

# Help Page

## IMPORTANT

**DO NOT change the settings that have been built into this File, or it will NOT function properly.**

The File has been pre-formatted to ensure that every user can complete the Forms with efficiency and accuracy.

## Do Not CUT and PASTE (or similarly Drag and Drop)

CUT and PASTE (or Drag and Drop) will greatly affect many or all of the background formulas and links that have been incorporated into the File. If you have cut and pasted any information into the File, unfortunately the only way to correct the file is to start over.

Copy and Paste may be used providing that the information is copied and pasted from an open workbook within the same Excel application that is currently running the File. Information that is copied and pasted from one Excel application to another is treated as a cut and paste and will damage the File. **Do NOT Paste onto cells that contain drop-down LISTS**, otherwise data restrictions that exist in these cells will no longer function.

## Do Not set up the File as a "Shared Workbook"

Setting up the file as a shared workbook will not allow the macros to function properly.

## For your assistance:

[Email FIR@mah.gov.on.ca](mailto:FIR@mah.gov.on.ca)

## Contact Ministry of Health and Long Term Care:

### EMERGENCY HEALTH SERVICES BRANCH

Narendra Shah (416) 327-7869

### Ministry of Health and Long Term Care

#### Financial Services

5700 Yonge Street, 6th Floor

Toronto ON

M2M 4K5

FAX: (416) 327-7911

# LAND AMBULANCE 2005

**MUN:**

Asmt Code:

MAH Code:

**FORM A**

**GENERAL INFORMATION**

for the year ended December 31, 2005

## DECLARATION OF THE MUNICIPALITY / DESIGNATED DELIVERY AGENT

The following Land Ambulance Forms are requested by the Ministry of Municipal Affairs and Housing on behalf of the Ministry of Health and Long Term Care:

**FORM A: GENERAL INFORMATION**

**FORM B: FINANCIAL INFORMATION**

For the purposes of this Land Ambulance Report, the amounts disclosed on the attached Forms are in agreement with the books and records of the Municipality/DDA and its consolidated entities.

This Land Ambulance Report has been prepared in accordance with the attached Instructions.

**Name of CAO / Treasurer**

Date

Name

### I. GENERAL INFORMATION

1

LIST

010 How is Land Ambulance Service provided . . . . .

### II. CONTACT INFORMATION

1

**Questions related to the Forms should be addressed to:**

020 Contact Name . . . . .

022 Telephone . . . . .

024 Fax . . . . .

028 Email (Required) . . . . .

030 Chief Administrative Officer / Treasurer . . . . .

032 Telephone . . . . .

038 Email . . . . .

# LAND AMBULANCE 2005

**MUN:**

Asmt Code:

MAH Code:

**FORM B**

**FINANCIAL INFORMATION**

for the year ended December 31, 2005

## I. COST SUMMARY

110

Gross Operating Costs . . . . .

1

\$

## II. RESERVE FUNDS

### VEHICLE Reserve Fund

210

Opening Balance, beginning of year . . . . .

212

PLUS: Additions to Fund . . . . .

214

LESS: Vehicle Purchases . . . . .

218

PLUS:

219

Closing Balance, end of year . . . . .

1

\$

0

### SEVERANCE Reserve Fund

220

Opening Balance, beginning of year . . . . .

222

PLUS: Additions to Fund . . . . .

224

LESS: Severance Payments . . . . .

228

PLUS:

229

Closing Balance, end of year . . . . .

0

### OTHER Reserve Funds

280

Opening Balance, beginning of year . . . . .

282

PLUS: Additions to Fund . . . . .

284

LESS: Payments from Fund . . . . .

288

PLUS:

289

Closing Balance, end of year . . . . .

0

299

**TOTAL RESERVE FUNDS**

0

# Instructions 2005

Municipalities/Designated Delivery Agents (DDA) should complete Form A and B using MS Excel. Once completed, this File should be SAVED and submitted via email to:

[FIR@mah.gov.on.ca](mailto:FIR@mah.gov.on.ca)

***Municipalities/Designated Delivery Agents are reminded to SAVE work periodically.***

All information contained in Form A and B should be completed in accordance with the following Instructions:

## FORM A: GENERAL INFORMATION

### I. GENERAL INFORMATION

- 010** From the LIST in column 1, Municipalities/Designated Delivery Agents (DDA) should select the item which describes how Land Ambulance is provided in the Municipality.

LIST Options
Provided Directly by Municipality/DDA Only
Provided by Municipality/DDA and Contracted Provider(s)
Provided by Contracted Provider(s) Only

### II. CONTACT INFORMATION

- 020 to 028** Municipalities/Designated Delivery Agents should enter information for a Contact Person should any questions related to the Forms arise. The contact person will be the first point of contact should any concerns arise.
- 030 to 038** The contact information of the Chief Administrative Officer or Treasurer should be provided.

