perjury, that

- \* I am duly authorized and qualified to act for or on behalf of the applicant(s) submitting this application.
- \* The applicant is requesting to operate ground ambulance vehicles and a ground ambulance service in this State;
- \* The applicant has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1;
- \* The applicant will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service; and
- \* That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been complied from records I have verified, and I know that the facts recited herein are true and correct.

**04/24/2022**

**X**

**Signature of the applicant or the applicant's designated representative**

**Date**

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THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WesternUnionWU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado  
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

19-373611018

A 038283 D 042522  
T 1639 12  
193736110186 L 000216

\$ 100.00

PAY EXACTLY ONE HUNDRED DOLLARS AND NO CENTS

PAY TO THE ORDER OF Arizona Department of Health Services PAYMENT FOR/ACCT. #

Initial CON PURCHASER'S ADDRESS

Jam Vito  
PURCHASER'S SIGNATURE  
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆⑆02⑆00400⑆ 40⑆93736⑆⑆10⑆86⑆⑆

CON Initial Application  
Coast 2 Coast Public Safety Arizona Corp.

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# Attachment B

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**R9-25-902 (A)(2)(a)**- Where the ground ambulance vehicles in subsection (A)(1)(I) are located;

-1545 Industrial Blvd, Lake Havasu City, AZ 86403

**R9-25-902 (A)(2)(d)**- The Proposed response times, response codes, and response tolerances...:

For Code 3 Ambulance Calls:

- a. Ten (10) minutes on seventy (70) percent of all Code 3 ambulance calls
- b. Fifteen (15) minutes on eighty two (82) percent of all Code 3 ambulance calls
- c. Twenty (20) minutes on ninety eight (98) percent of all Code 3 ambulance calls
- d. Twenty-five (25) minutes on one-hundred (100) percent of all Code 3 ambulance calls

For Code 2 Ambulance Calls:

- a. Fifteen (15) minutes on eighty (80) percent of all Code 2 ambulance calls
- b. Twenty (20) minutes on ninety (90) percent of all Code 2 ambulance calls
- c. Twenty-five (25) minutes on one hundred (100) percent of all Code 2 ambulance calls

For Interfacility Arrival Times:

- a. Thirty (30) minutes of the requested at-the-bedside pickup time on ninety (90) percent of all transfers from a licensed healthcare facility.

**R9-25-902 (A)(2)(e)** – A Plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;

- If our primary ambulance is temporarily unavailable we will utilize our management ALS crew to fill our backup ambulance to ensure there is no lapse in service. Our management crew will also provide the same response times as our primary crew/crews.

**R9-25-902 (A)(2)(f)** – Whether a ground ambulance service currently operated in all or part of the proposed area and if so, where;

- River Medical Inc currently operates in parts of Mohave County and La Paz County including Lake Havasu City.

**R9-25-902 (A)(3)(a)**- A description of the proposed service area....:

Service are will be all of Lake Havasu City and all of La Paz County.

See attached map for boundaries

**R9-25-902 (A)(3)(e)** – Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234 (K);

- There are no proposed ground ambulance service contracts.

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**R9-25-902 (A)(3)(g)**- Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);

- There is no subscription service contract.

**R9-25-902 (A)(3)(i)** – A surety bond if required under A.R.S § 36-2237(B)

- Not required in this CON, no subscription.

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# Attachment C

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Response Times:

For Code 3 Ambulance Calls:

- a. Ten (10) minutes on seventy (70) percent of all Code 3 ambulance calls
- b. Fifteen (15) minutes on eighty two (82) percent of all Code 3 ambulance calls
- c. Twenty (20) minutes on ninety eight (98) percent of all Code 3 ambulance calls
- d. Twenty-five (25) minutes on one-hundred (100) percent of all Code 3 ambulance calls

For Code 2 Ambulance Calls:

- a. Fifteen (15) minutes on eighty (80) percent of all Code 2 ambulance calls
- b. Twenty (20) minutes on ninety (90) percent of all Code 2 ambulance calls
- c. Twenty-five (25) minutes on one hundred (100) percent of all Code 2 ambulance calls

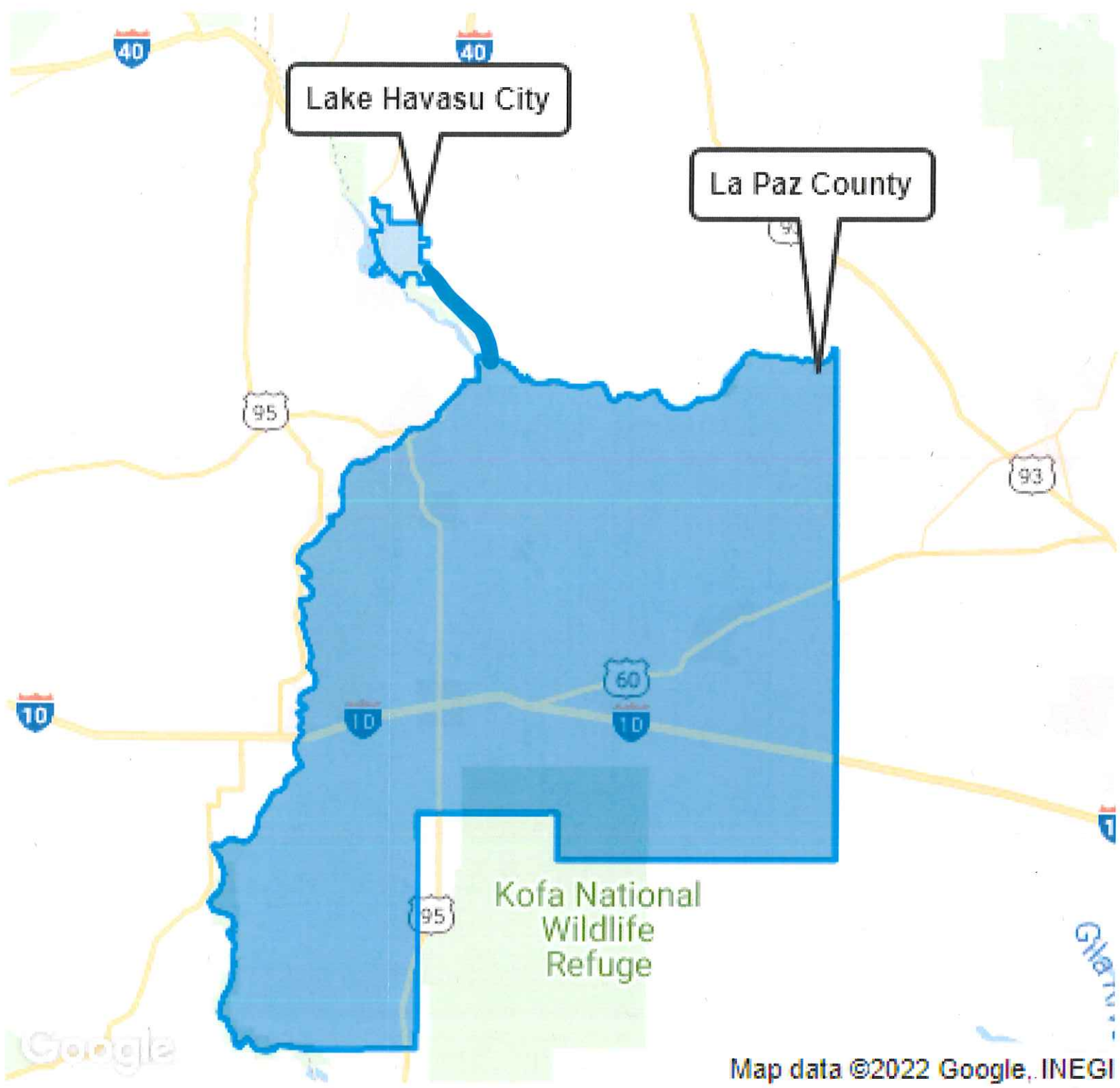
For Interfacility Arrival Times:

- a. Thirty (30) minutes of the requested at-the-bedside pickup time on ninety (90) percent of all transfers from a licensed healthcare facility.

