



CAMBRIA
COMMUNITY
HEALTHCARE
DISTRICT

FISCAL YEAR BUDGET
2014 - 2015

Approved

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UPDATES / CHANGES

| DATE | PAGE | DESCRIPTION |
|------|------|---|
| | 6 | Increased General Tax revenue per auditor to \$445,591 |
| | 6 | Decreased Bad Debt recovery to \$6,000 |
| | 6 | Decreased Monterey income to \$12,000 |
| | 6 | Decreased Interest to \$1,000 |
| | 6 | Increased CHC rent & Rippner rent by 1.7% beginning Jan 2015 |
| | 6 | Added GEMT Reimbursement for 2014/2015 |
| | 6 | Increased Ambulance revenue to \$468,100 per Admin. Sayer |
| | 7 | Increased Assessment by 1.7% to \$485,697 |
| | 10 | Added Administrator Salary |
| | 11 | Raised 2 Paramedics vacation payback to 40 hours/1 TO 56 |
| | 12 | Decreased FullTime EMT Salary to Base1'A'(See Page #9) |
| | 13 | Increased Part Time pay to \$12 and \$17 |
| | 14 | Deleted Amount Forwarded of \$500 |
| | 14 | Decreased cost of shirts to \$52 & employee # to 15 |
| | 15 | Tier percentages reflect new PERS rates for 14/15/SEE BELOW |
| | 15 | Added PEPRA Tier @ 11.50% Safety- 6.25% Misc. until 7/15 |
| | 15 | Added Administrator salary/moved employee from 2nd to 1st tier |
| | 16 | Increased Dental 5% for first 6 months of 2015 |
| | 16 | Decreased Health Insurance cost per 2015 rates from PERS |
| | 17 | Decreased the S.S. appropriation for Part Time to 25% |
| | 17 | Increased Medicare to cover Administrator & Part time raises |
| | 18 | Increased WC Safety rate to 7.13%/Decrease MISC. to .57% |
| | 18 | Decreased MOD factor |
| | 20 | Decreased Education rate and amount of miles reimbursed |
| | 21 | Increased Medical Exam rate to \$90 each |
| | 21 | Increased CSDA & LAFCO cost based on 13/14 increase |
| | 22 | Deleted Asst. To Firefighter Grant Share/will solicit Project HB |
| | 22 | Decreased Public Education to \$1000 |
| | 23 | Added Unemployment cost of \$2,500 based on 13/14 |
| | 24 | Increased election expense to \$6,000 based on last election cost |
| | 26 | Decreased Post/ Mail to \$200-Stationary to \$200 |
| | 26 | Deleted Xerox lease -decreased paper to \$400 |
| | 27 | Increased Payroll People cost to 3,600 |
| | 27 | Increased Wittman cost to \$16,857 per 13/14 estimate |
| | 27 | Deleted CCSD management costs |
| | 28 | Changed Facility repair to \$28,000 per Trustee direction |
| | 29 | Decreased Fleet Fuel expense to \$20,000 |
| | 30 | Decreased Medical Supply to \$22,000 |
| | 31 | Deleted the Sprinter Ambulance payment |
| | 31 | Decreased Equip. budget to 0 |
| | 33 | Added \$30,000 to Unit Replacement Fund |
| | 35 | Increased Misc. to \$5,000 to cover reimbursements |

BUDGET HIGHLIGHTS

PERS Safety Tier 1 increased to 39.701%- An increase of 7.83%
 PERS Safety Tier 2 increased to 22.250%- An increase of 2.7%
 PERS Miscellaneous increased to 13.131%- An increase of 6.71%
 PEPRA SAFETY RATE 11.50%
 PEPRA MISCELLANEOUS RATE 6.25%
 As of May, 2014 no changes made to Personnel Cost regarding steps, COLA, Holiday, etc.

**CAMBRIA COMMUNITY HEALTHCARE DISTRICT
BUDGET SUMMARY FOR FISCAL YEAR 2014 - 2015**

PROJECTED REVENUES

| | | |
|--------------------|---------|--------------------|
| AMBULANCE | 468,100 | |
| GENERAL TAX | 445,591 | |
| SPECIAL ASSESSMENT | 485,697 | |
| MONTEREY CONTRACT | 12,000 | |
| RENT | 31,350 | |
| MISCELLANEOUS | 10,300 | |
| BAD DEBT RECOVERY | 6,000 | |
| GEMT REIMBURSEMENT | 9,000 | |
| INTEREST | 1,000 | |
| TOTAL | | \$1,469,038 |

PERSONNEL EXPENSES

| | | |
|-----------------------------------|---------|--------------------|
| ADMINISTRATION | 110,505 | |
| FULL-TIME PARAMEDICS/EMTs/Op's OT | 532,203 | |
| PART-TIME EMT AND MEDICS | 166,584 | |
| UNIFORM | 5,260 | |
| PERS | 207,401 | |
| MEDICAL/DENTAL INSURANCE | 198,700 | |
| MEDICARE | 13,707 | |
| WORK COMP INSURANCE | 44,222 | |
| TRUSTEE COMPENSATION | 6,000 | |
| EDUCATION/TRAVEL | 3,810 | |
| LICENSE/PERMITS | 12,712 | |
| TRAINING | 1,612 | |
| TOTAL | | \$1,302,716 |