## FORM B: FINANCIAL INFORMATION

### I. COST SUMMARY

- 110** **Gross Operating Costs**  
Gross Operating Costs include the full cost of operating land ambulance by the Municipality / Designated Delivery Agent.
- Costs related to First Nations, and OPALS should be included, while costs associated with Ambulance Dispatch should be excluded.

### II. RESERVE FUNDS

#### VEHICLE Reserve Fund

The Life Cycle Method is applicable to the Vehicle Reserve Fund.

Funds provided for Land Ambulance vehicle purchases should be set aside in the Vehicle Reserve Fund, and when a Land Ambulance is purchased, amounts should be drawn down from this Reserve Fund.

# Instructions 2005

**210 Opening Balance, beginning of year**

The Opening Balance for this reporting year should be the Closing Balance from the previous reporting year.

**212 PLUS: Additions to Fund**

Report all funds received for Land Ambulance operational vehicles from all sources. This includes Federal, Provincial, and Municipal/Designated Delivery Agent funding.

**214 LESS: Vehicle Purchases**

Report the total cost of all Land Ambulance operational vehicles purchased.

**218 PLUS:**

In this Line, amounts which are not included in Line 212 or 214 should be reported. A brief description of the amount should be provided in the text box available. The amount may be entered as positive or negative.

**219 Closing Balance, end of year**

Closing Balance, end of year is equal to the Opening Balance, beginning of year PLUS Additions to Fund, LESS Vehicle Purchases, PLUS Other.

<b>Line 219 = Line 210 + Line 212 - Line 214 + Line 218</b>
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**SEVERANCE Reserve Fund**

The Accrual Method is applicable to the Severance Reserve Fund.

Funds provided for severance should be set aside in the Severance Reserve Fund and when a Land Ambulance employee is severed, amounts should be drawn down from this Reserve Fund.

**220 Opening Balance, beginning of year**

The Opening Balance for this reporting year should be the Closing Balance from the previous reporting year.

**222 PLUS: Additions to Fund**

Report all funds received for Land Ambulance operations employee severance from all sources. This includes Federal, Provincial, and Municipal/Designated Delivery Agent funding.

**224 LESS: Severance Payments**

Report the total amount of severance paid to Land Ambulance operations employees.

**228 PLUS:**

In this Line, amounts which are not included in Line 222 or 224 should be reported. A brief description of the amount should be provided in the text box available. The amount may be entered as positive or negative.

**229 Closing Balance, end of year**

Closing Balance, end of year is equal to the Opening Balance, beginning of year PLUS Additions to Fund, LESS Severance Payments, PLUS Other.

<b>Line 229 = Line 220 + Line 222 - Line 224 + Line 228</b>
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**OTHER Reserve Funds**

The sum of all other Reserve Funds related to Land Ambulance operations which are not included in the Vehicle or Severance Reserve Funds above, should be included in this part.

# Instructions 2005

Funds (other than Vehicle or Severance) provided should be set aside in this Reserve Fund. When a related Land Ambulance purchase/expense is incurred, amounts should be drawn down from this Reserve Fund.

**280 Opening Balance, beginning of year**

The Opening Balance for this reporting year should be the Closing Balance from the previous reporting year.

**282 PLUS: Additions to Fund**

Report all funds received for Land Ambulance operations from all sources which were not reported in the Vehicle or Severance Reserve Funds above. This includes Federal, Provincial, and Municipal/Designated Delivery Agent funding.

**284 LESS: Payments from Fund**

Report the total amount of purchases/expenses related to Land Ambulance operations which were not reported in the Vehicle or Severance Reserve Funds above.

**288 PLUS:**

In this Line, amounts which are not included in Line 282 or 284 should be reported. A brief description of the amount should be provided in the text box available. The amount may be entered as positive or negative.

**289 Closing Balance, end of year**

Closing Balance, end of year is equal to the Opening Balance, beginning of year PLUS Additions to Fund, LESS Payments from Account, PLUS Other.

$\text{Line 289} = \text{Line 280} + \text{Line 282} - \text{Line 284} + \text{Line 288}$
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**299 TOTAL RESERVE FUNDS**

The Total Reserve Fund is equal to the sum of the Closing Balances of the Vehicle Reserve Fund, Severance Reserve Fund and Other Reserve Funds.

$\text{Line 299} = \text{Line 219} + \text{Line 229} + \text{Line 289}$
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