

Pay to the  
Order of:

K'ima:w Medical Center

PO Box 1288

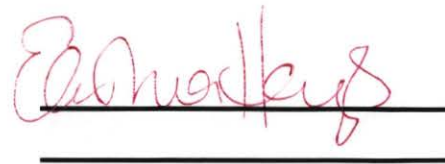
Hoopa, CA 95546

ATTACH ORIGINAL INVOICE OR BACK-UP DOCUMENTATION

INVOICE	PEID	AMOUNT	ACCOUNT NUMBER		DESCRIPTION/STUB NOTE (26 spaces)	UTAX	CUSTOMER ACCOUNT NUMBER
			FUND/DEPT	Object			
1	VNC02157	74,119.70	1100 197	3195	3rd Qtr - Measure Z 16-17		
<b>TOTAL CLAIMED:</b>		<b>\$74,119.70</b>					

DEPARTMENTAL NOTATIONS:

Prepared By **Angela Zuspan** Date: **5/30/2017**



The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within one year of when the expenses were incurred. I certify from my own knowledge, that the articles or services listed on the above claim were ordered for use by the department for the purpose indicated and that the articles or services have been delivered or performed.

(Auditor's Office Use Only)

I have reviewed the above claim for propriety and accuracy.

**ATTACHMENT II - EXHIBIT B**

**Measure Z - Invoice**

<b>K'ima:w Medical Center</b> <b>Mary Benedict, Controller</b> <b>PO Box 1288, Hoopa CA 95546</b> <b>(530) 625-4261 ext. 287</b>
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Invoice Date: 4/24/2017

Invoice # MZ- 1

Invoice Period: Jan. - Mar. 2017

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$74,530.95	
Operational Costs (Rent, Utilities, Phones, etc.)	\$10,642.83	
Consumables/Supplies (Supplies and Consumables should be separate)	\$5,236.20	
Transportation/Travel (Local and out of county should be separate)	\$52.70	
Other (Indirect Costs, Contracts, etc.)	\$9,867.32	
Less Revenue Received for Period (Jan. - Mar. 2017)	(\$26,210.30)	
		<b>\$74,119.70</b>

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature and date: Mary Benedict 4/24/2017

Print Name and Title: Mary Benedict, Controller

Send invoice to:

**COUNTY OF HUMBOLDT**  
 County Administrative Office  
 825 Fifth Street, Room 112  
 Eureka Ca 95501



(707) 445-7266

Date 4/24/2017

Date \_\_\_\_\_

Date \_\_\_\_\_

ATTACHMENT II - EXHIBIT A

Budget

Kima w Medical Center

Invoice Date: 4/24/17

Invoice # MZ-

1

Invoice Period:

Jan - Mar 2017

Descriptions	Amounts	Previously Billed	Annual Approved Budget	Remaining Balance
<b>A. Personnel Costs</b>				
Title EMS Director/Paramedic, Rod Johnson Salary and Benefits Calculation 415 hours @ \$ 29 79 per hour  Duties Description <u>Manage day to day operations and working paramedic</u>	10 506 72	23 966 83	373 906 00	339 432 45
Title Paramedic, Kyle Collins Salary and Benefits Calculation 650 hours @ \$21 21 per hour  Duties Description <u>emergency medical care, standby time</u>	11 719 81	16 607 05		311 105 59
Title EMT, James Davis Salary and Benefits Calculation 402 hours @ \$16 30 per hour  Duties Description <u>emergency medical care, standby time</u>	5 571 33	9 677 93		295 856 34
Title EMT, Sheileah Nicholson Salary and Benefits Calculation 492 hours @ \$19 23 per hour  Duties Description <u>emergency medical care, standby time</u>	8 040 62	9 467 59		278 348 13
Title EMT, John Darcey Salary and Benefits Calculation 120 hours @ \$11 47 per hour  Duties Description <u>emergency medical care, standby time</u>	1 169 52	4 688 35		272 490 26
Title EMT, Brendan Green Salary and Benefits Calculation 96 hours @ \$11 34 per hour  Duties Description <u>emergency medical care, standby time</u>	925 34	2 356 54		269 208 38
Title Paramedic, Tommy McWilliams Salary and Benefits Calculation 438 5 hours @ \$20 08 per hour  Duties Description <u>emergency medical care, standby time</u>	7 482 92	15 979 67		245 745 79
Title EMT, Nathan Sandy Salary and Benefits Calculation 412 hours @ \$ 12 66 per hour  Duties Description <u>emergency medical care, standby time</u>	4 434 28	0 00		241 311 51
Title EMT, Josh Scollard Salary and Benefits Calculation 586 hours @ \$12 59 per hour  Duties Description <u>emergency medical care, standby time</u>	6 273 01	9 284 76		225 753 74
Title Paramedic, Ana Simons Salary and Benefits Calculation 0 hours @ \$12 36 per hour  Duties Description <u>emergency medical care, standby time</u>	0 00	14 781 38		210 972 36
Title EMT, Cameron Smith Salary and Benefits Calculation 313 hours @ \$ 20 45 per hour  Duties Description <u>emergency medical care, standby time</u>	5 441 16	13 820 49		191 710 72
Title EMT, Megan Stanley Salary and Benefits Calculation 781 hours @ \$11 41 per hour  Duties Description <u>emergency medical care, standby time</u>	7 576 42	17 834 67		166 299 62
Title EMT, Bryan Mitchell Salary and Benefits Calculation 24 hours @ \$11 16 per hour	227 60	2 831 68		163 240 34



