

NAME OF AMBULANCE SERVICE	
ADDRESS	
NAME OF PERSON COMPLETING QUESTIONNAIRE	TELEPHONE NUMBER

- 1. Does your ambulance service have a charter or by-laws, or are there city ordinances governing the operation of your ambulance service?** Yes No

If yes, please enclose copies of the charter, by-laws or relevant city ordinances.
- 2. Does your ambulance service operate under the supervision of a city council or county commissioners in your jurisdiction?** Yes No

If no, is it governed by a board of directors? Yes No

Does it function under the direction of an executive director? Yes No
- 3. If a board of directors or an executive director governs your service, is the board or the director elected?** Yes No

If yes, elected by whom? _____

If a board of directors or an executive director governs your service, is the board or the director appointed? Yes No

If yes, appointed by whom? _____
- 4. Who, or what body, sets the fees charged for ambulance service?**

- 5. Who collects fees for ambulance service?** City/County Ambulance service
- 6. Are the fees deposited into a city-controlled (or county-controlled) account?** Yes No

If no, where are the fees deposited and who controls the account into which the fees are placed?

- 7. Are fees for ambulance services returned either directly or indirectly to the ambulance service to pay expenses or employee compensation?** Yes No
- 8. What proportion of your total ambulance service budget do fees represent?** _____%
- 9. Who hires or appoints your ambulance service coordinator or administrator?** _____

10. Who selects new personnel for your ambulance service? _____

For what organization does this person work? _____

Does this person have the authority to fire or discipline ambulance personnel?

Yes No

If no, who does have this authority? _____

11. Are employees of your ambulance service considered city (or county) employees?

Yes No

12. Does your ambulance service receive cash contributions directly from the city (or county)?

Yes No

If yes, are they City County Other _____

13. Does your ambulance service receive non-cash contributions from a city, county or township in which you operate? For example, do you receive utilities, building space, equipment, vehicles, etc. without charge, or subsidies for any of these expenses.

Yes No

14. Does your ambulance service receive cash or non-cash contributions from private (nongovernmental) sources?

Yes No

If yes, from what sources? _____

What is the value of cash contributions in your current budget? _____

This represents what proportion of your total current operating budget? _____%

What is the value of non-cash contributions in your current budget? _____

This represents what proportion of your total current operating budget? _____%

Upon completion of this survey, please fax to 651.296.2493 or mail to Public Employees Retirement Association, 60 Empire Drive, Suite 200, Saint Paul MN 55103-2088.

If you have questions, email us at eligibility@mnpera.org or call our Employer Line at 651.296.3636 or toll free at 888.892.7372 and select option 3.