

**EMERGENCY MEDICAL TRANSPORTATION  
INTEGRATED DISCLOSURE AND MEDICAID COST REPORT  
GENERAL INFORMATION**

1. Name of Fire Department / Agency: <b>Alachua County Fire Rescue</b>		2. Medicaid #: <b>88173200</b>		3. National Provider Identification (NPI): <b>1780610287</b>	
4. Doing Business As (DBA): <b>Alachua County Fire Rescue</b>				5. Facility Business Phone: <b>(352) 384-3101</b>	
6. Fire District/Agency Street Address: <b>911 SE 5th Street</b>		7. City: <b>Gainesville</b>		8. Zip Code: <b>32601</b>	
9. Mailing Address - Street or P.O. Box (if different): <b>PO Box 5038</b>		10. City: <b>Gainesville</b>		11. Zip Code: <b>32627</b>	
12. Name of Person Signing and Certifying Report: <b>Harold Theus</b>					
13. Report Contact Person: <b>Melinda Hart</b>			14. Phone Number: <b>(352) 384-3126</b>		Phone Ext:
15. Mailing Address - Street or P. O. Box: <b>PO Box 5038</b>		16. City: <b>Gainesville</b>		17. State: <b>FL</b>	18. Zip Code: <b>32627</b>
19. Previous Name of Fire District/Agency if Changed Since Previous Report: <b>N/A</b>					20. Date of Change:
21. Does your organization use another entity to provide EMT services? <b>No</b>			22. Date Range of EMT Service Agreement: <b>N/A</b>		
23. Does your organization use another entity to provide billing for EMT services? <b>No</b>			24. Are billing services paid on a Flat Rate or a Percentage: <b>N/A</b>		
25. Reporting Period Began: <b>July 1, 2022</b>		26. Reporting Period Ended: <b>June 30, 2023</b>			
27. Net Cost of Transports <b>\$394,525.04</b>					

For the purpose of this document, "provider" is a Publicly Owned or Operated Emergency Medical Transportation Services provider.

**To be Executed by Officer or Administrator of the Fire Department / Agency**

I, **Harold Theus**, state as follows:  
 Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 et seq. for allowable costs.  
 The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.  
 The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.  
 The provider acknowledges that all funds expended are subject to review and audit by the Agency for Health Care Administration.  
 The provider acknowledges and understands that the Agency for Health Care Administration must deny payments for any claim submitted if it is determined that the report is not adequately supported for purposes of Federal Financial Participation.  
 That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this document and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true and correct.

**January 12, 2024**

Date of Signature

**Alachua County Fire Rescue**

Name of Fire District/Agency

E-mail the signed PDF electronic version of the completed cost report to:

By:

[LIPProvidersReports@ahca.myflorida.com](mailto:LIPProvidersReports@ahca.myflorida.com)

(Signature)

Title:

Address:

**Fire Chief**

**911 SE 5th ST**

**Gainesville FL 32601**

**NOTICE**

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medicaid program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with Florida Statutes 456.072.

**CHECK FIGURE**

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$47,258,088
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	47,258,088
Variance	\$-

**Material variances may result in a rejection of this Cost Report submission.**

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE						
	YES	NO	N/A			
<p>A. <u>Provider Organization and Operation</u></p> <p>1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.):  <b>Public owned/operated EMS service provider</b></p> <p>2. Were any of the emergency transportation services subcontracted to another entity?                      If yes, describe the type of organization (include if nonprofit, public, private, etc.):</p> <p>3. The provider has:</p> <p>a. Changed ownership.                      If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership.</p> <p>b. Terminated participation.                      If "yes", list date of termination, and reason (Voluntary/Involuntary).</p> <p>4. <i>The provider is involved in business transactions, including management contracts and services under arrangements, with individuals or entities (e.g., chain home offices, drug or medical supply companies, etc.) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships.</i></p> <p>If "yes" attach a list of the individuals, the organizations involved, and description of the transactions.</p>					X	N/A
		X	N/A			
		X	N/A			
		X	N/A			

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE						
	YES	NO	N/A			
<p>B. <u>Financial Data and Reports</u></p> <p>1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:</p> <p>a. Audited;</p> <p>b. Compiled; and</p>				X		
	X					

