

19. Net Worth (Subtract Line 18 from Line 11)

OFFICE OF THE STATE FIRE COMMISSIONER Fire and Emergency Medical Services Loan Program (FEMSLP)



Financial Statement and Plan Certification

for

(Name of Organization/Company) Use your organization/company accounts only Please Round to The Nearest Dollar (Do not include relief association or ladies auxiliary) FINANCIAL STATEMENT FOR THE PAST 3 COMPLETE YEARS FOR THE COMPANY'S FISCAL YEARS WHICH ENDED **Assets Current:** FEMSLP Staff Use ONLY 1. Cash in the Bank and on Hand (Checking, Savings, Cash) 2. Investments (CD's, Stocks & Bonds Held for Income) 3. Other (Identify) Property: (Current Market Value) 4. Land and Buildings 5. Furnishings Equipment: (As defined in Rules & Regulations) 6. Accessory 7. Apparatus 8. Communications 9. Protective 10. Other (Specify) 11. TOTAL ASSETS (Add Lines 1 through 10) Liabilities **Current:** 12. Accounts Payable 13. Current Portion of Long-Term Debt (Due Within 1 Year) 14. Other Payables (Specify) **Long Term:** (Excluding Current Portion) 15. Mortgage Payable 16. Loans or Notes Payable to Others (See Note Above) Lender \$Borrowed \$Balance \$Pmt.Per Year а b. C. 17. Other (Attach Data) 18. Total Liabilities (Add Lines 12 through 17)



OFFICE OF THE STATE FIRE COMMISSIONER Fire and Emergency Medical Services Loan Program (FEMSLP)



Statement of Income and Expenses

FINANCIAL STATEMENT FOR THE PAST 3 $\underline{\text{COMPLETE}}$ YEARS FOR THE COMPANY'S FISCAL YEARS WHICH ENDED

Gross Income:					FEMSLP Staff
20. Memberships or Fees					Use ONLY
21. Fund-Raising Events					
22. Donations					
23. Municipal Taxes or Grants (In funds received di	rectly by company)				
24. Other (Complete Breakdown-See Page 3)					
25. Total Gross Income (Add Lines 20 through 24)					
Operating Expenses					
26. Fund-Raising					
27. Insurance					
28. Utilities					
29. Gas, Oil, Maintenance30. Miscellaneous (Complete Breakdown-See Page 3))\				
	o)			1	1
31. Total Gross Operating Expenses (Add Lines 26 through 30)					
				1	
32. Income Less Operating Expenses (Subtract Line 31 From Line 25)					
(Subtract Line 31 From Line 23)					
Other Expenses 33. Major Purchases (Complete Breakdown-See Page	2)	T		T	ı
34. All Other Expenses (Complete Breakdown-See Pag	•				
35. Total Other Expenses (Add Lines 33 through 3					1
35. Total Other Expenses (Add Lines 33 through 3	4)				
36. Net Income (Subtract Line 35 From Line 32)					
Prepared By (Please Print)	Title:		Telephone Number:	Date:	
Reviewed By (FEMSLP Staff)	Comments as to	FEMSLP-5 Accept	ability:	Date:	



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(Name of Company)					
Other Gross Income Breakdown (Line 24)					
Total of Other Gross Income					
Miscellaneous Operating Expenses Breakdown (Line 30)	/	/			
Total of Miscellaneous Operating Expenses					
Major Durahagaa Progledown (Line 00)			1 1		
Major Purchases Breakdown (Line 33)	/	/	/		
Total of Major Purchases					
Other Evnenge Breekdown (Line 04)	1 1	1 1	1 1		
Other Expenses Breakdown (Line 34)			/		
Total of Other Expenses					



OFFICE OF THE STATE FIRE COMMISSIONER Fire and Emergency Medical Services Loan Program (FEMSLP)



Projected Financial Plan for Organization/Company Fiscal Years Ending

(Month) _____ (Day) ____

			\ /		\	_				
Year Number	1	2	3	4	5	6	7	8	9	10
YEAR										
Estimated Income										
Memberships/Fees										
Fund-Raising Events										
Donations										
Taxes/Grants										
Other (Specify)										
Total Estimated Income		<u> </u>								
Estimated Expenses		•	1		•		•			
Major Purchases										
Fund-Raising Costs										
Insurance										
Utilities										
Gas/Oil/Maintenance										
Miscellaneous										
Total Estimated Expenses										
Estimated Net Income (Subtract Total Est. Exp. from Total Est. Inc.)										

Notes:

1. When applying for the following loan amounts, complete as follows:

- 2. Please round to the nearest dollar. You may list your estimates in thousands to conserve space.
- 3. Plan MUST be completed for the entire term of the proposed loan, or it will be returned.



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Projected Financial Plan for Organization/Company Fiscal Years Ending

(Month) _____ (Day) ____

Year Number	1	2	3	4	5	6	7	8	9	10
YEAR										
Estimated Income										
Memberships/Fees										
Fund-Raising Events										
Donations										
Taxes/Grants										
Other (Specify)										
Total Estimated Income										
Estimated Expenses		•								
Major Purchases										
Fund-Raising Costs										
Insurance										
Utilities										
Gas/Oil/Maintenance										
Miscellaneous										
Total Estimated Expenses										
Estimated Net Income (Subtract Total Est. Exp. from Total Est. Inc.)										

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Organization/Company N	lame
Certification:	
By signing and dating of this document, we certify to the	e best of our knowledge and belief that;
The information set forth within the Financial State cash, bank accounts and all other bona fide properties is based on a generally accepted method of accounting	and assets of the organization/company and
The Projected Financial Plan is correct, is reasonal estimates used as the basis for our projection can be projection.	
The organization/company has satisfactory title to listed below; that all liabilities, liens, encumbrances company are disclosed in the Financial Statement or no or other claims or assessments pending or threatened a	, or security interests on any asset of the otes thereto, and that there is no litigation, tax
Finally, we agree to provide the office of the representatives access to, any or all records, documen the financial affairs of our organization and agree to references.	ts and reports which support and substantiate
EXCEPTIONS:(Describe in Detail)	
UTHORIZED SIGNATURES:	NOTARIZATION:
	day of ,
lame of Organization/Company)	
Organization/Company President's Signature)	Notary Public
	My Commission Expires

(SEAL)

(Organization/Company Secretary's Signature)