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Map data ©2022 Google, INEGI

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**QuickFacts**

**Lake Havasu City city, Arizona**

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

**Table**

All Topics	Lake Havasu City city, Arizona
<b>Population Estimates, July 1 2021, (V2021)</b>	△ NA
<b>PEOPLE</b>	
<b>Population</b>	
<b>Population Estimates, July 1 2021, (V2021)</b>	△ NA
Population estimates base, April 1, 2020, (V2021)	△ NA
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	△ NA
Population, Census, April 1, 2020	57,144
Population, Census, April 1, 2010	52,527
<b>Age and Sex</b>	
Persons under 5 years, percent	△ 3.3%
Persons under 18 years, percent	△ 15.1%
Persons 65 years and over, percent	△ 32.9%
Female persons, percent	△ 50.2%
<b>Race and Hispanic Origin</b>	
White alone, percent	△ 90.6%
Black or African American alone, percent (a)	△ 0.3%
American Indian and Alaska Native alone, percent (a)	△ 0.9%
Asian alone, percent (a)	△ 0.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)	△ 0.0%
Two or More Races, percent	△ 4.7%
Hispanic or Latino, percent (b)	△ 16.5%
White alone, not Hispanic or Latino, percent	△ 80.3%
<b>Population Characteristics</b>	
Veterans, 2016-2020	6,644
Foreign born persons, percent, 2016-2020	7.6%
<b>Housing</b>	
Housing units, July 1, 2019, (V2019)	X
Owner-occupied housing unit rate, 2016-2020	72.1%
Median value of owner-occupied housing units, 2016-2020	\$267,500
Median selected monthly owner costs -with a mortgage, 2016-2020	\$1,310
Median selected monthly owner costs -without a mortgage, 2016-2020	\$392
Median gross rent, 2016-2020	\$943
Building permits, 2020	X
<b>Families &amp; Living Arrangements</b>	
Households, 2016-2020	25,131
Persons per household, 2016-2020	2.20
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	80.2%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	11.2%
<b>Computer and Internet Use</b>	
Households with a computer, percent, 2016-2020	92.4%
Households with a broadband Internet subscription, percent, 2016-2020	84.9%
<b>Education</b>	
High school graduate or higher, percent of persons age 25 years+, 2016-2020	89.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	16.1%

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<b>Health</b>	
With a disability, under age 65 years, percent, 2016-2020	11.3%
Persons without health insurance, under age 65 years, percent	△ 13.0%
<b>Economy</b>	
In civilian labor force, total, percent of population age 16 years+, 2016-2020	46.7%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	43.7%
Total accommodation and food services sales, 2012 (\$1,000) (c)	97,297
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	284,283
Total manufacturers shipments, 2012 (\$1,000) (c)	217,263
Total retail sales, 2012 (\$1,000) (c)	914,467
Total retail sales per capita, 2012 (c)	\$17,313
<b>Transportation</b>	
Mean travel time to work (minutes), workers age 16 years+, 2016-2020	19.3
<b>Income &amp; Poverty</b>	
Median household income (in 2020 dollars), 2016-2020	\$55,887
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$34,192
Persons in poverty, percent	△ 11.2%
<b>BUSINESSES</b>	
<b>Businesses</b>	
Total employer establishments, 2019	X
Total employment, 2019	X
Total annual payroll, 2019 (\$1,000)	X
Total employment, percent change, 2018-2019	X
Total nonemployer establishments, 2018	X
All firms, 2012	4,390
Men-owned firms, 2012	1,929
Women-owned firms, 2012	1,601
Minority-owned firms, 2012	415
Nonminority-owned firms, 2012	3,819
Veteran-owned firms, 2012	435
Nonveteran-owned firms, 2012	3,450
<b>GEOGRAPHY</b>	
<b>Geography</b>	
Population per square mile, 2010	1,182.1
Land area in square miles, 2010	44.43
FIPS Code	0439370

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**QuickFacts**

**La Paz County, Arizona**

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

**Table**

All Topics	La Paz County, Arizona
<b>Population Estimates, July 1 2021, (V2021)</b>	<b>△ 16,408</b>
<b>PEOPLE</b>	
<b>Population</b>	
Population Estimates, July 1 2021, (V2021)	△ 16,408
Population estimates base, April 1, 2020, (V2021)	△ 16,557
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	△ -0.9%
Population, Census, April 1, 2020	16,557
Population, Census, April 1, 2010	20,489
<b>Age and Sex</b>	
Persons under 5 years, percent	△ 4.6%
Persons under 18 years, percent	△ 16.6%
Persons 65 years and over, percent	△ 39.8%
Female persons, percent	△ 48.7%
<b>Race and Hispanic Origin</b>	
White alone, percent	△ 76.7%
Black or African American alone, percent (a)	△ 1.2%
American Indian and Alaska Native alone, percent (a)	△ 18.1%
Asian alone, percent (a)	△ 0.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	△ 0.2%
Two or More Races, percent	△ 3.0%
Hispanic or Latino, percent (b)	△ 28.3%
White alone, not Hispanic or Latino, percent	△ 58.5%
<b>Population Characteristics</b>	
Veterans, 2016-2020	2,835
Foreign born persons, percent, 2016-2020	10.1%
<b>Housing</b>	
Housing units, July 1, 2019, (V2019)	16,316
Owner-occupied housing unit rate, 2016-2020	71.8%
Median value of owner-occupied housing units, 2016-2020	\$84,600
Median selected monthly owner costs -with a mortgage, 2016-2020	\$904
Median selected monthly owner costs -without a mortgage, 2016-2020	\$309
Median gross rent, 2016-2020	\$657
Building permits, 2020	31
<b>Families &amp; Living Arrangements</b>	
Households, 2016-2020	9,928
Persons per household, 2016-2020	2.10
Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	87.7%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	19.5%
<b>Computer and Internet Use</b>	
Households with a computer, percent, 2016-2020	85.5%
Households with a broadband Internet subscription, percent, 2016-2020	63.7%
<b>Education</b>	
High school graduate or higher, percent of persons age 25 years+, 2016-2020	80.5%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	11.8%

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<b>Health</b>	
With a disability, under age 65 years, percent, 2016-2020	12.9%
Persons without health insurance, under age 65 years, percent	Δ 21.2%
<b>Economy</b>	
In civilian labor force, total, percent of population age 16 years+, 2016-2020	37.6%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	33.2%
Total accommodation and food services sales, 2012 (\$1,000) (c)	D
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	D
Total manufacturers shipments, 2012 (\$1,000) (c)	D
Total retail sales, 2012 (\$1,000) (c)	435,958
Total retail sales per capita, 2012 (c)	\$21,496
<b>Transportation</b>	
Mean travel time to work (minutes), workers age 16 years+, 2016-2020	14.4
<b>Income &amp; Poverty</b>	
Median household income (in 2020 dollars), 2016-2020	\$34,956
Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$24,039
Persons in poverty, percent	Δ 20.8%
<b>BUSINESSES</b>	
<b>Businesses</b>	
Total employer establishments, 2019	337
Total employment, 2019	3,737
Total annual payroll, 2019 (\$1,000)	108,095
Total employment, percent change, 2018-2019	0.7%
Total nonemployer establishments, 2018	800
All firms, 2012	1,230
Men-owned firms, 2012	756
Women-owned firms, 2012	332
Minority-owned firms, 2012	310
Nonminority-owned firms, 2012	854
Veteran-owned firms, 2012	196
Nonveteran-owned firms, 2012	931
<b>GEOGRAPHY</b>	
<b>Geography</b>	
Population per square mile, 2010	4.6
Land area in square miles, 2010	4,499.63
FIPS Code	04012

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# Attachment D

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**Proposed Rates**

**Coast2Coast Public Safety**

ALS BASE RATE	\$1,608.05
BLS BASE RATE	\$1,608.05
MILAGE	\$23.28
STANDBY WAITING	\$402.03

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# Attachment E

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COAST2COAST PUBLIC SAFETY  
 PROPOSED DISPOSABLE SUPPLIES, MEDICAL SUPPLIES, OXYGEN LIST  
 EFFECTIVE: January 1, 2022

<u>ITEM DESCRIPTION</u>	<u>CHARGE</u>
02 SENSOR PEDS ZOLL DISP	\$28.00
1200ML SUCTION CANISTER	\$8.10
4X4 NON STERILE	\$0.08
4X4 STERILE	\$0.23
800ML SUCTION CANISTER	\$7.58
ABDOMINAL PAD	\$0.38
ACE BANDAGE/WRAP	\$2.78
ACTIVATED CHARCOAL	\$46.33
AD DEFIB ELEC INFANT/CHILD	\$187.50
ADD MIXTURE ADD BAGS 100ML NAC	\$5.75
ADENOSINE 3MG/2ML (VIAL)	\$25.00
ADENOSINE 6MG/2ML (VIAL)	\$10.40
AIRWAY ADAPTER KIT PED-ADLT	\$276.42
AIRWAY ADAPTER SNGL PED-ADLT	\$23.83
AIRWAY ADAPTOR	\$16.63
AIRWAY DETECT TUBE CHECK "B"	\$4.60
ALBUTEROL .083MG/3ML SOLUTION	\$97.50
ALBUTEROL 2.5MG/3ML Solution	\$0.63
AMBU BAG/BVM ADULT	\$19.00
AMBU BAG/BVM CHILD	\$24.73
AMBU BAG/BVM PED	\$51.48
AMIODARONE 150MG VIAL	\$11.10
AMIODARONE 50MG/3ML VIAL	\$25.00
AMMONIA INHALANT	\$0.25
ASHERMAN CHEST SEAL	\$43.17
ASPIRIN 81MG Chew Tab	\$0.08
ATOMIZER	\$13.85
ATROPINE 0.1MG/ML SYRINGE	\$30.00
ATROPINE SULFATE 0.1MG/10ML SY	\$8.78
ATROPINE SULFATE 0.4MG/20ML MD	\$13.30
ATROPINE SULFATE 8 MG VIAL	\$113.00
AUTOVENT CIRCUIT	\$18.95
BABY BUNTING SWADDLER	\$12.55
BABY BUNTING SWADDLER	\$12.55
BANDAGE	\$0.05
BANDAGE COHESIVE N/STR TAN 2"	\$3.07
BANDAGE COHESIVE N/STR TAN 3"	\$2.83

