



QUARTER ENDING: 3/31/2020

ENTITY: East Fork Fire Protection District

DATE PREPARED: 5/27/2020

Pursuant to NAC 354.559 local governments are required to submit a quarterly survey report.

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | Yes | No | Since the last filing: |
|--|-------------------------------------|---|
| 1. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has any employer that accounts for 15 % or more of the employment in the area closed or significantly reduced operations since the previous report? If yes, please provide details on page 2. |
| 2. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has your entity experienced a cumulative increase or decrease of 10% or more in population or assessed valuation in the past two years? If yes, please provide details on page 2. |
| 3. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has there been any significant event(s) in the region which could affect your entity positively? If yes, please provide details on page 2. |
| 4. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has there been any significant event(s) in the region which could affect your entity negatively? If yes, please provide details on page 2. |
| 5. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2. |

QUESTIONS REGARDING OPERATIONS

- | | | |
|--|-------------------------------------|---|
| 6. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the ending fund balance in your general (principal operating) fund had an unexplained, unbudgeted, or unanticipated decline for the past two fiscal years? If yes, please provide details on page 2. |
| 7. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2. |
| 8. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity borrowed money to pay for current operations? If yes, please provide details on page 2. |
| 9. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2. |
| 10. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity failed to pay timely any contributions to governmental agencies for the benefits of its employees, (for example, PERS, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2. |
| 11. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity failed to make timely payments for debt service, to vendors or others? If yes, please provide details on page 2. |
| 12. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity augmented the appropriated expenses for any proprietary fund since the previous report? If yes, please provide details on page 2. |

13. Cash and cash equivalents (unaudited) as of quarter ending _____:
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>N/A</u>	<u>N/A</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 3/31/2020

<u>Prior Year</u>	<u>Current Year</u>
<u>3,983,212</u>	<u>3,798,794</u>

15. Cash and cash equivalents (unaudited) as of quarter ending 3/31/2020
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>4,520,331</u>	<u>4,086,541</u>



DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

QUESTION

1-6. In response to question 4 and 5. Covid-19 has negatively effected the businesses in our region and has impacted a decrease in our Ambulance transport call volume. We have started to see a decrease in Ambulance Revenue and anticipate a decrease in our State Consolidated taxes.

7.	Date	Type	Amount
	2/12/2020	Med Term - Installment Agreemer	27,200

8.	Date	Lender	Amount

9.	Date	From Fund	To Fund	Amount

10-11.

12.	Date	Fund	Amount

13-15.

PREPARED BY: Joseph Langkilde, CPA, District Accountant
Name/Title Joseph Langkilde, CPA
Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Tod Carlini, District Fire Chief - CFO
Name/Title [Signature]
Signature

The Survey can be submitted to the Department of Taxation electronically via e-mail to the Budget Analyst responsible for the entity. Please submit in PDF form so as to reflect signatures. This submission will fulfill filing requirements.