<p>c. Reviewed.</p> <p><i>NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared <b>by you</b> and a description of the changes in accounting policies and practices if not mentioned in those statements.</i></p> <p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p> <p>C. <u>Emergency Transport Data</u></p> <p>Provider records only were used to complete the cost report?</p> <p>If yes, attach detailed documentation of the system used to support the data reported on the cost report. <u>If the detail documentation was previously supplied, submit only necessary updated documentation.</u></p> <p>1. Provider use a specific system to report claimed Medicaid emergency transports? If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
<p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p> <p>C. <u>Emergency Transport Data</u></p> <p>Provider records only were used to complete the cost report?</p> <p>If yes, attach detailed documentation of the system used to support the data reported on the cost report. <u>If the detail documentation was previously supplied, submit only necessary updated documentation.</u></p> <p>1. Provider use a specific system to report claimed Medicaid emergency transports? If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Line No.	Cost Center	General Ledger Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
<b>Capital Related</b>						
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	
2.00	Depreciation - Leasehold Improvements		-	-	-	
3.00	Depreciation - Equipment		1,756,274	1,177,951	578,324	
4.00	Depreciation and Amortization - Other		-	-	-	
5.00	Leases and Rentals		2,468,820	1,200,398	1,268,422	
6.00	Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
8.00	Interest - Property, Plant, and Equipment		6,546	6,546	-	
9.00	Other Capital Costs		63,121	-	63,121	
10.00	Other- (Specify)		-	-	-	
	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 4,294,761</b>	<b>\$ 2,384,895</b>	<b>\$ 1,909,866</b>	
<b>Salaries</b>						
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		-	-	-	
13.00	Non-MTS Salaries		10,561,740	9,434,789	1,126,952	
14.00	MTS Salaries		9,311,263	9,311,263	-	
15.00	Other- (Specify)		-	-	-	
16.00	Other- (Specify)		-	-	-	
17.00	Other- (Specify)		-	-	-	
18.00	Other- (Specify)		-	-	-	
	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 19,873,003</b>	<b>\$ 18,746,052</b>	<b>\$ 1,126,952</b>	
<b>Fringe Benefits</b>						
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		-	-	-	
21.00	Non-MTS Salaries		5,430,375	4,720,611	709,764	
22.00	MTS Salaries		4,688,125	4,688,125	-	
23.00	Other- (Specify)		-	-	-	
24.00	Other- (Specify)		-	-	-	
25.00	Other- (Specify)		-	-	-	
26.00	Other- (Specify)		-	-	-	
	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 10,118,500</b>	<b>\$ 9,408,736</b>	<b>\$ 709,764</b>	
	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 29,991,503</b>	<b>\$ 28,154,788</b>	<b>\$ 1,836,715</b>	
	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 34,286,264</b>	<b>\$ 30,539,683</b>	<b>\$ 3,746,581</b>	
<b>Administrative and General</b>						
27.00	Administrative		\$ 37,727	\$ 10,891	\$ 7,959	\$ 18,877
28.00	Legal		-	-	-	-
29.00	Accounting		-	-	-	-
30.00	Advertising		4,808	-	4,808	-
31.00	Consulting Expenses		123,252	106,429	14,400	2,423
32.00	Contracted Labor		2,957,425	171,018	-	2,786,407
33.00	Interest - Other		27,434	122	-	27,313
34.00	Training		368,128	336,995	1,775	29,358
35.00	General Insurance		2,463	1,232	-	1,232
36.00	Supplies		1,418,219	402,591	94,544	921,084
37.00	Bad Debt		-	-	-	-
38.00	Plant Operations and Maintenance		498,667	226,481	16,594	255,592
39.00	Housekeeping		-	-	-	-
40.00	Utilities		-	-	-	-
41.00	Medical Supplies		730,744	730,744	-	-
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		56,889	-	26,525	30,364
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		853,730	502,152	8,700	342,878
46.00	Communications		2,166,188	438,658	1,189,777	537,753
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		-	-	-	-
49.00	Logistics		-	-	-	-

50.00	Postage		54,232	34,853	-	19,379
51.00	Dues and Subscriptions		89,947	28,404	4,982	56,561
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Contracted Services - MTS		513,699	513,699	-	-
54.00	Contracted Services - MTS Billing		-	-	-	-
55.00	Assets to be Expensed		-	-	-	-
56.00	Other A&G Costs		3,068,271	2,483,783	72,831	511,658
57.00	Other- (Specify)		-	-	-	-
	<b>Total Administrative &amp; General</b>		<b>\$ 12,971,824</b>	<b>\$ 5,988,051</b>	<b>\$ 1,442,895</b>	<b>\$ 5,540,878</b>
	<b>Total Fire District / Agency</b>		<b>\$ 47,258,088</b>	<b>\$ 36,527,733</b>	<b>\$ 5,189,477</b>	<b>\$ 5,540,878</b>

**SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE**

Fire Department / Agency Name: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Line No.	Cost Center	General Ledger Account Number	1 MTS Expense	2 Allocated Direct Service Cost <i>Fr Sch 4, Col 5</i>	3 Total Reclassifications <i>Fr Sch 6, Cols 4 &amp; 7</i>	4 Total Adjustments <i>Fr Sch 7, Col 1</i>	5 Total MTS Expense <i>To Sch 1, Col 2</i>
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		\$ -	-	-	-	-
3.00	Depreciation - Equipment		\$ 1,177,951	-	-	-	1,177,951
4.00	Depreciation and Amortization - Other		\$ -	-	-	-	-
5.00	Leases and Rentals		\$ 1,200,398	-	-	-	1,200,398
6.00	Property Taxes		\$ -	-	-	-	-
7.00	Property Insurance		\$ -	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		\$ 6,546	-	-	-	6,546
9.00	Other Capital Costs		\$ -	-	-	-	-
10.00	Other- (Specify)		\$ -	-	-	-	-
	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 2,384,895</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,384,895</b>
<b>Salaries</b>							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		\$ -	-	-	-	-
13.00	Non-MTS Salaries		\$ -	9,434,789	-	-	9,434,789
14.00	MTS Salaries		\$ 9,538,352	-	-	(227,089)	9,311,263
15.00	Other- (Specify)		\$ -	-	-	-	-
16.00	Other- (Specify)		\$ -	-	-	-	-
17.00	Other- (Specify)		\$ -	-	-	-	-
18.00	Other- (Specify)		\$ -	-	-	-	-
	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 9,538,352</b>	<b>\$ 9,434,789</b>	<b>\$ -</b>	<b>\$ (227,089)</b>	<b>\$ 18,746,052</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		\$ -	-	-	-	-
21.00	Non-MTS Salaries		\$ -	4,720,611	-	-	4,720,611
22.00	MTS Salaries		\$ 4,688,125	-	-	-	4,688,125
23.00	Other- (Specify)		\$ -	-	-	-	-
24.00	Other- (Specify)		\$ -	-	-	-	-
25.00	Other- (Specify)		\$ -	-	-	-	-
26.00	Other- (Specify)		\$ -	-	-	-	-
	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 4,688,125</b>	<b>\$ 4,720,611</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 9,408,736</b>
	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 14,226,477</b>	<b>\$ 14,155,400</b>	<b>\$ -</b>	<b>\$ (227,089)</b>	<b>\$ 28,154,788</b>
	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 16,611,372</b>	<b>\$ 14,155,400</b>	<b>\$ -</b>	<b>\$ (227,089)</b>	<b>\$ 30,539,683</b>
<b>Administrative and General</b>							
27.00	Administrative		\$ 10,891	-	\$ -	\$ -	\$ 10,891
28.00	Legal		\$ -	-	-	-	-
29.00	Accounting		\$ -	-	-	-	-
30.00	Advertising		\$ -	-	-	-	-
31.00	Consulting Expenses		\$ 106,429	-	-	-	106,429
32.00	Contracted Labor		\$ 237,128	-	-	(66,110)	171,018
33.00	Interest - Other		\$ 122	-	-	-	122
34.00	Training		\$ 336,995	-	-	-	336,995
35.00	General Insurance		\$ 1,232	-	-	-	1,232
36.00	Supplies		\$ 402,591	-	-	-	402,591
37.00	Bad Debt		\$ -	-	-	-	-
38.00	Plant Operations and Maintenance		\$ 226,481	-	-	-	226,481
39.00	Housekeeping		\$ -	-	-	-	-
40.00	Utilities		\$ -	-	-	-	-
41.00	Medical Supplies		\$ 730,744	-	-	-	730,744
42.00	Minor Medical Equipment		\$ -	-	-	-	-
43.00	Minor Equipment		\$ -	-	-	-	-
44.00	Fines and Penalties		\$ -	-	-	-	-
45.00	Fleet Maintenance		\$ 502,152	-	-	-	502,152
46.00	Communications		\$ 438,658	-	-	-	438,658
47.00	Recruit Academy		\$ -	-	-	-	-
48.00	Dispatch Service		\$ -	-	-	-	-
49.00	Logistics		\$ -	-	-	-	-
50.00	Postage		\$ 34,853	-	-	-	34,853