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Kima w Medical Center

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Invoice # MZ-

1

Invoice Period:

Jan - Mar 2017

Descriptions	Amounts	Previously Billed	Annual Approved Budget	Remaining Balance	
Duties Description: emergency medical care, standby time					
Title: Billing Clerk, Carolyn Lewis Salary and Benefits Calculation: 240.88 hours @ \$25.21 per hour	5162.23	11,207.94		146,870.17	
Duties Description: Billing - Clencial					
<b>Total Personnel:</b>		<b>74,530.95</b>	<b>152,504.88</b>	<b>373,906.00</b>	<b>146,870.17</b>
<b>B. Operational Costs (Rent, Utilities, Phones, etc.)</b>					
Title: GSA Ambulance Lease & Repairs					
Description: Ambulance Leases from GSA	1,472.63	2,914.65	36,786.00	32,398.73	
Title: Rent-Facility					
Description: Rent pd for base in Willow Creek (3 months)	1,721.25	3,442.50	8,100.00	35,334.98	
Title: Utilities-Electricity, Propane, Water, Waste Removal					
Description: PGE	1,014.08	1,463.69	4,825.00	37,682.21	
Title: Dues and Subscriptions					
Description: Direct TV	299.15	575.35		36,807.71	
Title: Utilities-Electricity, Propane, Water, Waste Removal					
Description: Propane Gas-Campora	153.26	134.47		36,519.99	
Title: Communications					
Description: Verizon Wireless & Frontier-Telephones, Image Trend Mobile	670.83	1,703.48	3,750.00	37,895.68	
Title: Dispatch					
Description: Amount paid to Hoopa Tribal Police Dispatch for dispatch services	5,311.65	12,218.76	32,500.00	52,865.27	
<b>Total Operating Costs:</b>		<b>10,642.83</b>	<b>22,452.89</b>	<b>85,961.00</b>	<b>52,865.27</b>
<b>C. Consumables/Supplies (Supplies and Consumables should be separate)</b>					
Title: Supplies					
Description: McKesson Medical-medical supplies	440.58	927.31	15,275.00	13,907.11	
Title: Supplies					
Description: Willow Creek Ace Hardware-Base Supplies	238.44	243.07		13,425.60	
Title: Supplies					
Description: Mt. Shasta Water	60.05	126.69		13,238.86	
Title: Supplies-Medical (Leases in budget)					
Description: Eureka Oxygen Co -Onboard oxygen	520.29	813.07	1,932.00	13,837.51	
Title: Purchased Services					
Description: Mission Linen & Uniform Service	50.93	142.36		13,644.22	
Title: Auto Expense					
Description: Fuel for Ambulances	3,808.59	10,681.98		(846.35)	
Title: Supplies					
Description: R. Johnson -reimburse supplies	7.19	0		(853.54)	
Title: Supplies					

ATTACHMENT II - EXHIBIT A

Budget

Kima w Medical Center

Invoice Date: 4/24/17

Invoice # MZ-

1

Invoice Period:

Jan - Mar 2017

Descriptions	Amounts	Previously Billed	Annual Approved Budget	Remaining Balance	
Description: Med-Tech Resource, Inc -medical supplies	68.48	0		(922.02)	
Title: Supplies-Pharmaceuticals					
Description: Mad River Hospital (restock medication for ambulance)	41.65	697.00		(1,660.67)	
<b>Total Consumable/Supplies:</b>		<b>5,236.20</b>	<b>13,631.47</b>	<b>17,207.00</b>	<b>(1,660.67)</b>
<b>D. Transportation/Travel (Local and Out-of-County should be separate)</b>					
Title: Travel/Training					
Description: Reimb M Stanley mileage to training in Sacramento	0.00	159.80	1,500.00	1,340.20	
Title: Travel/Training					
Description: Reimb M Benedict mileage to Measure Z Meeting	52.70			1,287.50	
<b>Total Transportation/Travel Costs:</b>		<b>52.70</b>	<b>1,500.00</b>	<b>1,287.50</b>	
<b>E. Other</b>					
Title: Miscellaneous					
Description: Arcata/Mad River Ambulance Coverage when ambulance is on a run	172.13	1,251.20	4,750.00	3,326.68	
Title: Miscellaneous					
Description: Yurok Tribe-Map	14.45	0.00		3,312.23	
Title: Training					
Description: R Mendes-Fireline Safety Awareness	382.50	0.00		2,929.73	
Title: Miscellaneous					
Description: RWS-repair equipment	127.50			2,802.23	
Title: Repairs & Maintenance					
Description: GSA Ambulance Lease & Repairs, Minor Equip Repairs	49.84	803.52		1,948.87	
Title: Indirect Cost					
Description: Administrative Fee 10% of Total Expenditures	9,120.91	18,011.87	48,332.00	23,148.08	
<b>Total Other Costs:</b>		<b>9,867.32</b>	<b>20,066.60</b>	<b>63,082.00</b>	<b>23,148.08</b>
<b>Invoice Total:</b>		<b>100,330.01</b>	<b>208,815.64</b>	<b>531,656.00</b>	
<b>Less 15% Trinity County-deducted 15% from each category in the formula</b>				<b>79,748.40</b>	
		<b>100,330.01</b>	<b>208,815.64</b>	<b>451,907.60</b>	
			<b>Total Funded</b>	<b>324,408.00</b>	