SUPPLIES AND SERVICES

| | | |
|------------------------------|--------|------------------|
| LIABILITY/AUTO/D&O INSURANCE | 25,368 | |
| AUDIT FEES | 7,700 | |
| ELECTION | 6,000 | |
| LEGAL | 45,000 | |
| UTILITIES | 14,796 | |
| OFFICE/COMPUTER SUPPLIES | 5,589 | |
| CONTRACT SERVICES | 25,858 | |
| FACILITY REPAIR/MAINTENANCE | 28,000 | |
| TOTAL | | \$158,311 |

VEHICLE AND EQUIPMENT

| | | |
|-----------------------------|--------|-----------------|
| FLEET FUEL/OIL | 20,000 | |
| FLEET MAINTENANCE | 20,000 | |
| MEDICAL EQUIPMENT/SUPPLY | 22,000 | |
| VEHICLE PAYMENTS/COMM EQUIP | 0 | |
| TOTAL | | \$62,000 |

AUXILIARY - MISCELLANEOUS

| | | |
|-------------------------------|--------|-----------------|
| CIT | 500 | |
| UNIT REPLACEMENT | 30,000 | |
| CONTINGENCY RESERVES/PROJECTS | 0 | |
| MISCELLANEOUS | 5,000 | |
| TOTAL | | \$35,500 |

TOTAL EXPENSES

| | | |
|-------------------------|-----------|--------------------|
| PERSONNEL | 1,302,716 | |
| SUPPLIES AND SERVICES | 158,311 | |
| VEHICLE AND EQUIPMENT | 62,000 | |
| AUXILIARY MISCELLANEOUS | 35,500 | |
| TOTAL | | \$1,558,527 |

| | |
|---------------------------------|--------------------|
| TOTAL PROJECTED REVENUES | \$1,469,038 |
| BUDGET DIFFERENCE | -\$89,489 |

| |
|----------|
| REVENUES |
|----------|

New FY

Prior FY

| | | | |
|-----------|-------|---------|---------|
| AMBULANCE | ----- | 468,100 | 432,840 |
|-----------|-------|---------|---------|

| |
|--|
| Projections based on audit report, less contractual allowances, and the ongoing Medicare rate reduction. Includes anticipated revenue increase from increased call volume. |
|--|

| | | | |
|-------------|-------|---------|---------|
| GENERAL TAX | ----- | 445,591 | 420,554 |
|-------------|-------|---------|---------|

| |
|--|
| Per County estimates with the customary and historical upward adjustment |
|--|

| | | | |
|--------------------|-------|---------|---------|
| SPECIAL ASSESSMENT | ----- | 485,697 | 472,221 |
|--------------------|-------|---------|---------|

| | | | |
|-------------------|-------|--------|--------|
| MONTEREY CONTRACT | ----- | 12,000 | 10,000 |
|-------------------|-------|--------|--------|

| | | | |
|------|-------|--------|--------|
| RENT | ----- | 31,350 | 30,996 |
|------|-------|--------|--------|

| | | | | | |
|--------|------|---|----|---|---------------|
| NOTE 1 | 1215 | X | 6 | = | 7,290 |
| | 1195 | X | 6 | = | 7,170 |
| | 1336 | X | 6 | = | 8,016 |
| | 1359 | X | 6 | = | 8,154 |
| | 60 | X | 12 | = | 720 |
| | | | | | <u>31,350</u> |

| | | | |
|--|-------|--------|--------|
| MISCELLANEOUS | ----- | 10,300 | 21,851 |
| (includes uniform purchase, insurance dividends, donations, etc) | | | |

| | | |
|--------------------|-------|-------|
| BAD DEBT RECOVERY | 6,000 | 4,062 |
| GEMT REIMBURSEMENT | 9,000 | |

| | | | |
|----------|-------|-------|-----|
| INTEREST | ----- | 1,000 | 981 |
|----------|-------|-------|-----|

[new/prior]

\$1,469,038

5.42% 1,393,505

Note #1 Raise of Limberg/CHC rent by 1.7% beginning 1/1/15

**SPECIAL ASSESSMENT
FUNDING INCREASE**

2013-2014 Special Assessment

| Description | Number of Assessments | Assessment | Total |
|--------------------|-----------------------|------------|------------------|
| Unimproved Parcels | 2,617 | 27.92 | 73,067 |
| Improved Parcels | 4,261 | 94.94 | 404,539 |
| | | Total | \$477,606 |

New Assessment as of July 1, 2014 - 1.7% CPI Increase

| | | | |
|--------------------|-------|-------|------------------|
| Unimproved Parcels | 2,579 | 28.40 | 73,244 |
| Improved Parcels | 4,255 | 96.56 | 410,863 |
| | | Total | \$484,107 |