51.00	Dues and Subscriptions		\$ 28,404			-	-	28,404
52.00	Other - Capital Related Costs		\$ -			-	-	-
53.00	Contracted Services - MTS		\$ 513,699			-	-	513,699
54.00	Contracted Services - MTS Billing		\$ -			-	-	-
55.00	Assets to be Expensed		\$ -			-	-	-
56.00	Other A&G Costs		\$ 2,483,783			-	-	2,483,783
57.00	Other- (Specify)		\$ -			-	-	-
	<b>Total Administrative &amp; General</b>		<b>\$ 6,054,161</b>			<b>\$ -</b>	<b>\$ (66,110)</b>	<b>\$ 5,988,051</b>
	<b>Total Fire District / Agency</b>		<b>\$ 22,665,533</b>	<b>\$ 14,155,400</b>	<b>\$ -</b>	<b>\$ (293,199)</b>	<b>\$ 36,527,733</b>	

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN  
 (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

**SCHEDULE 3 - NON-MTS EXPENSE**

Fire Department / Agency Name: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Line No.	Cost Center	General Ledger Account Number	1	2	3	4	5
			NON-MTS Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 &amp; 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total NON-MTS Expense <i>To Sch 1, Col 3</i>
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements			\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements			-	-	-	-
3.00	Depreciation - Equipment			-	-	-	578,324
4.00	Depreciation and Amortization - Other			-	-	-	-
5.00	Leases and Rentals			-	-	-	1,268,422
6.00	Property Taxes			-	-	-	-
7.00	Property Insurance			-	-	-	-
8.00	Interest - Property, Plant, and Equipment			-	-	-	-
9.00				-	-	-	63,121
10.00				-	-	-	-
	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 1,909,866</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,909,866</b>
<b>Salaries</b>							
11.00	Administrative Chief			\$ -	\$ -	\$ -	\$ -
12.00	Chief			-	-	-	-
13.00	Non-MTS Salaries			960,892	-	(520,277)	1,126,952
14.00	MTS Salaries			-	-	-	-
15.00				-	-	-	-
16.00				-	-	-	-
17.00				-	-	-	-
18.00				-	-	-	-
	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 686,337</b>	<b>\$ 960,892</b>	<b>\$ -</b>	<b>\$ (520,277)</b>	<b>\$ 1,126,952</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief			\$ -	\$ -	\$ -	\$ -
20.00	Chief			-	-	-	-
21.00	Non-MTS Salaries			480,774	-	-	709,764
22.00	MTS Salaries			-	-	-	-
23.00				-	-	-	-
24.00				-	-	-	-
25.00				-	-	-	-
26.00				-	-	-	-
	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 228,990</b>	<b>\$ 480,774</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 709,764</b>
	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 915,327</b>	<b>\$ 1,441,665</b>	<b>\$ -</b>	<b>\$ (520,277)</b>	<b>\$ 1,836,715</b>
	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 2,825,193</b>	<b>\$ 1,441,665</b>	<b>\$ -</b>	<b>\$ (520,277)</b>	<b>\$ 3,746,581</b>
<b>Administrative and General</b>							
27.00	Administrative				\$ -	\$ -	\$ 7,959
28.00	Legal		\$ -		-	-	-
29.00	Accounting		\$ -		-	-	-
30.00	Advertising		\$ 4,808		-	-	4,808
31.00	Consulting Expenses		\$ 14,400		-	-	14,400
32.00	Contracted Labor		\$ -		-	-	-
33.00	Interest - Other		\$ -		-	-	-
34.00	Training		\$ 1,775		-	-	1,775
35.00	General Insurance		\$ -		-	-	-
36.00	Supplies		\$ 94,544		-	-	94,544
37.00	Bad Debt		\$ -		-	-	-
38.00	Plant Operations and Maintenance		\$ 16,594		-	-	16,594
39.00	Housekeeping		\$ -		-	-	-
40.00	Utilities		\$ -		-	-	-
41.00	Medical Supplies		\$ -		-	-	-
42.00	Minor Medical Equipment		\$ -		-	-	-
43.00	Minor Equipment		\$ 26,525		-	-	26,525
44.00	Fines and Penalties		\$ -		-	-	-
45.00	Fleet Maintenance		\$ 8,700		-	-	8,700
46.00	Communications		\$ 1,189,777		-	-	1,189,777
47.00	Recruit Academy		\$ -		-	-	-
48.00	Dispatch Service		\$ -		-	-	-
49.00	Logistics		\$ -		-	-	-
50.00	Postage		\$ -		-	-	-
51.00	Dues and Subscriptions		\$ 4,982		-	-	4,982
52.00	Other - Capital Related Costs		\$ -		-	-	-
53.00	Contracted Services - MTS		\$ -		-	-	-
54.00	Contracted Services - MTS Billing		\$ -		-	-	-
55.00	Assets to be Expensed		\$ -		-	-	-
56.00	Other A&G Costs		\$ 72,831		-	-	72,831



