

**State of Delaware  
Basic Life Support Annual Financial Report**

**Period: Year Ending 2008**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**INCOME:**

**Ambulance Appropriations:** \_\_\_\_\_ **Total amount of State, County,  
or Local funds for ambulance operations.**

**Third Party Billing:** \_\_\_\_\_ **Total amount received from billing.**

**Other Ambulance Income:** \_\_\_\_\_ **Total other income received.**

**Total Ambulance Income:** \_\_\_\_\_

**EXPENSES:**

**Employee Salaries and Benefits:** \_\_\_\_\_

**Active EMT Member pension cost:** \_\_\_\_\_

**Other member pension cost:** \_\_\_\_\_ **These are non  
EMT members that are a part of the ambulance program such as drivers.**

**Number of Salary Employees (EMT'S):** \_\_\_\_\_

**Number of Non Salary EMT's:** \_\_\_\_\_

**Number of non EMT's that are active in your program:** \_\_\_\_\_

**INSURANCE PREMIUMS:**

**Ambulance Insurance Expenses:** \_\_\_\_\_

**Rescue Insurance Expenses:** \_\_\_\_\_

**First Responder Unit Expenses:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**EQUIPMENT MAINTENANCE AND FUEL COST:**

**Ambulance:** \_\_\_\_\_

**Rescue:** \_\_\_\_\_

**First Responder Unit:** \_\_\_\_\_

Page 2  
BLS Funding Annual Report

**EMT Equipment and Communications Cost:** Items like pagers, ems jackets, and other: The BLS funding committee has assigned a fixed cost of \$1,000.00 per EMT for this expense. The committee will total the amount for the total number of EMT'S.

**AMBULANCE/RESCUE/FIRST RESPONDER UNIT SUPPLIES:** These expenses are items maintained on the unit that must be replaced from time to time or not stocked at the hospital: \_\_\_\_\_

**EMT TRAINING COST:** \_\_\_\_\_  
This expense is the cost to train and provide con-ed during the year.

**CONTRACTUAL SERVICES:** (Attorney, CPA, Service Contacts) \_\_\_\_\_

**EQUIPMENT HOUSING COST:** The committee has assigned a fixed amount of \$7,500.00 per ems unit, rescue truck, or first responder unit: \_\_\_\_\_

Number of Ambulances in service: \_\_\_\_\_ Number of Rescue Units: \_\_\_\_\_  
Number of First Responder Units: \_\_\_\_\_

**TOTAL AMOUNT SPENT ON AMBULANCE PURCHASES, RESCUE PURCHASES, OR FIRST RESPONDER UNITS:** \_\_\_\_\_

**TOTAL AMOUNT PLACED IN AMBULANCE, RESCUE, OR FIRST RESPONDER UNIT REPLACEMENT:** \_\_\_\_\_

Total EMS related call per year: Amb Calls: \_\_\_\_\_ MVC's: \_\_\_\_\_  
Medical Assist: \_\_\_\_\_

Total number of paid ambulance hours per day provided: \_\_\_\_\_

Form is due by December 15, 2008. It is requested that you use 2008 data so we can gather the needed data and make a formal request.

Email, Mail or Fax to the State Fire Prevention Commission Office  
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