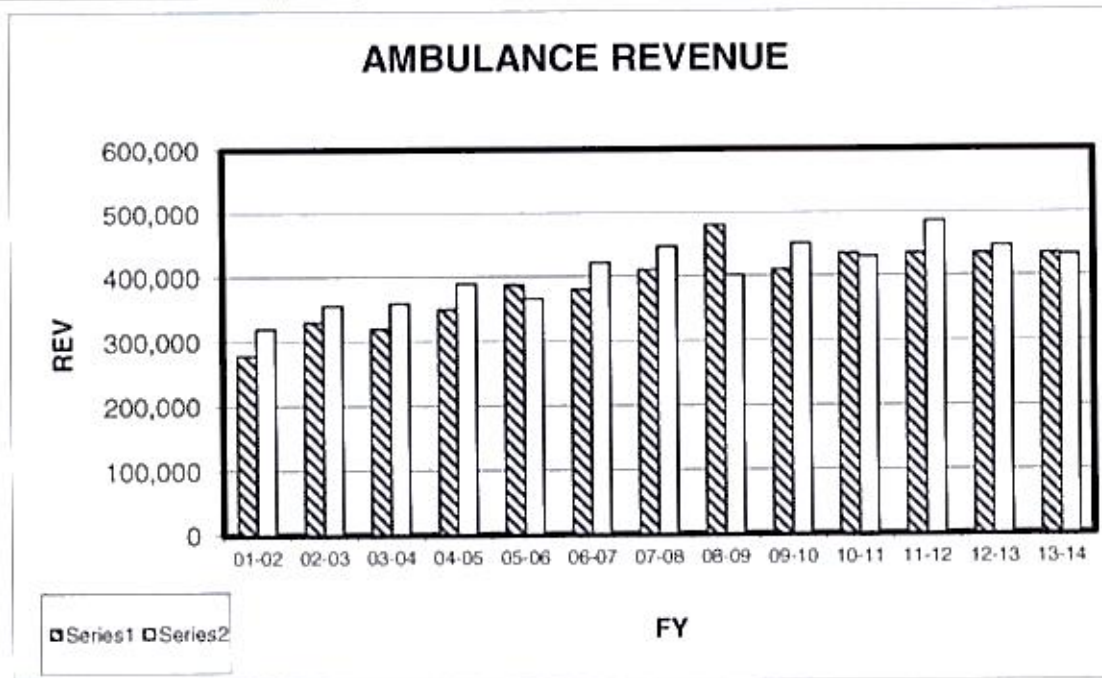
Net Increase in assessment \$8,091

**CAMBRIA COMMUNITY HEALTHCARE DISTRICT
AMBULANCE REVENUE ANALYSIS**

| FY | BUDGET | ACTUAL | -/+ | % | Prior FY Increase | |
|-------|---------|---------|----------|------|-------------------|--------|
| | | | | | BUDGET | ACTUAL |
| 00-01 | 270,000 | 284,142 | 14,142 | 5% | | |
| 01-02 | 278,000 | 320,000 | 42,000 | 15% | 3% | 13% |
| 02-03 | 330,000 | 355,875 | 25,875 | 8% | 19% | 11% |
| 03-04 | 320,000 | 358,967 | 38,967 | 12% | -3% | 1% |
| 04-05 | 350,000 | 389,583 | 39,583 | 11% | 9% | 9% |
| 05-06 | 387,480 | 366,321 | (21,159) | -5% | 11% | -6% |
| 06-07 | 380,500 | 421,630 | 41,130 | 11% | -2% | 15% |
| 07-08 | 410,000 | 446,752 | 36,752 | 9% | 8% | 6% |
| 08-09 | 480,000 | 401,316 | (78,684) | -16% | 17% | -10% |
| 09-10 | 410,000 | 451,189 | 41,189 | 10% | -15% | 12% |
| 10-11 | 435,000 | 430,021 | (4,979) | -1% | 6% | -5% |
| 11-12 | 435,000 | 485,950 | 50,950 | 12% | 0% | 13% |
| 12-13 | 435,000 | 447,669 | 12,669 | 3% | 0% | -8% |
| 13-14 | 435,000 | 432,840 | (2,160) | 0% | 0% | -3% |

Average revenue increase 14,110

| Current Year Fiscal Budget | | |
|----------------------------|---------|----------------|
| | Budget | Projected |
| 13/14 | 435,000 | 435,000 |



**CCHD EMT-P EMPLOYEE MONTHLY
SALARY SCHEDULE**

Exclusive of FLSA premium pay [see note below]

| YEAR | | % CHANGE | INCREASE | EMT | EMT-P | | |
|-----------------------|-----|----------|----------|--------|--------|--------|--------|
| | | | 0% | | | | |
| BASE | | - | | 2857 | 4748 | | |
| 1 | "A" | 5 | | 2857 | 4748 | 34,284 | 56,976 |
| 2 | "B" | 5 | | 3000 | 4985 | 36,000 | 59,820 |
| 3 | "C" | 5 | | 3150 | 5234 | 37,800 | 62,808 |
| 4 | "D" | 5 | | 3308 | 5496 | 39,696 | 65,952 |
| 5 | "E" | 5 | | 3473 | 5771 | 41,676 | 69,252 |
| 10 | "F" | 5 | | 3647 | 6060 | 43,764 | 72,720 |
| 15 | "G" | 2.5 | | 3738 | 6212 | 44,856 | 74,544 |
| 20 | "H" | 2.5 | | 3831 | 6367 | 45,972 | 76,404 |
| Annual Top Step Range | | | | 45,972 | 76,404 | | |

NOTES:

The base rate is the preceding years entry level salary scale. The base year scale is then applied to the factor established by employee MOU, which then establishes the new entry scale. FLSA premium pay is factored in the EMT/EMT-P salary worksheet.