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BANDAGE GUAZE FLUFF STR 4.5"	\$1.50
BED PAN	\$2.43
BETADINE SWABAIDS PAD	\$0.13
BGL STRIPS TRUOMETRIX PRO	\$0.67
BGL TEST STRIP	\$0.50
BITE STICK	\$1.03
BLANKET DISPOSABLE	\$6.10
BLANKET-EMERGENCY RESCUE	\$2.93
BLANKET-FLEECE	\$7.45
BLANKET, STR POLY GRY 40X80	\$7.45
BLOOD DRAW SUPPLY	\$1.53
BOUGIE	\$17.08
BULB SYRINGE	\$2.60
BURN SHEET	\$15.15
BVM MASK ONLY - NEONATE-L	\$3.20
BVM MASK ONLY - PEDS	\$6.44
C-COLLAR ADJ ADULT	\$6.35
C-COLLAR ADJ PEDS	\$8.20
CALCIUM CHLORIDE 100MG/10ML 10	\$3.10
CALCIUM CHLORIDE 1GRAM (X)	\$26.03
CANNULA BLUNT	\$0.63
CANNULA LOCKING	\$1.13
CAP CIRCUIT(W/NEB)	\$93.75
CATHETER, IV RADIO 14GX1 1/4"	\$5.11
CHEST NEEDLE 12G X BINCH	\$58.47
CHEST NEEDLE-ADULT 14G X 3.25"	\$24.23
CHEST NEEDLE-PEDS 14G X 1.25"	\$5.10
CHUX PAD	\$0.20
CO2 DETECTOR - ADULT	\$18.98
CO2 DETECTOR - PEDS	\$26.83
CO2 DETECTOR END TIDAL PED	\$26.82
CO2 SMART CAPNOLINE O2 ADULT	\$17.50
CO2 SMART CAPNOLINE O2 PEDS	\$19.90
CO2 SMART CAPNOLINE PLUS W O2	\$17.50
COLD PACK	\$1.10
COMB APP TOURNIQUET	\$73.70
COMBITUBE 37-41FR	\$36.67
CONNECTING TUBING STR 3/16X6	\$1.40
D10W 100ML NACL BAG	\$0.20
D5W 100ML BAG	\$6.40
D5W 250ML BAG	\$2.93
DETCHE NDL/SYR SGLIDE1ML 27GX.5	\$0.95
DEXTROSE 50% SYRINGE	\$20.74
DIAZEPAM 5MG/ML CJECT VIAL	\$76.30
DILTIAZEM 100MG	\$31.68

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DILTIAZEM HCL 5MG/5ML SINGLE D	\$11.08
DIPHENHYDRAMINE 50MG/ML Vial	\$2.85
DISP C-SPINE STRAPS	\$4.43
DISP IMPERVIOUS GOWN BLUE LG	\$2.95
DISP PILLOW MED LOFT WHT 12X17	\$3.17
DISP PULSE OX ENGR PROBE ADLT	\$42.90
DISP PULSE OX FNGR PROBE PED	\$49.12
DISP PULSE OX LP15	\$31.25
DISP SPO2 SENS INFANT 7-41LBS	\$42.82
DISP SPO2 TRANS PED 10-50KG	\$22.57
DISP WRIST ARMBOARD SIZE 9	\$1.60
DISPO MILLER/MAC BLADES	\$6.15
DISPOSABLE LINEN	\$1.00
DOPAMINE HCL 400MG Solution	\$41.40
EKG ELECTRODES	\$72.78
EKG PADS - ADULT (4 LEAD)	\$1.40
EKG PADS - PEDS (3 LEAD)	\$2.83
EKG PAPER LP15/12 - WIDE	\$8.50
EKG PAPER ZOLI Z-FOLD 80MM.	\$6.58
ELECTRODE MULTI-FUNC STAT PAD	\$149.65
ELECTRODE QUIK-COMBO W/PRECONN	\$47.50
ELECTRODE SET CHILD	\$166.25
EMESIS BAG	\$1.88
EPI 1 10000 1MG	\$13.30
EPI PEN INJCTR 0.3MG/0.3ML	\$433.53
EPI PEN INJCTR JR 0.15MG/0.3ML	\$433.53
EPINEPHRINE	\$80.88
EPINEPHRINE 1 1000 AMP 1ML	\$5.98
EPINEPHRINE, ABJT 0.1MG/10ML	\$4.40
ET 2.0	\$11.85
ET 2.5-9.0	\$2.75
ET 9,5	\$2.75
ETT HOLDER	\$6.08
EYE WASH SOL 4OZ	\$4.22
EZ IO ADULT NEEDLE,25MM	\$268.00
EZ IO LD NEEDLE, 45MM	\$287.50
EZ IO PEDS NEEDLE,15MM	\$287.50
EZ IO STABILIZER	\$25.00
FACE PROC MASK W/EARLOOP	\$0.27
FACE PROC MASK W/VISOR/EARLOOP	\$1.70
FAST STRETCHER	\$16.75
FENTANYL CITRATE 50MCG/ML VIAL	\$4.20
FILTER STRAW NEEDLE	\$0.95
FILTERLINE/CAPNOLINE SET	\$14.70
FITTED SHEET SUREFIT	\$3.73

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FOAM LIMB RESTRAINT	\$9.30
FUROSEMIDE 10MG/ML VIAL (10ML)	\$12.15
FUROSEMIDE 40MG/4ML VIAL	\$75.25
GASTRIC SUMP TUBING	\$5.63
GLUCAGON 1MG Kit	\$475.78
GLUCOSE Gel	\$10.78
GREENLINE HANDLE DISP	\$12.72
HAND NEBULIZER	\$1.53
HEADBED IMMOBILIZER	\$17.45
HOOD, SPIT PROTECTIVE SOCK	\$2.91
HOT PACK	\$1.08
HUBER NEEDLE	\$11.33
HYDRALAZINE HCL 20MG/1ML	\$9.20
HYDROGEN PEROXIDE 3% 16OZ	\$1.77
HYDROMORPHONE HCL 2MG/1ML	\$3.03
IGEL	\$53.75
IN LINE SVN	\$15.20
INCONT UNDERPAD LITE 17X24	\$0.22
INFUSION BAG	\$43.40
IO NEEDLE PEDS	\$36.58
IPRATROPIUM 0.5MG/2.5ML	\$0.60
IPRATROPIUM BR SOL 0.2%/2.5ML	\$4.24
IV ADMIN SET AMSAFE-3 Y-SITE	\$22.50
IV ADMIN SET SELEC-3 Y-SITE	\$9.00
IV ADMIN SUPPLY SET 10-60 DROP	\$3.58
IV BLOOD TUBING	\$12.30
IV BURETROL VOLUTRO	\$21.63
IV CATH	\$3.00
IV CATH INTRAOSSEOUS	\$31.85
IV EXTENSION TUBING	\$2.95
IV PORT CAPS	\$0.55
IV SET 10 DROP	\$58.33
IV START KIT	\$2.80
IV TOURNIQUET	\$0.25
IV TUBING PLUM NITRO	\$19.50
IV TUBING PLUM STANDARD	\$31.88
IVAC IV FULL SET MINI MED III	\$21.75
IVAC IV HALF SET MINI MED LLL	\$12.18
IVAC IV NITRO SET MINI MED LLL	\$29.48
KETAMINE	\$36.15
KLING	\$0.80
KLTSO EMS KIT	\$73.63
KWIK CRIC KIT 6.0MM	\$89.22
LABETALOL HCL 100MG/20ML	\$3.35
LACTATED RINGERS 1000ML	\$2.93

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LANCET	\$0.10
LATEX GLOVES	\$7.93
LIDOCAINE HCL 2% 100MG SYRINGE	\$15.85
LIDOCAINE IV SOLN 0.4% 500 ML	\$19.48
LMA SUPREME 3-5	\$42.78
LORAZEPAM	\$0.66
LUBRICATING GEL (K-Y)	\$0.13
LUER LOCK SYR 30CC	\$0.77
LUERLOCK DOUBLE MALE	\$0.40
MAGNESIUM SULFATE 1G VIAL	\$5.50
MAGNESIUM SULFATE SDV 4MEQ/2ML	\$1.50
MECONIUM ASPIRATOR	\$10.73
METHYLPREDNISOLONE 125 MG/2ML	\$19.30
METOCLOPRAMIDE 10MG/2 ML	\$9.20
MIDAZOLAM/VERSED 5MG	\$3.38
MOLDEX MASK SM-LG	\$0.83
MORPHINE 10MG	\$7.03
MUCUS TRAP W/VAC BKR 10FR	\$8.87
MULTI FUNCTION PADS	\$38.75
MULTI FUNCTION PADS - PEDS	\$50.00
MULTI-SAMPLE LUER ADAPTER STR	\$0.40
N95 FLATFOLD MASK UNIVERSAL	\$0.81
NALOXONE 1MG/ 2ML SYRINGE	\$1.00
NALOXONE HCL 2MG/ 2ML Syringe	\$90.45
NASAL CANNULA - ADULT	\$0.75
NASAL CANNULA - PEDS	\$3.90
NEEDLE	\$0.15
NEOSYNEPHRINE 0.5% BOTTLE	\$0.42
NEWBORN CAP PINK/BLUE	\$2.85
NICARDIPINE HCL 25MG/10ML	\$10.97
NITRILE GLOVES	\$0.12
NITROGLYCERIN 0,4MG TAB SUBL	\$1.03
NITROSPRAY	\$8.35
NOREPINEPHINE BITARTRATE 4MG/ 4	\$4.20
NPA 12-18	\$9.23
NPA 20-30	\$4.98
NPA CATH	\$8.65
NPA RED RBR	\$41.57
NS IRRIGATION 250ML	\$4.00
NS IRRIGATION 500ML	\$2.65
O2 HUMIDIFIER DISPOSABLE	\$6.38
OB DELIVERY SUPPLIES	\$19.20
ONDANSETROM ODT 4MG TAB	\$4.63
ONDANSETRON 2MG/2ML SDV	\$251.88
ONDANSETRON 4MG/2ML	\$1.50