57.00	Other- (Specify)		\$ -		-	-	-
	<i>Total Administrative &amp; General</i>		\$ 1,442,895	\$ -	\$ -	\$ -	\$ 1,442,895
	<i>Total Fire District / Agency</i>		\$ 4,268,088	\$ 1,441,665	\$ -	\$ (520,277)	\$ 5,189,477

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN  
 (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

**SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE**

Fire Department / Agency Name: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) <i>Fr Sch 6, Cols 4 &amp; 7</i>	3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>0.00%</i>	6 NON-MTS Allocation <i>0.00%</i>
<b>Capital Related</b>								
1.00	Depreciation - Buildings and Improvements		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements		\$ -	-	-	-	-	-
3.00	Depreciation - Equipment		\$ 402,705	-	-	402,705	-	-
4.00	Depreciation and Amortization - Other		\$ 498	-	-	498	-	-
5.00	Leases and Rentals		\$ 306,644	-	-	306,644	-	-
6.00	Property Taxes		\$ -	-	-	-	-	-
7.00	Property Insurance		\$ -	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		\$ 133,000	-	-	133,000	-	-
9.00	Other Capital Costs		\$ -	-	-	-	-	-
10.00	Other- (Specify)		\$ -	-	-	-	-	-
<b>Total Capital Related (Lines 1.00 thru 10.00)</b>			<b>\$ 842,847</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 842,847</b>	<b>\$ -</b>	<b>\$ -</b>

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Square Ft	Factor
MTS Square Footage	-	0.00%
Non-MTS Square Footage	-	0.00%
Total Square Feet to be Apportioned	-	0.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclassifications <i>Fr Sch 6, Cols 4 &amp; 7</i>	3 Total Adjustments <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>90.76%</i>	6 NON-MTS Allocation <i>9.24%</i>
<b>Salaries</b>								
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		\$ -	-	-	-	-	-
13.00	Non-MTS Salaries		\$ 10,497,986	-	(102,305)	10,395,681	9,434,789	960,892
14.00	MTS Salaries		\$ -	-	-	-	-	-
15.00	Other- (Specify)		\$ -	-	-	-	-	-
16.00	Other- (Specify)		\$ -	-	-	-	-	-
17.00	Other- (Specify)		\$ -	-	-	-	-	-
18.00	Other- (Specify)		\$ -	-	-	-	-	-
<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>			<b>\$ 10,497,986</b>	<b>\$ -</b>	<b>\$ (102,305)</b>	<b>\$ 10,395,681</b>	<b>\$ 9,434,789</b>	<b>\$ 960,892</b>
<b>Fringe Benefits</b>								
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		\$ -	-	-	-	-	-
21.00	Non-MTS Salaries		\$ 5,201,385	-	-	5,201,385	4,720,611	480,774
22.00	MTS Salaries		\$ -	-	-	-	-	-
23.00	Other- (Specify)		\$ -	-	-	-	-	-
24.00	Other- (Specify)		\$ -	-	-	-	-	-
25.00	Other- (Specify)		\$ -	-	-	-	-	-
26.00	Other- (Specify)		\$ -	-	-	-	-	-
<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>			<b>\$ 5,201,385</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,201,385</b>	<b>\$ 4,720,611</b>	<b>\$ 480,774</b>
<b>Total Salaries &amp; Fringe Benefits</b>			<b>\$ 15,699,370</b>	<b>\$ -</b>	<b>\$ (102,305)</b>	<b>\$ 15,597,065</b>	<b>\$ 14,155,400</b>	<b>\$ 1,441,665</b>

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Total Hrs	Factor
Hours Logged for MTS Duty	52,647	90.76%
Hours Logged for NON-MTS Duty	5,362	9.24%
Total Hours to be Apportioned	58,009	100.00%

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN  
(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

**SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL**

Fire Department / Agency Name: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Line No.	Cost Center	General Ledger Account Number	1	2	3	4	5	6
			Expense to be Apportioned <b>** See Note Below</b>	Total Reclassifications <b>Fr Sch 6, Cols 4 &amp; 7</b>	Total Adjustments <b>Fr Sch 7, Col 1</b>	Net Expense to be Apportioned	MTS Allocation <b>87.56%</b>	NON-MTS Allocation <b>12.44%</b>
<b>Administrative and General</b>								
27.00	Administrative		\$ 18,877	\$ -	\$ -	\$ 18,877	\$ 16,529	\$ 2,348
28.00	Legal		\$ -	-	-	-	-	-
29.00	Accounting		\$ -	-	-	-	-	-
30.00	Advertising		\$ -	-	-	-	-	-
31.00	Consulting Expenses		\$ 2,423	-	-	2,423	2,121	301
32.00	Contracted Labor		\$ 2,786,407	-	-	2,786,407	2,439,787	346,619
33.00	Interest - Other		\$ 27,313	-	-	27,313	23,915	3,398
34.00	Training		\$ 29,358	-	-	29,358	25,706	3,652
35.00	General Insurance		\$ 1,232	-	-	1,232	1,078	153
36.00	Supplies		\$ 1,000,254	-	(79,170)	921,084	806,505	114,580
37.00	Bad Debt		\$ -	-	-	-	-	-
38.00	Plant Operations and Maintenance		\$ 255,592	-	-	255,592	223,797	31,795
39.00	Housekeeping		\$ -	-	-	-	-	-
40.00	Utilities		\$ -	-	-	-	-	-
41.00	Medical Supplies		\$ -	-	-	-	-	-
42.00	Minor Medical Equipment		\$ -	-	-	-	-	-
43.00	Minor Equipment		\$ 30,364	-	-	30,364	26,587	3,777
44.00	Fines and Penalties		\$ -	-	-	-	-	-
45.00	Fleet Maintenance		\$ 342,878	-	-	342,878	300,225	42,653
46.00	Communications		\$ 537,753	-	-	537,753	470,859	66,895
47.00	Recruit Academy		\$ -	-	-	-	-	-
48.00	Dispatch Service		\$ -	-	-	-	-	-
49.00	Logistics		\$ -	-	-	-	-	-
50.00	Postage		\$ 19,379	-	-	19,379	16,969	2,411
51.00	Dues and Subscriptions		\$ 56,561	-	-	56,561	49,525	7,036
52.00	Other - Capital Related Costs		\$ -	-	-	-	-	-
53.00	Contracted Services - MTS		\$ -	-	-	-	-	-
54.00	Contracted Services - MTS Billing		\$ -	-	-	-	-	-
55.00	Assets to be Expensed		\$ -	-	-	-	-	-
56.00	Other A&G Costs		\$ 511,658	-	-	511,658	448,009	63,648
57.00	Other- (Specify)		\$ -	-	-	-	-	-
<b>Total Administrative &amp; General</b>			<b>\$ 5,620,047</b>	<b>\$ -</b>	<b>\$ (79,170)</b>	<b>\$ 5,540,878</b>	<b>\$ 4,851,612</b>	<b>\$ 689,266</b>

\*\* If an Indirect Cost Factor is being applied on W/S 9, the Administration & General cost allocation will not be applied.

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense			
Description	Accumulated Expense	Factor	
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ 36,527,733	87.56%	
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 5,189,477	12.44%	
Total Accumulated Cost of MTS and NON-MTS Services	\$ 41,717,210	100.00%	

**SCHEDULE 6 - RECLASSIFICATION OF EXPENSES**

Fire Department / Agency: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE				
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount	
		1	2	3	4	5	6	7	8	9
1.										-
2.										-
3.										-
4.										-
5.										-
6.										-
7.										-
8.										-
9.										-
10.										-
11.										-
12.										-
13.										-
14.										-
15.										-
16.										-
17.										-
18.										-
19.										-
20.										-
21.										-
22.										-
23.										-
24.										-
25.										-
26.										-
27.										-
28.										-
29.										-
30.										-
31.										-
32.										-
33.										-
34.										-
35.										-
36.										-
37.										-
38.										-
39.										-
40.										-
41.										-
42.										-
43.										-
44.										-
45.										-
46.										-
47.										-
48.										-
49.										-
50.										-
51.										-
52.										-
53.										-
54.										-
55.										-
56.										-
57.										-
58.										-
59.										-
60.										-
<b>Total Reclassifications (Col. 4 &amp; 7 must equal)</b>										<b>\$ -</b>

**Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...**  
**Column 4 and Column 7: Transfer amounts to applicable Worksheets 2, 3, or 4 Column 6 or Worksheet 5, Column 2 on the line numbers as appropriate.**

**SCHEDULE 7 - ADJUSTMENTS TO EXPENSES**

Fire Department / Agency: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	1	2	3	4	5
1. EMPG Federal Grant	A	(79,170)	Supplies	5	36.00
2. EMPG Federal Grant	A	(102,305)	Non-MTS Salaries	4	13.00
3. Public Safety for Special Events	A	(225,942)	MTS Salaries	2	14.00
4. Permits, Fees, and Special Assesments	A	(5,750)	Non- MTS Salaries	3	13.00
5. Public Safety Charges - Fire Prevention	A	(198,151)	Non- MTS Salaries	3	13.00
6. PCG Fees	A	(12,394)	Contracted Labor	2	32.00
7. IGT Fees	A	(53,716)	Contracted Labor	2	32.00
8. Federal Disaster Relief	A	(104,985)	Non-MTS Salaries	5	21.00
9. Records Research	A	(1,147)	MTS Salaries	2	14.00
10. Fire Assessment Fees	A	(316,376)	Non-MTS Salaries	3	13.00
11.					
12.					-
13.					-
14.		-			-
15.		-			-
16.		-			-
17.		-			-
18.		-			-
19.		-			-
20.		-			-
21.		-			-
22.		-			-
23.		-			-
24.		-			-
25.		-			-
26.		-			-
27.		-			-
28.		-			-
29.		-			-
30.		-			-
Total		\$ (1,099,936)			

**Basis for Adjustment**

A = Cost (if cost, including applicable overhead, can be determined)  
B = Amount received (if cost cannot be determined)

**Amount**

Transfer to Applicable Worksheets (2, 3 & 4), and applicable Column line number as appropriate.

**Cost Center and Line Number**

From expense classifications on Worksheet 1 to which the amount is to be added or from which amount is to be deducted.

**SCHEDULE 8 - REVENUE / FUNDING SOURCES**

Fire Department / Agency: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	MEDICAID FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
1.	Medicaid Fee for Service	\$ 16,602	\$ 16,255	\$ 18,798	\$ 16,879	\$ 68,534
2.	Medicaid Fee for Service Other - (Specify) *					-
3.	Medicaid Fee for Service Other - (Specify) *					-
4.	Medicaid Fee for Service Other - (Specify) *					-
5.	Medicaid Fee for Service Other - (Specify) *					-
6.	Medicaid Fee for Service Other - (Specify) *					-
	Total Medicaid FFS Revenue from Transports (To Sch 9, Line 13)	\$ 16,602	\$ 16,255	\$ 18,798	\$ 16,879	\$ 68,534
[a]						
B	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	OTHER MEDICAID REVENUE FROM TRANSPORTS	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
7.	Medicaid Managed Care	\$ 240,882	\$ 242,150	\$ 223,770	\$ 209,228	916,030
8.	Medicaid Managed Care Other - (Specify) **					-
9.	Medicaid Managed Care Other - (Specify) **					-
10.	Medicaid Managed Care Other - (Specify) **					-
11.	Medicaid Managed Care Other - (Specify) **					-
12.	Medicaid Managed Care Other - (Specify) **					-
	Total Other Revenue from Medicaid Managed Care Transports	\$ 240,882	\$ 242,150	\$ 223,770	\$ 209,228	\$ 916,030
[b]						
C	1	2	3	4		
	OTHER REVENUE / FUNDING SOURCES	MTS	NON-MTS	Total		
13.	Auto Insurance	\$ -		\$ -		
14.	Medicare	\$ 3,753,104		3,753,104		
15.	Medicare HMO	\$ 2,559,453		2,559,453		
16.	Other	\$ 5,636,073		5,636,073		
17.	Out Of State Medicaid	\$ 2,282		2,282		
18.	Private Insurance	\$ 2,997,602		2,997,602		
19.	Self Pay	\$ 57,699		57,699		
20.	Workers Comp	\$ 67,597		67,597		
21.				-		
22.				-		
23.				-		
24.				-		
25.				-		
26.				-		
27.				-		
28.				-		
29.				-		
30.				-		
31.				-		
32.				-		
33.				-		
34.				-		
35.				-		
36.				-		
37.				-		
38.				-		
39.				-		
40.				-		
	Total Other Revenue	\$ 15,073,810	\$ -	\$ 15,073,810		
	<b>GRAND TOTAL [a+b+c]</b>			<b>\$ 16,058,374</b>		
[c]						

Note: \* Line 1 through 6 - Enter payments for FFS transports received from Medicaid. (i.e. Share of Cost, Other Health Care, Deductibles, etc.)