Cambria Community Healthcare District

ACCOUNT NAME: Administrative Salaries
 ACCOUNT NUMBER: 6010.01
 CATEGORY: Personnel Expenses

Prior Fy

Administrator 70,000 11,666

Total 70,000

Administrative Assistant

| YEAR | | % CHANGE | INCREASE | |
|------|-----|----------|----------|------|
| | | | 0% | |
| BASE | | 0 | 0 | 3431 |
| 1 | "A" | - | | 3431 |
| 2 | "B" | 5 | | 3603 |
| 3 | "C" | 5 | | 3783 |
| 4 | "D" | 5 | | 3972 |
| 5 | "E" | 5 | | 4171 |
| 10 | "F" | 5 | | 4380 |
| 15 | "G" | 2.5 | | 4490 |
| 20 | "H" | 2.5 | | 4602 |

Annual Top Step Range 55,224

| Hours | Rate | Amount | |
|-------|-------|--------|--------|
| 1768 | 22.91 | 40,505 | 44,327 |

Total 40,505

Total Salary \$110,505 55,993

| | |
|------------------------|---------------------------|
| ACCOUNT NAME: | Paramedic Salaries |
| ACCOUNT NUMBER: | 6010.01 |
| CATEGORY: | Personnel Expenses |

| Salaries | Base Annual | Base Weekly | Pay Period | FLSA Premium | Total Pay Period |
|-----------------------|-------------------|-----------------|------------------|-----------------|---------------------|
| Operations Dir - D Mc | 68,808.00 | 1,323.28 | 2,867.11 | 76.83 | 2,943.94 |
| Paramedic A - JM | 69,252.00 | 1,331.68 | 2,885.31 | 77.29 | 2,962.60 |
| Paramedic B - DC | 65,952.00 | 1,268.40 | 2,748.20 | 73.65 | 2,821.85 |
| Paramedic C - MB | 62,808.00 | 1,207.92 | 2,617.16 | 70.14 | 2,687.30 |
| Paramedic D - CC | 59,820.00 | 1,150.24 | 2,492.19 | 66.76 | 2,558.95 |
| Totals | 326,640.00 | 6,281.52 | 13,609.97 | 364.67 | 13,974.64 |

Total Annual **335,391.36**

335,391 335,391

Vacation Payback

| | Hours | 56/Rate | Amount |
|---------------------|-------|---------|----------|
| Operations Director | 40 | 23.63 | 945.20 |
| Paramedic A | 56 | 23.78 | 1,331.68 |
| Paramedic B | 40 | 22.65 | 906.00 |
| Paramedic C | 40 | 21.57 | 862.80 |
| Paramedic D | 40 | 20.54 | 821.60 |

Total

4,867 4,867

FLSA Premium Rate**Overtime payment**

| | .5 Rate | Hours | Rate | Amount |
|---------------------|---------|-------|-------|----------|
| Operations Director | 11.82 | 100 | 23.63 | 2,363.00 |
| Paramedic A | 11.89 | 100 | 23.78 | 2,378.00 |
| Paramedic B | 11.33 | 100 | 22.65 | 2,265.00 |
| Paramedic C | 10.79 | 100 | 21.57 | 2,157.00 |
| Paramedic D | 10.27 | 100 | 20.54 | 2,054.00 |

Total

11,217 11,217

Coverage for sick time, vacation time, CTO, meetings, etc.

5,000 11,436

Overtime Cost Estimate Operations Director

7,000 6,228

Total Salaries

363,475 369,139

| | |
|------------------------|-------------------------------|
| ACCOUNT NAME: | Full Time EMT Salaries |
| ACCOUNT NUMBER: | 6010.01 |
| CATEGORY: | Personnel Expenses |

| Salaries | Base Annual | Base Weekly | Pay Period | FLSA Premium | Total Pay Period |
|---------------|-------------------|-----------------|-----------------|-----------------|---------------------|
| EMT A - DC | 39,696.00 | 763.28 | 1,653.77 | 44.33 | 1,698.10 |
| EMT B - PW | 37,800.00 | 726.88 | 1,574.91 | 42.19 | 1,617.10 |
| EMT C - JK | 37,284.00 | 716.80 | 1,553.07 | 41.60 | 1,594.67 |
| EMT D - WW | 36,000.00 | 692.16 | 1,499.68 | 40.17 | 1,539.85 |
| Totals | 150,780.00 | 2,899.12 | 6,281.43 | 168.29 | 6,449.72 |

Total Annual **154,793.28**

154,793 155,332

Vacation Payback

| | Hours | 56/Rate | Amount |
|-------|-------|---------|--------|
| EMT A | 40.00 | 13.63 | 545.20 |
| EMT B | 40.00 | 12.98 | 519.20 |
| EMT C | 40.00 | 12.80 | 512.00 |
| EMT D | 40.00 | 12.36 | 494.40 |

Total

2,071 2,030

FLSA Premium Rate

| Base Pay Rate | | Overtime Pay Rate | | |
|---------------|---------|-------------------|-------|--------|
| | .5 Rate | Hours | Rate | Amount |
| EMT A | 6.82 | 36.00 | 13.63 | 490.68 |
| EMT B | 6.49 | 36.00 | 12.98 | 467.28 |
| EMT C | 6.40 | 36.00 | 12.80 | 460.80 |
| EMT D | 6.18 | 36.00 | 12.36 | 444.96 |

Total

1,864 1,870

Coverage for sick time, vacation time, CTO, meetings, etc.