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OP AIRWAY 50 MM	\$1.05
OPA	\$1.08
OPA BERMAN 50MM	\$0.57
OPA CATH GUIDE 115MM SIZE 12	\$4.60
OPA GUEDEL 40MM PINK INFANT	\$2.85
OPA GUEDEL 70MM	\$1.05
ORAL GLUCOSE 30GM	\$3.64
OXYGEN	\$15.17
OXYGEN MASK NRB	\$2.05
OXYGEN MASK RB PEDS	\$2.23
OXYGEN SUPPLY TUBING	\$0.63
OXYTOCIN 10 UNITS	\$7.63
PATIENT MOVER	\$38.50
PEEPS ADAPTOR	\$9.60
PERSONAL PROTECTIVE KIT	\$5.47
PETROLEUM GAUZE	\$1.78
PHENYLEPHRINE 0,5% NASAL SPRAY	\$10.20
PHILIPS ADULT DEFIB PAD	\$5.92
PHILIPS HEARTSTART INFANT PADS	\$6.19
PILLOW CASE POLY TISSUE	\$0.70
PILLOWCASE- DISPOSABLE	\$0.45
PREP RAZOR	\$1.20
PRN CONNECTOR N/DEHP	\$3.32
QUICK CLOT COMBAT GAUZE	\$48.40
RESPIRATOR/SURGICAL MASK 3M	\$2.02
RESTRAINTS	\$11.80
SAFETY GLASSES	\$3.81
SAMP NASAL CANN 7' O2/CO2 ADLT	\$5.62
SAMP NASAL/ORAL CANN ADLT	\$350.00
SCALPEL	\$1.15
SFTY NDL/SYR SGUARD3 23GX1 3ML	\$0.72
SFTY NEEDLE SURGUARD3 20GX1.5	\$0.57
SHEET, STR T/P HW BLU 40X72	\$0.83
SHOE COVERS	\$0.42
SIMPLE MASK - ADULT	\$1.85
SIMPLE MASK - PEDS	\$2.75
SLIDE SHEET	\$45.75
SODIUM BICARB 50MEG/50ML	\$24.40
SODIUM BICARB SYR 0.9MEQ/ML 50	\$47.13
SODIUM CHLORIDE 0,9% 1000ML	\$2.93
SODIUM CHLORIDE 10 ML FLUSH	\$0.73
SODIUM CHLORIDE IV 0.9% 250 ML	\$2.93
SODIUM CHLORIDE IV 0.9% 50 ML	\$2.90
SPLINT 12 IN CARDBOARD	\$5.13
SPLINT 18 IN CARDBOARD	\$6.80

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SPLINT IN 24 CARDBOARD	\$7.78
SPLINT SAM 36 IN+B9:C310	\$23.30
STERILE WATER 500ML	\$18.93
STYLETTE	\$7.83
SUCTION BAG LINER	\$0.83
SUCTION CATH 8FR	\$33.33
SUCTION CATHETER	\$1.25
SUCTION TUBE	\$2.75
SUPRAGLOTTIC AIRWAY KITS 2.5-5	\$29.90
SYRINGE	\$0.65
SYRINGE 60CC	\$0.93
TAPE 1X10 YDS	\$2.40
TAPE 3X10 YDS	\$7.20
TAPE WHITE DUCT TAPE (RL)	\$16.00
TAPE, 2 IN CLOTH	\$7.20
TEMP SENSOR SKIN PROBE DISP	\$13.79
THERMOMETER SHEATH	\$0.10
THIAMINE 200MG/2ML	\$33.22
TRAUMA DRESSING	\$4.75
TRIANGULAR BANDAGE	\$0.68
TUBE ET CUFF 5.5MM	\$7.63
TWINPAK DRUG VIAL ADAPTER	\$0.98
TYVEK SLEEVE (EACH)	\$1.00
UNIVENT CIRCUIT- ADULT CCU	\$16.63
UNIVENT CIRCUIT- PEDS CCU	\$25.85
URINAL	\$1.38
V-VAC CARTRIDGE	\$38.40
V-VAC CATHETER 18FR	\$7.63
V-VAC TIP	\$17.18
VACUTAINER HOLDER	\$0.08
VEIN GUARD	\$1.63
VENT CIR LTV 1200 ADULT	\$21.20
VENT MASK CONNECTOR	\$4.85
VENTILATOR CIRCUIT	\$26.03
VENTILATOR CIRCUIT PEDIATRIC	\$21.73
VENTILATOR FILTER	\$3.08
VIDEO INTUBATION DEVICE	\$170
WASH BASIN RECTGL GOLD 6QT	\$2.32
WATER STR IRRIGATION SOL 250ML	\$5.52
YANKAUER SUCTION	\$1.38

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# Attachment F

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R9-25-902(A)(2)(g)(i), (ii), and (iii)

Provide a signed statement attesting to whether the applicant or designated manager of the ambulance service:

- i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;
- ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision; or
- iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

Coast2Coast Public Safety  
Jason Villa

Statement attesting that the above corporation and individual have never:

1. Been convicted of a felony or a misdemeanor involving moral turpitude
2. Had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision
3. Operated a ground ambulance service without the required certification or licensure in this or any other state



Jason Villa  
Owner CEO

04/25/2022  
Date

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R9-25-902(A)(2)(g)(i), (ii), and (iii)

Provide a signed statement attesting to whether the applicant or designated manager of the ambulance service:

- i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;
- ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision; or
- iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

Coast2Coast Public Safety  
Katilyn Nguyen

Statement attesting that the above corporation and individual have never:

1. Been convicted of a felony or a misdemeanor involving moral turpitude
2. Had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision
3. Operated a ground ambulance service without the required certification or licensure in this or any other state



\_\_\_\_\_  
Katilyn Nguyen  
Nursing Director

04/25/2022  
\_\_\_\_\_  
Date

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# Attachment G

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**Jason Villa**  
**1545 Industrial Blvd**  
**Lake Havasu City AZ**  
**jvilla@c2cpublicsafety.com**  
**(740) 258-5468**

## **Objective**

To obtain a challenging and rewarding position that will allow me to utilize many years of experience for the betterment of the community in any of the following areas: Director of Security, Emergency Management, Disaster Response, Director of Operations, Law Enforcement Liaison, Paramedic, EMS Assistant Chief, Lieutenant, Captain, First Responder, Firefighter, Tactical Paramedic, Special Response Team, CERT, CPR, BLS, CLS, and PALS Instructor, Law Enforcement, and Criminal Justice.

## **Qualifications**

- Bachelor of Science in Emergency Management/Healthcare Administration
- Associate Degree in Criminal Justice
- Incident Commander
- Law Enforcement Liaison for 2015 HPAI incident
- Director of Operations for Americare Ambulance
- Special Event Coordinator of First Responders. Events include the L.A. Marathon, Santa Monica Concerts on the Pier, Pasadena Half Marathon, Angels Stadium, iHeart Radio, Snapchat, Rockstar Energy, and Peletonia Race for the Cure
- Paramedic experience in Emergency Medicine and Fire
- Experience in Law Enforcement including the creation of a Special Response Team, which includes Active Shooter, IRTB, Swift Water Rescue, along with instructing EMT/Firefighter's to learn common tactical, communications capabilities and terminology to have seamless effective operations.
- Retired Assistant Chief of a busy 911- dispatched EMS organization.

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- Certified in Integrated Emergency Management
- Certified in Industrial Security and Counterterrorism
- California Security Guard Card License #6364897
- Ten years of experience in County Emergency Operating Centers including safety, security and all hazards assessments
- NIMS 100, 200, 300, 400, 700, 745, 800A, 800B compliant
- Incident Response to Terrorist Bombing - Train the Trainer
- Certified Emergency Response Team Instructor
- Instructor of CPR, BLS, ACLS, PALS, First Responder
- Incident Management Team to Emergency Operating Center Interface - Experience providing technical guidance to direct the design, development and execution of the emergency operations planning, response, recovery and mitigation process.
- Certified in Swift-Water Rescue, Open-Water Scuba Diver, and Tactical Medicine
- Certified in HAZWOPER, Hazmat Technician specializing in heavy rail and tankers.

## **Experience**

Coast to Coast Public Safety Corporation

### **Deputy Incident Commander/Owner**

**January 2019 – Present** Incorporating federal, state and local Law Enforcement agencies to ensure the safety of the public.

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Martinsburg Police Department

**January 2017 – Present**

Establish Martinsburg Ohio Police Department. Implement a Special Response Team, K-9 unit, Drug Task Force, and Human Trafficking Division.

Americare Ambulance, Carson, California

**Director of Operations 2014 – 2019** Oversight of the operations of a successful Ambulance company that covers areas from Los Angeles, Orange and San Diego Counties. Respond to Mass Casualty Incidents as Incident Commander within Los Angeles and Orange Counties. Provide BLS and ALS services to the areas served. Work with a multidisciplinary team of individuals to provide the best care for the individuals helped. Working with the President and CEO closely to ensure the consistent coverage of services, with a fleet of 125 ambulances.

