

# QUARTERLY ECONOMIC SURVEY



ENTITY East Fork Fire Protection District

QUARTER ENDING: 9/30/2024  
DATE PREPARED: 10/17/2024

**Pursuant to NRS 354.6015 and 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 benefit 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 N/A :  
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
_____	_____

14 General Fund Ending Balance (unaudited) as of quarter ending: 9/30/2024 ;

<u>Prior Year</u>	<u>Current Year</u>
\$ 4,285,235	\$6,545,222

15 Cash and cash equivalents (unaudited) as of quarter ending 09/30/2024 ;  
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
\$5,163,460	\$8,281,615

QUARTERLY ECONOMIC SURVEY



DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

**QUESTION**

1- 6.

7. Date: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

8. Date: \_\_\_\_\_ Lender: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Lender: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

9. Date: \_\_\_\_\_ From Fund: \_\_\_\_\_ To Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ From Fund: \_\_\_\_\_ To Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

10-11.

12. Date: \_\_\_\_\_ Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

13-15.

PREPARED BY: Julie Andress Director of Finance/CFO  
Name/Title

Julie Andress  
Signature

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

REVIEWED BY: District Fire Chief  
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.