10,000 6,518

Total Salaries

168,728 165,750

| | |
|------------------------|---------------------------|
| ACCOUNT NAME: | Part-time Payroll |
| ACCOUNT NUMBER: | 6015.01 |
| CATEGORY: | Personnel Expenses |

| Position | Rate | Prior Rate |
|-----------|-------|------------|
| | | 7/1/2013 |
| EMT entry | 12.00 | 9.00 |
| EMT + 2 | 12.00 | 9.00 |
| EMT-P | 17.00 | 16.00 |

Open Shift Coverage

| Position | Shifts | Hours | Rate | Total |
|---------------|------------|--------------|-------|----------------|
| EMT | 240 | 5760 | 12.00 | 69,120 |
| EMT P | 120 | 2880 | 17.00 | 48,960 |
| Totals | 360 | 8,640 | | 118,080 |

| |
|----------|
| Prior FY |
| 118,080 |

Vacation/Holiday Coverage

| Position | Shifts | Hours | Rate | Total |
|---------------|------------|--------------|----------|---------------|
| EMT | 60 | 1440 | 12.00 | 17,280 |
| EMT P | 50 | 1200 | 17.00 | 20,400 |
| Totals | 110 | 2,640 | 0 | 37,680 |

37,680

Miscellaneous CTO replacement*

| Position | Shifts | Hours | Rate | Total |
|---------------|-----------|------------|-------|--------------|
| EMT | 22 | 528 | 12.00 | 6,336 |
| EMT P | 5 | 120 | 17.00 | 2,040 |
| Totals | 27 | 648 | | 8,376 |

8,376

Meeting, CE, Conference, Seminar Coverage

| Position | Shifts | Hours | Rate | Total |
|---------------|----------|------------|-------|--------------|
| EMT | 0 | 0 | 0.00 | 0 |
| EMT P | 6 | 144 | 17.00 | 2,448 |
| Totals | 6 | 144 | | 2,448 |

2,000

TOTAL PART-TIME PAYROLL**\$166,584**

| | |
|---------|-----------------------|
| 18,000 | Amount over budget 15 |
| 184,136 | |

TOTAL PART-TIME PAYROLL**\$166,584**

V14

| | |
|------------------------|--------------------|
| ACCOUNT NAME: | Uniform |
| ACCOUNT NUMBER: | 6021.00 |
| CATEGORY: | Personnel Expenses |

Annual uniform allowance - full-time personnel

| Amount | Employee | | | | |
|--------|----------|--|-------|-------|-------------------|
| 400 | 9 | | 3,600 | | |
| Totals | | | | 3,600 | Prior FY 3,600 |

New part-time uniform or replacement

| Amount | | Employee | | |
|--------|---|----------|-----|-----|
| 110 | X | 8 | 880 | 600 |

Uniform shirts for part time personnel

| Amount | | Employee | | |
|--------|---|----------|-----|-----|
| 52 | X | 15 | 780 | |
| | | | 780 | 715 |

Miscellaneous [name tags, repairs etc.]

| | |
|--|---------------------|
| | 3,975 |
| | First Resp. Jackets |

| | |
|------------------------------------|----------------|
| Total uniform appropriation | \$5,260 |
|------------------------------------|----------------|

8,890

| | |
|------------------------|---|
| ACCOUNT NAME: | PERS [Public Employee Retirement System] |
| ACCOUNT NUMBER: | 6022.00 |
| CATEGORY: | Personnel Expenses |

| | | Prior FY |
|------------------------------|----------------|----------------|
| Total Safety Payroll Tier 1: | 435,200 | 445,000 |
| Total Safety Payroll Tier 2: | 104,284 | 100,000 |
| Total Safety Payroll | 539,484 | 545,000 |

PERS SAFETY percent calculations

| | | | | | | |
|---------|---------|---|---------|---|---------|---------|
| Tier 1: | 39.701% | X | 435,200 | = | 172,779 | 161,073 |
| Tier 2: | 22.250% | X | 104,284 | = | 23,203 | 20,576 |

PERS MISCELLANEOUS percent calculations

| | | | | | | |
|----------|---------|---|--------|---|-------|-------|
| Employer | 13.131% | X | 40,505 | = | 5,319 | 5,003 |
| Employer | 11.500% | X | 15,000 | = | 1,725 | 1,971 |
| Employer | 6.25% | X | 70,000 | = | 4,375 | 729 |

| | | |
|---|------------------|---------|
| Total PERS SAFETY appropriation | \$195,982 | 189,352 |
| Total PERS MISCELLANEOUS appropriation | 11,419 | |
| Total PERS appropriation | \$207,401 | 189,352 |

| | |
|------------------------|---------------------------------|
| ACCOUNT NAME: | Employee Health Benefits |
| ACCOUNT NUMBER: | 6023.00 |
| CATEGORY: | Personnel Expenses |

Supplemental Health Benefit

| Amount | | Employee | | | |
|--------|---|----------|--|--------|--------------------|
| 1300 | X | 10 | | 13,000 | |
| | | | | | Prior FY 13,000 |

Dental and Life Benefits

| Amount | | Months | | | |
|--------|---|--------|--------|-------|--------|
| 1341 | X | 6 | | 8,046 | 15,114 |
| 1408 | X | 6 | NOTE 1 | 8,448 | |

Medical Benefits

| Amount | | Months | | | |
|--------|---|--------|--------|---------|---------|
| 11,444 | X | 6 | | 68,664 | |
| 10,837 | X | 6 | NOTE 1 | 65,022 | |
| | | | | 133,686 | 126,880 |

Post Retirement Medical Benefits

| Amount | | Months | | | |
|--------|---|--------|--|--------|--------|
| 3000 | X | 6 | | 18,000 | 16,940 |
| 2920 | X | 6 | | 17,520 | 19,604 |

| | | |
|----------------------------|------------------|------------------|
| Total Appropriation | \$198,700 | \$191,538 |
|----------------------------|------------------|------------------|