Witt Obrien's, Ames, Iowa

**Law Enforcement Liaison 2015** Incorporating state and local Law Enforcement agencies to ensure the safety of the public. With the addition of thousands of contractors into the rural Iowa area, this was the first time that an Incident Command Team has put a Law Enforcement Liaison into place under Incident Commander. With great success, local and state law enforcement was assisted in the apprehension and conviction of 311 open felony warrants during a three month tour. The State of Iowa requested this position to continue for an additional month.

Utica Emergency Medical Services, Utica, Ohio

**Assistant Chief/Paramedic 2006-2014** Provided advanced life support emergency service and fire service for Licking and Knox counties and surrounding areas. Starting at the bottom, worked my way up from Observer to EMT-B, to EMT-I, and EMT-Paramedic, achieving the officer position of Lieutenant and advancing to the Assistant Chief position. As Assistant Chief, regularly carry the responsibilities of daily operation of the department and 23 other EMT's.

Utica Police Department, Utica, Ohio

**Special Deputy SRT Commander 2012-2014** Responsible for the creation of a Special Response Team, which includes SWAT, Active Shooter, IRTB, along with

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instructing EMT/Firefighter's to learn common tactical, Communication's capabilities and terminology to have seamless effective operations.

Village of Kirkersville, Kirkersville, Ohio

**Police Officer 2000-2006**

Patrolled the Village and Interstate 70, worked traffic enforcement and analysis, risk-focused prevention/juvenile recreation, and public safety.

Eagle Global Logistics, Columbus, Ohio

**Operations Manager 1994-2000**

Manager of daily operations within an international air freight company by means of supervising employees and dispatching 311 owner-operators/drivers in a competitive transportation industry. Left the industry to fulfill a career in the line of first responders.

**Education**

Bachelors of Science in Health Administration/Emergency Management University of Phoenix, Phoenix, AZ

Associates Degree in Criminal Justice University of Phoenix, Phoenix, AZ

EMT-Paramedic Certificate Knox County Career Center

EMT-I Certificate Knox County Career Center, Mt Vernon OH

EMT-B, FF1 Certificates Knox County Career Center, Mt. Vernon, OH

Police Officer Certificate Central Ohio Police Officers Training Academy, Reynoldsburg, OH

High School Diploma South High School, Torrance, CA

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# KATILYN NGUYEN, BSN, RN

Cell: (714) 696-4013 or Email: knguyen@c2cpublicsafety.com

## SUMMARY OF QUALIFICATIONS

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- Registered Nurse, CA (License #95247415)
- Over 5 years of direct patient care as an EMT and PCT.
- Certified in BLS, MAB, NIHSSI, EKG, ACLS.
- Organized, friendly, honest, team player, cultural sensitivity, adaptive, and easy to teach.
- Detail oriented, excellent communicator with strong customer service skills, works in a fast-paced environment

## EDUCATIONAL BACKGROUND

---

- Master's of Science in Family Nurse Practitioner** – United States University, San Diego, CA 03/2022- Present
- Bachelor's of Science in Nursing** – West Coast University, Anaheim, CA 01/2019- 04/2021
- Overall GPA 3.86; Magna Cum Laude, Dean's Honor List
- Bachelor's of Science in Public Health** – University of California, Irvine, CA 09/2013- 06/2017

## WORK EXPERIENCE

---

- Nursing Director** – Coast2Coast Public Safety, Anaheim, CA 05/2021 – Present
- Oversee the nursing, paramedic and EMT staff and overall prehospital care operations
  - Developed and maintained the ALS programs within the company throughout the United States
- Emergency Medical Technician** – Coast2Coast Public Safety, Anaheim, CA 01/2019 – 05/2021
- Administer first-aid treatment to sick or injured persons before transportation to a medical facility.
  - Perform basic and advanced patient assessments.
- Home Health Care Provider** – Premier Healthcare Services, Orange County, CA 02/2018 – 08/2021
- Provide bedside and personal care, and assistance with ADL's.
  - Effective communication with patient and family members
- Patient Care Technician** – Mission Hospital, Mission Viejo, CA 05/2020 – 09/2020
- Recorded the patient's condition, progress and problems, and discussed observation with nurse.
  - Administered all aspects of skin care, as well as perform twelve lead EKG.
- Emergency Medical Technician** – Ambulnz, Orange County, CA 10/2016 – 01/2019
- Performed rapid patient assessments and prioritized care needs.
  - Called response in partnerships with Critical Care RNs, law enforcement, and Fire Departments.

## VOLUNTEER EXPERIENCE

---

- COPE Health Scholar** – St. Joseph's Hospital, Orange, CA 03/2017 – 03/2019
- Interacted with patients professionally using AIDET communication.
  - Rotated on med tele, orthopedics, general surgery, MICU, DSU, emergency care center, L&D.
- Front/Back Office Internship** – Dr. Shawn Hamilton, Internal Medicine, Irvine, CA 06/2016 – 06/2017
- Verified insurance coverage, collect co-payments, deductibles, and completing billing process.
  - Escorted patients to exam rooms and take vital signs such as blood pressure, pulse, respirations, and temperature.

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## **Financing agreement for all capital acquisitions exceeding \$5000**

Coast2Coast Public Safety has the amount of projected expenses set aside in a savings account. It is anticipated that the savings account will cover the majority of the capital expenditures proposed under this submission. The capital set aside will also cover the following: financing for the ambulances, critical care trucks, marketing and supervisor vehicles and IT systems (including billing, dispatch, and other equipment as necessary to operate the service). In the event that a loan is needed Coast2Coast Public Safety has a revolving credit line with Kabbage Funding Group. In addition Coast2Coast will enter into real estate leases that may include leasehold improvements or build-outs that will be factored onto the monthly lease rate. All financing and lease will be submitted to ADHS-BEMTS upon request.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2022

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

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

<b>PRODUCER</b> Brown & Brown 2401 E. Katella Ave. Suite 550 Anaheim CA 92806	<b>CONTACT NAME:</b> Katia Thomas <b>PHONE (A/C, No, Ext):</b> (714) 221-1800 <b>E-MAIL ADDRESS:</b> katia.thomas@bbrown.com	<b>FAX (A/C, No):</b> (714) 221-4196
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Coast 2 Coast Public Safety Corporation 1733 S. Douglas Rd Unit H Anaheim CA 92806	<b>INSURER A:</b> Capitol Specialty Insurance Corporation	
	<b>INSURER B:</b> National Continental Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 10328  10243A

**COVERAGES**

CERTIFICATE NUMBER: 22-23 Master

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab - Claims Made Retro 3-21-22 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MM2019220304	03/21/2022	03/21/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 Prof Liab - CM \$ 5,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CP593440702	02/04/2022	02/04/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 30,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Evidence of Coverage Only

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**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage Only

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

AUTHORIZED REPRESENTATIVE

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# Attachment J

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**ACTUAL FINANCIAL DATA**  
**AMBULANCE REVENUE and COST REPORT**  
**GENERAL INFORMATION and CERTIFICATION**

Legal Name of Company: Coast2Coast Public Safety Arizona Corp. CON No. \_\_\_\_\_

D.B.A. (Doing Business As): \_\_\_\_\_ Business Phone: 833-262-7877

Financial Records Address: 1545 Industrial Blvd City: Lake Havasu City Zip Code: 86403

Mailing Address (If Different): 1545 Industrial Blvd City: Lake Havasu City Zip Code: 86403

Owner / Manager: Jason Villa

Report Contact Person: Jason Villa Business Phone: 833-262-7877 Ext. \_\_\_\_\_

Report for Period From: From: 1st Year Projected To: \_\_\_\_\_

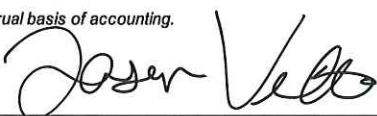
Method of Valuing Inventory: LIFO: \_\_\_\_\_ FIFO: X Other (Explain): \_\_\_\_\_

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: 

Title: Jason Villa Date: \_\_\_\_\_

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix, AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Coast2Coast Public Safety

**FOR THE PERIOD**                      **FROM:** \_\_\_\_\_                      **TO:** \_\_\_\_\_

**STATISTICAL SUPPORT DATA**

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	_____	_____	120	120
2	Number of BLS Billable Transports:	_____	_____	240	240
3	Number of Loaded Billable Miles:	_____	_____	36,000	36,000
4	Waiting Time (Hr. & Min.):	_____	_____	15	15
5	Canceled (Non-Billable) Runs:	_____	_____	20	20

Number

**Volunteer Services: (OPTIONAL)**

**Donated  
Hours**

6	Paramedic and IEMT	_____	_____	_____	_____
7	Emergency Medical Technician - B	_____	_____	_____	_____
8	Other Ambulance Attendants	_____	_____	_____	_____
9	Total Volunteer Hours	_____	_____	_____	0

\*\* This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Coast2Coast Public Safety  
**FOR THE PERIOD**                      **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**STATISTICAL SUPPORT DATA**

