



# Ambulance Service Questionnaire

**Public Employees Retirement Association** 60 Empire Drive, Suite 200, St. Paul, MN 55103-2088  
PERA Employer Fax Number: 651 296-2493; Employer Phone Lines: 651 296-3636 or 1-888-892-PERA

Name of Ambulance Service: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

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?  city/county  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 (non-governmental) 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 return it to Scott McLeod or Chris Arcand, Public Employees Retirement Association, 60 Empire Drive, Suite 200, Saint Paul MN 55103-2088. Thank you! If you have questions, you may contact PERA's employer line at 651-296-3636 from the Twin Cities Metropolitan Area or toll free at 888-892-7372 and select option 3 from the menu. Or you may contact PERA by email at [scott.mcleod@mnpera.org](mailto:scott.mcleod@mnpera.org) or [chris.arcand@mnpera.org](mailto:chris.arcand@mnpera.org)**