NOTE 1 Actual 2015 Health Insurance Premiums

Cambria Community Healthcare District

| | |
|------------------------|---------------------------|
| ACCOUNT NAME: | Medicare/Hospital |
| ACCOUNT NUMBER: | 6024.00 |
| CATEGORY: | Personnel Expenses |

| | |
|------------------------------|---------|
| Total Paramedic/EMT Payroll: | 490,185 |
| Administrative Payroll: | 110,505 |
| Total part-time payroll | 166,584 |

| | |
|--------------------------|---------|
| Total Applicable Payroll | 767,274 |
|--------------------------|---------|

Medicare percent calculation

| | Rate | | Payroll | | |
|----------------------------|---------------|----------|----------------|----------|-----------------|
| Total Medicare | 1.450% | X | 767,274 | = | \$11,125 |
| *Social Security | 6.20% | X | 41,646 | = | \$2,582 |
| Total Appropriation | | | | | \$13,707 |

Prior FY

*25 % of part-time payroll

ACCOUNT NAME: Worker's Compensation
ACCOUNT NUMBER: 6026.00
CATEGORY: Personnel Expenses

Total Paramedic/EMT Payroll: 696,000

| | Rate | | per /100 | | | |
|-------------|------|---|----------|---|----------|--------------------|
| Calculation | 7.13 | X | 6,960 | = | \$49,625 | Prior FY 35,465 |
| | | | | | 110,505 | |

Total Administrative Payroll: 110,505

| | | | | | | |
|-------------|------|---|----------|---|-------|-----|
| | Rate | | per /100 | | | |
| Calculation | 0.57 | X | 1,105 | = | \$630 | 415 |

| | | |
|--------------------|----------|--------|
| Total Payroll Rate | \$50,255 | 35,880 |
|--------------------|----------|--------|

| | | | |
|---------------------------------|----------|------|------|
| Experience Modification Factor: | X | 0.87 | 0.95 |
|---------------------------------|----------|------|------|

| | | |
|----------------------------|-----------------|---------------|
| SDRMA Appropriation | \$43,722 | 32,480 |
|----------------------------|-----------------|---------------|

Trustee/CIT Accidental Ins. Policy

| | | |
|--|-----------------|---------------|
| Flat rate - forwarded | \$500 | 500 |
| Estimated contribution difference added to Total Payroll | | 10,028 |
| Total Worker's Compensation and Volunteer Policy | \$44,222 | 43,008 |

Notes

1: Includes, per SDRMA, Administrator and Clerical.

| | |
|-----------------|----------------------|
| ACCOUNT NAME: | Trustee Compensation |
| ACCOUNT NUMBER: | 6025.10 |
| CATEGORY: | Personnel Expenses |

Monthly Trustee Compensation Rate

| Rate | | Trustee | | Months | | | | Prior FY |
|------|---|---------|---|--------|---|---------|--|----------|
| 100 | X | 5 | X | 12 | = | \$6,000 | | 6,000 |

| | |
|------------------------|--------------------|
| ACCOUNT NAME: | Education/Travel |
| ACCOUNT NUMBER: | 6027.00 |
| CATEGORY: | Personnel Expenses |

Internet Continuing Education - Paramedics

| Rate | | Personnel | | | Prior FY |
|------|---|-----------|---|---|----------|
| 0 | X | 0 | = | 0 | 0 |

Outside Continuing Education - Paramedics

| Rate | | Personnel | | | |
|------|---|-----------|---|------|-------|
| 250 | X | 7 | = | 1750 | 1,750 |

Mileage Reimbursement

| Rate | | Miles | | | |
|------|---|-------|---|-----|-------|
| 0.56 | X | 1000 | = | 560 | 2,000 |

Miscellaneous Meal Per Diem

| | |
|---|---|
| 0 | 0 |
|---|---|

Trustee/Administration Meeting and Travel Expenses

| | |
|------|-----|
| 1500 | 500 |
|------|-----|

| | | |
|----------------------------|----------------|--------------|
| Total Appropriation | \$3,810 | 4,250 |
|----------------------------|----------------|--------------|

| | |
|------------------------|---------------------------|
| ACCOUNT NAME: | License/Permits |
| ACCOUNT NUMBER: | 6028.00 |
| CATEGORY: | Personnel Expenses |

Medical Exams

| Rate | | Personnel | | | Prior FY |
|------|---|-----------|---|-------|----------|
| 97 | X | 14 | = | 1,358 | 502 |
| 400 | X | 0 | = | 0 | 0 |

County Haz Mat Fees

| | | | |
|------------------|---|-----|-----|
| Amount forwarded | = | 266 | 250 |
|------------------|---|-----|-----|

EMT , PARAMEDICS ACCRED. Other Miscellaneous Fees

| | | | |
|------------------|---|------|-------|
| Amount forwarded | = | 2000 | 1,500 |
|------------------|---|------|-------|

Association Dues

| | | |
|------|-------|-------|
| ACHD | - | 0 |
| CSDA | 3,375 | 3,174 |

Lafco Fee

| | | |
|-----------|-------|-------|
| 2014-2015 | 5,713 | 5,194 |
|-----------|-------|-------|

| | | |
|----------------------------|-----------------|---------------|
| Total Appropriation | \$12,712 | 10,620 |
|----------------------------|-----------------|---------------|

Cambria Community Healthcare District

| | |
|------------------------|--------------------|
| ACCOUNT NAME: | Training |
| ACCOUNT NUMBER: | 6029.00 |
| CATEGORY: | Personnel Expenses |

Video

| Rate | | Amount | | | | Prior FY |
|------|---|--------|---|---|--|----------|
| 0 | X | 4 | = | 0 | | 0 |