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:	_____	120	120
2	Number of BLS Billable Transports:	_____	240	240
3	Number of Loaded Billable Miles:	_____	36,000	36,000
4	Waiting Time (Hr. & Min.):	_____	15	15
5	Canceled (Non-Billable) Runs:	_____	20	20
				Number
				Donated Hours
<b>Volunteer Services: (OPTIONAL)</b>				
6	Paramedic and IEMT	.....		_____
7	Emergency Medical Technician - B	.....		_____
8	Other Ambulance Attendants	.....		_____
9	Total Volunteer Hours	.....		0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Coast2Coast Public Safety

**FOR THE PERIOD**

**FROM:** 1st Year Projected

**TO:** \_\_\_\_\_

**STATEMENT OF INCOME**

Line No.	DESCRIPTION	FROM	
<b>Operating Revenues:</b>			
1	Ambulance Service Routine Operating Revenue .....	Page 3, Line 10 & Page 3.1, Line 10 .....	\$ <u>1,445,019</u>
<b>Less:</b>			
2	AHCCCS Settlement .....	Page 3.1, Line 11 .....	<u>300,000</u>
3	Medicare Settlement .....	Page 3.1, Line 12 .....	<u>500,000</u>
4	Contractual Discounts .....	Page 7, Line 22 .....	<u>0</u>
5	Subscription Service Settlement .....	Page 8, Line 4 .....	<u>0</u>
6	Other (Attach Schedule) .....	Page 3.1, Line 13 .....	<u>0</u>
7	Total .....	Sum of Lines 2 through 6 .....	<u>800,000</u>
8	Net Revenue from Ambulance Runs .....	Line 1, minus Line 7 .....	<u>645,019</u>
9	Sales of Subscription Service Contracts .....	Page 8, Line 8 .....	<u>0</u>
10	Total Operating Revenue .....	Line 8, plus Line 9 .....	\$ <u>645,019</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt) .....		<u>30,000</u>
12	Wages, Payroll Taxes, and Employee Benefits .....	Page 4, Line 22 .....	<u>100,000</u>
13	General and Administrative Expenses .....	Page 5, Line 20 .....	<u>50,000</u>
14	Cost of Goods Sold .....	Page 3, Line 15 .....	<u>5,000</u>
15	Other Operating Expense .....	Page 6, Line 28 .....	<u>30,000</u>
16	Interest Expense (Attach Schedule IV) .....	Page 14, Line 15, Column 4 & 5 .....	<u>0</u>
17	Subscription Service Direct Selling .....	Page 8, Line 23 .....	<u>0</u>
18	Total Operating Expense .....	Sum of Lines 11 through 17 .....	<u>215,000</u>
19	Ambulance Service Income (Loss) .....	Line 10, minus Line 18 .....	<u>430,019</u>
<b>Other Revenue / Expenses:</b>			
20	Other Operating Revenue and Expense .....	Page 9, Line 17 .....	<u>0</u>
21	Non-Operating Revenue and Expense .....		<u>0</u>
22	Non-Deductible Expenses (Attach Schedule) .....		<u>0</u>
23	Total Other Revenues / Expenses .....	Sum of Lines 20 & 21 .....	<u>0</u>
24	Ambulance Service Income (Loss) - Before Income Taxes .....	Sum of Line 19, plus Line 23 .....	<u>430,019</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Tax .....		<u>80,000</u>
26	State Income Tax .....		<u>10,000</u>
27	Total Income Tax .....	Lines 25, plus Line 26 .....	<u>90,000</u>
28	<b>Ambulance Service Net Income (Loss)</b> .....	Line 24, minus Line 27 .....	<u>340,019</u>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Coast2Coast Public Safety

FOR THE PERIOD FROM: 1st Year Projected TO: \_\_\_\_\_

**ROUTINE OPERATING REVENUE**

Line No.	DESCRIPTION						
<b>Ambulance Service Routine Operating Revenue:</b>							
1	ALS Base Rate Amount	Rate	\$ <u>1,608.05</u>	x No. of Runs	<u>120</u>	=	\$ <u>192,966</u>
		Rate		x No. of Runs		=	<u>0</u>
2	BLS Base Rate Amount	Rate	<u>1,608.05</u>	x No. of Runs	<u>240</u>	=	<u>385,932</u>
		Rate		x No. of Runs		=	<u>0</u>
3	Mileage Rate Amount	Rate	<u>23.28</u>	x No. of Billable Miles	<u>36,000</u>	=	<u>838,080</u>
		Rate		x No. of Billable Miles		=	<u>0</u>
4	Waiting Charge Amount	Rate	<u>402.03</u>	x No. of Hours	<u>20</u>	=	<u>8,041</u>
		Rate		x No. of Hours		=	<u>0</u>
5	Medical Supplies (Gross Charges to patients)						
6	Nurses Charges						<u>20,000</u>
7	Total						<u>1,445,019</u>
8	Standby Revenue (Attach Schedule)						
9	Other Ambulance Service Revenue (Attach Schedule)						
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>						<b>\$ <u>1,445,019</u></b>
<hr style="border-top: 1px dashed black;"/>							
<b>Cost of Goods Sold: (Medical Supplies)</b>							
11	Inventory at Beginning of Year						
12	Plus Purchases						
13	Plus Other Costs						
14	Less Inventory at End of Year						
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>						<b>\$ <u>0</u></b>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Coast2Coast Public Safety

**FOR THE PERIOD**

**FROM:** 1st Year Projected

**TO:** \_\_\_\_\_

**ROUTINE OPERATING REVENUE**

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
1	ALS Base Rate .....	\$ _____	\$ _____	\$ _____ 0
2	BLS Base Rate .....	_____	_____	_____ 0
3	Mileage Charge .....	_____	_____	_____ 0
4	Waiting Charge .....	_____	_____	_____ 0
5	Medical Supplies ..... (Gross Charges) ....	_____	_____	_____ 0
6	Nurses' Charges .....	_____	_____	_____ 0
7	<b>Total</b>	\$ _____ 0	\$ _____ 0	\$ _____ 0
Plus:				
8	Standby Revenue ..... (Attach Schedule) .....	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule) .....	_____	_____	_____
10	<b>Total Ambulance Service Routine Operating Revenue</b> (Post to Pg 2, Line 1) .....	_____	_____	\$ _____ 0
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ _____ 0
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	_____ 0
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	_____ 0
14	Other (Attach Schedule)	_____	_____	_____ 0
15	<b>Total Settlements</b> (Post to Pg 2, Line 7)	\$ _____ 0	\$ _____ 0	\$ _____ 0

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM:

TO:

**WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
<b>OFFICERS / OWNERS</b> (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages		\$
2	Payroll Taxes		
3	Employee Fringe Benefits		
4	Total	0.0	0
<b>MANAGEMENT</b> (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	1.5	100,000
6	Payroll Taxes		30,000
7	Employee Fringe Benefits		0
8	Total	1.5	130,000
<b>AMBULANCE PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)      ** Casual Labor      Wages			
9	Gross Wages		
9	Paramedics and IEMT	4.0	120,000
10	Emergency Medical Technician (EMT)	4.0	40,000
11	Nurses	1.0	80,000
12	Payroll Taxes		
13	Employee Fringe Benefits		
14	Total	9.0	240,000
<b>OTHER PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)			
<b>Gross Wages</b>			
15	Dispatch		
16	Mechanics		
17	Office and Clerical		
18	Other		
19	Payroll Taxes		
20	Employee Fringe Benefits		
21	Total	0.0	0
22	<b>Total F.T.E., Wages, Payroll Taxes, &amp; Employee Benefits</b> (Post to Pg 2, line 12) .....	<b>10.5</b>	<b>\$ 370,000</b>

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM:

1st Year Projected

TO:

**ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
<b>MANAGEMENT</b>					
1	Gross Wages (Attach Schedule II)	2	52,000	100	52,000
2	Payroll Taxes		8,000	100	8,000
3	Employee Fringe Benefits		0	100	0
4	Total	2	60,000		60,000
<b>AMBULANCE PERSONNEL</b>					
			** Contractual		
			Labor		
	<b>Gross Wages</b> (Attach Schedule II)		Wages		
5	Paramedics and IEMT	4	\$ 30,000	100	
6	Emergency Medical Technician (EMT)	4	10,000	100	
7	Nurses	4	80,000	100	
8	Drivers			100	
9	Payroll Taxes				
10	Employee Fringe Benefits				0
11	Total	12	240,000		240,000
<b>OTHER PERSONNEL</b>					
	<b>Gross Wages</b> (Attach Schedule II)				
12	Dispatch		20,000		20,000
13	Mechanics		0	100	0
14	Office and Clerical		0		
15	Other		0		
16	Payroll Taxes		0		
17	Employee Fringe Benefits		0		
18	Total	0	20,000		20,000
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b> (Post to Pg 2, line 12)	14	320,000		\$ 320,000

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Caost2Coast Public Safety

FOR THE PERIOD

FROM: Projected 1st Year

TO: \_\_\_\_\_

**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

Line No.	DESCRIPTION	<u>Basis of Allocations</u>	
1	<b>Gross Wages - MANAGEMENT</b>	100% to Ambulance	
2	Payroll Taxes	100% to Ambulance	
3	Employee Fringe Benefits	100% to Ambulance	
4	Total	100% to Ambulance	
		Contractual	Wages
	<b>Gross Wages - AMBULANCE PERSONNEL</b>		
5	Paramedics and IEMT	100% to Ambulance	100% to Ambulance
6	Emergency Medical Technician (EMT)	100% to Ambulance	100% to Ambulance
7	Nurses	100% to Ambulance	100% to Ambulance
8	Drivers	100% to Ambulance	100% to Ambulance
9	Payroll Taxes	100% to Ambulance	100% to Ambulance
10	Employee Fringe Benefits	100% to Ambulance	100% to Ambulance
11	Total	100% to Ambulance	100% to Ambulance
	<b>Gross Wages - OTHER PERSONNEL</b>		
12	Dispatch	100% to Ambulance	
13	Mechanics	100% to Ambulance	
14	Office and Clerical	100% to Ambulance	
15	Other	100% to Ambulance	
16	Payroll Taxes	100% to Ambulance	
17	Employee Fringe Benefits	100% to Ambulance	
18	Total	100% to Ambulance	

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM: 1st Year Projected

TO: \_\_\_\_\_

**GENERAL and ADMINISTRATIVE EXPENSES**

Line  
No.