\*\* Lines 7 through 12 - Enter Medicaid Managed Care revenue from transports Medicaid Managed Care, Medicaid Managed Care other, Other Health Care, Deductibles, etc.

Lines 13 through 40 - Enter other Revenues received and list the funding sources not identified on lines 1 through 12.

SCHEDULE 9 - FINAL SETTLEMENT CALCULATION

Fire Department / Agency: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Average Cost per EMT Service																													
1. Cost of MTS Services (from Sch 2)		\$ 36,527,733																											
2. Indirect Cost Factor Based on MTS Services? (please use drop-down box to select Yes or No) (A)																													
3. If no, please enter the total cost to be used for calculating the Indirect Cost	\$ -																												
4. Indirect Cost Factor Percentage (please see notes below)	0.00%																												
5. Administration & General Allocation from Sch 5 (B)	\$ 4,851,612																												
6. Administration & General to be included		4,851,612																											
7. Grand Total of MTS Expense (Sum lines 1 thru 4)		\$ 41,379,345																											
8. Number of MTS Transports																													
	<table border="1"> <thead> <tr> <th colspan="2">FL Medicaid</th> <th>Other</th> </tr> <tr> <th>Managed Care</th> <th>Fee for Service</th> <th></th> </tr> </thead> <tbody> <tr> <td>Qtr 1 July 1 through September 30</td> <td>1,379</td> <td>99</td> </tr> <tr> <td>Qtr 2 October 1 through December 31</td> <td>1,373</td> <td>94</td> </tr> <tr> <td>Qtr 3 January 1 through March 31</td> <td>1,276</td> <td>108</td> </tr> <tr> <td>Qtr 4 April 1 through June 30</td> <td>1,213</td> <td>98</td> </tr> <tr> <td></td> <td>5,241</td> <td>399</td> </tr> <tr> <td></td> <td></td> <td>30,015</td> </tr> <tr> <td></td> <td></td> <td>35,655</td> </tr> </tbody> </table>		FL Medicaid		Other	Managed Care	Fee for Service		Qtr 1 July 1 through September 30	1,379	99	Qtr 2 October 1 through December 31	1,373	94	Qtr 3 January 1 through March 31	1,276	108	Qtr 4 April 1 through June 30	1,213	98		5,241	399			30,015			35,655
FL Medicaid		Other																											
Managed Care	Fee for Service																												
Qtr 1 July 1 through September 30	1,379	99																											
Qtr 2 October 1 through December 31	1,373	94																											
Qtr 3 January 1 through March 31	1,276	108																											
Qtr 4 April 1 through June 30	1,213	98																											
	5,241	399																											
		30,015																											
		35,655																											
9. Average Cost per MTS Transports (Line 7/Line 8)		\$ 1,161																											

Average Cost per EMT Service							
	Qtr 1		Qtr 2		Qtr 3		Totals
	July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30			
10. Total No. of Medicaid Fee for Service EMT Transports	99	94	108	98			399
11. Total Cost of Medicaid EMT Transports (Line 9 x Line 10)	\$ 114,894.27	\$ 109,091.53	\$ 125,339.20	\$ 113,733.72	\$	\$	463,059
12. Less Total Medicaid Revenue from Transports (Fr Sch 8)	\$ 16,602.00	\$ 16,254.73	\$ 18,798.00	\$ 16,878.95	\$	\$	68,533.68
13. Net Cost of Transports	\$ 98,292	\$ 92,837	\$ 106,541	\$ 96,855	\$	\$	394,525
14. Non Federal Share Reduction	\$ 41,322.07	\$ 39,028.59	\$ 44,789.92	\$ 40,717.75	\$	\$	165,858.33
15. Net Federal Participation Amount (FMAP = 57.96%)	\$ 56,970.20	\$ 53,808.21	\$ 61,751.28	\$ 56,137.03	\$	\$	228,666.71

(A) If the percentage-based indirect cost factor is elected, review SPA 15-014, Section C, Paragraph 1.b. and submit supporting documentation with the cost report submission.

(B) In most cases, when an Indirect Cost Factor is being applied, there should be no Administration & General cost allocated.

**SCHEDULE 10 - NOTES**

Fire Department / Agency: Alachua County Fire Rescue  
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2023

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount

If any schedules were left blank, please explain why.

Sch	Explanation