EMS Journals

| Rate | | Amount | | | | |
|------|---|--------|---|-----|--|-----|
| 28 | X | 4 | = | 112 | | 112 |

Public Education

1,000 640

Equipment

0

Miscellaneous 500 100

Total Appropriation \$1,612 852

Cambria Community Healthcare District

| | |
|------------------------|------------------------------|
| ACCOUNT NAME: | General Insurance |
| ACCOUNT NUMBER: | 7000.00 |
| CATEGORY: | Supplies and Services |

| Type | Rate | | Factor | | Prior FY |
|---|--------|---|--------|-----------------|----------|
| Liability / D & O | 14,637 | | 1 | 15,041 | 14,637 |
| Property | 5,780 | X | 1 | 5,780 | 5,780 |
| Ambulance | 5,815 | | 1 | 4,710 | 5,815 |
| District Vehicle | | | | | |
| CIT Vehicle | | | | | |
| <hr/> | | | | | |
| Total Appropriation | | | | \$25,531 | 26,232 |
| Minus CIP Credit | | | | -\$1,310 | |
| Minus multi program discount of 5%/Credit/Online Bonus | | | | -\$1,353 | -1,610 |
| <u>UNEMPLOYMENT INSURANCE COSTS TO EDD</u> | | | | 2,500 | 2,136 |
| SDRMA QUOTE | | | | \$25,368 | \$26,758 |

Cambria Community Healthcare District

| | |
|------------------------|-------------------------|
| ACCOUNT NAME: | Audit/Accounting |
| ACCOUNT NUMBER: | 7001.00 |
| CATEGORY: | Supplies and Services |

| | | |
|--|----------------|-------------------------------|
| AUDIT | \$4,700 | <div>Prior FY 4,780</div> |
| Public Meeting Disclosure Cost/Nichols | \$1,500 | |
| GASB 45 Report | \$1,500 | 1,500 |
| | \$7,700 | |

| | |
|------------------------|-----------------------|
| ACCOUNT NAME: | Election |
| ACCOUNT NUMBER: | 7002.00 |
| CATEGORY: | Supplies and Services |

| | | |
|-------------------------|----------------|-------|
| Amount forwarded | \$6,000 | 1,009 |
|-------------------------|----------------|-------|

| | |
|------------------------|-----------------------|
| ACCOUNT NAME: | Legal |
| ACCOUNT NUMBER: | 7003.00 |
| CATEGORY: | Supplies and Services |

Attorney Services

| | | |
|----------------------------|-----------------|--------|
| Total Appropriation | \$45,000 | 47,630 |
|----------------------------|-----------------|--------|

Cambria Community Healthcare District

| | |
|------------------------|-----------------------|
| ACCOUNT NAME: | Utilities |
| ACCOUNT NUMBER: | 7004.00 |
| CATEGORY: | Supplies and Services |

| Vendor | Service | Rate/month | Amount | Prior FY |
|----------------------------|--|------------|-----------------|----------|
| P.G.&E. | District office, Crew quarters Security light | 330 | 3,960 | 4,754 |
| AT&T | District offices, Radio site fax/modem | 0 | 0 | 800 |
| C.C.S.D. | sewer, water, refuse | 130 | 1,560 | 2,000 |
| Verizon Wireless | Cell phones for: District vehicle ambulances/CIT van | 43 | 516 | 500 |
| Charter Communications | | 450 | 5,400 | 5,500 |
| Southern Cal Gas | | 280 | 3360 | 2,000 |
| Total Appropriation | | | \$14,796 | 15,554 |

Cambria Community Healthcare District

| | |
|------------------------|------------------------------|
| ACCOUNT NAME: | Office / Supplies |
| ACCOUNT NUMBER: | 7006.00 |
| CATEGORY: | Supplies and Services |

| <u>Item</u> | <u>Amount</u> | <div>Prior FY</div> |
|----------------------------------|----------------|---------------------|
| Postage/Mailing Cost | 200 | 315 |
| Copier/laser/inkjet paper | 400 | 1,400 |
| | | 3,361 |
| Stationary, envelopes, tax forms | 200 | 200 |
| General office supplies | 1,400 | 1,400 |
| Computer supplies/services | 2,000 | 8,348 |
| Miscellaneous | 1,389 | 500 |
| | 0 | |
| Total Appropriation | \$5,589 | 15,524 |

XEROX PAYMENTS

| | |
|------------------------|------------------------------|
| ACCOUNT NAME: | Contract Services |
| ACCOUNT NUMBER: | 7005.00 |
| CATEGORY: | Supplies and Services |

Wittman Enterprises (Ambulance Billing)

| Rate | | Amount | (calls) | | | Prior FY |
|------|---|--------|---------|---|--------|----------|
| 27.5 | X | 613 | | = | 16,858 | 15,235 |
| | | | | | | 3,840 |
| | | | | | | 150 |
| | | | | | | 9,950 |
| | | | | | | 20 |

Lynn Singer - CPA

| Rate | | Amount | | | |
|------|---|--------|---|-------|-------|
| 325 | X | 12 | = | 3,900 | 3,900 |

AMBILL (Service Contract for Simon PCR)

| Rate | | Amount | | | |
|------|---|--------|---|-------|-------|
| 375 | X | 4 | = | 1,500 | 1,500 |

Payroll People (payroll services)

| Rate | | Amount | | | |
|------|---|--------|---|-------|-------|
| 300 | X | 12 | = | 3,600 | 3,940 |

| | | |
|----------------------------|-----------------|---------------|
| Total Appropriation | \$25,858 | 38,535 |
|----------------------------|-----------------|---------------|