**DESCRIPTION**

**Professional Service:**

1	Legal Fees .....	\$ _____	0
2	Collection Fees .....	_____	50,000
3	Accounting and Auditing .....	_____	1,000
4	Data Processing Fees .....	_____	0
5	Other (Attach Schedule) .....	_____	
6	<b>Total</b> .....		<b>\$ _____ 51,000</b>

**Travel and Entertainment:**

7	Meals and Entertainment .....	_____	
8	Transportation - Other Company Vehicles .....	_____	
9	Travel .....	_____	
10	Other (Attach Schedule) .....	_____	
11	<b>Total</b> .....		<b>_____ 0</b>

**Other General and Administrative:**

12	Office Supplies .....	_____	3,000
13	Postage .....	_____	0
14	Telephone .....	_____	2,000
15	Advertising .....	_____	0
16	Professional Liability Insurance .....	_____	50,000
17	Dues and Subscriptions .....	_____	0
18	Other (Attach Schedule) .....	_____	0
19	<b>Total</b> .....		<b>_____ 55,000</b>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13) .....		<b>\$ _____ 106,000</b>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM: 1st Year Projected

TO: \_\_\_\_\_

**ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Service:</b>				
1	Legal Fees .....	\$ _____	100	\$ _____ 0
2	Collection Fees .....	_____	100	_____ 50,000
3	Accounting and Auditing .....	_____	100	_____ 1,000
4	Data Processing Fees .....	_____	100	_____ 0
5	Other (Attach Schedule) .....	_____	100	_____ 0
6	<b>Total</b> .....	<u>0</u>		<u>51,000</u>
<b>Travel and Entertainment:</b>				
7	Meals and Entertainment .....	_____	100	_____ 0
8	Transportation - Other Company Vehicles .....	_____	100	_____ 0
9	Travel .....	_____	100	_____ 0
10	Other (Attach Schedule) .....	_____	100	_____ 0
11	<b>Total</b> .....	<u>0</u>		<u>0</u>
<b>Other General and Administrative:</b>				
12	Office Supplies .....	_____ 3,000	100	_____ 3,000
13	Postage .....	_____ 0	100	_____ 0
14	Telephone .....	_____ 2,000	100	_____ 2,000
15	Advertising .....	_____ 0	100	_____ 0
16	Professional Liability Insurance .....	_____ 50,000	100	_____ 50,000
17	Dues and Subscriptions .....	_____ 0	100	_____ 0
18	Other (Attach Schedule) .....	_____ 0	100	_____ 0
19	<b>Total</b> .....	<u>55,000</u>		<u>55,000</u>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13)	\$ <u>55,000</u>		<u>106,000</u>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Coast2Coast Public Safety

FOR THE PERIOD FROM: 1st Year Projected TO: \_\_\_\_\_

**BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Professional Service:</b>		
1	Legal Fees	100% to Ambulance
2	Collection Fees	100% to Ambulance
3	Accounting and Auditing	100% to Ambulance
4	Data Processing Fees	100% to Ambulance
5	Other (Attach Schedule)	100% to Ambulance
6	Total	
<b>Travel and Entertainment:</b>		
7	Meals and Entertainment	100% to Ambulance
8	Transportation - Other Company Vehicles	100% to Ambulance
9	Travel	100% to Ambulance
10	Other (Attach Schedule)	100% to Ambulance
11	Total	
<b>Other General and Administrative:</b>		
12	Office Supplies	100% to Ambulance
13	Postage	100% to Ambulance
14	Telephone	100% to Ambulance
15	Advertising	100% to Ambulance
16	Professional Liability Insurance	100% to Ambulance
17	Dues and Subscriptions	100% to Ambulance
18	Other (Attach Schedule)	100% to Ambulance
19	Total	

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Coast2Coast Public Safety

**FOR THE PERIOD**

**FROM:** 1st Year Projected

**TO:** \_\_\_\_\_

**OTHER OPERATING EXPENSES**

Line

**No.      DESCRIPTION**

**Depreciation and Amortization:**

1	Depreciation (Attach Schedule III) .....	(From Pg 13, Line 20, Col I) .....	\$ <u>5,000</u>
2	Amortization .....		
3	<b>Total</b> .....		<b>\$ <u>5,000</u></b>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K) .....	<u>30,000</u>
---	------------------------------------	------------------------------------	---------------

**Building / Station Expense:**

5	Building and Cleaning Supplies .....		<u>200</u>
6	Utilities .....		<u>0</u>
7	Property Taxes .....		<u>0</u>
8	Property Insurance .....		<u>0</u>
9	Repairs and Maintenance .....		<u>0</u>
10	Other (Attach Schedule) .....		<u>0</u>
11	<b>Total</b> .....		<b><u>200</u></b>

**Vehicle Expense - Ambulance Units:**

12	License / Registration .....		<u>10,000</u>
13	Fuel .....		<u>60,000</u>
14	General Vehicle Service and Maintenance .....		<u>20,000</u>
15	Major Repairs .....		<u>0</u>
16	Insurance - Service Vehicles .....		<u>0</u>
17	Other (Attach Schedule) .....		<u>0</u>
18	<b>Total</b> .....		<b><u>90,000</u></b>

**Other Expenses:**

19	Dispatch .....		<u>20,000</u>
20	Education / Training .....		<u>500</u>
21	Uniforms and Uniform Cleaning .....		<u>2,000</u>
22	Meals and Travel for Ambulance personnel .....		<u>0</u>
23	Maintenance Contracts .....		<u>0</u>
24	Minor Equipment - Not Capitalized .....		<u>5,000</u>
25	Ambulance Supplies - Nonchargeable .....		<u>5,000</u>
26	Other (Attach Schedule) .....		<u>0</u>
27	<b>Total</b> .....		<b><u>32,500</u></b>
28	<b>Total Other Operating Expenses</b> .....	(Post to Page 2, Line 15) .....	<b>\$ <u>157,700</u></b>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM:

1st Year Projected

TO:

**ALLOCATION of OTHER OPERATING EXPENSES**

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Depreciation and Amortization:</b>				
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I)	\$ 5,000	100	\$ 5,000
2	Amortization .....	0	100	0
3	Total .....	5,000		5,000
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K) .....	30,000	100	30,000
<b>Building / Station Expense:</b>				
5	Building and Cleaning Supplies .....	200	100	200
6	Utilities .....	1,500	100	1,500
7	Property Taxes .....	0	100	0
8	Property Insurance .....	0	100	0
9	Repairs and Maintenance .....	0	100	0
10	Other (Attach Schedule) .....	0	100	0
11	Total .....	1,700		1,700
<b>Vehicle Expense - Ambulance Units:</b>				
12	License / Registration .....	10,000	100	10,000
13	Fuel .....	60,000	100	60,000
14	General Vehicle Service and Maintenance .....	20,000	100	20,000
15	Major Repairs .....	0	100	0
16	Insurance - Service Vehicles .....	0	100	0
17	Other (Attach Schedule) .....	0	100	0
18	Total .....	90,000		90,000
<b>Other Expenses:</b>				
19	Dispatch .....	20,000	100	20,000
20	Education / Training .....	500	100	500
21	Uniforms and Uniform Cleaning .....	2,000	100	2,000
22	Meals and Travel - Ambulance Personnel .....	0	100	0
23	Maintenance Contracts .....	0	100	0
24	Minor Equipment - Not Capitalized .....	5,000	100	5,000
25	Ambulance Supplies - Nonchargeable .....	5,000	100	5,000
26	Other (Attach Schedule) .....	0	100	0
27	Total .....	32,500		32,500
28	Total Other Operating Expenses ..... (Post to Page 2, Line 15) ..	\$ 159,200		\$ 159,200

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Coast2Coast Public Safety

**FOR THE PERIOD** FROM: 1st Year Projected TO: \_\_\_\_\_

**BASIS of ALLOCATION OF OTHER EXPENSES**

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Depreciation and Amortization:</b>		
1	Depreciation	100% to Ambulance
2	Amortization	100% to Ambulance
3	Total	100% to Ambulance
4	Rent / Lease	100% to Ambulance
<b>Building / Station Expense:</b>		
5	Building and Cleaning Supplies	100% to Ambulance
6	Utilities	100% to Ambulance
7	Property Taxes	100% to Ambulance
8	Property Insurance	100% to Ambulance
9	Repairs and Maintenance	100% to Ambulance
10	Other	100% to Ambulance
11	Total	100% to Ambulance
<b>Vehicle Expense - Ambulance Units:</b>		
12	License / Registration	100% to Ambulance
13	Fuel	100% to Ambulance
14	General Vehicle Service and Maintenance	100% to Ambulance
15	Major Repairs	100% to Ambulance
16	Insurance - Service Vehicles	100% to Ambulance
17	Other	100% to Ambulance
18	Total	100% to Ambulance
<b>Other Expenses:</b>		
19	Dispatch	100% to Ambulance
20	Education / Training	100% to Ambulance
21	Uniforms and Uniform Cleaning	100% to Ambulance
22	Meals and Travel for Ambulance personnel	100% to Ambulance
23	Maintenance Contracts	100% to Ambulance
24	Minor Equipment - Not Capitalized	100% to Ambulance
25	Ambulance Supplies - Nonchargeable	100% to Ambulance
26	Other (Attach Schedule)	100% to Ambulance
27	Total	100% to Ambulance