NBS/GEMT FEE
NICHOLS

CCSD Management Cost
Notary fees

| | |
|------------------------|------------------------------|
| ACCOUNT NAME: | Facility Repair |
| ACCOUNT NUMBER: | 7007.00 |
| CATEGORY: | Supplies and Services |

Landscape maintaince

| Rate | Amount | (months) | Total | Prior FY |
|------|--------|----------|-------|----------|
| 0 | X | 12 | = | 0 |

| | | |
|-----------------------|--------|--------|
| Miscellaneous repairs | 28,000 | 22,516 |
|-----------------------|--------|--------|

| | | |
|----------------------------|-----------------|---------------|
| Total Appropriation | \$28,000 | 22,516 |
|----------------------------|-----------------|---------------|

| | |
|------------------------|-----------------------|
| ACCOUNT NAME: | Fleet Fuel |
| ACCOUNT NUMBER: | 8001.00 |
| CATEGORY: | Vehicle and Equipment |

| Vehicle | Amount | Prior FY |
|-------------------------------|-----------------|-----------------|
| Unit 10 (District Vehicle) | 100 | 50 |
| Unit 14 (2000 Ford) | 4,100 | 3,600 |
| Unit 15 (2002 Ford) | 4,100 | 3,800 |
| Unit 16 (2008 Dodge Sprinter) | 5,850 | 4,800 |
| Unit 17 (2008 Dodge Sprinter) | 5,850 | 5,000 |
| <hr/> | | |
| Total Appropriation | \$20,000 | 17,250 |

| | |
|------------------------|--------------------------|
| ACCOUNT NAME: | Fleet Maintenance |
| ACCOUNT NUMBER: | 8003.00 |
| CATEGORY: | Vehicle and Equipment |

| | | |
|----------------------------|-----------------|---------------|
| Total Appropriation | \$20,000 | 18,526 |
|----------------------------|-----------------|---------------|

| | |
|------------------------|-------------------------------------|
| ACCOUNT NAME: | Medical Equipment / Supplies |
| ACCOUNT NUMBER: | 8005.00 |
| CATEGORY: | Vehicle and Equipment |

| Disposable Supplies | Amount | Prior FY |
|---|-----------------|-----------------|
| Sheets/Pillow Cases | 1,200 | 600 |
| Latex Gloves | 1,400 | 1,200 |
| Infection Control and Cleaning | 1,100 | 1,100 |
| Oxygen Mask/Cannulas/Suction Supplies | 2,000 | 1,500 |
| Trauma/Bandaging Supplies | 2,000 | 1,320 |
| ALS Supplies | 9,000 | 8,000 |
| Miscellaneous Supplies | 2,000 | 1,000 |
| Sub-total disposables | \$18,700 | 14,720 |
| Medical Equipment Scheduled Maintenance | 1,500 | 1,000 |
| Medical Equipment Replacement | 1,800 | 1,000 |
| Sub-total equipment | \$3,300 | 3,500 |
| Total Appropriation | \$22,000 | 20,220 |

| | |
|------------------------|---------------------------|
| ACCOUNT NAME: | Equipment Payments |
| ACCOUNT NUMBER: | 8007.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

Total Appropriation

| |
|----------|
| Prior FY |
| 21,847 |

| | |
|------------------------|--|
| ACCOUNT NAME: | Communication Equip/Field Computers |
| ACCOUNT NUMBER: | 8008.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

Equipment

1,701

\$23,548.00

| |
|--|
| |
|--|

Sprinter Ambulance Last Payment

| | |
|------------------------|---------------------------------------|
| ACCOUNT NAME: | CIT - Crisis Intervention Team |
| ACCOUNT NUMBER: | 9001.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

Miscellaneous

| | | |
|------------------|-----|---|
| Amount forwarded | 500 | 0 |
|------------------|-----|---|

| | | |
|----------------------------|--------------|----------|
| Total Appropriation | \$500 | 0 |
|----------------------------|--------------|----------|

| |
|--|
| Note: Covers miscellaneous team expenses, such as training, mileage reimbursement, meal reimbursement, emergency response equipment, uniform jackets, etc. |
|--|

| | |
|-----------------|---------------------------|
| ACCOUNT NAME: | Unit Replacement Fund |
| ACCOUNT NUMBER: | 9005.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

| | |
|---|--------|
| Designated funds for vehicle replacement. | 30,000 |
|---|--------|

| | | |
|---------------------|----------|----------|
| <hr/> | | Prior FY |
| Total Appropriation | \$30,000 | 0 |

| | |
|-----------------|---------------------------------|
| ACCOUNT NAME: | Contingency Reserves / Projects |
| ACCOUNT NUMBER: | 9009.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

| | | |
|------------------------|---|----------|
| Allocation to reserves | 0 | Prior FY |
|------------------------|---|----------|

Total

1,469,038
1,558,527
-89,489

| | |
|-----------------|---------------------------|
| ACCOUNT NAME: | Miscellaneous |
| ACCOUNT NUMBER: | 9011.00 |
| CATEGORY: | Auxiliary/Misc/Allocation |

This account provides coverage for general, unforeseen expenditures during the fiscal year that do not fall under one of the other budget accounts.

| | | |
|---------------------|---------|-------------------|
| <hr/> | | |
| Total Appropriation | \$5,000 | Prior FY 4,354 |
| Misc | \$5,000 | |