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Coast2Coast Public Safety

**FOR THE PERIOD** FROM: 1st Year Projected TO: \_\_\_\_\_

**DETAIL OF CONTRACTUAL ALLOWANCES**

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	N/A	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	(Post Total to Page 2, Line 4)				0

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM: January 0, 1900 TO: January 0, 1900

**SUBSCRIPTION SERVICE REVENUE AND  
DIRECT SELLING EXPENSES**

Line No.	Description	\$
1	Billings at Fully Established Rate .....	_____
<u>Less:</u>		
2	AHCCCS Settlement .....	\$ _____
3	Medicare Settlement .....	_____
4	Subscription Service Settlement ..... (Post to Pg 2, Line 5) ...	_____
5	Subscription Service Bad Debt .....	_____
6	Total .....	<u>0</u>
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	_____
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9) .....	_____
9	Other Revenue ..... (attach schedule) .....	_____
10	Total Subscription Service Revenue ..... (total of Lines 7, 8 and 9)	<u>0</u>
 <b>Direct Expenses Incurred Selling Subscription Contracts</b>		
11	Salaries / Wages .....	_____
12	Payroll Taxes .....	_____
13	Employee Fringe Benefits .....	_____
14	Professional Services .....	_____
15	Contract Labor .....	_____
16	Travel .....	_____
17	Other General & Administrative Expenses .....	_____
18	Depreciation / Amortization .....	_____
19	Rent / Lease .....	_____
20	Building / Station Expense .....	_____
21	Transportation / Vehicles .....	_____
22	Other: _____ (attach schedule) .....	_____
23	Total Subscription Service Expenses ..... (Post to Pg 2, Line 17) .....	\$ <u>0</u>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**Coast2Coast Public Safety**

**FOR THE PERIOD**

**FROM:**

January 0, 1900

**TO:**

January 0, 1900

**OTHER OPERATING REVENUES & EXPENSES**

**Line  
No.**

**Description**

**Other Operating Revenues:**

1	Supportive Funding - Local	(attach schedule) .....	\$ _____
2	Grant Funds - State	(attach schedule) .....	_____
3	Grant Funds - Federal	(attach schedule) .....	_____
4	Grant Funds - Other	(attach schedule) .....	_____
5	Patient Finance Charges	.....	_____
6	Patient Late Payment Charges	.....	_____
7	Interest Eamed - Related Person / Organization	.....	_____
8	Interest Eamed - Other	.....	_____
9	Gain on Sale of Operating Property	.....	_____
10	Other:	_____ .....	_____
11	Other:	_____ .....	_____
12	<b>Total Other Operating Revenues</b>	.....	<b>\$ _____ 0</b>
<b>Other Operating Expenses:</b>			
13	Loss on Sale of Operating Property	.....	_____
14	Other:	_____ .....	_____
15	Other:	_____ .....	_____
16	<b>Total Other Operating Expenses</b>	.....	<b>_____ 0</b>
17	<b>Net Other Operating Revenues and Expenses</b>	..... (Post to Pg 2, Line 20) .....	<b>\$ _____ 0</b>

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: Coast2Coast Public Safety  
 FOR THE PERIOD FROM: January 0, 1900 TO: January 0, 1900

Schedule I  
 DETAIL OF SALARIES / WAGES  
 Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$				\$				\$	
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total to Pg 4, Column 1, Line 1

Post Total to Pg 4, Column 2, Line 1

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Coast2Coast Public Safety

FOR THE PERIOD FROM: January 0, 1900 TO: January 0, 1900

Schedule II  
**DETAIL of SALARIES / WAGES**  
Management, Ambulance Personnel, Other Personnel

Line No. Detail of Salaries / Wages - Other Than Officers / Owners

1 **MANAGEMENT:**

Certification and / or Title	Scheduled Shifts ( no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2 **AMBULANCE PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3 **OTHER PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM: January 01, 1900

TO: January 01, 1900

Schedule III  
DEPRECIATION and/or RENT /LEASE EXPENSE  
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>SUBTOTAL</b>								0		0

Post to Pg 13, Line 19, Column I      Post to Pg 13, Line 19, Column K

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\* Complete Description of property, date placed in service, and rent/lease amount only.

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:**

**FOR THE PERIOD**

Coast2Coast Public Safety

FROM: January 0, 1900

TO: January 0, 1900

Schedule III  
**DEPRECIATION and/or RENT / LEASE EXPENSE**  
**ALL OTHER ITEMS**

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

\* Complete Description of property, date placed in service, and rent/lessee amount only.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Coast2Coast Public Safety

FOR THE PERIOD

FROM:

January 0, 1900

TO:

January 0, 1900

**Schedule IV  
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
Service Vehicles & Accessorial Equipment						
Name of Payee:						
1	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
Communication Equipment						
Name of Payee:						
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
Other Property and Equipment						
Name of Payee:						
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Working Capital						
Name of Payee:						
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
Other						
Name of Payee:						
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0

Post totals of Column 4 & 5 to Pg 2, Line 16

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Coast2Coast Public Safety

FOR THE PERIOD FROM: January 0, 1900 TO: January 0, 1900

**BALANCE SHEET**

**ASSETS**

CURRENT ASSETS

1	Cash	\$ _____	
2	Accounts Receivable	_____	
3	Less: Allowance for Doubtful Accounts	_____	
4	Inventory	_____	
5	Prepaid Expenses	_____	
6	Other Current Assets	_____	
7	<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	
9	PROPERTY & EQUIPMENT	_____	
10	Less: Accumulated Depreciation	_____	
11	OTHER NON CURRENT ASSETS	_____	
12	<b>TOTAL ASSETS</b>	<b>\$ _____</b>	

**LIABILITIES & EQUITY**

CURRENT LIABILITIES

13	Accounts Payable	\$ _____	
14	Current Portion of Notes Payable	_____	
15	Current Portion of Long-Term Debt	_____	
16	Deferred Subscription Income	_____	
17	Accrued Expenses and Other	_____	
18	_____	_____	
19	_____	_____	
20	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>	
21	NOTES PAYABLE	_____	
22	LONG-TERM DEBT OTHER	_____	
23	<b>TOTAL LONG-TERM DEBT</b>	<b>_____</b>	

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock	_____	
25	Paid-In Capital in Excess of Par Value	_____	
26	Contributed Capital	_____	
27	Retained Earnings	_____	
28	_____	_____	
29	_____	_____	
30	Fund Balance	_____	
31	<b>TOTAL EQUITY</b>	<b>_____</b>	
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$ _____</b>	

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Coast2Coast Public Safety

**FOR THE PERIOD** FROM: January 0, 1900 TO: January 0, 1900

**STATEMENT OF CASH FLOWS**

**OPERATING ACTIVITIES:**

1	Net (loss) Income .....	\$ _____	
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense .....	_____	
3	Deferred Income Tax .....	_____	
4	Loss (gain) on Disposal of Property & Equipment .....	_____	
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable .....	_____	
6	Inventories .....	_____	
7	Prepaid Expenses .....	_____	
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable .....	_____	
9	Accrued Expenses .....	_____	
10	Deferred Subscription Income .....	_____	
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b> .....	<b>\$ _____</b>	

**INVESTING ACTIVITIES:**

12	Purchases of Property & Equipment .....		
13	Proceeds from Disposal of Property & Equipment .....	_____	
14	Purchases of Investments .....	_____	
15	Proceeds from Disposal of Investments .....	_____	
16	Loans Made .....	_____	
17	Collections on Loans .....	_____	
18	Other .....	_____	
19	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b> .....	<b>_____</b>	

**FINANCING ACTIVITIES:**

	<i>New Borrowings:</i>		
20	Long-Term .....	_____	
21	Short-Term .....	_____	
	<i>Debt Reduction:</i>		
22	Long-Term .....	_____	
23	Short-Term .....	_____	
24	Capital Contributions .....	_____	
25	Dividends Paid .....	\$ _____	
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b> .....	<b>_____</b>	
27	<b>NET INCREASE (Decrease) IN CASH</b> .....	<b>_____</b>	
28	<b>CASH AT BEGINNING OF YEAR</b> .....	<b>_____</b>	
29	<b>CASH AT END OF YEAR</b> .....	<b>_____</b>	

**SUPPLEMENTAL DISCLOSURES:**

	<i>Non-cash Investing and Financing Transactions:</i>		
30	_____	_____	_____
31	_____	_____	_____
32	_____	_____	_____
33	Interest Paid (Net of Amounts Capitalized) .....	_____	_____
34	Income Taxes Paid .....	_____	\$ _____

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